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Non-Interpretive Mechanisms in Psychoanalytic Therapy: The 'Something More' Than Interpretation

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It is by now generally accepted that something more than interpretation is necessary to bring about therapeutic change. Using an approach based on recent studies of mother-infant interaction and non-linear dynamic systems and their relation to theories of mind, the authors propose that the something more resides in interactional intersubjective process that give rise to what they will call 'implicit relational knowing'. This relational procedural domain is intrapsychically distinct from the symbolic domain. In the analytic relationship it comprises intersubjective moments occurring between patient and analyst that can create new organisations in, or reorganise not only the relationship between the interactants, but more importantly the patient's implicit procedural knowledge, his ways of being with others. The distinct qualities and consequences of these moments (now moments, 'moments of meeting') are modelled and discussed in terms of a sequencing process that they call moving along. Conceptions of the shared implicit relationship, transference and countertransference are discussed within the parameters of this perspective, which is distinguished from other relational theories and self-psychology. In sum, powerful therapeutic action occurs within implicit relational knowledge. They propose that much of what is observed to be lasting therapeutic effect results from such changes in this intersubjective relational domain.

Introduction

How do psychoanalytic therapies bring about change? There has long been a consensus that *something more* than interpretation, in the sense of making the unconscious conscious, is needed. The discussion of what is the *something more* comes from many perspectives, involving different polarities, where the *something more* has taken the form of psychological acts versus psychological words; of change in psychological structures versus undoing repression and rendering conscious; of a mutative relationship with the therapist versus mutative information for the patient. Many psychoanalytic writers, beginning early in the psychoanalytic movement and accelerating up to the present, have directly or indirectly addressed these issues (Ferenczi & Rank, 1924; Fenichel et al., 1941; Greenson, 1967; Loewald, 1971; Sterba, 1940; Strachey, 1934; Winnicott, 1957; Zetzel, 1956). More recently, the same issues are being reconsidered by Ehrenberg (1992), Gill (1994), Greenberg (1996), Lachmann & Beebe (1996), Mitchell (1995), Sandler (1987), Schwaber (1996) and Stolorow et al. (1994).

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This paper will present a new understanding of the something more, and attempt to show where in the therapeutic relationship it acts, and how. We will do this by applying a developmental perspective to clinical material.

Anecdotal evidence suggests that after most patients have completed a successful treatment, they tend to remember two kinds of nodal events that they believe changed them. One concerns the key interpretation(s) that rearranged their intrapsychic landscape. The other concerns special ‘moments’ of authentic person-to-person connection (defined below) with the therapist that altered the relationship with him or her and thereby the patient's sense of himself. These reports suggest that many therapies fail or are terminated, not because of incorrect or unaccepted interpretations, but because of missed opportunities for a meaningful connection between two people. Although we cannot claim that there is a one-to-one correlation between the quality of what one remembers and the nature of the therapeutic outcome, we also cannot dismiss the fact that both the moments of authentic meeting, and the failures of such meetings, are often recalled with great clarity as pivotal events in the treatment.

The present article will differentiate these two mutative phenomena: the interpretation and the ‘moment of meeting’. It will also ask in what domain of the therapeutic relationship these two mutative events occur. While interpretations and ‘moments of meeting’ may act together to make possible the emergence or reinforcement of each other, one is not explicable in terms of the other. Nor does one occupy a privileged place as an explanation of change. They remain separable phenomena.

Even those analysts who believe in the mutative primacy of interpretation will readily agree that as a rule, good interpretations require preparation and carry along with them *something more*. A problem with this inclusive view of interpretation is that it leaves unexplored what part of the enlarged interpretive activity is actually the something more, and what part is purely insight via interpretation. Without a clear distinction it becomes impossible to explore whether the two are conceptually related or quite different.

Nonetheless, we do not wish to set up a false competition between these two mutative events. They are complementary. Rather, we wish to explore the *something more*, as it is less well understood.

We will present a conceptual framework for understanding the *something more* and will describe where and how it works (see also, *Tronick, 1998*). First, we make a distinction between therapeutic changes in two domains: the declarative, or conscious verbal, domain; and the implicit procedural or *relational* domain (see *Clyman, 1991; Lyons-Ruth, in press*). Then we will apply a theoretical perspective derived from a dynamic systems model of developmental

change to the process of therapeutic change. This model is well suited to an exploration of the implicit, procedural processes occurring between partners in a relationship.

An Approach to the Problem

Our approach is based on recent ideas from developmental studies of mother-infant interaction and from studies of non-linear dynamic systems, and their relation to mental events. These perspectives will be brought to bear as we elaborate our view on the something more of psychoanalytic therapy, which involves grappling with notions such as ‘moments of meeting’, the ‘real’ relationship, and authenticity. We present here a conceptual overview for the sections on developmental and therapeutic processes.

The *something more* must be differentiated from other processes in psychoanalysis. At least two kinds of knowledge, two kinds of representations, and two kinds of memory are constructed and reorganised in dynamic psychotherapies. One is explicit (declarative) and the other is implicit (procedural). Whether they

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are in fact two distinct mental phenomena remains to be determined. At this stage, however, we believe that further enquiry demands that they be considered separately.

Declarative knowledge is explicit and conscious or readily made conscious. It is represented symbolically in imagistic or verbal form. It is the content matter of interpretations that alter the conscious understanding of the patient's intrapsychic organisation. Historically, interpretation has been tied to intrapsychic dynamics rather than to the implicit rules governing one's transactions with others. This emphasis is currently shifting.

