Chapter 10

THE PROCESS OF MOVING ALONG

MOVING ALONG is the term the Boston CPSG uses for the everyday dialogue that moves a therapy session forward, at least in time. It is what the therapist and patient do together. What makes moving along special is the scale at which we look at the dialogue. It is the therapeutic process seen through a micro-analytic lens, where the units are of several seconds' duration. As we have seen, life between people is directly lived at a relatively small scale: a sentence, a pause, a facial expression, a gesture, a feeling, a thought. Of course, these can be strung together and assembled into overarching units. We will call this small scale the *local level*. It is where present moments emerge* (Boston CPSG, Report No. 3, 2003; Boston CPSG, Report No. 4, in press; Stern et al., 1998; Tronick, Brusch-weiler-Stern, Harrison, 1998).

When an entire therapy session is reviewed after it is finished, it is easy to reconstruct its trajectory, see its main

---

* Many of the central ideas for this chapter and the two following it come from the work of the Boston Change Process Study Group (Boston CPSG). The collaborative work of this group has appeared in serial publications cited in the text. I take responsibility for the many changes from our collective formulations.

themes, and estimate where it fits into the overall course of the therapy. However, when the session is viewed from the inside, while it is still happening, its path appears less clear, simple, and directional. *Moving along* captures the often ambling, loosely directed process of searching for and finding a path to take, of losing the way and then finding it (or a new one) again, and of choosing goals to orient to—goals that are often discovered only as you go along. This is the view of the process at the local level as it is unfolding.

The perspective of the process from inside the therapy at the local level is what is unique about this approach. (The work of Labov and Fanshel [1977] is a pioneering study pointing in this direction.)

I will explore moving along at the local level in the form of several questions: What are the elements that make it up? What drives moving along forward and regulates its flow? What is the nature of the moving along process? And where does moving along move to?

WHAT ELEMENTS MAKE UP MOVING ALONG?

Two elements make up moving along: present moments of which one is simply aware and present moments that enter consciousness. The latter present moments are the units that chunk words, gestures, silences, and so on into meaningful groupings. They package the flow of behavior. I will call the present moments that are simply in awareness *relational moves*. One is aware of a relational move while it is being performed. But it does not enter into long-term memory and does not later show up in narrative accounts as a recalled autobiographical event. It presumably has the same temporal architecture and lived-story structure as a conscious present moment.

Methodologically, the conscious present moment can be described as a first-person phenomenon open to introspection and co(re)construction. The relational move, on the other hand, because it does not enter into consciousness can only be described objectively, as a third-person phenomenon, even though it is a first-person experience while it is happening. The mental aspects of the relational move must be inferred.

Conscious present moments can be divided into three different groups. First, there is the *regular present moment* described in detail in previous chapters. Second, there is the *now moment*. This is a present moment that suddenly pops up and is highly charged with immediately impending consequences. It is a moment of *kairos*, heavy with presentness and the need to act. Third, there is the *moment of meeting*. This is a present moment in which the two parties achieve an intersubjective meeting. At this moment the two become aware of what each other is experiencing. They share a sufficiently similar mental landscape so that a sense of "specific fittedness" is achieved (Sander, 1995a, 1995b, 2002). Moments of meeting usually immediately follow now moments, that set them up. The moment of meeting then resolves the need for resolution created in the now moment.

WHAT DRIVES MOVING ALONG FORWARD AND REGULATES ITS FLOW?

Moving along is driven forward, in large part, by the need to establish intersubjective contact. This is why we consider the general intersubjective motive as particularly relevant to the clinical situation. There are three main intersubjective motives that push the clinical process. The first is to sound out the other and see where one is in the intersubjective field. This is what I have called *intersubjective orienting*. It involves the moment-

by-moment testing, mostly out of consciousness, of where the relationship between patient and therapist is, and where it is going. This is a precondition of working together.

The second intersubjective motive is to share experience, to be known. This involves the desire to constantly increase the intersubjective field—in other words, the mental territory held in common. Each time the intersubjective field is enlarged the relationship is implicitly altered. That means that the patient is experiencing a new way-of-being-with the therapist and hopefully others. The change is implicit. It need not be made explicit and talked about. It becomes part of the patient's implicit relational knowing. An other consequence is that whenever the intersubjective field is enlarged, new paths for explicit exploration open up. More of the patient's world becomes consciously, verbally understandable.

The third intersubjective motive is to define and redefine one's self using the reflection of the self from the other's eyes. One's own identity is reformed or consolidated in this process.

These goals are realized at the local level by the sequences of relational moves and present moments that make up the session.

The following example illustrates a dialogue of relational moves and present moments that adjust the intersubjective field. It comes from the clinical experience of a member of the Boston CPSG. Compared to many clinical anecdotes, it is quite banal, it contains no dramatic happenings. This is true of most of the clinical examples I use. Recall that we are after process rather than content. Theoretically, we could jump into a session almost anywhere to glimpse some of the features of its process.

Relational Move 1 (opening of the session)

Patient: *I don't feel entirely here today.* (The intersubjective intention is to announce the immediate state of her position

in the relationship. It establishes a certain distance and reluctance to do much intersubjective work, at least for the moment. She is saying that she is not yet available for or desiring such joint work.)

