Moments of Meeting: An Exploration of the Implicit Dimensions of Empathic Immersion in Adult and Child Treatment

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Such staples of the child treatment process as nonverbal and noninterpretative mechanisms have recently come into focus in adult treatment. These new components of adult treatment, illuminated by the Boston Process of Change Study Group, enhance our appreciation of the nonverbal interpretive contributions of both analyst and patient. In an exploration of the work of the Boston Process of Change Study Group, this paper focuses on such key terms and concepts as implicit relational knowing, now moments, and moments of meeting. Through vignettes from adult and child treatments, the authors explore the application of these concepts. The authors suggest that (1) accounting for “implicit relational knowing” enables analysts to include the nonverbal and often elusive dimensions of the treatment process in their understanding leading to an expansion of technique and (2) allowing for the “authentic” or in the terms of the authors, the “wholehearted,” facilitates the spontaneity that is helpful in accessing and therapeutically handling those “now moments” and “moments of meeting” that often constitute the pivotal points in a treatment.

There's something happening here—what it is ain't exactly clear.
—Stephen Stills
A patient once said to me (DS), “I'll never forget the first time I was able to meet your eyes for the first time. We just looked at each other for the longest time. It was a turning point for me. For the first time ever I felt I might someday be able to have a relationship with someone.” I remember feeling, as we held that gaze, that for the first time in this lengthy treatment there was a person in the room with me. This special moment heralded a forward movement in this analysis.

Through an examination of the process of change in psychoanalytic treatment, our field now acknowledges and has begun to try to articulate “something more” than the use of verbal interpretations as a transformative tool. Developments in nonlinear dynamic systems theory, infant research, and the understanding of the primacy of mutual regulations in interactions have led to a sophisticated reexamination of the mutative and curative processes in treatment. Toward this end, the Boston Process of Change Study Group (Stern et al., 1998) has made great strides.

Implicit relational knowing, moments of meeting, and now moments are terms conceived by the Boston Study Group to add specificity and clarity in describing the process of change. Unlike most study groups in our field, this one, meeting since 1995, consists of members from inside and outside psychoanalysis. In addition to infant researchers, they included a pediatrician, a psychiatrist, two practicing psychoanalysts, and two analytic theorists. Lou Sander, Daniel Stern, Edward Tronick, Jeremy Nahum, Karlen Lyons-Ruth, Alexandra Harrison, N. Bruschweiler-Stern, and Alexander Morgan were working members of the original group. With general agreement in the field that we use something more than interpretation, the Boston Study Group felt the need to define what “something more” is. Using developmental findings, systems theory, and psychoanalytic clinical material, they proposed new ways to understand therapeutic action.

It is our intention, through clinical vignettes, to demonstrate the wide-ranging applicability of these ideas to any treatment dyad. We present case material from our work with an adult and a child. For all theoretical innovations, questions are raised about their usefulness. If useful, do these innovations modify or expand existing theories?

We are most familiar with interpretations offered in verbal form. Particularly in adult treatment, we demonstrate our understanding of something that has occurred in the treatment in semantic form. These semantic interventions employ “declarative knowledge.” Yet there is
that “something more” which the Boston Study Group refers to as processes using a different type of knowledge, one cognitive scientists refer to as procedural. Procedural knowledge involves information in nonverbal form associated with a highly practiced sequence of actions. Once learned, this kind of knowing is automatic and may not necessarily ever be symbolically encoded. For example, once we have learned how to drive a car, ride a bicycle, or hit a tennis ball, the actions involved become automatic, and unless something quite unusual happens, we proceed without conscious thought. For one of the authors (DS), after 30 years of playing tennis, getting in position and striking the tennis ball have become automatic acts without the requirement of explicit thought. She does not, for example, think, “Now I have to move my feet to get in the right position…. Now I have to bring my racket back and now I strike the ball and follow through.” In fact, if she did, she would more than likely miss the ball altogether. She simply does as she learned many years ago. The activity of playing tennis has become procedurally encoded.

Procedural memory was identified when it was found that severely neurologically damaged patients were able to perform complex tasks (Squire and Cohen, 1984). They knew how but could not describe what they were doing.