Procedural knowledge of relationships, on the other hand, is implicit, operating outside both focal attention and conscious verbal experience. This knowledge is represented non-symbolically in the form of what we will call *implicit relational knowing*. Most of the literature on procedural knowledge concerns knowing about interactions between our own body and the inanimate world (e.g. riding a bicycle). There is another kind that concerns knowing about interpersonal and intersubjective relations, i.e. how ‘to be with’ someone (*Stern, 1985, 1995*). For instance, the infant comes to know early in life what forms of affectionate approaches the parent will welcome or turn away, as described in the attachment literature (*Lyons-Ruth, 1991*). It is this second kind that we are calling *implicit relational knowing*. Such *knowings* integrate affect, cognition, and behavioural/interactive dimensions. They can remain out of awareness as Bollas's ‘unthought known’ (*1987*), or Sandler's ‘past unconscious’ (*Sandler & Fonagy, 1997*) but can also form a basis for much of what may later become symbolically represented.

In summary, declarative knowledge is gained or acquired through verbal interpretations that alter the patient's intrapsychic understanding within the context of the 'psychoanalytic', and usually transference, relationship. *Implicit relational knowing*, on the other hand, occurs through 'interactional, intersubjective processes' that alter the relational field within the context of what we will call the 'shared implicit relationship'

The Nature of 'Implicit Relational Knowing'

Implicit relational knowing has been an essential concept in the developmental psychology of pre-verbal infants. Observations and experiments strongly suggest that infants interact with caregivers on the basis of a great deal of relational knowledge. They show anticipations and expectations and manifest surprise or upset at violations of the expected (Sander, 1988; Trevarthen, 1979; Tronick et al., 1978). Furthermore, this implicit knowing is registered in representations of interpersonal events in a non-symbolic form, beginning in the first year of life. This is evident not only in their expectations but also in the generalisation of certain interactive patterns (Stern, 1985; Beebe & Lachmann, 1988; Lyons-Ruth, 1991).

Studies of development by several of the authors (Stern, 1985, 1995; Sander, 1962, 1988; Tronick & Cohn, 1989; Lyons-Ruth & Jacobvitz, in press) have emphasised an ongoing process of negotiation over the early years of life involving a sequence of adaptive tasks between infant and caregiving environment. The unique configuration of adaptive strategies that emerges from this sequence in each individual constitutes the initial organisation of his/her domain of *implicit relational knowing*. Several different terms and conceptual variations have been proposed, each accounting for somewhat different relational phenomena. These include Bowlby's 'internal working models' of attachment (1973), Stern's 'proto-narrative envelopes' and 'schemas of being-with' (1995), Sander's 'themes of organisation' (1997), and Trevarthen's 'relational scripts' (1993), among others. A formal description of how these strategies are represented remains an active field of enquiry.

Implicit relational knowing is hardly unique to the pre-symbolic infant. A vast array of implicit knowings concerning the many ways of being with others continue throughout life, including many of the ways of being with the

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therapist that we call transference. These knowings are often not symbolically represented but are not necessarily dynamically unconscious in the sense of being defensively excluded from awareness. We believe much of transference interpretation may avail itself of data gathered by the analyst about the patient's relational knowings. A prototypical example is that reported by

Guntrip (1975) from the end of his first session with Winnicott. Winnicott said, 'I don't have anything to say, but I'm afraid if I don't say something, you will think I am not here'.

How Changes in 'Implicit Relational Knowing' are Experienced

A feature of dynamic systems theory relevant to our study is the self-organising principle. Applying the self-organising principle to human mental organisation, we would claim that, in the absence of an opposing dynamic, the mind will tend to use all the shifts and changes in the intersubjective environment to create progressively more coherent implicit relational knowledge. In treatment, this will include what each member understands to be their own and the other's experience of the relationship, even if the intersubjective relationship itself does not come under therapeutic scrutiny, i.e. it remains implicit. Just as an interpretation is the therapeutic event that rearranges the patient's conscious declarative knowledge, we propose that what we will call a 'moment of meeting' is the event that rearranges *implicit relational knowing* for patient and analyst alike. It is in this sense that the 'moment' takes on cardinal importance as the basic unit of subjective change in the domain of '*implicit relational knowing*'. When a change occurs in the intersubjective environment, a 'moment of meeting' will have precipitated it. The change will be sensed and the newly altered environment then acts as the new effective context in which subsequent mental actions occur and are shaped and past events are reorganised. The relationship as implicitly known has been altered, thus changing mental actions and behaviours that assemble in this different context.

The concept that new contexts lead to new assemblies of a system's constitutive elements is a tenet of general systems theory. An illustration of the same principle from the neurosciences is that of Freeman (1994). He describes the way that in the rabbit brain the neural firings activated by different odours create a different spatial pattern. When a new odour is encountered, not only does it establish its own unique pattern, but the patterns for all of the previously established odours become altered. There is a new olfactory context, and each pre-existing element undergoes a change.

The idea of a 'moment of meeting' grew out of the study of the adaptive process in development (Sander, 1962, 1967, 1987; Nahum, 1994). Such moments were seen to be key to state shifts and organismic reorganisation. We believe the idea of the 'well-timed interpretation' is also an attempt to grasp aspects of this idea.

A major subjective feature of a shift in *implicit relational knowing* is that it will feel like a sudden qualitative change. This is why the 'moment' is so important in our thinking. The

‘moment’ as a notion, captures the subjective experience of a sudden shift in *implicit relational knowing* for both analyst and patient. We will discuss this in greater detail below.

Clinically, the most interesting aspect of the intersubjective environment between patient and analyst is the mutual knowing of what is in the other's mind, as it concerns the current nature and state of their relationship. It may include states of activation, affect, feeling, arousal, desire, belief, motive or content of thought, in any combination. These states can be transient or enduring, as mutual context. A prevailing intersubjective environment is shared. The sharing can further be mutually validated and ratified. However, the shared knowing about the relationship may remain implicit.

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Developmental Perspectives on the Process of Change

Since infants are the most rapidly changing human beings, it is natural to wish to understand change processes in development for their relevance to therapeutic change. Of particular relevance is the widely accepted view that despite neurological maturation, new capacities require an interactive intersubjective environment to be optimally realised. In this environment most of the infant and parent's time together is spent in active mutual regulation of their own and the other's states, in the service of some aim or goal. For further explication of the mutual regulation model and the concepts that underpin it, see Tronick (*1989*) and Gianino & Tronick (*1988*). The key notions that elaborate this general view follow.

