EXPLICATING THE IMPLICIT:

THE LOCAL LEVEL AND THE MICROPROCESS OF CHANGE IN THE ANALYTIC SITUATION

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This paper proposes a method of examining the micro-events of the analytic process that borrows heavily from developmental research. The increasing importance of illuminating the microprocess of interaction to understanding the process of change in analytic treatment is emphasised. A set of constructs and terminology is proposed for the study of the moment-to-moment interactive process in psychoanalytic therapy referred to as the local level. A theory of therapeutic action based on 'local-level' process is then explicated. Its central element involves a step-by-step process of 'fitting together', which leads to changes in implicit knowing through alteration of emotional procedures.

Keywords: relational move, implicit relational knowing, local level, moving along, fitting together, interactive process, moment to moment therapeutic activity.

Introduction

Despite recent interest in interactive processes in psychoanalytic treatment and recognition that important curative aspects reside within them, the study of such processes in the analytic situation has barely begun. Because of our experience with developmental research, we have thought it possible to study interaction in a way that is analogous to microanalytic studies of mother—infant interaction (Stern, 1977; Trevarthen, 1979; Sander, 1980; Tronick, 1989; Beebe et al., 2000). These studies focus on moment-to-moment activity, a level of analysis we have come to

view as vitally important. Although most analysts acknowledge that this level exists, it has received relatively little attention compared to the narrative/declarative level of therapeutic action. We will refer to it as 'the local level'. It is a domain that is organised, highly structured and complex, yet our theories do not address it systematically. In this paper we will offer a description and provide constructs and terminology for talking about therapeutic process at the local level. Although our focus in this paper will be on expanding awareness and description of the local level in the therapeutic process, we do not wish the reader to bypass the importance of understanding the

relation of the local level to the broader context. This broader context would include all those aspects of therapeutic activity that have been well studied, such as interpretation at the declarative level. It will also be apparent that there are gaps in our understanding as well as problems and questions that our efforts have raised. These gaps include questions we intend to address as we continue our work, such as, how do we connect the narrative or declarative level with the enactive or procedural level? How do we conceptualise the relationship between sequences of relational moves and the goal towards which they are tending? What is the relationship between the local level and both transference and the dynamic past? How do we connect the dynamic unconscious with the implicit level? Finally, what is the relationship between the local level and the 'latent content'? The answers to these important questions and others will be the focus of our ongoing exploration of therapeutic change.

In previous publications we have asserted that therapeutic change in the implicit domain results from interactional, intersubjective processes between analyst and patient (Stern et al., 1998; Tronick, 1998a). We have claimed that these processes act by producing changes in procedural knowing about relationships (how to be with an other) (Stern, 1983; Sander, 1997), which we called 'implicit relational knowing'. We believe that such processes constitute an important dimension of therapeutic action, pointing to them as part of the something more than interpretation that leads to change. We also spelled out a view of how a change in relational procedures can be produced by what we called a 'moment of meeting'. A moment of meeting was thought to occur when the intersubjective state of the dyad was altered by a fitting together of the initiatives of the interactants. Such fittedness, we reasoned, 'gives shared direction and

helps determine the nature and qualities of the properties that emerge', meaning that the fittedness serves as feedback to the two partners so that they can work successfully together in a particular way, and encourages further elaboration of those more fitted ways of being together. We will further define and discuss the concept of fittedness below.

We had begun the collaborative enquiry that led to these ideas by asking the clinicians in our group: could moments be identified where change had occurred or seemed possible or imminent? This organising question initially led us to look at ongoing process as strings of moments that we encompassed with the term 'moving along'. Our initial question biased our thinking towards an emphasis on high-intensity moments, a bias that we recognised as problematic. We, as well as other clinical observers, could see that therapeutic change occurs during the quieter moments of clinical process as well as during moments of meeting. It was apparent that, during these quieter moments, interactions could also lead to new forms of knowing and being together. We concluded that it was not only during charged moments that fittedness was at issue. We therefore felt it necessary to develop a fuller account of how change at the local level might occur during quieter moments. This comprises the subject of this paper.