The Boston Study Group has dramatically extended the concept of procedural knowledge to include the domain of “how we do things with others.” The group calls knowledge of how we do things with others implicit relational knowing. We understand this as procedurally encompassing the interactive ways of being together that result from a coconstructive process essentially between infant and caregiver. This rule-based set of expectancies forms the child's emergent implicit relational knowing and is procedurally encoded before symbolic language develops. Lyons-Ruth (1998) notes “implicit relational knowing encompasses normal and pathological knowings and integrates affect, fantasy, behavioral and cognitive dimensions” (p. 285). If all goes well enough in development, our implicit relational knowing becomes transformed, gradually becoming “more articulated, integrated and complex since it is being transformed, updated, and ‘recognized’ in every day interactions” (p. 285). The same, of course, is true in the treatment situation.

In the detailed listening to and studying of many psychoanalytic process notes, the Boston Study Group found that as a therapy progresses, there were moments when something dramatic happened.
that had an enormous positive impact on the treatment, transforming the implicit way patient and analyst had of being with one another. Stern (2004, p. 166) gives an example of a patient who has been lying on the couch for several years and who, without warning, turns to the therapist and says, “I want to sit up and see your face.” The patient sits up and turns around, and the patient and the therapist find themselves looking at one another. This surprise action, unanticipated, probably by both, is a “now moment.” The spontaneity of this action pulls both into the present moment. “As they looked at one another, the therapist without thought softened her face slowly and let the suggestion of a smile form around her mouth. She then leaned her head forward slightly and said, ‘Hello.’ After a few moments of a mutual gaze, the patient lay down and work continued, albeit changed and deepened” (p. 168). When there has been a successful moment of meeting, such as that, the intersubjective field is expanded and the implicit relationship is rearranged in ways that allow for new possibilities (Stern, 2004).

The Boston Study Group's work asserts that, from the intersubjective field, increasingly coherent and complex responses emerge within the therapeutic dyad as a result of moments of meeting. As we see from the foregoing vignette, the event is uniquely intersubjectively configured and results from (1) the complementary fitted action, that of the analyst and that of the patient, and (2) a recognition of this affectively colored, intersubjectively experienced moment. For Tronick (1998), it is essential that there be a collaborative handling of the moment.

While the Boston Study Group's work focuses on the moment, Stern (2004) includes and accounts for the dimension of the ongoing treatment process in the mix. This gradual treatment process is referred to as a “moving along,” where through interaction sequences a sense of agency is increased. Tronick (1998) adds that a sense of self becomes increasingly validated and coherent through a series of inevitable mutual regulated sequences. Somehow this notion of inevitable sequences seems to be underplayed in its contribution to a sense of readying for the “moment.” That is, there must be a priming of the therapeutic canvas. Patient and analyst must develop a way of being with or a “coming to know” each other (not to be confused with complacency or bored assumptions) that set the stage for the moments.

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Without the ongoing unfolding of the coconstructed, mutually regulated, dyadic experience that emerges from and includes the intersubjective crossing of patient and analyst's implicit relational knowing, no moment could be experienced. The ongoingness of the “real relationship,” or, in other words, the sustained immersion of patient and analyst in their procedurally and declaratively encoded, cocreated world, is essential. As such, one moment is embedded within the ongoing, before and after. This embeddedness is vital for both the exquisiteness of complementary fit and the retrospective understanding or collaborative handling of the moment.

A semantically encoded understanding of any “now” experience requires a retrospective understanding. Once either patient or analyst steps out of “the way of being together” that created the moment of meeting, it is lost. Patient and analyst must wholeheartedly be engaged in the moment. Initially, there must be that mutually felt or implicit relational understanding of the moment. Later, through a collaborative process, a different kind of understanding of the moment may emerge within the treatment, facilitated by both procedural and declarative knowledge.

The concept of “meeting of minds” is illustrated by a vignette from an adult treatment (Sorter, 1996). Joan, a university student, walked into my office (DS) on the first day of her analysis and made a beeline for the corner of the sectional sofas that formed one corner of the office. Big-eyed, she sat with her legs off the floor, as far into the corner as she could possibly move. My own office chair is on rollers. When I sat down, I 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 then reared back, drawing herself as far from me as she possibly could, body language clearly indicating a need for distance, physically and psychically. No words were spoken, nor were they necessary for me to understand that in some way I had violated her space and that she had done the best she could to escape me. I, of course, immediately rolled my chair back. Joan visibly uncoiled and our session continued. The entire sequence was nonverbal.