Relational Move 2

Therapist: *Ah.* (Said with a rise in pitch at the end. This serves as a recognition of the patient's declaration. It is not clear whether it is a full acceptance of the intersubjective state the patient has put forward, or a mild questioning of it, or both. In any case, it takes a small step forward toward working together—small but significant compared to a silence or even a "hmm" [with a terminal fall in pitch]. The "ah" is more open and questioning than a "hmm." It implies a future event.)

Relational Move 3.

Both: [*A silence of 6 seconds ensues.*] (The patient signals her hesitancy to rush to change the immediate intersubjective status quo. In letting the silence evolve the therapist puts forward an implicit intention not to change things, for the moment. It also is an implicit invitation and perhaps mild pressure on the patient to break the silence. Or both. Regardless, they are cocreating a sort of mutual acceptance of the immediate status quo—in other words, to do or say nothing. Whether it is a solid or unstable acceptance remains to be seen.)

Relational Move 4

Patient: *Yeah.* (The original intersubjective position is reinstated by the patient. She is not yet ready to move forward or closer. Yet she indicates that she wishes to maintain contact by saying something. She has not approached, but she has not withdrawn.)

Relational Move 5

Both: [*Again a silence intervenes.*] (The patient still does not take up the implicit invitation to continue from the last move. But because contact has been maintained with the "yeah," the silence can proceed without creating any important loss of intersubjective ground. The therapist is holding his ground, but because his exact position has been left unclear, the relationship can tolerate it. They are loosely being-together in this somewhat unstable state.)

Relational Move 6

Therapist: *Where are you today?* (The therapist now makes a clear move toward the patient in the form of an invitation to open the intersubjective field wider.)

Relational Move 7

Patient: *I don't know, just not quite here.* (The patient takes a step foward and a half-step back. The foward step is probably the larger because she does share something, namely, not knowing where she is today. [This later proves not to be true. She does know but is not ready to talk about it. The intersubjective conditions are not yet right.] Her "just not quite here" restates her first relational move. The patient also partially declines the therapist's invitation to enlarge the intersubjective field.)

Relational Move 8

Both: [*A longish silence.*] (The therapist indicates by silence that he does not intend another invitation, at least not now. Nor will he push her harder. He will wait for the patient's initiative. This, too, is a sort of invitation and pressure, weak or strong depending on their habitual pattern of handling silences. The patient keeps distance but also contact so that a

sense of her deciding hangs in the air. It is clear their intersubjective position vis-a-vis one another is unstable. But they have signaled that they can tolerate this limited, temporary way of being-together for the moment. The sharing of this joint toleration, in itself, brings a slight shift in the intersubjective field.)

Now Moment

Patient: *Something happened last session that bothered me . . . [pause] . . . but I'm not sure I want to talk about it.* (The patient takes a big step foward toward the therapist in the sense of sharing experience and expanding the intersubjective field. There is also a hesitant step backward. The tension is broken and a new tension created. An opening has been made that promises to further expand the intersubjective field. This qualifies as a small now moment because it concentrates attention on new implication of the present moment and its resolution.)

Attempt at a Moment of Meeting

Therapist: *I see . . . so is the other place where you are now our last session?* (He validates what she said as now intersubjectively shared—namely, that she is not fully there, being still occupied by something unsettling that happened last session. He has moved closer to her but without pressing her.)

Relational Move 9

Patient: *Yeah. . . . I didn't like it when you said. . . .* (The patient explains what she didn't like in last session. A larger field of intersubjectivity now starts to be claimed and shared.)

I will stop the transcript here to avoid discussing the content belonging to the first agenda and to stay with the second agenda of regulating the micro-intersubjective environment.

So little seems to have happened so far at the level of content agenda, yet the patient and therapist are positioning themselves intersubjectively so that something can emerge at the content level. Even more important, from our point of view, they are establishing a body of implicit knowing about how they work together to get somewhere. They are establishing complicated implicit patterns, unique to them, of how to regulate their intersubjective field.

WHAT IS THE NATURE OF THE MOVING ALONG PROCESS?

Unpredictability

Moving along, while it is happening, is largely a spontaneous, locally unpredictable process. The therapist cannot know exactly what the patient is going to say next, let alone what he is going to say next, until he says it or does it. And the same applies for the patient. Even when the therapist knows in advance that the patient soon will have to talk about a certain subject, she cannot know when that subject will come up or the exact form that it will take. Often the theme at hand is well known, but one still doesn't know what will happen next. (If the therapist thinks she knows, she is treating a theory and not a person.) For this reason psychotherapy (as experienced from within) is also a very "sloppy" process.

"Sloppiness" and Cocreation: The Creative Virtues of "Sloppiness" in the Psychotherapeutic Process

Sloppiness results from the interaction of two minds working in a "hit-miss-repair-elaborate" fashion to cocreate and share similar worlds. Because the process of chaining together (sometimes very loosely) relational moves and present moments is largely spontaneous and unpredictable from move

to move, there are many mismatches, derailments, misunderstandings, and indeterminacy. These "mistakes" require a process of repair. The term *sloppy* has become a legitimate concept in scientific discourse thanks to dynamic systems theory where such a phenomenon is crucial.