MOVING ALONG: CLINICAL PROCESS AT THE LOCAL LEVEL

The usual way of discussing analytic material is in narratives reconstructed by the analyst from memory or with the aid of notes taken during the session. However, videotape observations reveal that these narratives fail to capture many of the micro-events of the complex, multilayered interactive process. This detailed process constitutes what we will

¹This is the form of the references as originally published. Since that time, we have chosen to collaboratively author all publications solely from the Boston CPSG as numbered progress reports.

term the local level. The split-second world of the local level is a level of small specific events, rather than primarily a level of verbalised meanings. In this paper we will argue that such an implicit process exists and is organised into complex patterns that it is possible to study. Moreover, our view is that this local-level process constitutes an important domain of therapeutic change, because it is the site of change in relational procedures. Parenthetically, events at the local level would be important in the timing and configuration of the 'next' interpretation. As it is the substrate of interaction, its study requires us to focus on interaction itself.

How exactly do we study interaction? Indeed, what is it? The Oxford English Dictionary definition, 'action or influence of persons on each other', begs the question of how such action or influence is exerted. Here, models and insights from developmental research and dynamic systems theory seemed particularly pertinent. The observational methods of developmental research, which rely on repeated viewing of videotaped interactions between infants and their mothers. have illuminated a wealth of detail in the split-second microprocess. The minutiae of interaction, body language, gestural and facial expressive elements, vocal rhythms, tonal elements and timing can be observed and coded. For adult analytic patients, this metacommunicative or meta-content level is conveyed partially through the verbal medium, via nuances of word choice, timing and prosody of speech.

It seemed to us that it would be potentially useful to put clinical process under the microanalytic lens in an analogous fashion. Perhaps this split-second world is critical to understanding change in therapy with adults as well. In infant observational studies, this split-second world is where relational life happens. Although the therapeutic medium is linguistic, the interactions we observe here and the patterns that emerge are largely implicit, in that much of what transpires does not enter reflective consciousness (Pally & Olds, 1998).

Interaction is inevitable and biologically grounded

As living organisms, we are destined to interact/exchange with our environment. It is how we sustain life, self-regulate and expand ourselves (Tronick, 1998a). We view this process of exchange as a biologically grounded process that can be considered and observed ethologically (cf. Tinbergen, N., preface, xv-xix, in Schiller, 1957). If two animals are put in the same space, a complicated process of regulating the physical distance, of moving towards and away from one another, will occur. Postures and movements will shift to establish the nature of the engagement. These are the 'kinesics' of the interaction. With humans, this process is largely mentalised, meaning that the exploration, regulation and establishing of proper contours, boundaries and temporal structures to the interaction will occur mainly in the intersubjective rather than in the physical space. But it occurs nonetheless.

It is a process of trying to get closer, or further away, or to avoid something happening, or to get something to happen, or to increase or decrease the state of arousal, or to shift the affective state, in relation to the other. These might be called 'mentalised kinesics'. It is on the basis of such back and forth movement that we arrive at the feeling of being 'in sync' with another or are left with the feeling that the other is a million miles away. We know when we like or dislike someone, when we want to be liked or feel indifferent, when we yearn to be closer or wish to withdraw, when we want something to happen or to put a hold on the level of activation. This negotiation occurs in the implicit domain of interaction, even though in the analytic situation it would be mediated through verbal exchange. There is almost always a myriad of other messages behind the explicit content of the verbal exchange, many of them not brought to the level of reflective consciousness, and this subtext constitutes the implicit domain. As an example, a patient

well acquainted with his problem in 'showing up' began a session by saying, 'Today is unusual in that I'm both here with you and also hidden behind my eyes'.

Interactants have intersubjective goals, such as staying together or not, or not now, or not here, doing things together or not, or not now, or not here, and these intentions are always being enacted. In these enactments, the initiatives of the two partners may or may not become fitted. The intentions of the two interactants are being constructed moment by moment in the ongoing process through the continuous creation of gestalts of one's own and the other's intentions and states. In the example above, the patient's opening remark is an exploratory move, assessing where he is with his analyst that day. The analyst's response will further constrain how they might move towards a well-fitted interaction. There must be feedback mechanisms that are continuously operative, informing us as to whether we are moving closer to our goals or not, and if we are fitting together in our interactive initiatives so as to move towards those goals. Again, such information is usually implicit in that it may reach consciousness but it need not. Each interactant is concurrently acting in ways that convey intentions and inferring the intentions of the other. Each is engaged in an intersubjective quest to negotiate the best fit between his/her own intentions and those of the other.

We consider this psycho-ethological level to be the local level of interaction and to be going on all the time when two people are interacting. Everything else will be contextualised by it. The integrity of the self as a unit, its self-organising imperative, requires continual action/reaction/interaction. This is the local level.

