Moving Along: Reflections on Self Psychology and the Boston Change Process Study Group

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Out beyond ideas of wrongdoing and rightdoing there is a field. I will meet you there. When the soul lies down in that grass, the world is too full to talk about. Ideas, language, even the phrase each other doesn’t make any sense.

—Rumi

Flopping on the couch opposite an analyst, a seventeen-year-old girl—almost woman—announces her depression with a flourish. “I am soooo depressed today,” Becky wails. Becky’s eyes are averted as she begins her bleating. Slowly, as she finishes her announcement, she raises her eyes, knowing she will meet her analyst’s gaze. Her analyst almost welcomes, almost sighs, almost smiles as their eyes meet. “So... what’s up?”

Years ago we might have asked what, if anything, could be said about these fifteen seconds of a forty-five minute session of a three-times-a-week, five-year treatment. We might have consulted the patient’s history, the story of the transference and countertransference, and/or the complete transcript. Yet now, as we have refined our foci, these moments in the consultation room yield richness toward a sophisticated understanding of therapeutic action. In the above vignette the declarative content consists of only eight words. Yet volumes have been “spoken” in the exchange beginning with Becky’s flopping on the couch, to the meeting of eyes between patient and analyst. How we understand the richness of such exchanges is the focus of this chapter.

We will examine in both the adult and child treatment process recent developments explicated by the work of the Boston Change Process Study Group. This group, hereafter referred to as BSG, has addressed the realm of
treatment that lies outside the verbal, outside a consideration of conscious and unconscious, to the dimension of the implicit—implicit relational knowing. Or in the words of the BSG the “something more” in treatment. Clearly, as a field, psychoanalysis was ready to embrace such an explication and a language that enables an exploration of elements always in operation in the treatment process but heretofore elusive to capture. The multitude of articles, presentations, and classes dealing with this exploration confirms this conclusion.

In an earlier chapter we noted the applicability of the BSG’s work to treatment informed by a broad range of psychoanalytic theories (Gotthold & Sorter, 2006). How can an analyst working from a self psychological framework integrate the findings of the BSG?

Contemporary self psychology and intersubjective theorists have been working to further refine the articulation of the unfolding mutative processes between patient and therapist. They have continued to explore and expand upon the cornerstones of self psychology theory: the function of empathy, the selfobject transferences and the cycle of rupture and repair in the patient/analyst relationship. Some of the contributors to the expanded self psychological brain trust include Stolorow (1997), Stolorow and Atwood (1992), Stolorow, Brandchaft, and Atwood (1987), and Orange, Atwood, and Stolorow (1997), who have directed our attention to the intersubjective and contextual realm of the treatment process. Bacal’s specificity theory (1998) has pointed to the centrality of analyst’s specific responsiveness to the patient’s needs. Lichtenberg (1989) and Lichtenberg, Lachmann, and Fishhage (1992) have put forth a motivational systems theory. All of these perspectives of self psychology have focused on the ongoing, dyadic, “relational” dimension of the psychoanalytic situation.

The infant research (Sander, Tronick, Stern) and systems theory (Thelen & Smith, 1994; Coburn, 2000; Foshage, 1997, 2003, 2005) literature leads to a self psychology theory down another avenue for expansion. Lachmann and Beebe (1996a, 1996b, 2002) applied infant research findings and systems theory to adult treatment. The findings in these areas of research have led us to understand the treatment relationship in terms of it being a dyadic, bidirectional system of influencing and being influenced. The embodiment of these new areas of theoretical developments have contributed to our embracing ideas about the co-creation of expectancies in the treatment relationship, the role of self and other interactive regulation, and the inextricable role of the nonverbal in all interactions.

Resulting from the continued growth, expansion, and inclusiveness in self psychological theorizing, the findings of the BSG increase precision in articulating the dimensions of the treatment process that were not accounted for yet, always in operation. The BSG’s work at the “local level” in focuses our attention and highlights the implicit process understanding attuned-responsiveness.

In this chapter, we have seen papers (1992) that incorporate and process; and we are working toward the origin in psychoanalytic theory. It is time to consider the implications of the finding of self psychology.

The BSG have led to the end of definitional findings, posed new questions, and provided new directions. The “something more” is found that rises from the analytic process. (Squire, 1980; Graham & Graham, 1988)
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focusses our attention to the "something more" than the global foci, that of attuned responsiveness, rupture and repair, and empathic immersion. Their highlighting of the interweaving of the explicit/declarative domain with the implicit procedural domain in all interactions gives new meaning and understanding to self psychology's bidirectional, interactively regulated, attuned-responsive treatment dyad.