My observations of parents and infants have made me familiar with this process of constant derailing and repairing in dyadic interactions. There are many "misteps" every minute in the best of interactions, and the majority of them are quickly repaired by one or both partners. For certain stretches of interaction, rupture and repair constitute the main activity of mother and baby. I have described these derailments and slippages as "missteps in the dance" (Stern, 1977). Tronick (1986) has devoted even more attention to this phenomenon. We both have commented that misteps are most valuable because the manner of negotiating repairs, and correcting slippages is one of the more important ways-of-being-with-the-other that become implicity known. They amount to coping mechanisms. The rupture–repair sequence thus is one of the more important learning experiences for the infant in negotiating the imperfect human world. Missteps in the dance have also been described in the mother-father-infant triad (Fivaz-Depeursinge & Corboz-Warnery, 1998; Fivaz-Depeursinge, Corboz-Warnery, & Frascarolo, 1998). Other misstepps have been described in situations of medical consultation (Heath, 1988).

The more the Boston Group examined the moving along process the more we began to notice sloppiness in the moment-to-moment process of psychotherapy. (The Boston CPSG Report No. 4 [in press], is devoted to a far broader and deeper discussion of sloppiness. The present discussion is a summary.) We identified several sources or elements of sloppiness. First is the difficulty in knowing your own intentions, in transmitting them, and in another's reading them correctly. We call this *intentional fuzziness*. Second, there is unpredictabl-

ity. Third, there is great redundancy, most often with evolving variations. And finally, the moving along process is by its nature improvised.

Progressively, we began to appreciate the crucial role of *sloppiness* and view it not as error or noise in the system but rather as an inherent feature of interactions. The sloppiness of the process throws new, unexpected, often messy elements into the dialogue. But these can be used to create new possibilities. Sloppiness is not to be avoided or regretted but rather is necessary to understand the almost unlimited cocreativity of the moving along process.

Sloppiness would be of little value if it did not occur in a context of cocreativity. Both the sloppiness and its repair or unexpected usage are the product of two minds working together to maximize coherence. Note that I use the word *cocreate* rather than *coconstruct* because the latter carries the suggestion that a prior plan is being put in place with already-formed pieces being assembled according to a known model.

A fuller understanding of the role of relational moves and present moments in the moving along process is based on the idea that whatever happens is cocreated, or coadjusted. This is a deeply dyadic process embedded in an intersubjective matrix. Several ideas make that clear. First, each move and moment creates the context for the one that follows. So if the patient (or therapist) enacts a relational move, the following relational move by the partner has already been constrained and prepared for. This mutual context-creating goes on and on, one relational move after the next, such that the direction of where the moves go together is very largely dyadically determined. Second, each relational move and present moment is designed to express an intention relative to the inferred intentions of the other. The two end up seeking, chasing, missing, finding, and shaping each other's intentionality. In this sense also, the moving along process is cocreated.

To carry this line of thinking further, sloppiness in a two-person psychology can be seen as analogous to irruptions of unconscious material in a one-person psychology (free association, slips of the tongue). Along with other unplanned emergent events, they both create the surprise discoveries that push the dyad to its uniqueness. Potentially, they are among its most creative elements. After all, theory alone only provides the bones, sloppiness and irruptions of unconscious material are two different ways of providing the flesh.

The products of sloppiness are thus emergent properties that come into being from the roughly equal contribution of two minds. These products had no previous existence, even in a latent form. Accordingly there is nothing to analyze in a psychodynamic manner. Sloppiness creates something that needs to be lived through and worked out rather than understood. The traditional idea of an analysis of defenses is not applicable. A slip of the tongue is not sloppiness. This is not to say that some bits of sloppiness can not be dynamically determined. But not all are. They are more an inherent product of interacting than of psychodynamic functioning.

An example of sloppiness and its creative use follows.* You may find it somewhat confusing; after all, it is sloppy.

The patient had a history of childhood abuse. The issues of self-esteem, acceptance, and agency were paramount. The patient had two dreams, one a few days before the session (the "Friday dream") and one the night before it (the "Tuesday dream"). Also after the first session the therapist had offered an extra session and worried that the patient felt coerced to accept it.

---

* The material is from a case conducted by one of the Boston Group members. The full transcript and the events preceding and following it are included in Boston CPSG, Report No. 4 (in press). They greatly expand and add to the points made here.

Patient. *So there are two completely different . . . the dream that I had last night left me feeling really connected to you, and you know it made me feel . . . I don't know, I guess closer to you, that you would tell me you were not perfect.* (Two dreams have already been presented in the session. The patient decides to talk about the more recent one, Tuesday's. Did she decide on the spot? Although there may have been many reasons for her choice—being defensive, time proximity, etc.—this is an example of fuzzy intentionality. It also leaves the first dream, Friday's, not taken up, hanging somewhere in the air. The situation immediately becomes potentially more complex. And even within the choice she has made—the Tuesday dream—she introduces some minor uncertainties: *"I don't know, I guess. . . ."* These declarifications could be resistances, reluctances, or a real question at the moment about what she was saying. In any case, they add to the intentional fuzziness. The fact that they may be defensive does not take away the fuzziness. It only "explains it away.")

Therapist: *Uh-huh.* (This "means": "Go ahead because I'm with you. Because I have not yet understood enough and need to hear more. Because I don't have anything to say, yet. Because I don't even know where you're headed. Because I need more time. Because maybe the other dream is more important. Because perhaps all these things are in operation." The patient will get the general idea because of convention and their past history. Fuzziness is present but not too important yet.)

Patient: *Um.* (This means: "I'm not sure where I'm going to go with this. Or if I do know, I'm not sure I will go there. It looks like you're not going to help me much. Or are you?" [the therapist does help].)