Interaction is spontaneous, creative and co-constructed

Interaction is a complex aggregate of old and new elements. It cannot be completely novel, as the two interactants would not recognise one another or have a starting point for fitting together and carrying out joint activity. Nor is it utterly predictable. When it is stereotyped or contrived, we see it as unsatisfying, inauthentic, possibly disturbed. As it is unscripted, it must be spontaneous.

An example from an opening session of a videotaped child analysis will serve to illustrate some of these aspects of the local level (Harrison, 2001). Laura, a 5-year-old, is surveying the doll's house before rummaging around in the analyst's toybox to find objects to place within it. Although her mother is behind her, Laura appears to be monitoring her closely, while also avoiding eye contact and verbal exchange with the analyst, who is in the background to the child's left. Three minutes into the session Laura turns for the first time from her mother to the analyst, at which point the sequence can be said to begin. We include one possible commentary on the exchange in italics.

Sequence I

- 1. P: That's so no one can get in the room! I don't want you to approach me. Yet the words are at variance with the affect and prosody, which say, hmm, maybe at some point ...
- 2. A: Yeah, that's a good idea! How about giving me something to do! Want to tell me something ... I could do ... with the ... doll's house? The analyst's immediate goal is to make a connection with Laura, to try to join the child's play. This local-level goal of establishing some kind of engagement with the child is nested within the ultimate goal of helping her change.
- 3. P: I... I don't know, yet. Backing off, but still maintaining tenuous contact.
- 4. A: OK, I'll wait till you suggest something. Deferral and acceptance of Laura's reluctance to share initiative.
- 5. *P*: This room is going to be *only* beds! *Initiative*.
- 6. A: Only beds. Acceptance/ratifying, still trying to join.
- 7. P: I don't think that will work. That room

only has beds and *this* room only has beds. *Backing away*.

- 8. A: OK ... two rooms ... and only beds. Again, acceptance/ratification of Laura's holding the initiative.
- 9. P: Yeah. Well, actually ... that won't be a bedroom. This will be a bedroom. Backward/forward, repeat of enactment of polarity; this time a direction emerges.
- 10. A: OK. Stays with her.
- 11. P: So it matches. Forward in the direction established. This direction is now seen to represent a move towards togetherness between the two of them—'matches'.
- 12. P: And there's only one way to get in. You have to hop in ... and jump on the bed ... like this. Access is strictly controlled to maintain a comfortable intersubjective distance. But things have moved from 'no one can get in' to 'there is one way'.

In this brief sequence, the analyst is attempting to join the child. The child is hesitant about warming up too fast (1. 3) and backs off in response to each of the analyst's initiatives to join her, with the analyst surrendering, inferring that Laura cannot share the initiative at this point. Laura goes through a process of her own (initiative, followed by complex partial retreat with each of the analyst's moves) as they are in fact doing something together. The child and analyst are negotiating the intersubjective space between them, each selecting her next move in response to what the other is doing.

Sequence II (begins 26 seconds later)

- 26. P: [Hums] Tons of blankets! Yes.
- 27. A: OK ... don't forget, I'm waiting to be given orders. Can I join you yet?
- 28. *P*: [Laughs] Hmm. Always hard to find the blankets. [She is searching in the toybox but appears to be unable to find what she is looking for.] *Deflection/hesitation*, and avoiding direct interaction.
- 29. A: The what kids? The analyst has misheard Laura, thinking she said 'blank kids'

- and, not understanding, asks for clarification and more direct communication.
- 30. P: The blankets!! More contact without connecting.
- 31. A: Oh, the blankets. It's your show and, well, at least we're together on that.
- 32. P: It's also hard to find the pillows. Laura repeats theme of not finding something. Unable to find what she is looking for, she adapts by shifting to something else but must again shift course when her search bears no fruit. She is still keeping the engagement on hold, but adding little pieces of contact.
- 33. A: Yes, some of the blankets and pillows might have gotten ... sort of ... something might have happened ... to them. Analyst is searching for a way of keeping the connection going without adding content or direction. It is a place holder, seeming successful as the child shifts to something else.
- 34. *P*: Yeah, well ... this is a table ... only we'll need two of them. I know you have two. *Yes/first mention of 'we'll'*.
- 35. A: Want me to look? Can I join you now, gain admission into your playroom by offering something?
- 36. P: Yeah ... I found it! Yes, you can join me, offer me something. Wait! I accomplished my goal, help is not needed. The 'not necessary' part is really of another, lesser order of significance, since everything has been building to the joining, and after three offers of help by the analyst as a way of trying to join, and two refusals by the child as a way of staying apart Laura finally accepts a coming together.
- 37. A: Good for you! I validate your success/I recognise your beginning willingness to let me join in with you. I like it!