In this chapter, we question whether in this exploration enough emphasis has been placed on 1) the "moving along" process, explicated in earlier papers (1998, 2002, 2005) by the BSG; 2) the interplay of declarative/explicit and nondeclarative/procedural dimensions in the treatment process; and 3) whether the recent expansion and application of the BSG's work toward the creation of a unified field theory is not premature.

The original participants of the BSG are well-known to members of the psychoanalytic community. Their varied backgrounds added fullness to their work. Lou Sander, Daniel N. Stern, Edward Tronick, Jeremy Nahum, Karlen Lyons-Ruth, Alexandra Harrison, N. Bruschiweiler-Stern, and Alexander Morgan all have contributed to their evolving explication of therapeutic action. At the time of their early publications (Stern, et al., 1998; Lyons-Ruth, 1999; BSG, 2002), general agreement was growing in the field that "something more" than interpretation powers the treatment process.

The BSG initiated the close examination of clinical process toward the end of defining this elusive "something more." Drawing from developmental findings, systems theory, and psychoanalytic clinical process, they proposed new ways to understand therapeutic action. The BSG felt that verbal (declarative) interpretation was not sufficient to account for therapeutic action. The "something more," they felt, was not necessarily verbal. They found that, frequently, change was powered in the realm of the nonverbal, or what the BSG understood to be procedural. From the cognitive psychology literature, we know that the term "declarative memory" (Cohen & Squire, 1980) refers to "a memory system involved in the processing of information that an individual can consciously recall and declare to remember" (Davis, 2001, p. 451). Procedural memory, on the other hand, is one type of nondeclarative memory that influences experience and behavior, but typically cannot be explicitly or consciously recalled (Squire, 1994; Fosshage, 2005).

Procedural memory involves the acquisition of information in nonverbal form associated with highly practiced sequences of actions. Once learned, this kind of knowing becomes automatic and not necessarily encoded symbolically. This procedural encoding of information is how most sports are played. For example, once learned, riding a bicycle becomes procedural. One no longer thinks "I must push the pedals and I must steer the wheel." Once acquired, the procedures become part of a person's repertoire of actions requiring no conscious thought.
How we do things with others, the BSG suggests, may also be procedurally encoded. They called such procedurally encoded interactions "implicit relational knowing." We were struck by a vivid example from a recent highly touted film that demonstrated implicit relational knowing. In The Devil Wears Prada, an entire publishing house learned to turn aside quickly and avoid eye contact when "the devil," Miranda Priestly, the boss, made an appearance. Whoever is in the elevator when "the devil" steps in, simply steps out—without any thought. It is as if the "uh-oh here she comes" has been automated. Miranda appears, everyone scatters. These avoidance behaviors have become procedurally encoded.

In their endeavor to increase the precision in the understanding of therapeutic action, the BSG reviewed hours upon hours of psychoanalytic process. They were struck by those times when the consultation room seemed electrified, or when something very important seemed to be happening beyond the verbal interchange. What was discovered was that these "moments" often led to a transformation in the way patient and analyst had of being with one another. The BSG referred to these moments as "moments of meeting" or "now moments."

The following vignette serves as an example of such an electric moment. Joan (Gotthold & Sorter, 2006; Sorter, 1996) made a beeline for the corner of the sectional sofas in my office. Big-eyed, she sat with legs off the floor, as far into the corner as she logically possible move. My office chair is one with rollers. When I sat down, I initially rolled my chair forward slightly, to achieve what for me is an optimal and usually acceptable distance between my patient and me. Joan's eyes grew wider. She reared back, drawing herself as far from me as she possibly could, clearly indicating a need for distance physically and psychically. No words were spoken, nor were they necessary for me to understand that I had violated her space and she had done the best she could to escape me. Without premeditation, I immediately rolled my chair back. Joan visibly uncoiled and our session continued. This surprise action, unanticipated by either of us, was for both of us a now moment. A now moment, according to the BSG, is a special kind of "present moment" (Stern, 2004), one that is "lit up" affectively, resulting in the shared implicit relationship being called into the open. Within a few seconds, without uttering a word, Joan and I (DS) learned much about each other. This intersubjective sharing of experience was understood without having to be verbalized. The BSG has asserted that such crossings of the intersubjective field of the patient and analyst, lead to increasingly complex and coherent responses. This moment of meeting shaped our way of being together.

The spontaneity of the action in the moments of the sessions described above pulled both patient and therapist into what Stern (2004) would refer to as a "present moment, defined as a lived nonverbal moment." Moments of meeting, now moments, and present moments emerge in the context of the ongoing unfo process. These are "moving along pr

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the ongoing unfolding of the co-created, interactively regulated treatment process. These are steps in what the BSG and Stern (2004) refer to as the “moving along process.” In other words, the stuff treatment is made of.