Therapist: *You actually thought about calling me on Saturday about this other dream.* (Here we have the first surprise. The ther-

apist suddenly shifts to the Friday dream even though the patient started with the Tuesday dream. In fact, the shift is not even to the dream but to what she thought of doing after the dream—calling him on the telephone. Why? He seems to have radically altered the direction of things. Did he know why at the moment of doing it? The word *actually* stands out. It is either a request for clarification that she really did think about calling him or a statement of his own surprise that she did. Or is it related to his concern that he had previously coerced her into accepting an extra hour? Or to his sense that the Friday dream is hanging in the air? In any case his intentions are probably multiple, and not yet well formed. The shift turned out okay, but that does not mean he knew what he was doing at the time. And we do not want to resort to his clinical intuition to clarify, after the fact, something that was at the time fuzzy. The therapist's abandonment of the Tuesday dream is also surprising because it appears to contain hotter transference material.)

Patient: *Yeah!* (She works through some of the fuzziness by focusing on only one piece of unclarity: Did she really think of calling him?)

Therapist: *Which would have been, uh, and the reason you were thinking of that, that kind of very real connection, was what?* (He is struggling here to find his way. He has suddenly switched directions again. He makes four incomplete and rapidly abandoned different sorties to find and express his intention. In so doing, he comes up, or rather comes back from a different orientation, to the words *real connection*, which she had used a few turns back in her first statement about the Tuesday dream. He has recontexualized the term. He is now starting to make a small and tentative bridge between the two dreams. This intention still remains fuzzy. But the term "real connection" is starting to become an enriched

cocreated notion that will later help organize the session. The enrichment of this notion is a joint product of the sloppiness and of the attempts to work it through.)

Patient: *What are you referring to, the calling?* (She is doing some repair work here.)

Therapist: *Yeah, the calling.* (They trade attempts to reduce the sloppiness and discover / create less fuzzy intentions. Here we also see recurrences and variations to lock in clarifications.)

Patient: *Well, because I had seen you on Fri . . . and felt there was like a thread of consciousness that had flowed into that dream.* (She, too, vaguely senses some relationship between the two dreams. Their fuzzy intentions are starting to converge. The sloppiness between them concerning which dream to treat and the switching between dreams have made the theme of the relationship between the two dreams emerge. However, this was not the therapist's original intention, nor the patient's. It emerged in the process.)

Therapist: *Yeah.*

Patient: *It seemed kind of confusing to me that . . . I don't know how to say this exactly. It's like a throwback or something. To be dreaming about X [a group therapist from a previous therapy] and feeling that kind of pressure.* (Unsteadily, she goes back to the Friday dream. There is a disjunctive going back and forth. In this context, the "feeling of pressure" emerges. It rises up as a new interesting element but was not anticipated.)

Therapist: *Yeah.* (Read: "I'm not fully with you yet, go ahead.")

Patient: *Is what I don't quite get—I mean, I think.* (She is stumbling forward here.)

Therapist: *The pressure is there isn't it? Here we come into the issue of coercion, being made to do something. And in this dream you really are being pressured to say something more. And I guess I wonder how did it, uh, connect to the fact that we had that extra session on Friday.* (The new notion of coercion and pressure

is now emerging. They now have to work through the fuzzy intentions that will compose and clarify this notion. He interrupts her by suggesting that the pressure is about the coersion of the extra session.)

Patient: *What it seems like to me is that . . . the dream was more connected to the idea of me feeling I have to measure up, come up with the right stuff* . . . (The therapist was partly right and partly wrong. For the patient, the therapist's suggestion that the dream was connected to the extra session was a wrong path. She does not pick it up. What is more important at this moment is that she is clarifying what pressure means—namely "to come up with the right stuff." The emergence of this crucial clarification on her part was facilitated by the therapist's error in the placement of emphasis and her attempts to repair and reposition the emphasis, for him and in her own mind. Another harvest from sloppiness.)

Therapist: . . . *uh, huh* . . . (Having been put back on her path, he is watching and encouraging this unexpected unfolding.)

Patient: . . . *than the feeling of coerced into coming here. Somehow there is a difference somehow in there from sort of making a link with* . . . (She is refining the clarification and stumbling forward. The level of sloppiness seems to have momentarily increased again.)

Therapist: . . . *yeah, uh, huh* . . . (He is urging her to continue to find and make her way, their way.)

Patient: . . . *feeling coerced to coming here on Friday, which I didn't feel at least consciously. Because what I was feeling had more to do with their [the group's] asking me—it was like I had to be sicker than I felt. And I think that's frequently a part of what my mindset is when I come here, that there is some sick part of my mind that I have to access.*

The therapist and patient stumble forward during the rest of the session to various interrelated topics including:

- The question: Does she have to be sick to get treated by the therapist?
- The fact that she now does not feel so bad about herself; she is okay, stronger.
- The Tuesday dream in which she felt equal to the therapist, thanks in part to his human fallabilities.
- The fact that that was why she didn't have to call him after the Friday dream.
- A feeling of equality and acceptance.
- A desire to sit up and face the therapist, which she did in the beginning of the next session.
- Her realization that she has her own agency in life and therapy, which permitted her to lie back down on the couch to continue working.
- A feeling of being "a lot more connected here."
- Working more freely and deeply in therapy.

