Chapter 1

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

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 nonlinear dynamic systems and their relation to theories of mind, the authors propose that the something more resides in interactional intersubjective processes 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 organizations in, or reorganize, 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 modeled and discussed in terms of a se-

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 chapter 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 et al., 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, 1999). 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 explora-
tion 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 nonlinear 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 reorganized in dynamic psychotherapies. One is explicit (declarative) and the other is implicit (procedural). Whether they are in fact two distinct mental phenomena remains to be determined. At this stage, however, we believe that further inquiry 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 organization. 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 nonsymbolically 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, that is, how “to be with” someone (D. N. 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 behavioral/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 transferential, 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 preverbal 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; Tuvemark, 1979; Tronick, Als, Adamson, Wise, & Brazelton, 1978). Furthermore, this implicit knowing is registered in representations of interpersonal events in a nonsymbolic form, beginning in the first year of life. This is evident not only in their expectations but also in the generalization of certain interactive patterns (Beebe & Lachmann, 1988; Lyons-Ruth, 1991; D. N. Stern, 1985). Studies of development by several of the authors (Lyons-Ruth & Jacobvitz, 1999; Sander, 1962, 1988; D. N. Stern, 1985, 1995; Tronick & Cohn, 1989) have emphasized 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 organization of his or her domain of implicit relational knowing. Several different terms and conceptual variations have been proposed, each accounting for somewhat different relational phenomena. These
mutual recognition of each other’s motives, desires, and implicit aims that direct actions, and the feelings that accompany this process (Tronick, Als, & Adamson, 1979). This is the intersubjective goal. In addition to a mutual sensing of each other’s motives or desires, the intersubjective goal also implies a signaling or ratifying to each other of this sharing. There must be some act assuring consensuality. Affect attunement provides an example (D. N. 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 (D. N. 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 nonlinear, dynamic systems that produce emergent properties (Fivaz-Depeursinge & Corbuz-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 realized in a “moment of meeting,” one that 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 conceptualized by Sander (1991).

Examples of “moments of meeting” are such events as: the moment when the parent’s behavioral input fits with the baby’s movement toward 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 recognizes 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 organisms 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 recontextualize 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, that is, 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 nonverbal, 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, and so on. In any therapeutic session, as in any parent–infant interaction, the dyad moves toward 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 upcoming vacation, is therapy helping the feeling of emptiness, does the therapist like the patient, and so on. 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, and so on. Unlike the largely nonverbal behaviors 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 toward intersubjective sharing and understanding. The verbal content should not blind us to the parallel process of moving along toward an implicit intersubjective goal.

Analogous to the physical fittness goal in the nonverbal 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 microregulate 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 toward 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 maneuver. Moving along carries the interactants toward 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 microseconds to many seconds. It 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). A present moment is a unit of dialogic exchange that is relatively coherent in content, homogeneous in feeling, and oriented in the same direction toward 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 realize 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, toward 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 microregulate 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” (D. N. Stern, 1995) in the domain of “implicit relational knowing.” The pair evolves a set of microinteractive 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 “prereffective unconscious” of Stolorow and Atwood (1992). They are the building blocks of Bowlby’s working models and of most internalization. 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. In fact, both the units, i.e., the present moments, as well as the
direction of this moving along, occur within a framework that is familiar to and characteristic of each dyad.

"Now Moments"

In our conceptualization, "now moments" are a special kind of "present moment," one that gets lit up subjectively and affectively, pulling one more fully into the present. 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 maneuver.

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 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 recognizes that a window of opportunity for some kind of therapeutic reorganization or derailment is present, and the patient may recognize that he or she 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 realized 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 toward the now moment are many. The patient may identify an event during a session and immediately realize 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 rework it to discover its importance in signaling 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 dif-

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1We borrow the term "now moment" from Walter Freeman (1994).
different context, such as in a queue at the theater, and a novel interactive and intersubjective move is fashioned, or fails to be.

• When something momentous, whether good or bad, has happened in the real life of the patient that common decency demands 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 categorize, something that demands a different and new kind of response with a personal signature that shares the analyst’s subjective state (affect, fantasy, 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 realized 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 therapies) 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 unhindered 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 signaled affect attunement, a viewpoint that reflects and ratifies that what is happening is occurring in the domain of the “shared implicit relationship,” that is, 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 recognized by others as well. Lachmann and Beebe (1996) have emphasized it, and Ehrenberg (1992) has described her mutative therapeutic work as taking place precisely during intimate subjective moments.

An example is instructive at this point. Molly, a married woman in her mid-30s, 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 was 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 realized 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 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.”

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 realization 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. Sander (1997) sees this occurrence as a matching of specificities between two systems that are in resonance and attuned to one another. This is akin to the affect attunement seen in parent–infant interactions (D. N. 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 generalizing 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 transferential 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 transferential material, the therapist as a person, as he or she exists in his or her 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 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 each other 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 analyzed, not in that analysis at any rate” (1994, pp. 105-106). We have 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 recognized 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 musing 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 defini-
tion 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 labeled. 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 cannot 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 chapter, 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 transferential/countertransferential 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 (Thomà & 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 realizing 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 (Lachmann & Beebe, 1996; Tronick, 1989). 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 “nonverbal.” 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 opera-
tion 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 apprehensions of each other, 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 microanalysis, 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 realized 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 actualized in the sense that analyst and patient become contemporaneous objects for each other.
5. The “moment of meeting,” with its engagement of “what is happening here and now between us,” need never be verbally explained, 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 transferential/countertransferential overtones.

Although it is beyond the scope of this chapter, a further exploration of the “shared implicit relationship” is needed.

SUMMARY AND DISCUSSION

Whereas interpretation is traditionally viewed as the nodal event acting within and upon the transferential 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 inquiry 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 transferential relationship flow in parallel, intertwined, one or the other taking its 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 punctuate 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 conceptualizations. They may also require different clinical procedures, which have important technical implications.

The proposed model is centered 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 that alters the intersubjective environment. Past experience is recontextualized in the present such that a person operates from within a different mental landscape, resulting in new behaviors and experiences in the present and future.

Our position on mutual regulation in the therapy situation is akin to one described by Lachmann and 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 (1993) and by Stolorow and Atwood (1992). 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.