Mutual Regulation of State is the Central Joint Activity

‘State’ is a concept that captures the semistable organisation of the organism as a whole at a given moment. As Tronick (*1989*) has argued, dyadic state regulation between two people is based on the micro-exchange of information through perceptual systems and affective displays as they are appreciated and responded to by mother and infant over time. The states that need to be regulated initially are hunger, sleep, activity cycling, arousal, and social contact; soon thereafter (the level of) joy or other affect states, (the level of) activation or excitation, exploration, attachment and attribution of meanings; and eventually almost any form of state organisation, including mental, physiological and motivational. Regulation includes amplifying, down-regulating, elaborating, repairing, scaffolding, as well as returning to some pre-set equilibrium. How well the caretaker apprehends the state of the infant, the *specificity* of his/her *recognition* will, among other factors, determine the nature and degree of coherence of the infant's experience. Fittedness gives shared direction and helps determine the nature and qualities of the properties that emerge. Mutual regulation implies no symmetry between the interactants,

only that influence is bi-directional. Each of the actors brings his or her history to the interaction, thus shaping what adaptive manoeuvres are possible for each. Current concepts from development studies suggest that what the infant internalises is the process of mutual regulation, not the object itself or part-objects (*Beebe & Lachmann, 1988, 1994; Stern, 1985, 1995; Tronick & Weinberg, 1997*). Ongoing regulation involves the repetition of sequenced experiences giving rise to expectancies and thus, becomes the basis of *implicit relational knowing* (*Lyons-Ruth, 1991; Nahum, 1994; Sander, 1962, 1983; Stern, 1985, 1995; Tronick, 1989*).

Regulation is Goal-Directed

The processes of mutual regulation moving towards a goal are neither simple nor straightforward most of the time and do not run smoothly (*Tronick, 1989*). Nor would we expect or want them to, ideally. Rather they demand a constant struggling, negotiating, missing and repairing, mid-course correcting, scaffolding, to remain within or return to a range of equilibrium. This requires both persistence and tolerance of failures on both partners' part. (Of course the work is asymmetrical, with the caregiver, in most situations doing the lion's share.) This trial-by-error temporal process of moving in the general direction of goals, and also identifying and agreeing on these goals, we will call 'moving along', to capture the ongoing ordinariness of the process as well as its divergence from a narrow and direct path to the goal. Sometimes the goal is clear and the dyad can move along briskly, as when hunger requires feeding. Sometimes an unclear goal must be discovered or uncovered in the moving along process, as in free play or most play with objects.

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Mutual Regulation Also Involves an Intersubjective Goal

The moving along process is oriented towards two goals simultaneously. The first is physical and/or physiological, and is achieved through actions that bring about a behavioural fittedness between the two partners, such as positioning and holding of the baby for a feeding by the caregiver, coupled with sucking and drinking by the baby; or, high-level facial and vocal stimulation during face-to-face play by the caregiver, coupled with a high level of pleasurable activation and facial expressivity in the baby. The second, parallel goal is the experience of a mutual recognition of each other's motives, desires and implicit aims that direct actions, and the feelings that accompany this process (*Tronick et al., 1979*). This is the intersubjective goal. In addition to a mutual sensing of each others' motives or desires, the intersubjective goal also implies a signalling or ratifying to one another of this sharing. There must be some act assuring consensuality. Affect attunement provides an example (*Stern, 1985*).

It is not possible to determine which goal is primary, the physical or intersubjective. At times one of them seems to take precedence, and a shifting back and forth occurs between what is foreground or background. In any event both are always present. Our central interest here, however, remains the intersubjective goal.

The Regulatory Process Gives Rise to 'Emergent Properties'

In moving along much of the time, one does not know exactly what will happen, or when, even if general estimates can be made. This indeterminacy is due not only to the nature of dynamic systems, but to the shifting of local and even intermediate goals, as well as the fact that so much of moving along is ad-libbed. Even frequently repeated interactions are almost never repeated in exactly the same way. Themes of interaction are always in the process of evolving variations, quite evident in certain activities such as 'free play', where part of the nature of the activity is to constantly introduce variations so as to avoid habituation (*Stern, 1977*). But, even a more tightly structured activity, such as feeding or changing, is never repeated exactly.

The improvisational nature of these interactions has led us to find guidance in the recent theoretical work on non-linear, dynamic systems which produce emergent properties (*Fivaz-Depeursinge & Corboz-Warnery, 1995; Maturana & Varela, 1980; Prigogine & Stengers, 1984* and as applied to early development, *Thelen & Smith, 1994*). These concepts seem to provide the best models to capture the process of moving along and the nature of *specific 'moments of meeting'* (see below), which are emergent properties of moving along. In the course of moving along, the dual goals of complementary fitted actions and intersubjective meeting about that fittedness can be suddenly realised in a 'moment of meeting', one which has inevitably been well prepared for, but not determined, over a longer period of time. Such moments are jointly constructed, requiring the provision of something unique from each party. It is in this sense that meeting hinges on a *specificity of recognition* as conceptualised by Sander (*1991*).

Examples of 'moments of meeting' are such events as: the moment when the parent's behavioural input fits with the baby's movement towards sleep so as to trigger a shift in the infant from awake to asleep; or, the moment when a bout of free play evolves into an explosion of mutual laughter; or, the moment that the baby learns, with much teaching and scaffolding by the parent, that the word that they will use for that barking thing is 'dog'. In the latter two examples, the meeting is also intersubjective in the sense that each partner recognises that there has been a mutual fittedness. Each has captured an essential feature of the other's goal-oriented motive structure. To state it colloquially, each grasps a similar version of 'what is happening, now, here, between us'.

We assume that intersubjective meetings have goal status in humans. They are the mental version of the aim of object-relatedness. In systems terms, such meetings involve linking between organism and context, inside and outside, giving rise to a state that is more inclusive than what either system alone can create. Tronick has termed this more inclusive state the dyadic expansion of consciousness.

