Chapter 2

Implicit Relational Knowing: A Central Concept in Psychotherapeutic Change

Part I. Implicit Relational Knowing: Its Role in Development and Psychoanalytic Treatment

There has long been a consensus that “something more” than interpretation is needed in psychoanalytic therapies to bring about change. Interpretation, in the sense of making repressed impulses and fantasies conscious, may not in itself be sufficient. So how do psychoanalytic therapies bring about change? The Boston Change Process Study Group (BCPSG) began meeting early in 1995 to consider how to develop a language and a set of constructs to begin to elaborate on the “something more” that is needed in therapeutic encounters to catalyze change. This set of symposium papers is the first presentation of our attempt to bring together the joint strengths of developmental research, systems theory, and close observation of clinical process. We consider the framework presented here as a work in progress, with both additional elaboration and revisions needed. We present it here in hopes of stimulating the dialogue needed in the field to achieve an interdisciplinary synthesis of scientific research and clinical theory and observation.

Early in our discussions, our attention was drawn to the observation that most patients remember “special moments” of authentic person-to-person connection with their therapists, moments that altered their relationship with him or her and thereby their sense of themselves. We believe that these moments of intersubjective meeting constitute a pivotal part of the change process. We also find that the role of such moments in therapeutic change can best be understood in relation to concepts drawn from recent infant research and from current systems theories.

As we struggled with the problem of change using the traditional constructs of psychoanalytic theory, it became clear that two kinds of representational processes needed to be separately conceptualized. The first kind of representation we will call semantic, in that it relies on symbolic representation in language. The second kind we will call procedural representation. We are drawing on distinctions made by Kihlstrom and Cantor (1983) and other cognitive psychologists, but are adapting them to our own needs. Procedural representations are rule-based representations of how to proceed, of how to do things. Such procedures may never become symbolically coded, as, for example, knowledge of how to ride a bicycle. More important to us than bicycle riding, however, is the domain of knowing how to do things with others. Much of this kind of knowledge is also procedural, such as knowing how to joke around, express affection, or get attention in childhood. This procedural knowledge of how to do things with others we have termed implicit relational knowing. In using this term, we want to differentiate implicit relational knowing from other forms of procedural knowledge and to emphasize that such “knowings” are as much affective and interactive as they are cognitive. This implicit relational knowing begins to be represented in some yet-to-be-known form long before the availability of language and continues to operate implicitly throughout life. Implicit relational knowing typically operates outside focal attention and conscious experience, without benefit of translation into language. Language is used in the service of this knowing but the im-

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plicit knowings governing intimate interactions are not language-based and are not routinely translated into semantic form.

Recognition of such a nonsymbolically based representational system has been one central contribution of infant research (e.g., Ainsworth, Blehar, Waters, & Wall, 1978; Beebe & Lachmann, 1994; Tronick, 1989). In our thinking, implicit relational knowing subsumes what has been termed internalized object relations. The older term—internalized object relations—has connotations of taking in from the outside, rather than of co-construction, and of taking in another person, rather than of representing a mutually constructed regulatory pattern (Tronick, 1989). The older term is also more identified with the literature on pathological rather than adaptive relatedness and is more often used to refer to past relationships and their activation in the transference rather than with more general representational models that are constantly accessed and updated in day-to-day encounters.

Therefore, we view implicit relational knowing as a construct that raises “internal object relations” to a more general representational systems conception. In this conception, implicit relational knowing encompasses normal and pathological knowings and integrates affect, fantasy, behavioral, and cognitive dimensions. Implicit procedural representations will become more articulated, integrated, flexible, and complex under favorable developmental conditions because implicit relational knowing is constantly being updated and “re-recognized” as it is accessed in day-to-day interaction (as articulated at the level of neuronal group selection by Edelman [1987]).

