A R T I C L E

MOVING ALONG TO THINGS LEFT UNDONE

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ABSTRACT: This paper expands on three areas of clinical theory that are introduced and discussed in the lead paper and the others in this symposium. The first issue addressed is the concept of the real relationship as used in the moment of meeting model of psychotherapeutic change. Particular focus has been placed on the past, the present, and the hierarchy of goals in the treatment relationship. Second, the paper explores the concept of implicit relational knowledge with attention to the concepts of transference, countertransference, interpretation, and insight in the change process. Finally, the paper attends to the nature of the "now moment" in the moment of meeting model. Specifically explicated are ways this concept relates to changes in brain organization and also ways the moment of meeting model relates to other psychotherapy models, such as the relational schools and self-psychology.

RESUMEN: Este ensayo expande el conocimiento en tres áreas de la teoría clínica que se introducen y se discuten en el primero y otros ensayos en este simposio. El asunto primero que se discute es el concepto de la verdadera relación tal como se usa en el modelo de cambio sicoterapéutico llamado "encuentro momentáneo." Un énfasis en particular se enfoca en el pasado, el presente y la jerarquía de las metas en la relación bajo tratamiento. En segundo lugar, el ensayo explora el concepto del conocimiento de la relación implícita prestando atención a los conceptos de transferencia, contra-transferencia, interpretación, y discernimiento en el proceso de cambio. Finalmente, el ensayo trata de la naturaleza del "momento de ahora" dentro del modelo de encuentros momentáneos. Específicamente se explican las maneras como este proceso se relaciona con los cambios en la organización cerebral, así como también las maneras como el modelo de encuentros momentáneos se relaciona con otros modelos de sicoterapia, tales como las escuelas de relación y la sicología del yo.

RÉSUMÉ: Cet article élabore sur trois domaines de théorie clinique qui sont présentés et discutés dans l'article principal et les autres articles de ce symposium. Le premier problème étudié est le concept de la relation réelle lorsque utilisée dans le modèle de changement psychothérapeutique du moment de rencontre. Tout d'abord, une attention particulière a été placée sur le passé, le présent et la hiérarchie de buts dans la relation de traitement. Ensuite, cet article explore le concept de connaissance relationnelle

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implicite notamment en ce qui concerne les concepts de transfert, de contre-transfert, d'interprétation, et de compréhension du processus de changement. Finalement, cet article examine la nature du moment présent dans le modèle de moment de rencontre. Les façons dont ce concept est lié aux changements dans l'organisation du cerveau sont spécifiquement expliquées, ainsi que les façons dont le modèle de moment de rencontre est lié à d'autres modèles de psychothérapie, tels que les écoles relationnelles et la psychologie du self.

ZUSAMMENFASSUNG: Diese Arbeit erstreckt sich auf die drei Gebiete der praktischen Anwendung, die bei diesem Symposion im Leitartikel und den anderen Arbeiten eingeführt und diskutiert wurden. Das besprochene Thema ist das Konzept der wirklichen Beziehung, wie es im Modell des Moments der Begegnung für die psychotherapeutische Veränderung verwendet wird. Besondere Aufmerksamkeit wurde der Vergangenheit, der Gegenwart und der Hierarchie der Ziele in der therapeutischen Beziehung gewidmet. Zum zweiten versucht diese Arbeit das Konzept des "vorhandenen Wissens" im Hinblick auf die Konzepte der Übertragung, der Gegenübertragung, der Interpretation und der Reflexion im Veränderungsprozeß zu überprüfen. Zuletzt widmet sich diese Arbeit der Beschaffenheit des Hier-und Jetzt Moments in dem Modell der Begegnung. Besonders angesprochen werden die Art der Beziehungen dieses Konzepts zu den Veränderungen der Gehirnorganisation und ebenso die Art, wie sich das Modell der Momente der Begegnung zu anderen Psychotherapieschulen, wie der Beziehungs- und der Selbstpsychologie verhält.