Stern (2004) devoted an entire chapter in *The Present Moment in Psychotherapy and Everyday Life* to the process of “moving along.” He defines moving along as the everyday dialogue that moves the therapy session forward in time. It is the gathering of sentences, pauses, facial expressions that create what Stern termed the “local level.” The local level was defined as the second by second interchange between patient and therapist consisting of relational moves composed of verbal and nonverbal happenings, such as spoken phrases, silences, gestures and shifts in posture or topic.” It is from this local level that “moments” emerge. The moments Stern refers to are “present moments” which consist of 1) relational moves, those present moments that one is aware of but that do not enter long-term memory; and 2) conscious present moments that are divided into the regular present moment, the now moment, and the moment of meeting. For a more detailed explanation of these particular moments we refer the reader to chapter 10 in Stern’s 2004 book.

Subsequent work by the BSG highlighted the “fittedness” and “sloppiness” in the treatment process. Sander (1995a, 1995b, 1997, 2002) based on research examining parent/infant interactions, introduced the term “fittedness” into the BSG lexicon. While Sander’s initial work on fittedness was concerned with physiological regulation of states, especially sleep states, the BSG extended this term from physiological fittedness to include shifts in intersubjective states. Various other terms have been used to describe this phenomenon. The BSG (Stern, 2004) uses “fittedness of intentions,” “recognition of fittedness,” and “moments of meeting” almost interchangeably.

In the extension of the principles of nonlinear systems theory to the enactive theory of therapeutic change, the BSG embraced the notion of sloppiness (2005). This is their attempt to capture the improvisational, sloppy, messy, and spontaneous quality of the therapeutic relationship at the local level. Sloppiness, according to the BSG (2005), refers to the “indeterminate unidi or approximate qualities of the exchange of meaning between patient and analyst” (p. 694). In that 2005 article, they reiterated the belief that treatment takes place at the local level, where implicit relational knowing is enacted. A broad application of the local level envisions that traditional psychoanalytic concepts such as conflict and defense emerge from and are transformed at the local level. This implies a shift from a depth psychology to psychoanalysis at the local level. The topography of psychoanalysis is thus inverted by the BSG.

Our earlier work (Gotthold & Sorter, 2006) examining the BSG’s constructs was in a questioning spirit. We wondered whether constructs such as
implicit relational knowing, moments of meeting, now moments, terms conceived by the BSG, added specificity and clarity in describing the process of change. Then, as now, we feel their additions to the psychoanalytic lexicon capturing that “something more” are invaluable.

Once again we want to refocus attention on the importance of “moving along” which we feel to be central in the understanding of therapeutic action. We understand implicit relational knowing—not to be confused with unconscious process—to be the result of a co-created, interactively regulated process originating between infant and caregiver. This rule-based set of expectancies form the child’s emergent implicit relational knowing and is procedurally encoded before symbolic language develops. It is this rule-based set of expectancies that each member of the treatment dyad brings to the consultation room. As Lyons-Ruth (1998) stated, “If all goes well, the child develops implicit relational knowing” that becomes gradually “more articulated, integrated and complex” (p. 285). We believe the same holds true in the treatment situation. The vitality and therapeutic action of the treatment emerges from the uniquely, intersubjectively, co-constructed dyadic procedural, as well as explicitly encoded ways of being together. If all goes well in the treatment process, implicit relational knowing for both patient and therapist becomes increasingly articulated, integrated, and complex.

We continue to question the underlaying of the moving along process. The moving along process, articulated by Nahum (1998), Tronick (1998), and Stern (2004), accounts for the gradual treatment process whereby a sense of self and agency can become increasingly coherent through a series of inevitable mutually regulated sequences. We believe that not only is this process essential to the understanding of those moments, but also that the unfolding of the co-created, interactively regulated, dyadic relational experience provides a priming of the therapeutic canvas where patient and analyst develop a context—a way of coming to know each other—such that these implicit relational moments can be transformative. We suggest that each moment is embedded within the procedural and declarative, ongoing context, co-created by the particular dyad. The following vignette is an example of this process.

Years into a treatment, more fully developed below, Paul, a rose expert told me about a gift he thought of buying for his partner. “Dori, this exquisite little vase, with the perfect rose would fit right there on your mantle.” Resulting from the multitude of our past interactions, I understood the shift and softening in the tenor of his voice to be indicative of his caring for me, caring developed with much struggle over many years. He, based on his sense of our past interactions, knew how meaningful this thought was to me. I knew, while he could never actually bring me a gift, this verbalized thought was an intimate and deeply felt communication. It spoke volumes about how far our relationship had come.

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There was no need for the co-constructed knowing to be explicitly verbalized. Such communication was not necessary for the treatment to continue. The transformation that resulted in a change in Paul’s approach to his partner was the product of implicit relational knowing.