In a therapeutic context, some small areas of the patient’s implicit relational knowing may become the subject of verbal articulation and/or transference interpretation. However, the areas that become consciously articulated will be only a small part of the totality of the patient’s (and/or therapist’s) implicit operating procedures in relationships. Although these “knowings” are often not symbolically represented, they are also not necessarily dynamically unconscious in the sense of being defensively excluded from awareness. Implicit relational knowing, then, operates largely outside the realm of verbal consciousness and the dynamic unconscious. However, though we use the term throughout these chapters, we see it as a working term and one that will need further revision (for a fuller and more developmentally grounded discussion see Lyons-Ruth [1999]).

In addition to implicit relational knowing, we needed two more constructs to talk about therapeutic change that is not based on interpretation. The second construct was that of the “real relationship” (another term that too must be seen as a work in progress; see Morgan et al., 1998). The third construct was the notion of “moments of meeting.”

We will define the “real relationship” as the intersubjective field constituted by the intersection of the patient’s and the therapist’s implicit relational knowing. This field extends beyond the transference-countertransference domain to include authentic personal engagement and reasonably accurate sensings of each person’s current “ways of being with.” Labeling this intersubjective field the “real relationship” also serves to differentiate it from the psychoanalytic components of the relationship in which semantic representations are elaborated via verbal interpretations.

In contrast to more traditional views, we feel that the real relationship is also subject to therapeutic change by processes that alter the intersubjective field directly. In traditional theory, interpretation is viewed as the semantic event that rearranges the patient’s understanding. We propose that a “moment of meeting” is the transactional event that rearranges the patient’s implicit relational knowing by rearranging the intersubjective field between patient and therapist, what Tronick et al. (1998) refer to as their dyadic state of consciousness.

What do we mean by a “moment of meeting?” A moment of meeting occurs when the dual goals of complementary fitted actions and intersubjective recognition are suddenly realized. Moments of meeting are jointly constructed, and moments of meeting require the provision of something unique from each partner. Sander (1995b) has pointed out that the essential characteristic of these moments is that there is a specific recognition of the other’s subjective reality. Each partner grasps and ratifies a similar version of “what is happening now, between us.”

Moments of meeting catalyze change in parent–infant interaction as well as in psychotherapy. In the process of infant development, the baby’s implicit relational knowing encompasses the recurrent patterning of mutual regulatory moves between infant and caregiver (Tronick, 1989). These regulatory moves shift to negotiate a series of adaptive
challenges emerging over the early years of life, as delineated by theorists such as Sander (1962) and Stern (1985). In the course of this ongoing mutually constructed regulation, the interactive field between infant and caregiver becomes more complex and well-articulated, giving rise to emergent possibilities of new forms of interaction. For example, once recurrent expectations regarding each partner’s moves in a peekaboo game are established, the stage is set for both partners to “play with” that form by violating established expectations. This mutual sense of the emerging possibility of new forms of interaction occurring between the two participants creates heightened affect. Beebe and Lachmann (1994) have called attention to the importance of “heightened affective moments” as one of three principles of salience in early development and psychoanalytic treatment. We would further elaborate this concept by tying the heightened affect to a sense of emergent new possibilities in the interactive field. In the positive case, these new interactive possibilities would create more complex and coherent intersubjective regulation because they integrate new developmental capacities of the infant or achieve a fuller and more satisfying adaptation to the infant’s current capacities and affective potentials.

The transition to a more inclusive and hence coherent mutual regulatory system hinges on a moment of meeting between parent and child. These moments of changed intersubjective recognition ratify a change in the range of regulation achievable between the two partners. They signal an opening for the elaboration of new initiatives. New forms of shared experience can now be elaborated around previously unrecognized forms of agency. The implicit relational knowing of the two partners will also of necessity be altered. New potential is not only enacted but also represented as a future possibility. Tronick et al. (1998) further elaborate on the more inclusive and coherent regulation inherent in an intersubjective moment of meeting in his discussion of dyadically expanded states of consciousness.