A 'moment of meeting' can create a new intersubjective environment and an altered domain of 'implicit relational knowing'

An example provides the best illustration. If in the course of playing, a mother and infant unexpectedly achieve a new and higher level of activation and intensity of joy, the infant's capacity to tolerate higher levels of mutually created positive excitement has been expanded for future interactions. Once an expansion of the range has occurred, and there is the mutual recognition that the two partners have successfully interacted together in a higher orbit of joy, their subsequent interactions will be conducted within this altered intersubjective environment. It is not the simple fact of each having done it before, but the sense that the two have been here before. The domain of *implicit relational knowing* has been altered.

As another example, imagine a young child visiting a new playground with his father. The child rushes over to the slide and climbs the ladder. As he gets near the top, he feels a little anxious about the height and the limits of his newly emerging skill. In a smoothly functioning dyadic system, he will look to his father as a guide to help him regulate his affective state. His father responds with a warm smile and a nod, perhaps moving a little closer to the child. The child goes up and over the top, gaining a new sense of mastery and fun. They have shared, intersubjectively, the affective sequence tied to the act. Such moments will occur again in support of the child's confident engagement with the world.

Immediate consequences of 'moments of meeting' that alter the intersubjective environment

When a 'moment of meeting' occurs in a sequence of mutual regulation, an equilibrium occurs that allows for a 'disjoin' between the interactants and a *détente* in the dyadic agenda (*Nahum, 1994*). Sander (*1983*) has called this disjoin an 'open space' in which the infant can be alone, briefly, in the presence of the other, as they share the new context (*Winnicott, 1957*). Here an opening exists in which a new initiative is possible, one freed from the imperative of

regulation to restore equilibrium. The constraint of the usual implicit relational knowledge is loosened and creativity becomes possible. The infant will re-contextualise his new experience.

During the open space, mutual regulation is momentarily suspended. Then the dyad reinitiates the process of moving along. However, the moving along will now be different because it starts from the terrain of the newly established intersubjective environment, from an altered '*implicit relational knowing*'.

Application to Therapeutic Change

We shall now provide a descriptive terminology and conceptual base for the *something more*, showing how it operates as a vehicle for change in psychoanalytic therapies.

The key concept, the 'moment of meeting', is the emergent property of the 'moving along' process that alters the intersubjective environment, and thus the *implicit relational knowing*. In brief, *moving along* is comprised of a string of 'present moments', which are the subjective units marking the slight shifts in direction while proceeding forward. At times, a present moment becomes 'hot' affectively, and full of portent for the therapeutic process. These moments are called 'now moments'. When a now moment is seized, i.e. responded to with an authentic, specific, personal response from each partner, it becomes a 'moment of meeting'. This is the emergent property that alters the subjective context. We will now discuss each element in this process.

The preparatory process: 'moving along' and 'present moments'

In many ways, the therapeutic process of moving along is similar to the moving along process in the parent-infant dyad. The form is different. One is mainly verbal while the other non-verbal, but the underlying functions of the moving along process share much in common. Moving along involves the movement in the direction of the goals of the therapy, however they may be explicitly or implicitly defined by the participants. It subsumes all of the usual components of a psychoanalytic therapy, such as interpretation, clarification, etc. In any therapeutic session, as in any parent-infant interaction, the dyad moves towards an intermediate goal. One intermediate goal in a session is defining the topics they will take up together, such as lateness to a session, was the patient properly 'heard' yesterday, the up-coming vacation, is therapy helping the feeling of emptiness, does the therapist like the patient, etc. The participants do not have to agree. They must only negotiate the interactive flow so as to move it forward to grasp what is happening between them, and what each member perceives, believes and says in the particular context, and what each member believes the other member perceives, feels and believes. They are working on

defining the intersubjective environment, moving along. The events in the conscious foreground that propel the movement are free associations, clarifications, questions, silences, interpretations, etc. Unlike the largely non-verbal behaviours that make up the background of the parent-infant environment, the verbal content usually occupies the foreground in the consciousness of both partners. In the background, however, the movement is towards intersubjective sharing and understanding. The verbal content should not blind us to the parallel process of moving along towards an implicit intersubjective goal.

Analogous to the physical fitness goal in the non-verbal parent-infant interactions, we see the moving along process in an adult therapy session as consisting of two parallel goals. One is a reordering of conscious verbal knowledge. This would include discovering topics to work on, clarify, elaborate, interpret and understand. The second goal is the mutual definition and understanding of the intersubjective environment that captures the *implicit relational knowing* and defines the 'shared implicit relationship'. A set of smaller local goals are needed to micro-regulate the moving along process. Local goals perform almost constant course corrections that act to redirect, repair, test, probe or verify the direction of the interactive flow towards the intermediate goal.

As will be seen, the intersubjective environment is part of what we shall call the 'shared implicit relationship'. The negotiating and defining of the intersubjective environment occurs in parallel with the explicit examination of the patient's life and the examination of the transference. It is a process that is conducted out of awareness most of the time. Yet, it is going on with every therapeutic manoeuvre. Moving along carries the interactants towards a clearer sense of where they are in their 'shared implicit relationship'.

We conceive of moving along as a process that subjectively is divided into moments of different quality and function that we call 'present moments'. Among clinicians the notion of a present moment is intuitively evident and has proved invaluable in our discussions. The duration of a present moment is usually short, because as a subjective unit it is the duration of time needed to grasp the sense of 'what is happening now, here, between us'. Accordingly, it lasts from micro-seconds to many seconds. It is constructed around intentions or wishes and their enactment which trace a dramatic line of tension as it moves towards its goal (see *Stern, 1995*). A present moment is a unit of dialogic exchange that is relatively coherent in content, homogeneous in feeling and oriented in the same direction towards a goal. A shift in any of the above ushers

in a new, the next, present moment. For example if the therapist says, ‘Do you realise that you have been late to the last three sessions? That’s unusual for you’, the patient responds, ‘Yes, I do’, and the analyst adds, ‘What are your thoughts about that?’, this exchange constitutes a present moment.