Again, we can see a back and forth between the two, as they co-assemble their interaction, contingently responding to each other. We can see that at this level one does not know what will happen from moment to moment (what if Laura *had* found the blankets? Or if the analyst had correctly heard her say 'blankets' (1. 29) rather than 'blank kids'),

and both must improvise even though one may have an overall sense of the direction. One does not know what the patient will say or how the analyst will respond. The interaction is always in the process of emerging and evolving, mostly ad-libbed. Goals continue to evolve and to shift as the interaction proceeds (e.g. shift from blankets to tables, while in the intersubjective field, shift from keeping the analyst excluded to Laura letting her guard down slightly). Therefore, at least at the local level, the process is characterised by unpredictability and uncertainty. As two people interact, their behaviours are assembled in the moment, in context, coconstructed, although the past, as a background, is brought to bear. Each influences and responds to the other in an ongoing improvisational process that involves continuous dynamic adjustment by each party. On what basis do they make these adjustments? It can only be based on their adaptive strategies, their implicit relational knowing, which is *lived* in the actions, including speech actions, and interactions of each individual. Intentionality, as inferenced from the interaction, of necessity generates meanings. And, as what transpires is assembled by the interactants as it is happening, it can only be a creative, spontaneous, co-created process. It is improvisational.

Examples from the psychoanalytic treatment of adult patients could also be viewed from the perspective of the local level. For example, consider what occurs when a patient lapses into silence. There is silence as long as both patient and analyst 'agree to' the silence. But what does the silence consist of? Is it a demand of the other, a coercion, a conciliation, a breather, tense, peaceful or playful? Do the two differ in their interpretations of the silence? Each will construct his/her own ongoing, evolving assessment of what is transpiring and what it feels like, based on his/her unique history. Let us say the analyst decides to say something after two minutes. Things will proceed from that. Were the analyst to have decided to say something after fifteen seconds, the subsequent course would have been different. We could say there are many roads not taken. In this sense, the interactive process is always in the process of being created and is unpredictable, with intentions shifting as each makes continual micro-adjustments to the other. Where the interaction is going to go will only be known after it has gone there.

Interaction is a sloppy process

Each person is an independent centre of initiative. Therefore, no two partners can ever remain perfectly aligned in their interaction. nor would that necessarily be desirable. Since interaction is unscripted, poorly fitted interactions are inevitable. The interactants will go past each other. They will go away, come back, pause, indicate that they want things to continue or to change. The interactive process has many sources of 'noise' or sloppiness that are part of the complexity of interaction. Recall Laura's shift from blankets to pillows (ll. 26-32) and the analyst's mishearing her. Inevitable slippage, inefficiency or sloppiness is contributed to by the multiple parallel mental systems that constitute each 'mind', by the difficulties inherent in knowing another's mind, and by the fact that each individual will have somewhat different motivations and idiosyncratic interpretations. However, these inevitable interactive misses also open up the possibility of renegotiation, of connecting in a different way, of a change in direction. Viewed from this perspective, the sloppiness is also generative. As each partner generates multiple attempts to engage with the other, new possibilities for interaction emerge. In accord with the mutual regulation model, the critical feature will be the procedures for realigning (Giannino & Tronick, 1988).

The following clinical vignette (compressed for clarity) illustrates the misalignment and realignment of this regulatory process (Nahum, 1998).

The patient Jean says her colleague Cass is

opinionated and wrong-headed, but 'I just placate her and smooth things over'.

A: What is it you are smoothing over?

P: That I feel contempt for her. She's an idiot! She always comes out with the wrong thing.

A: What is wrong?

P: And I'm wounded by her tone-deaf remarks!

A: What feels wounding?

P:... I feel I've lost the connection with you. There are so many things I want to say ... and you keep asking questions!

A: Oh?

P: Here's Cass who gets on my nerves, and now you get on my nerves. I have to ask if the whole world gets on my nerves!

A: Maybe feeling a person's direction is not aligned with your own gets on your nerves ...