These concepts can be illustrated in the developmental domain with the description of a brief observation of a young mother with her 18-month-old baby. As an extensive attachment literature demonstrates, the infant’s strategies for negotiating comforting contact with caregivers are constructed in a series of mutually regulated negotiations with parents and are one of the best-documented forms of implicit relational knowing displayed during the first 2 years of life (for review, see Bretherton, 1988; Lyons-Ruth & Zeanah, 1993). As part of the standard Ainsworth assessment of the infant’s strategies for approaching the parent, mother and baby were observed reuniting with each other after the mild stress of two brief 3-minute separations in an unfamiliar laboratory playroom. As recent evidence confirms, infants are physiologically aroused during these brief separations, even in the absence of obvious distress. However, the fluidity of the physical and affective dialogue between mother and infant at such moments of stress can mitigate the onset of longer-term stress responses mediated by the hypothalamic-pituitary-adrenal axis (Hertsgaard, Gunnar, Erickson, & Nachmias, 1995; Spangler & Grossmann, 1993).

The mother and her 18-month-old daughter, whom I will call Tracy, had been receiving therapeutic home visits for 9 months, both to help the mother stabilize her life situation and to help her become more consistently emotionally available to her infant. Over this period of home visiting, Tracy and her mother had both been struggling to find ways of making satisfying physical and emotional contact with each other. This mutual struggle to negotiate more satisfying moments of contact was also obvious in the laboratory observation session. As you will see from the following account, however, this particular session led to a subtle shift between them, to a moment of meeting, that surprised us all.

After arriving at the laboratory playroom, Tracy explored the toys in the room for several minutes while her mother chatted with the female research assistant. When her mother left the playroom for the first time, Tracy did not appear visibly upset. She continued to play with the toys and ignored the research assistant. However, when the assistant got up to leave, Tracy quickly alerted and looked at the door. When she caught sight of her mother entering, she immediately averted her eyes and turned away. Her mother said “Hey!” and stood in front of Tracy. Still looking away, Tracy said, “Mummy!” with a pleased tone and then turned toward her mother and took several tentative steps toward her as though to join her. Her mother said, “What are you doing?” but did not step forward or kneel down toward Tracy. Tracy sidled past her mother’s legs with a blank look, went around her mother, and pushed hard to open the door to leave the room. Her mother forcibly removed
her hand from the door, saying, "Come here, look what Mama’s got." Tracy pulled her hand away, turned away from her mother, and threw the toy she was holding hard onto the floor. She then continued to turn her back to her mother and push on the door while ignoring her mother’s invitations to play. Finally her mother pulled her by the arm and she allowed herself to be drawn over to the toy her mother was holding. Still she ignored the toy, instead stepping with her head averted and without apparent purpose closer to her mother’s body and then past her, where she squatted briefly beside her mother with her back turned. Then she stood and returned to the door. Finally, after wandering around the room aimlessly for several more seconds, she sat down facing her mother and played with the toy between them while her mother watched and praised her warmly and appropriately.

In contrast to her avoidant and conflicted behavior when her mother was present, Tracy was quite distressed when her mother left again and could not be comforted by the assistant who came in and tried to engage her. When she caught sight of her mother at the door the second time she exclaimed "Mummy!" with a delighted squeal, and began to run toward her. Rather than responding with similar delight, her mother said, "Hi! What have you been doing?" In response Tracy started to fuss loudly as she ran toward her mother. Perhaps because of this protest on Tracy’s part, her mother held out her hands and kneeled as Tracy approached, saying again, "What are you doing?" Tracy lifted her arms up and her mother first grasped her under the arms but then put her arms fully around her as Tracy pushed up against her body. After only a brief squeeze, however, her mother released her, drew back to look at her, and said, "Did you miss me?" Tracy sobered as her mother drew back, then fusses again and tried to move back into her mother’s arms. Her mother gave her another awkward squeeze, saying "All right, all right, all right." Then she picked her up, moved to the toys, and kneeled with Tracy on her knee, directing her attention to a toy on the floor. Tracy looked at the toys impassively for a few minutes, sitting stiffly on her mother’s knee. Then she stared off into space with a dazed look, began to fuss, slid off her mother’s knee, and stood facing her again with her arms outstretched. Her mother responded by opening her own arms. For a long minute they stood frozen with open arms, facing each other silently. Then Tracy gave a little laugh of relief and sank fully into her mother’s arms, letting her whole body relax on her mother’s shoulder. Her mother was able to give an open, delighted smile in return, and hold her daughter close while rocking and hugging her. Her mother then specifically recognized and ratified this moment of meeting by murmuring "I know, I know" to her daughter as she hugged and rocked her.