In the above vignette we see the BSG, a collaborative process, at work. Such transformations are not necessarily visible or verbalized. The patient may not even be aware of the shift in his or her thinking. The following case, although written in the third person, is an example of this.

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about how far our relationship had evolved. There was no need to explore
the actual giving of the gift. I suspect that such exploration may well have
been destructive. It was known, by both of us, that no gift would be given.

There was no need to declaratively indicate my understanding of the
meaning of the communication. The deeper meaning, the felt experience
(the strength of the selfobject bond), was known between us. It reflected an
implicit relational knowing—our way of being together. This moment was
made possible by our respective procedurally encoded set of expectancies,
transformed by the moving along—canvas priming process—and resulted in
a transformation and expansion of our implicit relational knowing. We
want to emphasize that the “ongoingness” (moving along) of the interac-
tively regulated treatment process that occurs through the interweaving of
nonverbal communication, such as facial expressions, shifts in tones of
voice, the adoption of each other’s way of being together, and declarative
communication, is transformative. While change results from both the
moving along of treatment, as well as the emergence of special moments,
we believe the crafting of the co-created way of being together to be central
to both.

In the above vignette this interweaving of explicit and implicit com-
nications shaped the ongoing clinical process. Earlier we had advocated, as
did the BSG, a collaborative handling of moments such as the one in the vi-
gnette above. Such handling may or may not involve a declarative inter-
pretation of the treatment relationship. It was a collaborative process that took
place over time and not simply a collaborative handling of a specific mo-
ment that resulted in the expansion of our implicit relational knowing.

The following question emerges: Must the implicit relational/declarative
interactive sequences of treatment (what has been felt or discovered) be ver-
ally articulated in order to be transformative? Stern, in his recent book
(2004), argues both sides of this declarative/nondeclarative debate. Stern
states that “change is implicit. It need not be made explicit and talked
about. It becomes part of the patient’s implicit relational knowing” (p. 152).
He goes on to say that as a result of this transformation there is a
preparation for “new explorations of explicit material and the way for in-
terpretations” (p. 165).

We do not argue both sides of this debate. We believe that the moving
along process results in transformation in both patient and analyst’s implicit
relational knowing, affecting the context and the way they are together. We
further assert that co-created, interactively regulated interchanges occurring
procedurally are transformative in and/of themselves and are, thus, inter-
preative. These formulations lead us not down the linear path, the proce-
dural paving of the road to the declarative world of verbal interpretation. It
is not a one-way street. There is a bidirectional influencing of procedurally
encoded interchanges along with declarative interchanges. We believe, at
times, remaining in the realm of the procedural process is imperative. As we demonstrated with our vignette, to say what does not need to be said can diminish both the shared experience of each participant.

From a slightly different perspective, that of Beebe and Lachmann (2002), the above vignette could be thought about as part and parcel of the ongoing regulations in the dyadic system. They would agree, as we suggest above, that therapeutic action can occur in an implicit form of processing without the necessity of translation into an explicit verbal mode (p. 209).

It is through our appreciation of the often separated worlds of child and adult psychotherapy that we have come to value both realms, procedural and declarative, as they contribute to the interpretive and transformative processes. We note that the field created by the intersubjective crossing of both the child and adult analysts' implicit relational knowing is essential to the inclusion and understanding of the procedural realm in play or non-verbal treatment process. Clearly evident in the treatment of children, development resumes, behavior and psychic change occurs, and a sense of agency returns without the primacy of the declarative realm.

What follows is a presentation of two cases: work with an adult and work with a child. It is our intention to demonstrate the universality of the underlying process of the interweaving of both declarative and procedural dimensions of the clinical process regardless of the specific developmental capacities brought to the consultation room. Our emphasis in these cases is on the moving along process.

**PAUL**

Orange (2006) suggested that the whole is more than the sum of its parts. In so doing she reminds us that all our moments take place in an overall context. Paul is now close to sixty years old. He has been in treatment with me for more than twenty years. Now when we sit together, I am amazed at what he has accomplished and at the relationships he has developed. Paul and I can note with pride and sometimes amusement how much his context has changed.

This treatment began with a referral from the school Paul’s child attended, suggesting that Paul and his wife would benefit from couples therapy. During the couple’s treatment, Paul developed a sense of trust that was consistently present and reliable. He had never before experienced this sense of trust. That experience allowed Paul to consider beginning treatment with me. The potential for the formation of a selfobject experience with me felt present and I agreed to see him.

When the couple’s treatment ended, Paul entered analysis with me. His early life had been filled with traumatic disruptions. I did not understand the enormity of its impact on his body and mind. As we both came to understand, Paul’s difficulty in remembering the details of his childhood was the result of his efforts to forget. He had tried to make his childhood as far away as possible.