P: Maybe, because I suddenly feel a loss of momentum. I've been feeling I want to tell you everything that's been upsetting me. Then it suddenly feels like, what's the point?

In the first part of this exchange, analyst and patient are missing each other's intentions, although the misalignment only surfaces when the patient, with irritation, points it out. Her attention to the misalignment, however, brings both parties to engage in a process of finding a better alignment. Both engage verbally in flagging the misalignment. It should be noted, however, that, at other times, the process can occur at an implicit level, with automatic adjustments that are not in consciousness. Conceivably, an irritated tone could creep into the patient's voice, and the analyst, sensing that something is amiss, might back away from questioning quite so actively.

RELATIONAL MOVES AND THE PROCESS OF INCREASED FITTEDNESS

We consider that self-organising systems tend towards greater coherence (Sander, 1980). In the healthy living system (Weiss, 1947) we must include both individual and context. In the therapeutic situation, this would mean both analyst and patient as well as a set of specific constraints, which would include features such as the analytic setting and the use of the couch; the fact of the patient coming to see the analyst to be helped to change; the analyst putting aside the satisfaction of his/her own needs or desires; the role of the analyst in coconstructing new meanings with the patient; the injunction against sharing the same life space as the patient, and other similar factors. Within this therapeutic context, well-fitted interactions between analyst and patient lead to the progressive emergence of a more coherent dyadic state, one that can step-by-step, happen quietly, implicitly (Lyons-Ruth, 2000). We experience the move towards greater coherence as a sense of increased fittedness and specificity in the dyad, producing a feeling of enhanced wellbeing while together. It should be noted that we are not thinking of coherence solely in terms of the individual's construction of reality. In a pathological condition such as paranoia, for example, one individual's delusional construction of reality, even if logically internally consistent, would create marked incoherence in the fittedness between the patient and the larger environment of analyst and analytic environment, a disjunction within the system, leading away from fittedness or specificity.²

To discuss this process of moving towards increased dyadic coherence, however, we

²The problem of coherence arises just as strongly when discussing narratives, where ultimately the measure of coherence is the adaptive therapeutic value of the co-construction. In our sense, at the local level, we are also using an adaptive measure of coherence. When there is fittedness, the two partners feel they are working better together at a deeper level.

must consider a smaller interactive unit, which we will call the 'relational move'. In considering the local level of what happens in the therapeutic engagement, we chose the term relational move to label the smallest slice of verbal or non-verbal action that could be parsed as an intersubjective intention. A central problem we encountered, however, was that while actions are observable, their associated intentions or meaning(s) must be inferred. But we would claim, based on developmental studies which amply validate this hypothesis (e.g. Meltzoff, 1995; Carpenter et al., 1998), along with Freeman (1995), that this process of inferring intentions through parsing of actions is central to how the brain works, to how we understand others. These inferences regarding the other's intentions are the raw material from which one's relational moves are constructed that guide interpersonal action.

The parsing of intentions is a critical issue facing any two interactants. The relation between the observed action and the inferred intention is loose. The parsing of action into intentions or meaning often requires reiteration and redundancy in interactive sequences so that potential alternative 'readings' can be evaluated and ruled out.3 This inference and evaluation process is occurring all the time at an implicit level. The ongoing indefiniteness in the process of inferring intention or goaldirectedness in the other's activity contributes inevitable sloppiness to the interactive process. This sloppiness in inferring intention from action is a source of corresponding sloppiness in the interactive process itself. Sloppiness is inherent in the nature of human subjectivity. Each partner is not only putting forth actions and inferring intentions, but also having an effect on shaping the actions and intentions of the other as they emerge. Over time, out of a continued effort towards

achieving more fitted activity, the intentions of each may become increasingly implicitly recognised and responded to by the other with more specifically fitted corresponding moves. This is why a relational move is an aspect of intersubjective process and cannot be predefined as a particular type or duration of action.