抄録：この論文は、このシンポジウムの論文により紹介され討論された臨床理論のうち 3つの分野についてさらに討議する。第１は、精神療法的変化に関する、「出会いのモーメント」モデルで使われている「現実の関係」の概念である。治療関係における過去、現在、治療目標のヒエラルキーに特に焦点を合わせた。第２にこの論文は、言わず語らずの関わりの知識implicit relational knowledge について、転移、逆転移、解釈、変化プロセスへの洞察などの概念に注意を払いながら、探索する。最後に、「出会いのモーメント」モデルにおける今のモーメントの特性について論じた。そこでは特に、この概念が脳のオーガナイゼーションの変化とどう関係してくるか、また、出会いのモーメントモデルが関係学派や自己心理学などの精神療法モデルとどう関係しているかを明らかにした。

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This paper develops the thinking of the Change Process Study Group of Boston and responds to various critiques of the work presented brought up at the symposium in Tampere. I will address two potential perspectives for such critiques. The first views our ideas as marginal and potentially dangerous because they appear to encourage crossing patient boundaries and might lead to exploitation of the patient. The second considers our ideas as nothing new and simply reiterations of those models originating in traditional psychoanalysis that have emphasized the relational aspects of psychoanalytic treatment (Bollas, 1987; Ehrenberg, 1992; Greenberg & Mitchell, 1983; Hoffman, 1979, 1994; Kohut, 1984; Lachmann & Beebe, 1992, 1996; Loewald, 1980; Mitchell, 1988, 1993; Modell, 1984, 1990, 1993; Ornstein & Ornstein, 1977; Renik, 1997; Sandler, 1976; Schwaber, 1990; Stolorow, Atwood, & Brandschaft, 1994; Stolorow, 1997; Winnicott, 1958, 1971). I will address both perspectives while developing the model of the moment of meeting and attending to areas in need of further delineation.

This paper represents our ongoing work and is best seen as our current thinking about these issues, a snapshot of a work in progress, rather than a fully finished work. My hope is that the paper will stimulate further exploration of these ideas. The three areas that will be addressed are: (1) the role of the real relationship[1] in the model, (2) implicit relational knowing

[1] As noted in the epilogue to the papers of this symposium, we have been fully aware of the problems of labeling some particular aspect of the therapeutic relationship the "real relationship." We have struggled to find an improvement on such language. Our more recent publications have used other terminology in the place of "real relationships," though still describing the same phenomenon. As this paper represents our thinking at the time of the symposium (July, 1996), for historical accuracy this paper retains the term "real relationship."

and its role in the change process, and (3) the nature of the "now moment." The first two address the danger some see in our model, and the third expands on what is, in fact, new, compared to other current relational models.

ROLE OF THE "REAL RELATIONSHIP" IN THE MODEL OF THE "MOMENT OF MEETING"

The moment of meeting occurs within the real relationship between the therapist and patient. We recognize the difficulties of definition presented by the concept of the real relationship, and the problem of defining the "real" is new neither to therapy, psychoanalytic theory, nor to philosophical discourse. To consider the "something more" than interpretation in treatment means that we are addressing previously recognized phenomena that much of psychoanalytic language has failed to explain with precision. Our focus is on the interactional process over time in the present between the person who is the therapist and the person who is the patient. It seemed important, given this focus, to distinguish this here-and-now part of the relationship from those aspects more dominated by symbols and expectancies from the past (i.e., those aspects seen traditionally as transference and countertransference). The "realness" of this here-and-now aspect of the relationship does not mean that transference and countertransference are not real. They are simply based more on the past than on the here-and-now. The real relationship is one aspect of the total therapeutic relationship. In the real relationship, the emphasis is on the kind of interchange in which the therapist experiences him or herself as genuine, more "himself" or "herself" as distinct from a way dictated by feeling in the role of therapist. It is a manner of saying or doing something that reveals a specific, personal aspect of the therapist, and it occurs, often spontaneously, in some form of affective communication between therapist and patient. This heightened experiential aspect for the therapist is evoked by the interaction with the patient. It is a part of their mutual regulation, so that the moment of meeting, with its "realness" for both therapist and patient, creates a new dyadic state, a dyadic state of consciousness. The "real" between the therapist and patient contains, along with present experience, also the past history of their interactions with each other. That past history is unique to the two of them. Their relationship becomes and feels "authentic" and therefore "real" between them because in the present moment they are acting primarily on their own unique experience over time with one another.

In need of clarification is how the real relationship is part of or distinct from transference and countertransference (I use the term countertransference in the narrow sense, meaning the therapist's past experiences and conflicts with other objects (persons) coloring his or her experience of the present with the patient). Transference and countertransference can be defined as the patient and therapist's expectancies that are dominated by past relationship patterns with other important people. With that definition it becomes clear that the real relationship is not devoid of influences from the past separate from the past of the therapeutic dyad itself. Transference and countertransference do affect the here and now of the therapeutic exchange, including the content of the real relationship. In our delineation of the real relationship, however, what is experientially prominent in the here and now is the past the patient and therapist share together, rather than the past they share with other people. This shared past, along with the here and now, is what makes up the real relationship.