According to Stern (2004), a now moment is a special form of the present moment: “Intersubjective fittedness is sought where both partners share an experience and they know it implicitly” (p. 168).
What occurred with my patient was very rapid, perhaps a matter of a few seconds, and was enormously powerful, a present moment that I thought could be described as a now moment. Both of us were surprised. It was a bounded envelope of subjective time, the duration of time needed to grasp the sense of “what is happening now, here, between us” (Stern et al., 1998). No interpretations were made, nor were they necessary at the time. An issue of “space” was mapped onto the mind of each of us (Beebe and Lachmann, 2002). Implicitly we both understood, and it is my belief that we shared each other's state. Mine was an “authentic, specific and personal response” (Stern et al., 1998) as was, I suspect, my partner's. Had I missed the moment and not moved my chair back, the treatment possibly may have ended before it began. Similarly, had I made a declarative interpretation seconds into this new treatment, that too could well have led to a fatal aversive response. There is more to this first hour of treatment, as you might guess.

An open space was created when I moved my chair to an acceptable distance for Joan and allowed the session to move along. Winnicott (1957) refers to an “open space” in which the infant “can be alone, briefly in the presence of the other, as they share the new context” (cited in Sander, 1983). Mother and infant are together, just moving along in their moment-to-moment activities. In this context, alone in the presence of the mother, the infant might begin looking and playing with his or her fingers or toes. Sander believes this is the beginning of creativity, or, as in Joan's case, the beginning of therapy.

Joan began to relate her story. She was depressed and was having difficulty in her college courses. Her relationships were difficult. When immersed in a love relationship, she wanted to be with her boyfriend 24 hours a day. Whatever he had to give her, she wanted more. She gave him no space. Indeed she chased after him. To her surprise and great disappointment, the boyfriend retreated. She told me that he seemed to her to disappear. Joan would then become depressed and would withdraw into herself. She spoke to no one. She would not return calls from her friends. She stopped going to classes. When Joan made herself scarce, her boyfriend would rekindle his interest in her and ardently begin to pursue her.

Joan had a flair for the dramatic, and I was drawn into her narrative. I liked her and thought this would be a good collaboration.
As the session wound down, Joan's body relaxed. She curled her legs up under her in a comfortable position. The initial tension of a first session was over, and I, too, relaxed. There was a feeling of togetherness and warmth in our psychoanalytic space—for those few moments. How quickly things change!

Joan's last words in the session were, “I'm never going to leave your office. I'm going to move in and stay forever.” She had claimed my office as her space. The psychological distance between us had shrunk enormously. My movement away from her had been tremendously important, apparently allowing her to relax. Her feeling of entrapment had shifted. In her experience, I had become safe—my office/her home. She wanted to move in and stay in my office forever. As she was talking, my heart began to beat faster. My arousal level mounted. As I recall, I even felt fearful. I now wanted to recoil from the intensity of her expression of connectedness.

The emergent property of that session was a new “hot” moment, or a moment I would call a now moment. Once again the implicit relational component was in ascendance. Although in this instance I was saved by the bell, the tone, themes, and much of the content of our sessions were set. At this moment, for me, self-regulation became dominant. I had experienced a perturbation in my own system. The outcome of this moment would await the next appointment. Retrospectively, thinking that we had a next appointment and many to follow suggests that this was a moment on which we worked collaboratively.

In contrast to traditional theory, in which interpretation is understood as the therapeutic agent of change, Stern et al. (1998) propose that a “moment of meeting” is “the transactional event that rearranges the patient's implicit relational knowing by rearranging the intersubjective field between patient and therapist” (p. 917).

We tried but could not think of any theory for which these concepts are not relevant. It is an inescapable clinical fact that there is both a verbal and a nonverbal component to every treatment. During the course of treatment there will be perturbations in the clinical exchange. The ongoing regulations in the treatment become destabilized. Implicit relational procedures are shaken up, allowing for the creation of an open space in which something new can occur. Assuming a felicitous dyad, new, more complex ways of being together will emerge.
One of our colleagues read the Boston Study Group material and said, “That's interesting, but what's new?” Some of us have long been accustomed to thinking about nonverbal aspects of the clinical exchange. Beebe, Jaffe, and Lachmann (1992), for example, argue that mother and infant “should be studied as a system of ‘shared organization forms’ such as shared rhythms or shared affective directions” (p. 64). Toward that end, clinicians seeking to understand the nonverbal dimensions of treatment are interested in rhythm, tone, gesture, breathing, affect shifts, vocal pauses, turn-taking, intensity, and other nonverbal cues to give direction and understanding to what is occurring in the analyst—patient system.