As intentions become more aligned, new, previously unforeseen joint activities can emerge. Each will be continually gauging, based on exploratory moves, 'Are we together?' and 'Is it where I want us to be?' The process of exploration and gauging fit is ongoing. In our view, fittedness is continually sensed through awareness of fit of the other's complementary actions in response to one's own initiative. This recognition need not be explicit, however; it does not require awareness at a conscious level. When achieved, fittedness produces a feeling of vitalisation, or increased well-being, because there is increased coherence of the dyadic system as a whole. Fittedness of relational moves thus catalyses changes in analyst-patient interaction, as it does in parent-infant interaction. Fittedness of relational moves, the emergence of more spontaneous, coherent and collaborative forms of interaction will lead to changes in the moving-along process. Each time there is a fit, even if minute, the dyad will be in a slightly different place. Recall that Laura and the analyst moved from 'No one can get into the room' to 'There is only one way to enter'. This is the slightly different place. From the perspective of the implicit, local level, their working together shifted to a new context from which to proceed. The joint attentional intersubjective space they created moved the system to a more complex coherence. What has been created belongs to both, becoming part of the implicit relational knowing of each.

³It could be said that alternative readings are the heart of the matter and that how they are negotiated will determine the nature and quality of what is co-constructed. However, before they are negotiated, they must be grasped.

A DYNAMIC SYSTEMS THEORY VIEW OF FITTEDNESS AND CHANGE

Along with developmental research, dynamic systems theory has provided an important set of principles regarding change processes (Stolorow, 1997; Thelen & Smith, 1994). The concepts of emergent properties and attractor states are particularly relevant to considering change processes in psychodynamic therapies. Emergent properties are changes in an organism that are not prespecified by the organism's design but evolve as an aspect of organism-context relationship. An attractor state is a stable pattern, and can be thought of as where the system 'prefers' to reside, although it is not absolutely obliged to. In earlier publications (Boston CPSG reports I and II, i.e. Stern et al., 1998; Tronick, 1998a) we referred to a person's implicit relational knowing as an emergent property. One's implicit relational knowing will create the set of constraints that make up the attractor states in which that individual's inner and outer relational field(s) tend to exist, as such 'knowing' governs what is relationally and internally possible for the person.

The analytic process inevitably involves working simultaneously at affective, cognitive and enactive levels to deactivate old, more negatively toned procedures and meanings, while simultaneously constructing more integrated, flexible and coherent ways of being together (Lyons-Ruth, 1999). Destabilisation is necessary to move the system to a different way of being from its habitual one, but, paradoxically, safety is its prerequisite (Stechler, 1999).

Interactive elements that catalyse change

It is apparent by now that we are placing great emphasis on what happens in interaction and at the local level. In a sense we have returned to where psychoanalysis began, where Freud (1895) gave priority to the act. And, after the introduction of the structural

model, he implicitly returned to this position in saying that treatment must be developmental and something must happen between patient and analyst (Greenberg, 1996). Our view is that fittedness, acting as a new context, creates the potential for further elaboration of new forms of shared experience. It alters the intersubjective field, shifting the implicit relational expectations of each partner. With such a shift, an opening for the elaboration of new initiatives (change) becomes possible. In the therapeutic engagement, variations can and will continue to be introduced into the interactive flow, creating possibilities for meetings or failures to meet. When there is meeting, or fitting together of initiatives, a greater inclusiveness is created, meaning that each has at that moment grasped something essential about the intentional state of the other (see Boston CPSG report II, i.e. Tronick, 1998b). Implicit relational knowing is altered, as is the direction of interactive flow. Where there is failure to meet, greater coherence and inclusiveness is potentially constricted or prevented.

What we did not previously emphasise, as we confined our conceptualisations to charged moments, was that fittedness, or the recognition of specifically fitted complementary actions, is the central clinical notion that captures the tendency of systems towards greater coherence. Fittedness is being evaluated continually with respect to multiple levels of intentional activity in the moving-along process and concerns issues along a spectrum of import. Reaching fittedness leads to incremental changes in implicit relational knowing, which are experienced as 'getting better'.

SUMMARY AND CONCLUSION

Although it has been a cornerstone of psychoanalytic theory that all behaviour is motivated, it has never been considered at the level of intersubjective regulation in the domain of implicit knowledge at the local

level. We believe this level is an important addition and complement to traditional psychoanalytic concepts such as transference/ countertransference and the unconscious. Our developmental orientation leads us to conclude that this is the level at which emotional procedures or implicit relational knowings are established and reorganised throughout life. Moreover, a great deal of the information that both analyst and patient gather about each other and their relationship derives from the implicit domain. Unless this is acknowledged, much of what transpires in an analysis will be missed. It therefore requires our most careful scrutiny in attempting to understand therapeutic action at this level. Implicit relational knowing is permeated with affective 'valuations' regarding how to proceed with others. It therefore organises attentional focus, guiding both the inference-making process and action. Through it, the past is carried along, engagement is regulated and meaning generated.