Progressively they cocreated islands of intentional fittedness from the sloppiness. These then coalesced through the same process of utilizing the potential creativity of sloppiness to forge larger spaces of shared implicit relational knowing. The intersubjective field shifted and new paths opened.

It is important to emphasize that sloppiness is potentially creative only when it occurs within a well-established framework. Without that, it is only disorder. Accordingly, the therapist must work with a technique and theoretical guidelines in which he or she is comfortable and well-versed. I am not advocating "wild analysis" at all. Rather, I am pointing out that even within the normal boundaries of any approach there is plenty of room for sloppiness. Furthermore, within the idiosyncratic style that each individual uses when applying an approach, there is a wide degree of freedom for sloppiness to be cocreated.

Sloppiness has, indeed, surprised us. It has gone from a big problem in understanding treatment to one of the keys in grasping its enormous creativity. This insight would not have been possible without a dynamic systems theory perspective applied at the local level of present moments.

WHERE DOES MOVING ALONG MOVE TO?

The desire for intersubjective contact mobilizes the cocreativity of two minds working together at the local level (with short-term and long-term therapeutic goals in mind), to get somewhere. But where?

I will describe five different fates of the moving along process: (1) It results in sudden, dramatic therapeutic changes; (2) it results in failed opportunities for change with negative therapeutic consequences; (3) it results in progressive implicit changes in the therapeutic relationship that favor desired changes; (4) it prepares the way for new explorations of explicit material; and (5) it prepares the way for interpretations.

Dramatic Therapeutic Change

Moving along can lead to sudden, dramatic therapeutic changes by way of "now moments" and "moments of meeting." The intersubjective field can be dramatically reorganized at key moments. This occurs when the current state of implicit relational knowing is sharply thrown into question and basic assumptions about the relationship are are placed at stake. The shift is brought about by the unpredictable arising of an emergent property, that was being prepared for, unseen, in the moving along process. It threatens to throw the entire intersubjective field into a new state, for better or worse.

These moments capture the essence of *kairos*. A new state is coming into being or threatening to come into being, with consequences for the future. There is novelty and an "upset," as well as a mounting emotional charge. The situation emerges unexpectedly and something must be done (including the option of doing nothing). This confluence of elements results in the emergence of now moments and moments of meeting.

Examples of these types of present moments are needed at this point. I will start with the now moment. Suppose that a patient has been in analytic therapy on the couch for a few years and has expressed concern from time to time that she does not know what the therapist is doing back there—sleeping, knitting, making faces. Then one morning without warning the patient enters, lies down, and says, "I want to sit up and see your face." And with no further ado, she sits up and turns around. The therapist and patient find themselves staring at each other in startled silence. That is a *now moment*. The patient did not know she was going to do it—right before, certainly not that day, that moment. It was a spontaneous eruption. Nor did the therapist anticipate it, just then, in that way. Yet they now find themselves in a novel interpersonal and intersubjective situation. *Kairos* hangs heavy. (This is a clinical anecdote from a case conducted by Lynn Hofer, a psychoanalyst in New York [personal communication, February 23, 1999].)

Or suppose a patient is being treated in face-to-face psychotherapy. And one day he says, "I'm sick of looking at your face all the time. I can't think without knowing or wondering how you are reacting. I'm going to turn my chair around and face the wall. Right now." And he does. The patient is now facing the wall and the therapist is facing the patient's back. A silence falls. That, too, is a now moment.

Or a patient says something very funny and the therapist breaks into explosive laughter, which never happened before.

Or the therapist goes to the movies and finds herself on the ticket line, just behind a patient. There are many now moments, within, outside of, and at the edges of the therapeutic frame. A clear frame is crucial for the process. One cannot overemphasize the need for a clear frame for these events to take on meaning.

When such a major emergent property declares itself, it immediately occupies the center stage. A now moment is so-called because there is an immediate sense that the existing intersubjective field is threatened, that an important change in the relationship is possible (for good or ill), and that the pre-existing nature of the relationship has been put on the table for renegotiation. These realizations (most often felt rather than verbalized) make the dyadic atmosphere highly affectively charged. The therapist feels disarmed and the level of anxiety rises because he or she really does not know what to do. Also, in such moments the participants are pulled fully, even violently, into the present moment that is now staring them in the face. Often in therapy, one is not fully "there" in the present. One is evenly hovering in the past, present, and future. But as soon as a now moment arrives, all else is dropped and each partner stands with both feet in the present. Presentness fills the time and space. There is only *now*.

The essence of the now moment is that the established nature of the relationship and the usual way of being-with-each-other is implicitly called into question. Such moments could be dismissed as various forms of "acting out or in," but that misses the central point (even when partly true). All therapists and patients, regardless of their theoretical approach and regardless of the body of acceptable techniques they adhere to, establish a way of working together. Much of this style is unique to the therapist and to the dyad. It provides the customary framework in which the work is done and the relationship is defined. In a dynamic system such as therapy, it is

inevitable that the usual framework of the individual style is bumped up against and even temporarily broken through—even when the broad technical guidelines of the approach are respected. This may signal the need to redefine their way of working together or their implicit relationship. It can be extremely positive when used well. Much of the work directly involving transference and countertransference falls into this category. But here we are talking about more than traditional transference–countertransference material.