For therapist and patient the treatment setting represents a dialectic of the past of each of them with other people and the present of the two of them, containing as it does their own past with each other. In other words, the therapeutic exchange is a dialectic between transference-influenced interactions and real relationship interactions. Sometimes one is in the foreground and the other in the background, and sometimes the positions are reversed, with a constant

shifting going on. In our model it is in the moving along process that transference is more in the foreground. The real relationship becomes dominant when the two participants move out of that usual moving along process and into the realness of their past and present with each other. It is a state when the therapist is less influenced by past expectancies with other relationships and more present in the here and now with the patient with all their own history, especially the implicit relational knowing they have built up together. The dialectic of past with others and present with each other means the therapist's countertransference and the patient's transference cannot necessarily be excluded from the real relationship. In the real relationship such influences from their individual pasts are less prominent than the past and present they have constructed with each other. For the patient, the interaction around the real relationship does contain past influences, that is, transference. However, in our model the real relationship becomes of primary therapeutic importance because it provides a space for departure from the these past expectancies with other people. It is the shift out of the old expectancies with others, via the moment of meeting with the therapist, that permits a new intersubjective environment. This new intersubjective environment is freed of the conflicts derived via the old expectancies and allows the patient new ways of interacting, with the therapist and with others.

Another way to address the nature of the real relationship in our model is to explore the ways it is not real in the sense of being like relationships in the patient's "real" life outside of therapy. The therapist experiences a sense of realness in moments of spontaneity, but the real relationship within the treatment is clearly not like other relationships outside the therapeutic mode. It is important to delineate how the real relationship we are describing in treatment is different from other relationships. Our use of the term moment of meeting may be misconstrued to imply that the therapist and patient are equally known to each other and that they are relating in a symmetric fashion. Our view, however, is that therapist is relatively anonymous in relation to the patient, at least regarding facts of the therapist's life. We also see the treatment relationship as asymmetrical. Relative anonymity and asymmetry remain important and related aspects of the real relationship in this model. Some further explication of these aspects of this model should make it clear this model is not one of "wild" analysis.

The relative anonymity of the therapist occurs because the details of the therapist's life remain rather unknown to the patient. This is so partly to allow the development and observation of the transferential aspects of the relationship. An additional reason for this relative anonymity is to permit the patient to be the primary regulator of the relationship. In other words, the goal is to have the patient be the one who leads the interactional dance without having to be overly influenced by concerns for the therapist's wishes and needs.

The asymmetry present in the relationship is partly manifest by the therapist's reserve that builds the relative anonymity. The main principle behind the asymmetry, however, is that there is a hierarchy of goals in the treatment. Attaining moments of meeting in treatment is one of our model's goals of treatment, but the primary goal is for the therapist to assist the patient, rather than the reverse. The two have the mutual goal that one of them, the patient, will get better with the help of the knowledge base and other qualifications of the other, the therapist. The payment of the fee concretely recognizes that asymmetrical, but mutual, goal. The emotional experience of the therapist plays a role in the moments of heightened affect often seen in the now moment, but the emotional *needs* of the therapist do not play a part in the interaction with the patient. If the therapist's actual emotional needs were to play a role in the outcome of the interaction, the interaction would cease to be therapeutic. It is the recognition of this asymmetry, in legal terms, the fiduciary nature of the relationship, that protects the therapy from becoming a seduction of a vulnerable partner by a powerful one. This is true whether the seduction is for comfort, self-aggrandizement, money, or, in the most egregious public instances, sex.

Therapy in this model cannot be equated with other relationships in life. Instead it is a means, via a relatively safe attachment-based relationship, for allowing the patient to explore those problems that have constrained him or her in efforts to have a life.

THE ROLE OF IMPLICIT RELATIONAL KNOWING IN THE PROCESS OF CHANGE

When people change in therapy they change their ways of doing and being with others as well as their ways of conceptualization. The changing of one's conceptualizations is often characterized as the gaining of insight, and this process is usually thought of as occurring in the domain of semantic knowledge. What then describes changes in ways of doing and being? They can occur via alterations of one's conceptualization of oneself, but these changes of doing also occur in a domain distinct from semantic knowledge, namely the domain of procedural knowledge. It is in this domain of procedural knowledge that implicit relational knowing, and therefore the "something more," occurs. In relating with one another there are implicit strategies of relating, such as how nurturing or confrontational one tends to be with a particular person or how much humor one uses with another. It is those strategies that make up implicit relational knowledge. Implicit relational knowing is about how we relate to one another, the way of being with another. It exists in what we do without awareness more than in what we conceive of doing.