The patient replies, ‘I think I’ve been angry at you’. Silence. ‘Yes I have been.’ Silence. This is a second present moment.

The patient then says, ‘Last week you said something that really got me ticked off...’ This is the third present moment.

These present moments are the steps of the moving along process. Between each there is a discontinuity of a kind, but strung together they progress, though not evenly, towards a goal. They proceed in a fashion that is rarely linear.

In brief, we are speaking of a bounded envelope of subjective time in which a motive is enacted to micro-regulate the content of what is being talked about and to adjust the intersubjective environment.

The fairly tight cyclicity of infant activities (sleep, activity, hunger, play etc.) assures a high level of repetition, creating a repertoire of present moments. In therapy too, present moments repeat variations on the theme of habitual moves that constitute the unique way any therapeutic dyad will ‘move along’. Present moments will of course be constrained by the nature of the therapeutic technique, the personalities of the interactants and the pathology at issue.

Because present moments are so often repeated with only minor variations, they become extremely familiar, canons of what moments of life with that other person are expected to be like. Present moments become represented as ‘schemas of ways of being with another’ (*Stern, 1995*) in the domain of ‘*implicit relational knowing*’. The pair evolves a set of micro-interactive patterns in which steps include errors, disruptions and repairs (*Lachmann & Beebe, 1996*; *Tronick, 1989*). These recurrent sequences tell us about the patient’s ‘unthought known’ (*Bollas, 1987*) or the ‘prereflective unconscious’ of Stolorow & Atwood (*1992*). They are the building blocks of Bowlby’s working models and of most internalisation. They are not in awareness but are intrapsychically distinct from that which is repressed.

In sum, present moments strung together make up the moving along process. But both the units, present moments, and direction of this moving along occur within a framework that is familiar to and characteristic of each dyad.

‘Now moments’

In our conceptualisation, ‘now moments’ are a special kind of ‘present moment’, one that gets lit up subjectively and affectively, pulling one more fully into the present.¹ They take on this subjective quality because the habitual framework—the known, familiar intersubjective environment of the therapist-patient relationship—has all of a sudden been altered or risks alteration. The current state of the ‘shared implicit relationship’ is called into the open. This potential breach in the established proceedings happens at various moments. It does not have to threaten the therapeutic framework, but requires a response that is too specific and personal to be a known technical manoeuvre.

Now moments are not part of the set of characteristic present moments that make up the usual way of being together and moving along. They demand an intensified attention and some kind of choice of whether or not to remain in the established habitual framework. And if not, what to do? They force the therapist into some kind of ‘action’, be it an interpretation or a response that is novel relative to the habitual framework, or a silence. In this sense, now moments are like the ancient Greek concept of *kairos*, a unique moment of opportunity

¹ We borrow the term ‘now moment’ from Walter Freeman.

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that must be seized, because your fate will turn on whether you seize it and how.

Clinically and subjectively, the way the therapist and patient know that they have entered a ‘now moment’ and that it is distinct from the usual present moments, is that these moments are unfamiliar, unexpected in their exact form and timing, unsettling or weird. They are often confusing as to what is happening or what to do. These moments are pregnant with an unknown future that can feel like an impasse or an opportunity. The present becomes very dense subjectively as in a ‘moment of truth’. These ‘now moments’ are often accompanied by expectancy or anxiety because the necessity of choice is pressing, yet there is no immediately available prior plan of action or explanation. The application of habitual technical moves will not suffice. The analyst intuitively recognises that a window of opportunity for some kind of therapeutic reorganisation or derailment is present, and the patient may recognise that he has arrived at a watershed in the therapeutic relationship.

Now moments can be described as evolving subjectively in three phases. There is a ‘pregnancy phase’ that is filled with the feeling of imminence. There is the ‘weird phase’ when it is realised that one has entered an unknown and unexpected intersubjective space. And there is the ‘decision phase’ when the now moment is to be seized or not. If it is seized, it will lead to a ‘moment of meeting’, if all goes well, or to a failed now moment if it does not.

A 'now moment' is an announcement of a potential emergent property of a complex dynamic system. Although the history of its emergence may be untraceable, it is prepared for with fleeting or pale prior apparitions, something like a motif in music that quietly and progressively prepares for its transformation into the major theme. Still the exact instant and form of its appearance remain unpredictable.

The paths towards the now moment are many. The patient may identify an event during a session and immediately realise that the intersubjective environment has just shifted, but not share and ratify this shift during the session. Or, the patient might have let the event pass without much notice and later re-work it to discover its importance in signalling a possible shift in the intersubjective environment. These events are forms of hidden or potential now moments that are part of the preparatory process. They will perhaps, one day, reach a state of readiness to enter into the mutual dialogue and become now moments as we have described.

Now moments may occur when the traditional therapeutic frame risks being, or is, or should be, broken.

For example:

- —If an analytic patient stops the exchange and asks, 'Do you love me?'
- —When the patient has succeeded in getting the therapist to do something out of the (therapeutic) ordinary, as when the patient says something very funny and both break into a sustained belly laugh.
- —When by chance patient and therapist meet unexpectedly in a different context, such as in a queue at the theatre, and a novel interactive and intersubjective move is fashioned, or fails to be.
- —When something momentous, good or bad, has happened in the real life of the patient that common decency demands it to be acknowledged and responded to somehow.

Recall that we are dealing with a complex dynamic process where only one of several components may be changing in a slow and progressive fashion during the preparatory phase and may be hardly perceptible, until reaching a certain threshold when it suddenly threatens to change the context for the functioning of other components. Conceptually, now moments are the threshold to an emergent property of the interaction, namely, the 'moment of meeting'.

The most intriguing now moments arise when the patient does something that is difficult to categorise, something that demands a different and new kind of response with a personal signature that shares the analyst's subjective state (affect, phantasy, real experience etc.) with the patient. If this happens, they will enter an authentic 'moment of meeting'. During the 'moment

of meeting' a novel intersubjective contact between them will become established, new in the sense that an alteration in the 'shared implicit relationship' is created.