In our view, mother and child had negotiated a more fitted and inclusive way of being together and had achieved in the final moment of meeting the dual goals of complementary fitted actions and specific intersubjective recognition—a moment of meeting and a dyadic state of consciousness. Recent studies of cortisol metabolism and attachment behaviors confirm that the fuller emotional sharing achieved by Tracy and her mother by the end of the observation constitutes a regulatory system of more inclusive fittedness in that open and responsive communication between mother and infant is associated with reduced cortisol secretion to mild stressors (Hertsgaard et al., 1995; Spangler & Grossmann, 1993).

We would argue that such moments of meeting shift the implicit relational expectations of each partner and signal an opening for the elaboration of new initiatives between mother and child. Such moments of meeting create the potential for the elaboration of new forms of shared experience and for a new range of more mutual and responsive regulation between them.

In summary, these moments of intersubjective meeting are experienced and represented in the implicit relational knowing of infant with caregiver. They are also experienced in the patient–therapist interaction, with similar resulting changes in the patient’s implicit relational knowing. These "moments of meeting" between patient and therapist may or may not become the subject of interpretation. Nevertheless, these moments of meeting open the way to the elaboration of a more complex and coherent way of being together, with associated change in how relational possibilities are represented in each participant’s implicit relational knowing.
Part II. The Process of Therapeutic Change Involving Implicit Knowledge: Some Implications of Developmental Observations for Adult Psychotherapy

The mechanisms that bring about change in psychotherapy are incompletely understood, at best. In exploring processes of change, our working group has considered that the developing infant is probably the fastest changing of all human beings. Of course, genes are kicking in all the time, creating new capacities available to effectuate change. Nonetheless, without an appropriate environment to shape, facilitate, and encourage these changes, they will either not occur or evolve maladaptively. With this in mind, our group, which is made up of developmentalists, as well as those who are primarily clinicians, has attempted to consider the clinical process of therapeutic change with an eye to change processes in early development. The idea was not to look for precursors of later development, as is usually done, but rather to explore, minutely, the change process itself, almost irrespective of what is changing.

Four things impressed us most in listening to and studying in detail the process notes of psychodynamically oriented therapies:

1. Much of the mutative action involves that broad domain of intelligence called implicit (procedural) knowledge, in particular, implicit knowing about what to do, think, and feel in a specific relationship context. This knowing is not conscious (nor is it dynamically unconscious, that is, repressed). It simply operates out of awareness. We call this implicit relational knowing (see Chapter 1 and Lyons-Ruth et al., this chapter).

2. The microprocess of proceeding in a therapy session seems to occur in an improvisational mode in which the small steps needed to get to a goal are unpredictable, and the goal itself is not always clear and can shift without notice, as it seems to do in the infant–mother interaction (see Tronick et al., 1998).

3. During a session, points of mutative potential arise at unpremeditated "moments." A "moment" is conceived of as a short subjective unit of time in which something of importance, bearing on the future, is happening. We call these "now moments." Such moments are viewed as emergent properties of a complex, dynamic system. In this sense, they are nonlinear leaps in the process of the therapy session. This loose concept of moments was found to be intuitively appropriate for the clinicians and useful for the entire group, as well as for infant–mother interaction (see Lyons-Ruth et al., this volume; Tronick et al., 1998).

4. When "now moments" are handled by the patient and therapist so as to achieve a "specific moment of meeting," the implicit knowledge of each partner gets altered by creating a new and different intersubjective context between them—the relationship has changed. This process requires no interpretation and need not be made verbally explicit.

The remainder of this part of this chapter will try to describe this change process, give it a terminology, seek links to developmental change processes that have inspired much of our thinking, and briefly explore some explanatory/descriptive concepts, as we began to do in Chapter One.