In fact, our description of the "something more" than interpretation that produces change in psychotherapy makes it clear that the clinical interchange includes "something more" than semantic knowledge. Implicit relational knowledge becomes the arena for the occurrence of changes outside the semantic sphere. Language can and does play a role in the acquisition of implicit relational knowledge because the therapeutic dyad's discussion of their process with each other is part of their gaining implicit relation knowledge. There is no necessity, however, to bring knowledge to semantic consciousness to produce change. The important event is that the change in implicit relational knowing changes the patient's intersubjective environment and allows for new ways of being with the other.

Another area to be elaborated is what distinguishes implicit relational knowing from transference. From a theoretical point of view, both processes flow out of the process of development, that is, the process of relationship building that begins at birth. The main distinction is that implicit relational knowing is a general principle of relating, something that occurs in all spheres of development. Transference does also, but the concept of transference has often referred to something in a treatment relationship, though not exclusively so. Consequently, transference historically has been used in association with psychopathological conditions, though in fact that does not necessarily have to be the case. Regardless of how transference tends to be used in common parlance, the fact that it relies on past experiences with important other people means that one could view it as a particular form of implicit relational knowledge. It is implicit relational knowledge based on unacknowledged repetitions of prior relationship patterns.

A related issue is how interpretation and insight are connected to the concept of implicit relational knowing. The therapist's interpretations, either about genetic precursors in the patient's transference experience or about here and now dynamics in the therapeutic process, can be helpful adjuncts in establishing a now moment or solidifying the change in the intersubjective environment occurring via a moment of meeting. The focus of the moment of meeting model of change is on the moment-to-moment exchanges between the two partners in the treatment dyad. A portion of the focus is on the here-and-now process of the treatment, which

is verbal. Exploration, clarification, and interpretation, particularly in the here and now of the treatment interaction can and do play a role in the change process in our model.

A clinical vignette contrasting our approach with one using traditional transference interpretation may illustrate some of these issues. A male patient is avoiding open criticism of the male therapist but behaving in a hostile manner. In both approaches, the therapist might explore the way the patient was protecting the therapist by holding back his criticism. The patient might respond by admitting he was protecting the therapist, saying, "Yeah, but you sure didn't like it that time when I took a shot at the way you do your billing." In a model of treatment highlighting interpretation and insight, the therapist at this point might have made a genetic interpretation of the patient's behavior, saying something like, "Well, regardless of what may have gone on at that time here, I wonder if right now it's more important to see how you're protecting me. Perhaps you feel guilty about your aggressive wishes toward me, like you did with your father." In this case, the therapist moves the focus away from the here-and-now of their interaction and toward transference antecedents. There is no moment of meeting between the two participants in the room.

In our model the therapist would focus attention more fully on the interaction in the room, exploring in detail the reasons the patient was protecting the therapist. As they do this, the therapist is aware of the accuracy of the patient's remark about his response to the criticism of his billing practices. At the same time he also becomes conscious of how in general he has been protecting himself from this patient. Thus, the two are in a "now moment." Then, if the therapist can acknowledge with the patient the accuracy of the patient's perception, they may achieve a moment of meeting and open up a new intersubjective environment of dyadic consciousness. In this new relational state, with its altered implicit relational knowledge, they can explore the patient's experience of the therapist's vulnerability, the patient's hostility toward the therapist, and his defenses against expressing it. Further exploration of their interaction can solidify the possibilities in the new intersubjective environment, or more likely, move them into more new intersubjective environments. Perhaps genetic interpretations of the transferential aspects of the patient's experience of the therapist as in the traditional model just cited might be part of this. In our model then, interpretation becomes one of a number of ways of getting to a "now moment" and moment of meeting, but such verbal exchanges are not a necessary condition for change to occur. Because change occurs via relational knowledge that is implicit, such interpretation and exploration for explicit or semantic knowledge is facilitating, but not always necessary for change to occur.

In our model then, insight, in the sense of the patient's conscious awareness or understanding of his or her personal psychological dynamics, is not a necessary condition for change in therapy. It is helpful, facilitating, and reinforcing of therapeutic change, but what is more significant than whether insight occurs is whether the patient develops new ways of doing and being with others. The therapist may help the patient understand him or herself better with interpretation and exploration and thereby achieve greater conscious control in areas in which the patient is conflicted. That kind of conceptual exchange, however, is not the only route for the patient to develop new ways of being with others. New ways of being with others, new implicit relational knowledge, occurs via nonverbal as well as verbal interactions with the therapist. Such interactions with the therapist are different from other interpersonal interchanges outside of therapy because the therapist and patient have as their mutual goal the development of an opportunity for the patient to change. While therapists may undergo change as a therapy goes on, the goal and focus is on the patient's change, not change for both parties in the relationship. This therapeutic change does not occur because the therapist is a better, kinder, more intelligent, or even more psychologically mature person than others in the patient's life.