When a now moment occurs the therapist is confronted with a difficult task for which he is not necessarily prepared. The nature of a now moment usually demands something beyond a technically acceptable response: It demands a moment of meeting. The moment of meeting is the present moment that resolves the crisis created by the now moment. (Recall that this is just a special form of present moment.) Intersubjective "fittedness" is sought, where both partners share an experience and they know it implicitly. It requires an authentic response finely matched to the momentary local situation. It must be spontaneous and must carry the therapist's personal signature, so to speak. In that way it reaches beyond a neutral, technical response and becomes a specific fit to a specific situation.

Take, for example, the patient who suddenly sat up to look at her therapist. Right after the patient also sat up, the two found themselves looking at each other intently. A silence prevailed. The therapist, without knowing exactly what she was going to do, softened her face slowly and let the suggestion of a smile form around her mouth. She then leaned her head foward slightly and said, "Hello." The patient continued to look at her. They remained locked in a mutual gaze for several seconds. After a moment, the patient laid down again and continued her work on the couch, but more profoundly and in a

new key, which opened up new material. The change was dramatic in their therapeutic work together.

The "hello" (with facial expression and head movement) was a "moment of meeting," when the therapist made an authentic personal response beautifully adjusted to the situation immediately at hand (the now moment). It altered the therapy markedly. It was a nodal point when a quantal change in the intersubjective field was acheived. In dynamic systems theory it represents an irreversible shift into a new state.

After a successful moment of meeting, the therapy resumes its process of moving along, but does so in a newly expanded intersubjective field that allows for different possibilities.

The "hello" was a specific fitted match. It was shaped to the immediate local context. This is why most standard technical maneuvers do not work well in these situations. Imagine that instead of saying "hello" the therapist had said to her patient, "Yes?" or "What are you thinking now?" or "What do you see?" or "Do you see what you expected?" or "Hmmm?"—or let the silence continue. All of these are technically acceptable (though not necessarily optimal) within a psychoanalytic framework. They may lead to interesting places, but they feel inadequate for the specific situation.

One of the obstacles in shaping a spontaneous and authentic response to fulfill a moment of meeting is the anxiety experienced by the therapist during the now moment. The easiest and fastest way to reduce the anxiety is to fall back on, and hide behind standard technical moves. Both the anxiety and the sense of being disarmed are eliminated, but the therapy may have lost the opportunity to leap ahead.

It is essential to add that this moment of meeting in the previous example was never further discussed in the therapy until years later, when the patient said, in passing, that the "hello" was a nodal point in her therapy. It made her realize,

at some level, that her analyst was "on her side" and "truly open to her." For her, it changed their relationship and reorganized the intersubjective field irreversibly. However, this moment was never verbalized at the time, nor was it ever interpreted during the treatment. It had worked its magic implicitly.

Several of my colleagues have asked why the therapist does not at some point verbally mark such a nodal happening—for instance by saying, "Something important just happened between us." The reason is this: The therapist and patient already know that something important has happened. They are still reeling under the force of the event. Such a response may cause many interesting things to emerge, but it has a major disadvantage. It makes the implicit explicit, which necessarily pulls the process away from the ongoing here and now to a different here and now in which the stance is more abstracted and removed. The flow gets cut. Instead, one should, let the flow accomplish its work and find its own immediate destiny.

Take, for example, this exaggerated parallel from everyday life. Suppose a boy says to a girl, "I like you very, very much." What would be the effect of her responding, "I think it is very important that you said that to me." (If he is smart he would run away.) She has not allowed the event to play out. She has kicked it up to a different and more removed level. She has refused to encounter him where he is. She has redefined the nature of their immediate relationship. That is the risk of verbally marking the implicit. The process flow gets interrupted, the perspective shifts, and the immediate relationship is abandoned to go elsewhere.

It is probably true that interesting but different material would emerge if these moments of meeting were verbally marked rather than left to play out. The point is that we are

generally less inclined to tolerate the increased tension of staying in the here and now. It becomes the path not taken, with all the lost opportunities that implies.

Another way to describe the moment of meeting is to speak of "fittedness" of intentions. (At times the Boston Group in its writings uses "fittedness of intentions," "recognition of fittedness," and "moments of meeting" almost interchangeably.) The term *fittedness* comes from Sander's work on the parent-infant interaction (Sander, 1995a, 1995b, 1997, 2002; Lyons-Ruth, 2000; Seligman, 2002), where he speaks of the "recognition of fittedness" and "specificity of fittedness." Initially he was concerned with the regulation of physiological states, especially sleep. The intentions (enacted) by the two partners may start to flow together. They begin to share the same intention—for example, for the baby to pass from fussiness / drowsiness in to sleep. And at a certain moment their intentions become fitted together. At that point the baby can change his physiological state.

In one beautiful case, which I micro-analyzed with Sander using a special movie editor, a father was standing and cradling his infant son in his arms. The baby was fussy and drowsy but couldn't break through the barrier and fall into sleep. The father was interacting with others at that moment but at the same time gently bouncing the baby in his arms. At one moment, he looked at the baby and the baby looked at him. Just after that, the baby slowly extended his arm to the side and up and opened his hand. The father, almost at the exact instant, slowly brought his hand up to meet the baby's. (The father was only partly attending to his own act.) The two hands met. The baby circled his fingers around the father's pinkie. And the father's hand closed gently around the baby's hand, now resting in his palm. At that instant, the baby pierced the physiological barrier and fell asleep. The last tumbler in the

lock fell into place (fittedness), and the door to sleep opened. For Sander, that moment was the "recognition of intentional fittedness" (for a social-physiological system).