What follows is part of Paul’s story. Paul and I had been working on this material for some time. He had been struggling to remember the details of his childhood. He had been trying to forget the things that had happened to him. Paul had been trying to forget the things that had happened to him.

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enormity of its impact on him until we began to unravel and make some order of his history. As we tried to put a narrative together, both of us were confused. Paul's difficulty creating order out of the chaos was matched by my difficulty remembering the details of his narrative. Still, we moved along. I came upon a solution to my problem of retaining the details. I began to make notes, in somewhat sloppy but yet orderly fashion. When I decided to write up this case, I found all these little slips of paper with events and dates listed.

What follows is part of a lengthy co-creation of his life's story as he told and retold it with me as a participant and witness. When Paul was four years old, his brother Johnnie (age six) died. There was massive confusion about the cause of Johnnie's death, including Paul's conviction that his father had killed his brother. Following this tragic event, Paul's family fell apart. The content of some of my notes follow: "After my brother died, my mother left home, leaving my younger brother and me. Every now and then she would show up but each time it was with a different man.... I had a nanny I loved. I think my younger brother and I even went to her house to live—or maybe it was for a few weeks. Suddenly our nanny left too. She was gone."

Paul's confusion showed in his eyes as he tried to understand how this possibly had happened. I wondered as well. Paul felt the chronology was important in order to make order out of his chaos. Thus, we searched for the actual dates of these events. "My father must have gone somewhere too. Maybe he moved into the hospital where he had an office. I guess that's when my nanny was there... He would show up and take us to a beach. I was terrified. He would swim out and I was certain he would drown leaving me alone to take care of my brother."

Paul and I struggled along (moved along) with many repetitions of these occurrences. It was painful for Paul to recall them and painful for me to listen, but we kept at it for months. Another note read, "I didn't know where my father was but then he married Ava and she sent for us. We were put on a plane and got off in Guam. Ava was beautiful and let us do whatever we wanted. We had no hours, no regular meals, we could smoke, do whatever we wanted. I was going to grow up and marry her."

He wept as he finally was able to tell me that his beloved Ava committed suicide, leaving a trail of pills from the front door to the bedroom. My notes read, "Our father retreated into a darkened study and alcohol. When I had to go into that room and ask for money to buy a hamburger for us, I was terrified. My brother and I were so confused; we would wander through the jungles and beaches and collected boulders (large rocks). I kept them in my dresser drawer."

Ultimately, Paul's father was hospitalized for alcoholism. Strangers appeared in Guam, swooped up the boys, and put them on a plane. When they got off the plane they discovered they were now to live with relatives in the "States." These exchanges took place over years.
Paul and I began to understand that those heavy rocks, collected during the black period following Ava’s death, represented the only solid matter in their lives. Together we understood those rocks were concrete evidence that he existed. He could open the drawer and feel them. He could see them, and if he lifted them, he could feel their weight. As our relationship solidified over time, Paul experienced me as a rock, solid matter in his life. An idealizing selfobject tie allowed Paul to trust that together we could create some coherent narrative of his life. That is the moving along process and it is transformative.

Later, as Paul told and retold his story, the narrative began to have some coherence. We realized that the slips of paper provided concrete evidence, as did the rocks, of the reality of his experiences. Each time we pulled out one of the sheets of paper to order it chronologically, we would refer to them, see what was missing, modify what needed modification, and extend the narrative.

In the confusion of this tragedy, no one in the family had told Paul the correct story, nor was anyone available to verify or correct Paul’s understanding of it, that his father had killed his brother. Everyone in the family had his or her own version of why Johnnie died. One relative, in the spirit of talking to young children, said Johnnie fell out of a tree on his head. That was not true. Over time Paul, as he realized that his father had not killed Johnnie, began to trust his own perceptions. Johnnie apparently had a seizure, hitting his head on the corner of a table as he fell. His father, present at the time, picked up his son, and distraught, tried to wake him. At this point in the treatment, Paul was able to follow the sequence of events and have some understanding of the wild confusion the family was thrown into with Johnnie’s death. He was able to understand that his original view of the events was through the eyes of a four-year-old.

Of all the moments in the ongoinness of this co-created narrative, one sticks out for me. Describing a quiet moment Paul said, “You know, I was lying in my bed this morning just relaxed and thinking, when I ‘knew’ with a visceral certain sensation that my father did the best he could under the circumstances.” I didn’t feel the need to question this reflection. Our eyes met and I nodded. We sat quietly for a number of moments soaking in this profound observation. This was an amazing moment of meeting. It was almost as if we said, “Ah, yes, we have it. Now we know and we can move on with life.” Declarations from me would surely have undone the profundity of his statement of knowing.