Change occurs because the therapist uses all aspects of his or her knowledge base, including self-knowledge, to address interactions with the patient in ways intended to be productive of change in the patient. Their attention to these interactions permits novel and more flexible modes of the patient feeling and behaving. These new modes are not mimicry of the therapist's modes. They are modes the patient develops for himself in the therapeutic relationship, that is, in the context of relating with the therapist. In interacting with the patient the therapist does more than simply behave as a nice person to the patient. In fact, helping the patient to change often means doing or saying something that does not feel kind to the patient. In our model then, the patient's gaining of insight is only part of the way change occurs, and the "something more" is the acquisition of implicit relational knowledge.

THE NATURE OF THE "NOW MOMENT"

We use the term "now moment" to describe the way regulation of the patient's intersubjective system becomes reordered. It is a term borrowed from Walter Freeman (1994) who uses it to describe ways that changes in the brain occur in response to novel stimuli. An illustrative example from his work involves measuring electrical patterns in the olfactory bulb of rabbits presented with different odors. With each different odor (e.g., carrots, lettuce, or grain), there is a distinct spatial electrical pattern of brain response. What is striking is that when a novel odor is presented (e.g., radish), not only is there a new pattern for the radish scent, but, when the "old" scents are now presented again to the rabbit, the patterns of each of them is also changed. The odor of the radish not only produced a new pattern, but also resulted in a reorganization of preexisting patterns. This process takes place without language or semantics.

We transpose the now moment term to the clinical realm to indicate the means by which the therapeutic exchange can produce new and more satisfactory relational patterns, and, by implication, new brain wiring patterns. Change in brain wiring can also result from negative experiences as well, with more negative patterns as a consequence. The "now moment" in treatment, like Freeman's new odor, loosens the grasp of the patient's past patterns and recontextualizes those problematic aspects of the past. "Now moments" in the treatment exchange are microscopic instances between the patient and therapist. In the clinical interchange, the "now moment" is a unit of study and analysis. The term does not imply any stop in the ongoing flow of the clinical interchange. It is very much part of the ongoing clinical process and is not a frozen piece of clinical time. The term "now moment" refers to a point in ongoing process where change can occur between the two participants. It is a bifurcation point in the clinical process and describes a principle of the change mechanism as well as a clinical event. The use of the word "moment" for descriptive purposes needs to be qualified by the understanding that treatment is made up of countless undramatic now moments that, linked together, produce the change that usually occurs so gradually in therapy. It is paradoxical but, from a dynamic systems approach, it is the small changes that bring about the large changes.

In our view, the concepts of the "now moment" and the "moment of meeting" describe an important mechanism of change in treatment. These concepts add descriptive specificity to the interactive nature of the change process as it has been described so well by the large number of self-psychological and relational psychology writers. The other papers in this symposium delineate additionally the importance of the developmental base on which our model stands. For the purposes of this paper, the main features that distinguish this model from others can be summarized as the following: (1) the use of dynamic systems theory in the formulation of the clinical change process; (2) the utilization of a developmental model based on recent developmental observations; (3) the microscopic attention to interactional exchange in the therapeutic situation.

The concepts of the "now moment" and the "moment of meeting," along with the view of personal change in therapy occurring via the principles of dynamic systems theory, give therapists a new language. This new language provides therapists opportunity for dialogue with other disciplines, such as brain research, as seen in the work of Freeman (1994), Edelman (1992), and others. Talking of therapeutic change in terms that apply to other systems opens up a range of opportunities for coordination with other scientists. One could even consider how to apply positron emission tomography (PET) scanning and other scientific measuring techniques to the study of therapeutic change, though such ideas are still fraught with significant methodological and other problems. The ways therapists work in the moment of meeting model may be similar to the way therapists from relational schools work. What this model offers is a way of bridging the conceptual gap that often exists between therapists and scientific researchers.

CONCLUSION

This paper amplifies three areas that have been highlighted in the other papers in this volume. First, in an attempt to explore how the moment of meeting model can be seen to protect the therapy from becoming unnecessarily boundary-less while remaining innovative, the paper discusses the role the real relationship and implicit relational knowledge play in the change process. Then, with the goal of delineating this model from self-psychological and relational schools of therapy, the paper expands on the concept of the "now moment."

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