Here, Sander's basic idea is retained but applies to shifts in intersubjective states rather than in physiological ones. We look for shared intentions, fitted intentions, and something like "recognition of fittedness." The word *recognition* carries the implication of being consciously aware of the fittedness. I intend something less explicit—a *sense of fittedness*.

The moment of meeting is one of the key events in bringing about change. A moment of meeting creates an experience with another that is personally undergone or actually lived through in the present. I want to clarify what I mean by "actually lived through," when it is done by two (or more) people. I will call this process a *shared feeling voyage*. This term keeps the temporal aspect in the forefront and feeling at the center. It is a kind of journey, lasting seconds, taken by two people, roughly together through time and space.

During a shared feeling voyage (which is the moment of meeting), two people traverse together a feeling-landscape as it unfolds in real time. Recall that the present moment can be a rich, emotional lived story. During this several-second journey, the participants ride the crest of the present instant as it crosses the span of the present moment, from its horizon of the past to its horizon of the future. As they move, they pass through an emotional narrative landscape with its hills and valleys of vitality affects, along its river of intentionality (which runs throughout), and over its peak of dramatic crisis. It is a voyage taken as the present unfolds. A passing subjective landscape is created and makes up a world in a grain of sand.

Because this voyage is participated in with someone, during an act of affective intersubjectivity, the two people have taken the voyage together. Although this shared voyage lasts only for the seconds of a moment of meeting, that is enough. It has

been lived-through-together. The participants have created a shared private world. And having entered that world, they find that when they leave it, their relationship is changed. There has been a discontinuous leap. The border between order and chaos has been redrawn. Coherence and complexity have been enlarged. They have created an expanded intersubjective field that opens up new possibilities of ways-of-being-with-one-another. They are changed and they are linked differently for having changed one another.

Why is a shared feeling voyage so different from just listening to a friend or patient narrate episodes of their life story? There too, one gets immersed in the other's experiences through empathic understanding. The difference is this. In a shared feeling voyage, the experience is shared as it originally unfolds. There is no remove in time. It is direct—not transmitted and reformulated by words. It is cocreated by both partners and lived originally by both.

Shared feeling voyages are so simple and natural yet very hard to explain or even talk about. We need another language that does not exist (outside poetry)—a language that is steeped in temporal dynamics. This is paradoxical because these experiences provide the nodal moments in our life. Shared feeling voyages are one of life's most startling yet normal events, capable of altering our world step by step or in one leap.

One major difficulty in grasping the concept is that explicit content must be momentarily put aside and out of mind. Another is to stay focused on the temporal unfolding of feelings. Finally, it is difficult is to think of two people cocreating their joint experience in an intersubjective matrix. Another nonclinical example that picks up pieces from previous chapters may be useful here.

A young man and woman go out together for the first time one winter evening. They barely know each other. They happen to pass a lighted ice-skating rink. On the spur of the

moment they decide to go ice-skating. Neither of them is very good at it. They rent skates and stumble onto the ice. They trace a clumsy dance. She almost falls backwards. He reaches out and steadies her. He looses his balance and tilts to the right. She throws out a hand and he grabs it. (Note that each is also participating neurologically and experientially in the bodily feeling centered in the other. And each of them knows, at moments, that the other knows what it feels like to be him or her.) For stretches they manage to move forward together, holding hands with a variety of sudden muscular contractions sent from one hand and arm to the other's to keep them together, steady, and moving. There is much laughing and gasping and falling. There is no space in which to really talk.

At the end of a half hour, tired, they stop and have a hot drink at the side of the rink. But now their relationship is in a different place. They have each directly experienced something of the other's experience. They have vicariously been inside the other's body and mind, through a series of shared feeling voyages. They have created an implicit intersubjective field that endures as part of their short history together. When they now have the physical ease and freedom to look at each other across the table, what will happen? There may be an initial social disorientation between them. They do not yet know each other officially, explicitly. But they have started to implicitly. They are in a no-man's land. And what will they see? Different people with a different past and different potential futures than before they skated. One could attempt to explain the altered relationship on the grounds of the symbolic and associative meanings attached to their touching and acting on each other. I find this explanation weak and round about even though it could add additional meaning.

What will our ice-skaters say? They will talk across the table and share meanings. And while they talk, the explicit domain of their relationship will start to expand. Whatever is said will

be against the background of the implicit relationship that was expanded before, through the sharing feeling voyages they had on the ice. Once they start talking, they will also act along with the words—small movements of face, hands, head, posture. These accompany, follow, or precede the words. The explicit then becomes the background for the implicit, momentarily. The expansion of the implicit and explicit domains play leapfrog with each other, building a shared history—a relationship.

If their implicit and explicit shared intersubjective field has altered enough that they mutually feel that they like one another, enough to want to go further in exploring the relationship, what might happen? They will engage in a sequence of intention movements. Kendon (1990) described intention movements exchanged between people to test the waters of their motivation toward each other. They consist of split-second, incomplete, very partial fullness of display, abbreviated movements that belong to the behavioral sequence leading to the consummation of an intention or motivation. (They are the physical-behavioral analogs of intersubjective orienting.)