The 'moment of meeting'

A now moment that is therapeutically seized and mutually realised is a 'moment of meeting'. As in the parent-infant situation, a 'moment of meeting' is highly specific; each partner has actively contributed something unique and authentic of his or herself as an individual (not unique to their theory or technique of therapeutics) in the construction of the 'moment of meeting'. When the therapist (especially), but also the patient, grapples with the now moment, explores and experiences it, it can become a 'moment of meeting'. There are essential elements that go into creating a 'moment of meeting'. The therapist must use a specific aspect of his or her individuality that carries a personal signature. The two are meeting as persons relatively unhidden by their usual therapeutic roles, for that moment. Also, the actions that make up the 'moment of meeting' cannot be routine, habitual or technical; they must be novel and fashioned to meet the singularity of the moment. Of course this implies a measure of empathy, an openness to affective and cognitive reappraisal, a signalled affect attunement, a viewpoint that reflects and ratifies that what is happening is occurring in the domain of the 'shared implicit relationship', i.e. a newly created dyadic state specific to the participants.

The 'moment of meeting' is the nodal event in this process because it is the point at which the intersubjective context gets altered, thus changing the *implicit relational knowing* about the patient-therapist relationship.

That the 'moment' plays such a key mutative role has been recognised by others as well. Lachmann & Beebe (1996) have emphasised it, and Ehrenberg has described her mutative therapeutic work as taking place precisely during intimate subjective moments (1992).

An example is instructive at this point. Molly, a married woman in her mid-thirties, entered analysis because of poor self-esteem that was focused on her body, her inability to lose weight, and her severe anxiety about losing the people most dear to her. She was a second daughter. Because her older sister had been crippled by polio as an infant, Molly's parents cherished her healthy body. When she was a child, they would ask her to dance for them while they watched admiringly.

She began the session talking about 'body things' and associated having feelings of sexual excitement and a flash of anger at the analyst on her way to the session. 'I have the image of your sitting back ... and watching me from some superior position.' Later in the session she recalled her parents watching her dance and wondered if there were some sexual excitement in it for them, too, 'if they wanted it, too'. There followed a long discussion of her body experience, including

physical examinations, fears there was something wrong with her body and body sensations. Then, after a prolonged silence, Molly said, ‘Now I wonder if you're looking at me’. (*The now moment began here.*)

The analyst felt taken aback, put on the spot. Her first thought was whether to remain silent or say something. If she were silent, would Molly feel abandoned? Repeating Molly's statement—‘you wonder if I'm looking at you’—seemed awkward and distancing. The analyst's responding with a remark of her own, however, felt risky. The sexual implications were so intense that to speak them seemed to bring them too close to action. Noting her own discomfort and trying to understand its source, the analyst identified the related issue of dominance and realised that she felt as if she were being invited either to take the ‘superior position’ or to submit to Molly. At this point in her considerations, she suddenly felt free to be spontaneous and communicate to Molly her actual experience.

‘It kind of feels as if you're trying to pull my eyes to you’, she said. ‘Yes’, Molly agreed, with avidity. (*These two sentences made up the ‘moment of meeting’.*) ‘It's a mixed thing’ said

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the analyst. ‘There's nothing wrong with the longings’, Molly replied. ‘Right’, the analyst agreed. ‘The thing is, it takes two to manage’, Molly said. ‘Certainly at first’, the analyst replied. ‘That's what I was thinking ... It's nice thinking about this now ... and I actually am able to feel some compassion.’ ‘For yourself?’ the analyst asked. ‘Yes’, Molly answered. ‘I'm glad’, the analyst responded.

In this vignette, an intersubjective meeting took place because the analyst used her own inner struggle to apprehend the patient and seize the now moment by responding specifically and honestly, ‘It kind of feels (to me as a specific individual, is implied) as if you are trying to pull my eyes to you’. This turned the now moment into a ‘moment of meeting’. This is quite different from the various possible, technically adequate, responses that leave the specificity of the analyst as person, at that moment, out of the picture, such as: ‘is this the way it was with your parents?’ or ‘tell me what you imagined’ etc.

Interpretations in Relation to ‘Moments of Meeting’

Now moments can also lead directly to an interpretation. And interpretations can lead to ‘moments of meeting’ or the other way around. A successful traditional interpretation allows the patient to see himself, his life and his past differently. This realisation will invariably be accompanied by affect. If the interpretation is made in a way that conveys the affective participation of the analyst, a ‘moment of meeting’ may also have occurred. ‘Matched

specificities between two systems in resonance, attuned to each other' (*Sander, 1997*) will have happened. This is akin to the affect attunement seen in parent-infant interactions (*Stern, 1985*).

Suppose that the analyst makes an excellent interpretation with exquisite timing. It will have an effect on the patient, which may be a silence, or an 'aha', or most often something like, 'yes, it really is like that'. If the analyst fails to convey his or her affective participation (even with a response as simple as, 'Yes, it has been, for you', but said with a signature born of his own life experience) the patient could assume or imagine that the analyst was only applying technique, and there will have been a failure to permit an important new experience to alter the known intersubjective environment. In consequence, the interpretation will be much less potent.

Strictly speaking, an interpretation can close out a now moment by 'explaining' it further or elaborating or generalising it. However, unless the therapist does something more than the strict interpretation, something to make clear his or her response and recognition of the patient's experience of a shift in the relationship, then there will be no new intersubjective context created. A sterile interpretation may have been correctly or well formulated but it will most likely not have landed and taken root. Most gifted psychoanalysts know this and do the 'something more', even considering it part of the interpretation. But it is not. And that is exactly the theoretical problem we are grappling with. If the scope of what is considered an interpretation becomes too large and ill-defined, the theoretical problems become impossibly confused.