CONCEPTS AND TERMS FOR DESCRIBING THE THERAPEUTIC PROCESS

Let us assume an illustrative, (prototypic) session that begins with the patient–therapist dyad in a particular intersubjective state. This is the
initial state (state no. 1). By intersubjective state, we mean the shared implicit relational knowledge that each of them has concerning themselves and the other and how they habitually work, and are together. It is largely a nonconscious representation of an important aspect of their relationship.

1. “Moving Along”

In this initial stage (no. 1), they start to work together. Most often there is a goal in sight that can last for variable periods of time. For example, a patient and therapist are working toward the goal of understanding how the patient’s current states of anxiety are related to the early relationship with her mother. They start to move toward this goal in a progression we call “moving along.” This goal-oriented movement is largely linear. While they sense or know roughly where they are going, they do not know exactly how they will get there—that is, what each next step will be—nor can they know exactly when they will reach the goal or even how they will reach it. Furthermore, the goal can shift during the process of seeking it. They are in an improvisational mode. Each step in this moving along process is called a “present moment.”

For instance, the therapist says: “Do you realize that you have been late to the last three sessions, which is unusual for you?” And the patient responds, “Yes, I do.” Silence. This exchange constitutes a present moment. It has redefined the topic and redirected it.

The patient then says, “Last week you said something that really got me ticked off...” The third present moment gets launched. And so on.

These present moments are the steps of the moving along process. Between each there is a minor discontinuity of some kind, but strung together they progress coherently, though not evenly.

In brief, we are speaking of a bounded envelope of subjective time in which a motive is enacted to microregulate the content and goal of what is being talked about and to adjust the intersubjective environment. 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 microseconds to many seconds. The present moment is constructed around intentions or wishes and their enactment, which trace a dramatic line of tension as it moves toward its goal (see D. N. Stern, 1995).

This kind of improvisational, self-finding, and self-correcting process is what we have come to be familiar with from Tronick’s characterization of the parent–infant interactive process consisting of matches-mismatches, ruptures and repairs (Tronick, 1989, Tronick et al., 1998; Tronick & Weinberg, 1997). This is especially evident in situations such as free play, in which there is not even a specified goal except to amuse each other. This leads to a theme and variation format in which adlibbed variations succeed one another until the theme is exhausted, and then a new theme (usually related) is found and unfolds its variations, again with many inevitable missteps. This process is almost pure improvisation (Beebe & Stern, 1977; Gianino & Tronick, 1988; D. N. Stern, 1985; D. N. Stern et al., 1977).

The realization that so much occurs in the improvisational mode between parent and infant has made clear the importance of the repair of ruptures and the midcourse corrections that such a process needs (Lyons-Ruth et al., this volume; Tronick, 1989). In fact, coming to implicitly know how to repair and redirect the improvisational process is one of the main hidden agendas of the parent–infant interaction (Tronick & Cohn, 1989). Moreover, in the parent–infant interaction, the repetition of many activities has a quality of moving along that creates a repertoire of present moments. These repetitions become extremely familiar canons of what moments of life with a specific other person are expected to be like while moving along. In this form, present moments become represented as “schemes of ways of being-with-another” (D. N. Stern, 1995). The schemes are in the domain of implicit relational knowing. They are also the building blocks of Bowlby’s working models and of most internalization. It is not surprising that these implicit relational schemes have been given great attention by researchers in infancy who have been forced to think about the nonverbal infant’s relational knowledge existing prior to explicit verbalization (see Lyons-Ruth, 1998; Tronick, 1998a).
The process of “moving along” in adult psychotherapy is quite similar. If we attend to the recurrent interactive sequences that are analogous to those that have concerned us in infancy, they tell us about the patient’s implicit relational knowing concerning his relationship with the therapist and vice versa. This essentially is what is meant by the “unthought known” (Bollas, 1987) or the “unreflected unconscious” (Solorow, Atwood, & Brandchaft, 1994), or the “past unconscious” of Sandler (Sandler & Fonagy, 1997). These implicit representations are unconscious but not necessarily under any form of repression. (In psychodynamic terms, they are descriptively [topographically] unconscious, but not dynamically unconscious.)

In sum, present moments strung together make up the moving along process, what Tronick refers to as the process of mutual regulation—matching, mismatching, and reparation. Both present moments, and the style of this moving along, occur within a framework that is familiar to and characteristic of each dyad.