The Boston Study Group (Stern et al., 1998) has added other important indicators to look for and has made discrete other new ways of understanding aspects of the clinical exchange that lead to change. Their concepts lead us to an examination of particular exchanges that are transformative in a positive direction and to look at potential critical moments that are missed and could possibly lead in a negative direction or at best leave us in a stalemated position.

So then what is new? It is a new and different model of therapeutic action. When I (DS) was in the throes of Joan's therapy, yes, I was aware that my patient and I were a dyadic system. Mutual and self-regulation were part of my psychoanalytic lexicon. I understood the differences between procedural and declarative knowledge. I sensed immediately, but probably outside conscious awareness, that I had intruded on Joan's space. By the end of our first session I knew that I needed to be aware and wary of spatial issues. I did not, however, think of implicit relational knowing. Rather, I would have thought of invariant organizing principles or invariant schemas or RIGS (representations that have become internalized) (Stern, 1985).

In retrospect, I would have said I was attuned to my patient's unspoken but clearly communicated fright at my intrusion into her space. I might have described the interaction as one in which we both were able to reright or self-right (Lichtenberg, Lachmann, and Fosshage, 1992). Our interaction was clearly a heightened affective moment. It was probably a turning point that took us in a positive direction because there was a repair of a very early disruption. Now I can say I know something important about Joan's implicit relational knowing that would describe very closely the way Joan had learned about “being with” an other—me, her friends, her professors, her parents.
Several of the Boston Study Group's concepts can be considered from the vantage point of their application to the child psychoanalytic treatment process. At the outset, psychoanalytic work with children has always been confounded and yet facilitated by the necessary embeddedness of the nonverbal dimension of interpretation. Clinical work with children focuses on the child therapist's capacity to live in the “nonverbal” or “being with” realm as it facilitates the treatment process. As for the need for communication, child analysts are often confounded by constraints of the declarative or verbal realm. Historically child therapists have understood the necessity to communicate the “something more” but have fallen short of finding a way to do so. Thus, from this vantage point of clinical work with children we ask: does the Boston Study Group's work expand our existing clinical understanding, and if so how?

Child psychoanalysts have struggled to present the seeming magic of the child treatment process to the verbally reliant world of adult analysts. Years ago, in a speech describing the treatment of a 10-year-old boy, I (JG) noted the coalescing of our relationship over time. I marked the progress of our emergent mutative relationship in the type, size, and structure of the games we played with our respective fleets of paper airplanes over a period of months. The child analysts in the room nodded appreciatively, grasping a sense of the cognitive, interactive, and affective dimensions of the mutually regulated, dyadic therapeutic relationship that was evolving. In other words they had no difficulty grasping the ways the child and I were together, and its mutative value. The adult analysts wondered out loud what could have been said, such that an “interpretation” would yield a therapeutic shift. I remember being puzzled. “I just told you about the interpretation and resulting therapeutic shift,” I thought to myself. That which is procedural is difficult to describe in symbolic declarations. Do the “new concepts” and the language of the Boston Group help us to capture the procedural, the magic or the something more in the child treatment process?

Change in child psychoanalytic treatment is the process of facilitating the creation of new possibilities, new ways of being with others and the continued unfolding of the developmental process for the child. In articulating the therapeutic process in child treatment there have been attempts to include the mutually regulatory nature of interaction, as well as the inclusion of the nonverbal realm within...
Elsewhere, discussing child treatment, I described this process of the coconstruction of a mutually regulated dyadic world between child and analyst (Gotthold, 1996). This cocreated world resulted from the analyst's sustained empathic immersion into the child's verbal and nonverbal subjective experiences and from communication of that empathic understanding in such a manner that the child can experience that understanding. The essential feature of this description, the two-way communication in both the verbal and the nonverbal realms and a “sense of being with others” in a wholehearted manner, was not sufficiently captured. In part, the Boston Study Group's work does move us toward a more precise articulation of this treatment process.