We conclude with four points: first, therapeutic change happens in small, less charged moments as well as occasionally in highly charged 'now' moments and moments of meeting; second, therapeutic change involves change in implicit relational knowing and this change occurs in the ongoing flow of each partner's relational moves at the local level; third, change in implicit relational knowing comes about by achieving more coherent and inclusive ways of being together; and finally, more coherent ways of being together come about through a process of recognition of specificity of fittedness between the two partner's initiatives.

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TRANSLATIONS OF SUMMARY

Diese Arbeit stellt eine Methode zur Untersuchung von Mikro-Ereignissen innerhalb des psychoanalytischen Prozesses vor, die aus der Entwicklungsforschung übernommen ist. Auf die zunehmende Bedeutung, diese Mikroprozesse der Interaktion zu erhellen, wird im Hinblick auf das Verstehen des Veränderungsprozesses in einer analytischen Behandlung besonders hingewiesen. Es wird eine Gruppe von Konstrukten und Terminologien zur Untersuchung der Interaktionsprozesæ von einem Moment zum nächsten in einer psychoanalytischen Therapie vorgestellt, auf die sich dann als "lokale Ebene" (local level) bezogen wird. Eine Theorie therapeutischen, Handelns, die auf dem Prozess der "lokalen Ebene" basiert, wird beschrieben. Ihr zentrales Element beinhaltet einen Prozess des Schritt-für-Schritt "Zusammenpassen", der zu Veränderungen des impliziten Wissens durch die Veränderung emotionaler Prozesse führt.

Este artículo propone un método para examinar los micro-eventos del proceso analítico, tomado en gran parte de los métodos de la investigación del desarrollo. Se hace énfasis en la creciente importancia de iluminar los micro-procesos de interacción, al abordar la comprensión de los procesos de cambio en el tratamiento analítico. Se propone un conjunto de hipótesis (constructs) y una terminología, para el estudio de los procesos interactivos momento-amomento en la terapia psicoanalítica, que el autor llama el nivel local. Una teoría de la acción terapéutica basada en procesos 'de nivel local', se explica entonces. Su elemento central tiene que ver con un proceso paso-a-paso de 'hacer encajar', que lleva a cambios en el conocimiento implícito a través de la alteración de los procedimientos emocionales.

Cet article propose une méthode pour étudier les micro-événements du processus analytique qui emprunte fortement à la recherche développementale. L'importance grandissante d'éclairer le microprocessus d'interaction en comprenant le processus de changement dans le traitement est soulignée. Une série de constructions et la terminologie sont proposées pour l'étude du processus interactif d'instant en instant dans la thérapie psychanalytique, qualifié comme niveau local. Est expliquée ensuite une théorie de l'action thérapeutique fondée sur le niveau local; son élément central implique une méthode, point par point, d'ajustement en commun qui conduit à des changements par une connaissance implicite de modifications de procédures émotionnelles.

Quest'articolo propone un metodo d'esame dei microeventi del processo psicoanalitico fortemente mutuato dalla ricerca evolutiva e sottolinea la sempre maggiore importanza del chiarire il microprocesso d'interazione per poter comprendere il processo di cambiamento che avviene durante il trattamento psicoanalitico. L'articolo propone inoltre tutta una serie di costrutti e di termini per lo studio del processo interattivo, attimo per attimo, nella terapia

psicoanalitica cui ci si riferisce come livello locale, e spiega quindi la teoria dell'azione terapeutica basata sul processo a livello locale. Il suo elemento centrale implica un graduale combaciare reciproco, che produce modificazioni della conoscenza implicita attraverso l'alterazione delle procedure emotive.