How can we understand a process such as the one above? In our work together we stumbled along. It was certainly messy and very choppily. The work described above represents a major ongoing theme among many others in this treatment. Our work together included traditional psychoanalytic themes such as those surrounding the guilt he felt at moments of secret happiness that he recalled being of being the old leaving him fear could now kill latter. Served as a Paul was filled shame him, as W. We would, in fit the chaos of his In any lengthed. There weren the one describements when bc There was, for it had seen in the about a bird in his fear about s From a retro plished togethe Paul and I hav cohesive narra ment and in tation. Paul can out fear of re exponentially, she would say ing to “increas I had comp where we wer Lyndon John Johnson’s virt know nearly about the wo:

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e to understand that his original view of
a four-year-old.
ningness of this co-created narrative, one
iet moment Paul said, “You know, I was
relaxed and thinking, when I ‘knew’ with
my father did the best he could understand
need to question this reflection. Our eyes
for a number of moments soaking in this
amazing moment of meeting. It was al-
ave it. Now we know and we can move on
would surely have undone the profundity
ess such as the one above? In our work to-
as certainly messy, and very choppy. The
a major ongoing theme among many oth-
together included traditional psychoanalytic
ing the guilt he felt at moments of secret
happiness that his older brother had died. He revealed this with shame as
he recalled being told by his father, “Now you are my oldest son.” The thrill
of being the oldest son also terrifed him. These feelings overwhelmed him
leaving him fearful of being alone with his father. His fear that his father
could now kill him as he had killed Johnnie with all its various permuta-
tions served as a backdrop to the psychoanalytic process. At moments when
Paul was filled with shame over his confession, his dread that I would
shame him, as he had felt shamed as a child would permeate our sessions.
We would, in fits and starts, also come back to the trying to make sense of
the chaos of his early life.

In any lengthy treatment there are disruptions and repairs of those disrup-
tions. There were heightened moments (Beebe & Lachmann, 2002) such as
the one described earlier about the “perfect rose vase.” There were other mo-
ments when both of us were joyous over recovered abilities long dormant.
There was, for instance, his description of writing a paragraph about a bird he
had seen in the garden. The ability to make a statement, even a simple one
about a bird in the garden, had been lost in the confusion of his mind and
his fear about saying something that would bring on some dreaded event.

From a retrospective look we both feel pleased by what we have accom-
plished together. During the moving along dyadic process of this treatment,
Paul and I have come to know each other very well. Paul now has a more
cohesive narrative of his history. He is no longer afraid to “make a state-
ment” and in fact now holds the title of executive director of his organiza-
tion. Paul can now “read people,” understand them, and talk to them with-
out fear of retribution. His “implicit relational knowing” has expanded
exponentially. I believe if I were to discuss this case with Karlen Lyons-Ruth
she would say that Paul and I were participants in an ongoing process lead-
ing to “increasingly integrated and complex content.” That’s how I see it.

I had completed this report when we had one more opportunity to see
where we were together. Paul was rereading a three-volume biography on
Lyndon Johnson, a man he admires greatly. As he was regaling me with
Johnson’s virtues, I asked Paul if he thought he and I had together come to
know nearly as much about him (Paul) as the author of the book knew
about the workings of President Johnson’s mind. He said the following:

I’ve learned to be strategic. I used to think I had to do things indirectly. [He
made the shape of an arc in the air.] I couldn’t get from one thing to another
because I was so fearful [paranoid, he added] about the consequences. Now I
know I can trust myself and I can trust people. I can get from A to B in a direct
manner. I understand people and I am not afraid to act. I can make a statement
and know that someone will listen.

From a self psychological point of view, my emphasis is, in part, on my
patient’s subjectivity along with my contributions to the dyad. Paul’s
subjective experience, as communicated both declaratively and procedurally, was always in the forefront of our work together. As highlighted in this vignette, the moving along process facilitated the emergence of the self-object transferences.

**LITTLE HENRY**

The following child case is offered as an example of both ongoingsness or moving along process and a situation where the action sequences, in context, speak for themselves. Armed and ready, Henry, Little Henry as he was known in his family, entered our tiny consultation room, three times a week, in a determined manner. Armed, by his mother, with an “after school snack special” from a shop across the road from the clinic. Ready for me to appear in the waiting room, Henry clutched the bag containing the frank, the drink, and the chocolate chip cookie. Once in my office, Henry set up shop. He placed the frank, the drink, and the cookie in a neat row on the edge of my desk. Little Henry stood, wordlessly, in front of his materials and systematically ate each item in succession. Initially, there were never any deviations from his plan. As our time together grew, the rate of consumption deviated depending on what was on Henry’s mind. Had the school day been upsetting? Did he need time to regroup before an interaction with another human? Or, did he recognize, want to be recognized, and count on the recognition by this now-familiar human? Following this voiceless, wordless, meaningful opening action sequence, Henry would greet me and give the “signal” that connection, verbal connection, was possible.