Advancing the use of the construct implicit relational knowing, Lyons-Ruth (1998) and Morgan (1998) invoke the term real relationship. This term, I believe, is frightening to use because of its past usage, which evokes images of artificial categorizations and distinctions of behaviors in therapy. The field created by the intersubjective crossing both of the child and the analyst's implicit relational knowing is essential to the inclusion and understanding of the procedural realm in the mutative process. It includes the authentic engagement and sense of the current being with others, in other words, an operative form of implicit relational knowing. This is the sense of being with, with full authenticity, the joining in the realm of paper airplanes—no words.

Clearly, there are those moments when the consultation room tingles, the dimension of time seems to be altered, adult and child vibrate, and there is a profound sense of knowing and being known. This is the magic moment—often long awaited, and then suddenly it has arrived. Yet, I believe, this moment is neither magic nor sudden. Two aspects of this construct of pivotal moments must be further explored: (1) the emphasis on their momentness and (2) the necessity of retrospective understanding.

I (JG) present a vignette from my treatment of a seven-year-old boy, Ben, as a means of clinically exploring the utility of the concept and language of the Boston Study Group. The case material highlights the embeddedness of the seeming “moment of meeting” in the ongoing treatment process and notes the requirement of retrospective understanding of the moment.

Weeks had passed where Ben entered a session, played cooperatively with me in a parallel manner, spoke pleasantly, and left.
Ben was referred for treatment because he was experiencing difficulty interacting with peers and often seemed confused, uninterested, and overwhelmed in school. Ben was somewhat oppositional at home, although he never really put up an extended good fight. His affect was not quite flat but not quite present. There was a pervasive feeling of a palpable something less when one was with Ben. Yet no one—not parent, teachers, nor I—could quite name it.

In sessions, Ben mostly seemed pleased to see me. I often had the fantasy of vanishing at the beginning of the session. I would disappear right from the spot where I sat, only to reappear at the end of the session, announce our time was up, and have Ben leave pleasantly, as always, without a comment. I never felt unknown or disregarded, however. In retrospect, I was able to understand the fleetingness of our connection. I also had a sense of developing some understanding, in a nonverbalized way, of Ben's capacity for this fleeting connection and the need for me to respect these limits.

A ritualized sequence of play evolved in our session. Ben would silently pull out the Legos and purposefully build fantastic rolling devices. Although he built the same kind of things week after week, he did so as if they were wholly new creations. Later in the session, Ben would move on to crashing superhero figures together, in what appeared to be an aimless, although aggressive, manner. This play seemed to be a preparation for the end of our session, although it was difficult to understand toward what exactly this more intense affect was directed.

As Ben built the rolling devices, I would sparingly inquire about their use or genuinely admire his creativity. Ben responded to both kinds of verbal contact in neutral but not flat tones. As he built, I sat diagonally beside him, as he seemed slightly protective of his “work.” Ben often shifted his position when he built more complicated vehicles, so I could see them only when he was sure they worked. Although never verbally articulated, it seemed to be a relief to him that I never cramped his style. My occasional verbal comments—or, rather, intrusions—seemed to be as much as he could take. Commenting on our interactions seemed to be out of the question. At times feeling as though that was what I should be doing, I cringed as the thoughts entered and left my mind.

This cocreated “knowing”—my understanding that I should sit where I did and his recognition of my respect and knowing—formed the intersubjective field of our uniquely configured set of expectancies.
that primed the treatment canvas. Our ongoing relationship was vital to the cocreation of our “moment of meeting” and our collaborative capacities to handle the moment such that the relational shift did lead to more flexible, complex, and coherent responses.

After a few weeks of this process, inspired by Ben's imagination, I started building my own Lego cars. On my first attempt, Ben looked up abruptly and said, “Hey, that's good.” “Ya like it?” I asked. “Yeah, does it work?” Proudly demonstrating my building ability, I rolled it. A wheel fell off. Ben shrugged and went back to work. The abrupt way that Ben had looked up at first seemed as though I had intruded on his arena, and perhaps I did. If he did experience an intrusion, however, it was only for a nanosecond, as our relational connection sustained him and allowed him to feel safe enough to be interested in my creation.