REFERENCES

- BEEBE, B. ET AL. (2000). Systems models in development and psychoanalysis: The case of vocal rhythm coordination and attachment. *Infant Ment. Health J.*, 21: 99–122.
- CARPENTER, M. ET AL. (1998). Fourteen-through 18-month-old infants differentially imitate intentional and accidental actions. *Infant Behavior and Devel.*, 21: 315–30.
- FREEMAN, W. (1995). Societies of Brains. Hillsdale, NJ: Erlbaum.
- FREUD, S. (1895). Project for a scientific psychology. S.E. 1.
- GIANINNO & TRONICK (1988). The mutual regulation model: The infant's self- and interactive regulation and coping and defensive capacities. In *Stress and Coping*, ed. T. Field, P. McCabe and N. Schneiderman. Hillsdale, NJ: Erlbaum.
- Greenberg, J. (1996). Psychoanalytic words and psychoanalytic acts. *Contemp. Psychoanal.*, 32: 195–213.
- HARRISON, A. M. (2001). Setting up the doll's house. Beata Rank lecture, Boston Psychoanalytic Society, 1 May, manuscript in preparation.
- KANDEL, E. (1999). Biology and the future of psychoanalysis: A new intellectual framework for psychiatry revisited. *Amer. J. Psychiat.*, 156: 505–23.
- Lyons-Ruth, K. (1999). The two-person unconscious: Intersubjective dialogue, enactive relational representation, and the emergence of new forms of relational organization. *Psychoanal. Inq.*, 19: 576–617.
- (2000). 'I sense that you sense that I sense ...': Sander's recognition process and the specificity of relational moves in the psychotherapeutic setting. *Infant Ment. Health J.*, 21: 85–98.
- MELTZOFF, A. (1995). Understanding the intentions of others: Re-enactment of in-

- tended acts by 18-month-old children. *Devel. Psychol.*, 31: 838–50.
- NAHUM, J. (1998). Case illustration: Moving along ... & Is change gradual or sudden? *Infant Ment. Health J.*, 19: 315–9.
- Oxford English Dictionary. (1971). New York: Oxford Univ. Press.
- PALLY, R. & OLDS, D. (1998). Consciousness: A neuroscience perspective. *Int. J. Psycho-anal.*, 79: 971–88.
- SANDER, L. (1980). Investigation of the infant and its caregiving environment as a biological system. In *The Course of Life, Vol. 1: Infancy and Early Childhood*, ed. S. Greenspan and N. Pollock. Washington, D.C. NIMH, pp. 177–201.
- SANDER, L. (1997). Paradox and resolution: From the beginning. In *Handbook of Child and Adolescent Psychiatry, Vol. 1: Infants and Preschoolers: Development and Syndromes*, J. Noshpitz (Editor in chief), ed. S. Greenspan, S. Wieder and J. Osofsky. John Wiley & Sons: New York, pp. 153–60.
- Schiller, C. (Ed.) (1957). *Instinctive behavior: The development of a modern concept.* New York: Int. Univ. Press.
- STECHLER, G. (1999) Presentation at Symposium on 'The enigma of change in psychodynamic therapy II', Boston, 1 May, unpublished.
- STERN, D. N. (1977). *The First Relationship*. Cambridge, MA: Harvard Univ. Press.
- (1983). The early development of schemas of self, other, and 'self with other'. In *Reflections on Self Psychology*, ed. J. Lichtenberg and S. Kaplan. Hillsdale, NJ: Analytic Press, pp. 49–84.
- ET AL. (1998). Non-interpretive mechanisms in psychoanalytic therapy: the something more than interpretation. *Int. J. Psychoanal.*, 79: 908–21 (see above, Boston CPSG Report I).
- STERN-BRUSCHWEILER, N. & STERN, D. N.

- (1989). A model for conceptualizing the role of the mother's representational world in various mother—infant therapies. *Infant Ment. Health J.*, 10: 142–56.
- STOLOROW, R. (1997). Dynamic, dyadic, intersubjective systems: An evolving paradigm for psychoanalysis. *Psychoanal. Psychol.*, 14: 337–46.
- THELEN, E. & SMITH, L. (1994). A Dynamic Systems Approach to the Development of Cognition and Action. Cambridge, MA: MIT Press.
- TREVARTHEN, C. (1979). Communication and cooperation in early infancy: A description of primary intersubjectivity. In *Before Speech*, ed. M. Bullowa. London:

- Cambridge Univ. Press, pp. 321–47.
- TRONICK, E. Z. (1989). Emotions and emotional communication. *American Psychol.*, 44: 112–9.
- (ED.) (1998a). Interventions that effect change in psychotherapy: A model based on infant research. *Infant Ment. Health J.*, 19: 277–353 (see above, Boston CPSG Report II).
- (1998b). Dyadically expanded states of consciousness and the process of therapeutic change. *Infant Ment. Health J.*, 19: 290–9.
- Weiss, P. (1947). The problem of specificity in growth and development. *Yale J. Biol. and Medicine*, 19: 234–78.