Our co-created opening ritual emerged early on in the treatment process (after the first three months or so) and continued until our summer break some seven months later. How did I come to participate in this mime-like drama? Initially, I felt constrained by the role of silent observer. However, the part I felt to be thrust into became my own. I knew we were always together, always engaged, and I was ready. I came to know the importance of waiting—of sitting silently, meaningfully—waiting for the final cookie crumb to be consumed, waiting for my cue, waiting for Henry to be ready.

In our wordless state, I understood Henry’s need to feel in full control of his advances and responses to me. As much as possible, Henry tried to protect himself from my responses, initiations, or, as he could feel, intrusions. I experienced him as “titrating our connection” in order to make it possible for him to remain within a sphere of relatedness with me. Henry clearly knew how to psychically detach himself from potentially painful, overwhelming experiences with others. Yet, his desperate wish to know and be known powered his attempts at self-regulation in our budding relationship.
This work with Henry dates back to a time when communicating the power and meaning of such communications, therapeutic action sequences, or moments to the field was harder. Henry's sequences, pauses, glances, transformations, and resulting increased self- and interactive regulation were difficult to make understandable to other analysts and at times, even myself. Yet, as his therapist, even in silence, I experienced him as an "other" in our dyadic interactively regulated treatment relationship. I was acutely aware that only in his silence, in the actions sequences and in those moments, could selfobject transferences unfold, such that both mutative experiences and declarative interpretations would be transformative. Both the field and the treatment were at a loss for words.

Little Henry was a bright, verbal, and very troubled child when he began treatment at age eight. He was referred to treatment by his school, because he was distracted and distracting in the classroom. When he was able to be in the classroom, Henry would lurch around in his seat, often pretending to machine gun down his classmates. While his parents felt that "boys will be boys," the school expressed great concern. Henry was small for his age, thus the family's nickname. His self-contained stance rendered him so small he seemed almost nonexistent. His father, Big Henry, was very tall, large and booming. He demanded that Little Henry was and had to be "just like me." This demand extended to the point of Little Henry being dressed for school in a blazer and tie, when he attended a school without uniforms. Big Henry could not be denied or disappointed. Little Henry practiced meeting his father's emotional needs while protecting himself by retreating to violent, fantastical expansive scenarios. Little Henry and I later understood this dynamic as contributing to his feelings of nonexistence, fears of intrusion, and impulsive, seemingly random moments of anger.

Little Henry's mother, Doris, attempted to "run interference" for him in the home, in spite of her overwhelming fear, fragility, and disorganized thinking. Doris would plead with her husband to allow their son to "be a child." Big Henry's booming response often sent her to bed for a week, leaving Little Henry to fend for himself. Henry seemed to experience his mother's presence as, at best, minimally protective and at worst an intrusive betrayal. At times, Little Henry focused his rage at her, rendering her even more tentative and ineffective in her forays into what she felt was "mothering."

For Doris, as with many mothers, bringing her child to treatment was experienced as a referendum on her capacity as a mother. Doris spoke of feelings of inadequacy, fear, and guilt, while simultaneously searching my responses for signs of my valuing and appreciating her maternal instincts. I understood her provision of nurturance—the snack—was a concretization of her maternal role. Her snack set the wordless stage for our sessions. In some way, Henry brought Doris into session with him, as he regulated his hunger, his connection with me, his sense of purpose and separateness.
In a session nearing the end of the school year, Little Henry was in the midst of the snack when he looked in my direction, picked up the cookie, and said, “Want a piece?” While startled, I tried to respond in a matter of fact manner: “Sure . . . thanks.” Henry broke off a piece of the cookie and watched expectantly as I ate it. “This sure is a good cookie,” I said, with the satisfaction of having finished a huge meal. Little Henry broke out into one of his rare smiles. I noted how engaging and present he seemed when he managed a smile. He seemed to recognize me—a moment of bidirectional recognition, a moment of engagement, a new moment, a present moment? Is this an indication that Little Henry was now capable of an increasingly flexible, coherent, and complex response with a known other?

At the time the treatment was in progress most child therapists would have “gotten the drift” of my work with Henry. However, the means of rendering these sequences meaningful and accessible for discussion among all psychoanalysts was not readily available. The mutative effects of the treatment were in evidence, while the treatment process remained elusive.

One might wonder why being a therapist standing armed and ready, silent, attentive, careful, and respectful, watching a child eating an afternoon snack is considered treatment. “It just is” is not a sufficient response. Dramatic though Henry’s smile was heralding in a seemingly new relational capacity between us, months of my standing armed and ready was the essence of the work—moving along.