A distinction must be made here. A now moment can, and often does, arise around charged transference material, and gets resolved with a traditional interpretation. If this interpretation is given in an 'authentic' manner, how is that different from a 'moment of meeting'? It is different for this reason. During a traditional interpretation involving transference material, the therapist as a person, as he exists in his own mind, is not called into the open and put into play. Nor is the shared implicit relationship called into the open for review. Rather, the therapeutic understanding and response occurring within the analytic role is called into play. What 'authentic' means in this context is difficult to define. During an 'authentic' transference interpretation, there should not be a 'moment of meeting' of two people more or less denuded of their therapeutic roles. If there were, the act of the therapist, in response to the transference act of the

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patient, would have the character of countertransference. In contradistinction, the transference and countertransference aspects are at a minimum in a 'moment of meeting' and the personhood of the interactants, relatively denuded of role trappings, is put into play. Assessing the relative lack of transference-countertransference, and the relative presence of two people experiencing

one another outside of their professionally prescribed roles, is, of course, not easy, but we are all aware of such moments, provided that the very concept is accepted. We will return to this point below.

The 'open space'

As in the developmental sequence, we assume that in the therapeutic situation 'moments of meeting' leave in their wake an 'open space' in which a shift in the intersubjective environment creates a new equilibrium, a 'disjoin' with an alteration in or rearrangement of defensive processes. Individual creativity, agency emerging within the individual's configuration of open space, becomes possible, as the patient's '*implicit relational knowing*' has been freed of constraints imposed by the habitual (*Winnicott, 1957*).

Other fates of the now moment

The other various fates of the now moment, if it is not seized to become a 'moment of meeting' or an interpretation are:

1. A 'missed now moment'

A missed now moment is a lost opportunity. Gill provides a graphic example. 'In one of my own analyses ... I was once bold enough to say, "I'll bet I will make more of a contribution to analysis than you have". I almost rolled off the couch when the analyst replied, "I wouldn't be a bit surprised". I must also regretfully report that the exchange was not further analysed, not in that analysis at any rate' (*1994, pp. 105-6*). We taken him to mean there was no further discussion of this exchange. Here a moment had been allowed to pass by, never to be returned to.

2. A 'failed now moment'

In a failed now moment, something potentially destructive happens to the treatment. When a now moment has been recognised but there is a failure to meet intersubjectively, the course of therapy can be put in jeopardy. If the failure is left unrepaired, the two gravest consequences are that either a part of the intersubjective terrain gets closed off to the therapy, as if one had said 'we cannot go there', or even worse, a basic sense of the fundamental nature of the therapeutic relationship is put into such serious question that therapy can no longer continue (whether or not they actually stop).

David, a young man had begun an analysis. In a session after several months had elapsed, he was talking about a severe burn covering much of his chest that he had sustained as a toddler and

musings about its influence on his subsequent development. It had left him with a disfiguring scar, easily seen when in a bathing suit or shorts, which had caused him much self-consciousness and acted as the focus for various issues concerning his body. Without thinking, David reached down and started to pull back his shirt, saying, 'here, let me show you. You will understand better'. Abruptly, before he had uncovered the scar, his analyst broke in, 'No! Stop, you needn't do that!' Both were left surprised by the analyst's response.

Both David and his analyst later agreed that what had transpired had not been helpful. David felt, however, and told his analyst, that the analyst's subsequent response had compounded the failure because, instead of saying that he felt badly for having reacted as he had to David, he said only that he had not performed to his own standards.

3. A 'repaired now moment'

Failed now moments can be repaired, by staying with them or by returning to them. Reparation, in itself, can be positive. Almost by definition the repair of a failed now moment will lead the dyad into one or more new now moments.

4. A 'flagged now moment'

A now moment can be labelled. These labels are not easy to come by because the dyadic states concerned do not, in fact, have names and are extremely subtle and complex entities. They usually acquire names like, 'the time when you ... and I ...' Flagging them with a label is extremely important, not only because it facilitates their recall and use, but it also adds another layer to the jointness of this interpersonal creation. Flagging may also serve the purpose of dealing with a now moment only partially at the time of its first emergence without running the risk of missing or failing the moment. In this way it can buy the therapy needed time.

5. An 'enduring now moment'

Sometimes a now moment emerges that can not be immediately resolved/disclosed/shared, but does not go away. It remains and hangs in the air for many sessions, even weeks. Nothing else can happen until its fate is determined. These enduring now moments are not necessarily failures. They may result from conditions that do not permit the usual solutions because the timing or readiness is not ripe or because the intersubjective meeting required is too complex to be contained in a single transaction. In this sense they also may buy needed time. Usually they are resolved with a different now moment that encompasses the enduring now moment. We will discuss this further below.

The 'Shared Implicit Relationship' as the Locus of Mutative Action in Therapy

We return now to the question posed at the beginning of this paper, namely, in what domain of the relationship between therapist and patient does the 'moment of meeting' occur and implicit knowledge get altered? We suggest that it takes place in the 'shared implicit relationship'.

The notion of any relationship in analysis that is not predominantly transference-countertransference has always been troublesome. Many analysts claim that all relatedness in this clinical situation is permeated with transference and countertransference feelings and interpretations, including those intermediary phenomena such as the therapeutic alliance and its related concepts. Yet others insist that a more authentic sense of relatedness is the necessary experiential background without which transference is not perceivable, let alone alterable (*Thomä & Kachele, 1987*).

The 'shared implicit relationship' consists of shared implicit knowledge about a relationship that exists apart from, but parallel to both the transference-countertransference relationship and the assigned psychoanalytic roles. While each partner's implicit knowledge about the relationship is unique to him, the area of overlap between them is what we mean by the shared implicit relationship. (This shared implicit relationship is never symmetrical.)

The emphasis on the importance of the 'shared implicit relationship' was for us unexpected, a conclusion that we came to after realising the nature of a 'moment of meeting'. Since a 'moment of meeting' could only occur when something happened that was personal, shared, outside or in addition to 'technique', and subjectively novel to habitual functioning, we were forced to reconsider the entire domain of the shared implicit relationship.