Ultimately, I was not a threat, nor even terribly interesting, but there seemed to be a slight shift. I noticed that I could see more of what he was working on. He felt closer. Was he sitting differently? Did I feel touched by his noticing? I felt like an unidealizable therapist when my wheel fell off and he shrugged—but I was not feeling far away, rejected, or disappointing. I felt not quite impactful.

The next week, Ben proceeded immediately to the Legos. I took up my position. In a surprise move, he dumped the entire box out between us, some pieces touching each of us. I experienced this, for Ben, expansive act as an invitation to build, to build with him and to be touched. Ben built his various rolling Legos, as I worked on mine. As I finished mine, Ben reached over and said, “Here (he crunches it), I'll make sure it doesn't fall apart,” as he laughed and I nodded gratefully. I reached over and rolled one of his devices and said, “This one works well. I like the periscope thingy.” “Thanks,” Ben said—beating a not quite hasty retreat. But I thought we had almost made a sustained eye contact, sustained affective contact, and sustained verbal contact. I felt that I needed to be careful and respectful, in other words, not too excited, not too outside our world. This interaction was different, and my mutually felt recognition of that was key.

The very next week Ben entered the consultation room as I walked ahead of him, leading the literal and metaphoric way. Instead of following me, as usual, Ben stood in the middle of the room, arms stretched out. I somehow felt he was not close behind, so I looked back and saw him. For a second he looked awfully big and commanding.
Ben looked toward me to make sure he had my full attention and then
announced, “Jackie, applesauce and pudding are different.” I laughed, fully
and warmly, out of surprise and pleasure in this seemingly odd statement.
Never had he occupied the center of the room. Never had he addressed me by
name. Never had he spontaneously generated a topic. Never had he seemed so
to anticipate a response from me. Never had I felt so contacted by Ben. Ben
seemed to grow with pleasure and strength by my response. “You're right!” I
said emphatically. “Applesauce and pudding are not alike.” I thought for a
second, “Okay, I'll bite—how do you think they are different?”

In a serious but obviously pleased tone, Ben (who I now noticed was, in
fact, very small in the big room) said triumphantly, “You can dig a hole in
pudding but not applesauce.” I thought for a few seconds and tried to visualize
bowls of applesauce and pudding. I was genuinely delighted by this
observation. I moved toward Ben and squatted down—we were now eye to
eye. Ben looked away briefly and shyly. I said quietly but forcefully, “That's
great. That's exactly right. I never thought of it that way but that's just right.”

Ben looked directly at me, so pleased, as if he had solved an age-old
mathematics problem on a hundred blackboards. “That's right,” he said,
nodding importantly. “I know that!” We both grinned. Our session proceeded,
not quite business as usual. There was no radical transformation, nor did the
seas part. However, I observed a freer chattiness on Ben's part, or was it my
part? We did exchange our rolling devices freely, not so laden with heavy,
diffuse affect. Did the end-of-the-session figure crashing have a theme, or was
I giddy from the sense of new possibilities?

In what Ben and I refer to as “applesauce,” we return to this discovery
again and again. Clearly, we do not review our moment of contact or discuss
the ensuing shifts in affect regulation, eye contact, or verbalization. We laugh
warmly and knowingly; we proceed with a gentle freedom and appreciation
of each other and continue to coconstruct our world of exploration and
togetherness.

Considering this vignette as a window into a piece of child treatment, we
need to return to our original questions—if and how does the Boston Study
Group's work facilitate our understanding of the child treatment process?
There is no doubt that their work has increased our awareness of the
procedurally encoded experiences as they are interwoven within the
treatment. Attempting to account for the “something more,” the something we
have struggled to express, is
a contribution. One cannot help but wonder if these concepts and the new language are technique expanding or descriptive. Must we understand the pivotal interchange between the therapist and Ben as a “moment of meeting”? Could we not understand it as the result of the analyst's sustained empathic immersion in the child's subjective experience and the dyadically attuned and regulated communication of that understanding?

The answer to both questions is yes. Understanding this vignette as a “moment of meeting” does not in and of itself expand our understanding of the cognitive, interactive, and affective dimensions of the interaction. The value of the contribution of this work lies in two areas. First, the accounting for the implicit relational knowing, the how we are each with the other, enables us to include that elusive dimension of the treatment process in our communications. How we are with each other gains validity and can be included in an understanding and expansion of technique.