The current conceptual formulations and lexicon of the BSG provides the means for discerning the formation and meaning of those interactively regulated therapeutic action sequences. The rich, transformative, moment-by-moment action sequences are important to understand not only in terms of the nonverbal or the unconscious dimensions but also in terms of the procedurally encoded ways of being with other—the implicit relational knowing dimension. This is clearly the “something more” that begged for explication.

This vignette illustrates a nondeclarative interpretative process. I never interpreted Henry’s “resistance” or verbalized my observation that he seemed to need to protect himself from perceived intrusions or demands from me. I communicated my respect for his need to control the timing, distance, and pace of our interactions in silence and in stillness. If I had commented on our process, I would have re-created a familiar and familial situation where my explicit demands overrode his implicit relational capacities in an unattuned, nonempathic manner. Henry and I co-created a place where he could “just be” and experience his sense of being with another.

This clinical vignette demonstrates that empathic attunement and the unfolding of the selfobject transferences occurs within the inextricable weaving of procedural and declarative domains. In an earlier paper Gotthold (1996) addressed the need for the analyst (child analyst) to communicate his or her understanding is felt and understanding and re "play" or verbal self psychology count for the interactive regular edural, and display and speak a piece of cool and freedom a realm of a syst Our highlight mention of it results from o feel that much plicit relation.

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understanding of the child's subjective experience to the child, such that it
is felt and understood by the child. It was noted that the analyst's understand-
and resulting interpretations could be offered by way of nonverbal
"play" or verbal communications. Fast forwarding to a more contemporary
self psychological understanding of the child treatment process, we now ac-
count for the bidirectional, dyadic, dynamic ongoing process of self and
interactive regulation that occurs, again, in the interwoven realm of play, pro-
cedural, and declarative communications. Henry's silences, beckoning me to
play and speak, my careful attuned affective responsiveness to being offered
a piece of cookie and our co-creation of a unique dyadic system of safety
and freedom all occurred in a procedurally and declaratively intertwined
realm of a system of influence and influencing.

CONCLUSION

Our highlighting of the moving along process and the nondeclarative di-
ension of interpretation that emerges from implicit relational knowing
results from our conviction of the depth and richness of those processes. We
feel that much is yet to be understood about the inextricable weaving of im-
licit relational knowing and the declarative dimension in any relationship.

In our earlier work, we noted the broad pan-theoretical value in the BSG's
work. It seemed to us applicable regardless of one's psychoanalytic flavor.
However, as demonstrated in the clinical vignettes presented, we find that
their contributions fit well with a self psychological theoretical framework.
As we continue to applaud, apply, and extend their constructs, we simulta-
eously fear the rush toward broad-stroke application of this model to an
ever-widening range of clinical phenomenon. We wonder about the advis-
ability of moving toward a "unified field" approach stemming from this work.
The exquisiteness of their constructs lies in the precision and detail,
locating the ever-smaller components of the something more. For example,
implicit relational knowing more and more gets referred to as "the im-
licit," thus creating a danger of losing the exact meaning of the term and
replacing the unconscious with the implicit. The BSG's creation of a viable
lexicon for use in the field enabling the examination of therapeutic action
to occur at close range is in fact its contribution. Flexibility, concealed di-
ensions of interaction, and richness emerges when any treatment con-
ducted from any theoretical stance is explored from within this framework.
We wonder what is to be gained if the BSG's research findings about the co-
created moment-to-moment processes are stretched and pulled prema-
turely to neatly cover a wide range of older, dearly held constructs such as
defense and conflict?
REFERENCES


REFERENCES


2005). The "something more" than interpretative creativity in the psychoanalytic encounter.

...forces of contemporary psychoanalysis: Relevance theory. \textit{Psychoanalytic Psychology,} 17, 3-9.

...Served learning and retention of pattern-analytic interpretations of the past: An examination of memory processes. \textit{Int. J. Psychoanal.,}

82, 1-12.

...in self psychology and relational psychoanalytic synthesis. \textit{Contemporary Psychoanalysis,}

...implicit domains in psychoanalytic change.

...child's play: Play, a self psychological approach. (1).

...ments of meeting: An exploration of the immersion in adult and child treatment. \textit{International Journal of Psychoanalysis,} 1, 103-119.

...principles of salience in the organization. \textit{Psychoanalytic Psychology,} 13, 1-22.

...Self and mutual regulation in the patient analysis. In A. Goldberg, (Ed.), \textit{Basic ideas reconsidered: pp. 123-140.}


New York: John Wiley.


Cambridge, MA: MIT Press.


Stern, D. (2004). \textit{The present moment in psychotherapy and everyday life.}

New York: W. W. Norton.


Cambridge, MA: MIT Press.