In our view, infant research has simplified consideration of the shared implicit relationship by highlighting the fact of affective communication and intersubjectivity virtually from the outset of postnatal life (*Tronick, 1989; Lachmann & Beebe, 1996*). Infant and caretaker are both seen to be capable of expressing affect and comprehending the affective expressions of the other. This first communication system continues to operate throughout life and has attracted ever more interest in our field under the rubric of the 'non-verbal'. We agree with Stechler (*1996*) that although our professional responsibility enjoins us from sharing the same life space as the patient, it is misguided to assume that the complex emotional being of the analyst can be (or should be) kept from the sensings of the patient, 'sensings' based on the operation of a highly complex system that is always functioning. Our position is that the operation of this system constructs the 'shared implicit relationship', which consists of

a personal engagement between the two, constructed progressively in the domain of intersubjectivity and implicit knowledge. This personal engagement is constructed over time and acquires its own history. It involves basic issues that exist beyond and endure longer than the more therapeutically labile distortions of the transference-countertransference prism, because it includes more or less accurate sensings of the therapist's and patient's person.

When we speak of an 'authentic' meeting, we mean communications that reveal a personal aspect of the self that has been evoked in an affective response to another. In turn, it reveals to the other a personal signature, so as to create a new dyadic state specific to the two participants.

It is these stable, implicit knowings between analyst and analysand, their mutual sensings and apprehendings of one another, that we are calling their 'shared implicit relationship'. Such *knowings* endure over the fluctuations in the transference relationship and could even be detected with a micro-analysis, much of the time, by a third party observing them, in which case it could be an 'objective' event.

We have been forced by our reflections upon the 'moment of meeting' and its role in altering implicit knowledge, to focus on and examine this shared implicit relationship. This is so because of several characteristics of a 'moment of meeting'.

1. It is marked by a sense of departure from the habitual way of proceeding in the therapy. It is a novel happening that the ongoing framework can neither account for nor encompass. It is the opposite of business as usual.
2. It cannot be sustained or fulfilled if the analyst resorts to a response that feels merely technical to the patient. The analyst must respond with something that is experienced as specific to the relationship with the patient and that is expressive of her own experience and personhood, and carries her signature.
3. A 'moment of meeting' cannot be realised with a transference interpretation. Other aspects of the relationship must be accessed.
4. It is a dealing with 'what is happening here and now between us?' The strongest emphasis is on the 'now', because of the affective immediacy. It requires spontaneous responses and is actualised in the sense that analyst and patient become contemporaneous objects for one another.
5. The 'moment of meeting', with its engagement of 'what is happening here and now between us' need never be verbally explicated, but can be, after the fact.

All these considerations push the ‘moment of meeting’ into a domain that transcends but does not abrogate the ‘professional’ relationship and becomes partially freed of transference-countertransference overtones.

Although it is beyond the scope of this paper, we believe that a further exploration of this ‘shared implicit relationship’ is badly needed.

Summary and Discussion

Whereas interpretation is traditionally viewed as the nodal event acting within and upon the transference relationship, and changing it by altering the intrapsychic environment, we view ‘moments of meeting’ as the nodal event acting within and upon the ‘shared implicit relationship’ and changing it by altering implicit knowledge that is both intrapsychic and interpersonal. Both of these complementary processes are mutative. However, they use different change mechanisms in different domains of experience.

With the aim of furthering clinical enquiry and research, we have attempted to provide a descriptive terminology for the phenomenology of these moments that create the ‘shared implicit relationship’.

It should be noted that change in implicit relational knowledge and change in conscious verbal knowledge through interpretation are sometimes hard to distinguish from each other in the actual interactive process of the therapeutic situation. The ‘shared implicit relationship’ and the transference relationship flow in parallel, intertwined, one or the other taking its

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turn in the foreground. However, it is a necessary condition for relatedness that processing of implicit knowing be ongoing. Interpretation, on the other hand, is a punctate event.

We locate the foundations of the ‘shared implicit relationship’ in the primordial process of affective communication, with its roots in the earliest relationships. We suggest it consists largely of implicit knowledge and that changes in this relationship may result in long-lasting therapeutic effects. In the course of an analysis some of the implicit relational knowledge will get slowly and painstakingly transcribed into conscious explicit knowledge. How much is an open question. This, however, is not the same as making the unconscious conscious, as psychoanalysis has always asserted. The difference is that implicit knowing is not rendered unconscious by repression and is not made available to consciousness by lifting repression. The process of rendering repressed knowledge conscious is quite different from that of rendering implicit knowing conscious. They require different conceptualisations. They may also require different clinical procedures, which has important technical implications.

The proposed model is centred on processes rather than structure and is derived from observing infant-caretaker interaction and from dynamic systems theory. In this model, there is a reciprocal process in which change takes place in the implicit relationship at ‘moments of meeting’ through alterations in ‘ways of being with’. It does not correct past empathic failures through the analytic empathic activity. It does not replace a past deficit. Rather something new is created in the relationship which alters the intersubjective environment. Past experience is recontextualised in the present such that a person operates from within a different mental landscape, resulting in new behaviours and experiences in the present and future.

Our position on mutual regulation in the therapy situation is akin to one described by Lachmann & Beebe (1996). Our idea of a ‘now moment’ potentially becoming a ‘moment of meeting’ differs from their idea of ‘heightened affective moments’ in that we have tried to provide a terminology and a detailed sequential description of the process that leads up to and follows these privileged moments.

We agree with many contemporary thinkers that a dyadic state shift is fundamental, but we locate its emergence in the ‘moment of meeting’ of the interactants. Our position is similar to those taken by Mitchell and Stolorow & Atwood. We add to these authors, however, in considering most of the intersubjective environment as belonging to *implicit relational knowing*, which gets built into the *shared implicit relationship* in the course of therapy. The process of change, thus, takes place in the *shared implicit relationship*. Finally, we anticipate that this view of altering *implicit relational knowing* during ‘moments of meeting’ will open up new and useful perspectives that consider therapeutic change.

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