A second area that is expanded within the treatment process is the inclusion of the authentic, to use Lyons-Ruth's (1998) language or wholehearted, to use ours. The genuine, a convergence of cognitive, affective, and interactive subjective experiences, cocreates that heightened, felt sense of knowing and being known.

Do these vignettes capture this idea of a moment in time's yielding a specific and related shift? Or are we observing a result of the ongoing unfolding of a carefully attuned and empathically responsive treatment process? We believe the Boston Study Group is pointing toward the procedural, the implicit relational knowing, and the authentic expansion of our communication tools. Yet this moment seems not to be simply a moment. This metaphoric moment, this pivotal time, could have been brought to us only by the relentless immersion of patient and analyst in their cocreated, mutually regulated, and uniquely configured inclusive world.

For both patient and analyst it is important to feel and know (implicit relational knowing) that something has happened. The shift in relational possibilities toward more complex and coherent responsiveness results in change. Especially in child treatment, change involves the resumption of development. A main developmental task is to integrate the procedurally understood—“doing and being with others” such that cognitive, affective, and interactional growth is facilitated and the child's responsiveness reflects the crystallization
of ongoing transactional events. Without shifting bodies, cautious building, and careful attunement, we would never have gotten from Legos to applesauce.

By her question, “So what's new?” our colleague, we believe, was indicating that much of what the Boston Study Group refers to we have known and applied implicitly. They made explicit what was implicit. The notion of implicit relational knowing, which is encoded before language is encoded and operates implicitly throughout life, offers a new way of understanding how change occurs in the therapeutic relationship. They put in place an explanation for those special moments that are unique, spontaneous, and totally out of the ordinary. The Boston Study Group is new, and it is useful! “Moments of meeting” are critical points in a treatment, and we don't want to miss them.

References


**Translations of Abstract**

Elementos esenciales del proceso del tratamiento del niño tales como los mecanismos noverbal y no-interpretativos han venido recientemente a formar parte del tratamiento en adultos. Estos nuevos componentes del tratamiento en adultos iluminados por el proceso del grupo de estudio del cambio de Boston (1998), realzan nuestra apreciación de las contribuciones interpretativas no verbal del analista y del paciente. En una exploración del trabajo del proceso del grupo de estudio del cambio de Boston, este papel se centra en los términos dominantes y los conceptos tales como “saber implícito relacional,” “momentos de ahora,” y “momentos de reunión.” Utilizando vínetas de los tratamientos en adultos y en niños, los autores exploran la aplicación de estos conceptos. Los autores sugieren que 1) teniendo en cuenta el “saber relacional implícito” permite a analistas incluir las dimensiones no verbal y a menudo evasivas del proceso del tratamiento en su conducir del entendimiento a una extensión de la técnica y 2) permitiendo para el “auténtico” o en los términos de los autores, el “entusiasta” facilitan la espontaneidad que es provechosa en el acceso y la manipulación terapeutica de esos “momentos de ahora” y de los “momentos de reunión” que constituyen a menudo los puntos esenciales en un tratamiento.

Elementi di base del processo di trattamento dei bambini, come ad esempio i meccanismi non verbali e non interpretative, sono venuti in primo piano nel trattamento degli adulti. Queste nuove componentimesse
in evidenza dal Gruppo di Studio di Boston sul Cambiamento (1998), ci spingono ad apprezzare di più i contributi interpretativi non verbali di analista e paziente. Esaminando il lavoro del Gruppo di Studio di Boston sul Processo del Cambiamento, questo articolo si occupa di alcuni termini e concetti chiave come “conoscenza relazionale implicita,” “momenti presenti,” e “momenti di incontro.” Utilizzando esempi clinici sia del trattamento di adulti che di bambini, le autrici esplorano l'applicazione di questi concetti. Le autrici sostengono che: (1) considerare la “conoscenza relazionale implicita” permette agli analisti di includere nella loro comprensione le dimensioni non verbali e spesso elusive del processo del trattamento e porta così ad un ampliamento della tecnica, e (2) permettendo che emerga l’“autentico”—o nei termini delle autrici la dimensione “con tutto il cuore”—si facilita la spontaneità che aiuta ad avere accesso a- e a gestire terapeuticamente quei “momenti presenti” e quei “momenti di incontro” che spesso costituiscono i punti cardine di un trattamento.


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