2. “Now Moments”

In the course of the moving along process, all of a sudden a qualitatively different and unpredicted moment arises. This is a “hot” present moment, a sort of “moment of truth” that is affectively charged. It is also laden with potential importance for the immediate or long-term future. It is a moment called kairos in ancient Greek, the moment that must be seized if one is going to change his destiny, and if it is not seized, one’s destiny will be changed anyway for not having seized it. It is also a moment that pulls the two participants fully into the present. (We, especially therapists, spend most of the time with only one foot in the present.) For these various reasons, we have called this moment a “now moment.”

Two simple examples will suffice. They are obvious in that the habitual framework of the therapy is clearly questioned. Suppose that a patient in a psychoanalytic therapy, lying on the couch, suddenly says, “I want to see what is going on in your face. I’m going to sit up right now and look!” Or, imagine that a patient in a face-to-face therapy, says, “I’m sick of looking at your face. It distracts me. I’m going to turn my chair away from you and toward the wall, right now!” (for more elaborate examples, see Bruschweiler-Stern et al., 1998; Harrison et al., 1998; Nahum et al., this chapter).

The “now moment” is seen as an emergent property of the complex dynamic system made up of two people moving along in the therapeutic process. This emergent moment challenges or threatens the stability of the ongoing initial state. It announces a disturbance in the system (state no. 1) that constitutes a potential transition to a new state of organization (state no. 2). Such reordering of complex dynamic systems is becoming better and better understood (E. Fivaz, R. Fivaz, & Kaufmann, 1979, 1983; R. Fivaz, 1996; Maturana & Varela, 1987; Thelen & Smith, 1994).

This kind of emergent property can only arise if the moving along occurs within a context (system) that is rule governed by an established technique that is (implicitly) well understood by the interactants. The now moment, as an emergent property, disequilibrates the normal, canonical way of doing business together. It offers a new intersubjective context. For this reason, it is difficult and challenging clinically. It requires a deviation from the usual technical moves used by that dyad (though not necessarily from technical “rules” of the therapy).

When a now moment emerges, the therapist and the patient are surprised, in the sense of taken off guard because the exact form and instant of appearance of the moment was not predictable, even if it was generally likely to happen or even expected at some future point. It represents a nonlinear jump. Because the moment jumps out of the habitual, and is at the instant of its encounter unprepared for, the therapist (and patient) experience anxiety because they cannot know exactly what to do unless, of course, they quickly resort to habitual ways of interacting, thus operating under the guise of established technique. They are on unfamiliar ground, with all the possibilities of promise and disaster that inhabit not knowing what to do. If the therapist “knows” what to do, he has probably missed the now moment or has quickly hidden behind the technique. In the adult patient–therapist dyad, the emergent properties arise from the inherent workings of that complex dynamic system. In infancy preprogrammed developmental shifts, as well as the intrinsic mutual regulatory working of the system, create emergent properties within the dyadic system (Tronick, 1989, 1998a).
3. A “Moment of Meeting”

A now moment that is therapeutically seized and mutually recognized can become a “moment of meeting.” This requires that each partner contributes something unique and authentic as an individual in response to a now moment. The response cannot be an application of technique or a habitual therapeutic move. It must be created on the spot to fit the singularity of the unexpected situation, and it must carry the therapist’s signature as coming from his own sensibility and experience, beyond technique and theory. This is necessary because the “now moment” has disequilibrated the initial intersubjective context; thus, it must be enacted mutually. Only when this enactment has been performed, mutually recognized, and ratified, will a new intersubjective state come into being.

Similar shifts in the behavioral and intersubjective state are readily seen in the parent–infant interaction. For instance, when the social smile emerges along with sustained mutual gaze and vocalization, the parent and baby amuse each other with facial and vocal exchanges. They are moving along. Then, something unpredictable happens (e.g., a funny expression or an unexpected vocal and facial synchronization, and all of a sudden they are laughing together). The interaction has been kicked up to a new and higher level of activation and joy that the baby may never before have achieved and which has never before been shared between them as an intersubjective context.

This change in intersubjective environment can be described as follows: The participants are “moving along” in an initial intersubjective state (no. 1). A now moment emerges. It pushes the intersubjective state into a zone of transition that is unstable. If the “now moment” is accepted as a request for a reevaluation of their implicit knowledge about their relationship, and a new intersubjective context is enacted in a “moment of meeting,” it will act to catapult the implicit intersubjective context into a new state (no. 2)—a dyadic state of consciousness (see Tronick et al., 1998a), and restabilize the system. The patient and therapist can then take up again the process of moving along, but in a different intersubjective state. The end result is a change in both members' implicit relational knowing.

The notion of a moment of meeting also comes from work with infants. Sander (1988, 1997) introduced the term to describe the situation when the parent provides a behavior that is specifically fitted to permit and catalyze a shift in the infant’s state. For instance, when the mother sings the exact song, or performs the needed ritual of touching, that sends the baby from the state of drowsiness into a state of sleep.

4. An “Open Space”

Immediately after a moment of meeting, Sander (1988) observed that an “open space” occurs in the infant–parent interactive process in which the partners disengage from their specific meeting and can be alone, in the presence of the other. A similar pause is observed in adult psychotherapy. It is assumed that during this open space each participant can assimilate the effect of the moment of meeting in finding a new equilibrium in the altered intersubjective state that they now inhabit.

After the open space has finished, the two partners take up again the moving along process, but now they do so within a new intersubjective context (state no. 2). Their implicit relational knowing has been expanded—there has been a dyadic expansion of consciousness—and the relationship between them has changed.

5. Other Fates of the “Now Moment”

If the now moment is not seized to become a moment of meeting, it can lead to various other outcomes:

(a) The now moment simply can be missed. This is a lost opportunity but usually reappears.

(b) There can be a failed now moment. The moment does not go by unnoticed; rather there is a failure to establish a moment of meeting. If this failure is left unrepaired, the twogravest consequences are that either 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 a full therapy can no longer continue (whether or not they actually stop).
In the parent–infant relationship, “now moments” are frequently missed or failed. It is less grave in this situation because the developmental push will assure that such moments will reappear. The only question is how this new property will be integrated into the relationship. In the patient–therapist situation, there will be fewer opportunities to seize these moments because the failure to do so is generally experienced as so painful to the patient as to prevent risking offering it again. Still, several opportunities for repair usually present themselves.

(c) When failed now moments are taken up again they can be repaired. This requires a new “moment of meeting,” a dyadic expansion that emerges from mutual regulation.

(d) Some now moments endure and stay charged for many sessions. Their urgency can wax and wane. Similarly, some now moments can be flagged as important events that must be returned to, but not at that moment. The therapeutic process thus buys time.

(e) Finally, an interpretation, acting in the domain of explicit knowledge, can resolve some, but certainly not all, now moments. It is instructive in this regard to note that most good, well-timed interpretations also include, as a sort of coda, a specific moment of meeting that concerns the emotional effect of the interpretation. It acts in the domain of implicit relational knowing, but is necessary to render the interpretation not just a sterile application of technique, but a mutative event in altering the explicit and implicit relationship.

In brief, an interpretation is the act that alters the intrapsychic landscape of the patient’s explicit knowledge. A moment of meeting is the act that alters the intersubjective landscape of the patient’s implicit relational knowing. These two mechanisms can act alone or together (see Lyons-Ruth, 1998).

SUMMARY

We have tried to explore the process of change in psychotherapy using the perspectives of developmental processes and concepts of change in dynamic systems. The basic data are the detailed reports of psychotherapists about their therapy sessions. The major findings are the realization that even in a “talking therapy,” a vast amount of therapeutic change occurs in the realm of procedural knowledge that is not conscious, especially implicit knowledge of how to act, feel, and think when in a particular relational context (implicit relational knowing). We suggest that the mutative act in this domain is a specific moment of meeting, which is an emergent property of the dyadic system that pushes it into a new state of intersubjectivity—Tronick et al.’s dyadic state of consciousness—thus changing the relationship.