Our skaters will now engage in a series of intention movements. Short head movement foward, stopped after several centimeters, slight mouth openings, looks at the other's lips and then their eyes, back and forth, leaning forward, and so on, will take place. This choreography of intention movements passes outside of consciousness but is clearly captured as "vibes." These vibes are short-circuited shared feeling voyages and deliver a sense of what is happening. An evolving pattern develops as the sequence of intensity, proximity, and fullness of display of their intention movements progresses. These relational moves are enacted out of consciousness, leading up to the moment of meeting—their hands move to meet.

Here, too, a notion of readiness is needed, because suddenly the full act is executed in a leap. The present moment surfaces

quickly like a whale breaching the water's surface. There is not an incessant, agonizing progression up to the final act.

The above account can make only limited sense if we remain blind to temporal dynamics and fail to see them as the tissue of lived experience.

In summary, moments of meeting provide some of the most nodal experiences for change in psychotherapy. They are very often the moments most remembered, years later, that changed the course of therapy. What we are talking about is basically as simple as "doing something together," be it mental, affective, or physical. A moment of meeting is a special case of "doing something together." However, it is not so simple after all. Some things we do together occur under the special conditions that are found in a moment of meeting, such as: when the two minds doing something together are partially permeable, promoting intersubjectivity; when the experience of other-centered-participation results from that intersubjectivity; when the present moment of doing something together is charged with greater affect, and a stronger *kairos*, so as to get elevated as a sort of peak amidst the other surrounding moves and present moments; when the something that gets done together involves a time voyage of riding vitality affects accross the span of a present moment. When all these conditions are met, a nodal event occurs that can change a life.

Missed Opportunities

Moving along can result in failed or missed opportunities for change with negative therapeutic consequences. Moments of meeting follow now moments. It very often occurs that the therapist simply misses that a now moment is being experienced by the patient. Or the therapist realize that a now moment has been entered, but it makes him too anxious and he runs away to

hide behind technical moves. Or therapists enter and stay in the now moment but cannot find an authentic, spontaneous response that is fitted to the immediate situation. In most of these failed situations, the consequences are not disastrous. A similar now moment will probably reappear. There are usually several chances. However, sometimes a therapy can be seriously wounded or even brought to termination by these failures. For example:

An adolescent boy was in a psychodynamic therapy. As a child he had suffered a severe burn on much of his chest and abdomen that left an impressive discolored scar. Much therapeutic time had been spent talking about it, in particular the extent to which the scar disgusted or put off girls. It was summertime and social life was on the beach. One day in session, without planning to do so, he said, "After all this talking, you should see what it looks like." And he immediately began to pull his shirt up. (A now moment.) The therapist very rapidly said, "No," with much emphasis and hurry. "You don't need to show it to me—only to tell me how it is for you." The boy stopped in his tracks and expressed his nonunderstanding of why the therapist did not want to see the scar. They argued about it for the rest of the session and the next session as well. (There may have been several cogent reasons for the therapist's refusal. Perhaps he saw it as exibitionistic, homosexual, or some other form of acting in. Although any of these reasons might have been true, the therapist acted with an excessive speed that prevented much reflection, and the boy picked up on that.) Finally, at the next session, the therapist said, "I have been thinking about what happened and feel that I disappointed myself in not looking at the scar." The boy answered, "I don't care if you disappointed yourself, you disappointed me." And they began another disagreement. The issue was never completely resolved to the patient's satisfaction. The scar

was never viewed. And the therapy was seriously wounded even though it continued. But a significant part of the patient's world was cut off from further intersubjective sharing. The therapeutic world shrunk rather than expanding.

Even worse, sometimes a failed moment of meeting brings a fairly sudden termination to the treatment. In such cases patients feel (rightly or wrongly) that the therapist is incapable of understanding them.

Progressive Changes

Moving along can result in progressive implicit changes in the therapeutic relationship that favor desired changes. In the first publications of the Boston CPSG (Stern et al., 1998; Tronick, 1998) the emphasis was on now moments and moments of meeting that were affectively charged—lit up in flashing neon, so to speak. Yet we knew that now moments / moments of meeting are fairly rare occurrances. Many sessions can pass without one. Still progress and change take place during the quieter, less charged moments that made up the daily moving along process. Similarly, we recognized that moving along did not have the sole purpose of preparing people for these charged present moments, but effected change in its own right. That realization forced us to shift our focus onto the moving along process to see how it worked. Our next two publications concentrated on this issue (Boston CPSG, Report No. 3, 2003; Boston CPSG, Report No. 4, in press).

The clinical anecdote presented in the beginning of this chapter is a good example. It starts with the patient saying, "I don't feel entirely here today," and ends nine relational moves later when she says, "Yeah . . . I didn't like it when you said . . ." In this example, the patient and therapist are getting experience in: how to-be-together when the patient is reluctant to bring something up that is charged and is about the two of them; how to accept the reluctance and still gently encour-

age but without applying too much pressure; and how to deal with and tolerate silences in this situation and what durations of silence are acceptable for this task. The patient is acquiring trust that these difficult situations can be successfully surmounted. The therapist is learning to trust the patient's way of getting there (with some help). They both are learning (implicitly) that together they can work this kind of situation out. They are cocreating ways-of-being-with-one another. In short, they are implicitly learning ways of regulating their intersubjective field. This delicate choreography goes on mostly outside of consciousness.

Such implicit knowing can be generalized to similar situations as they arise between the patient and therapist. It may also get generalized beyond the therapy to similar situations in other relationships. Suppose this kind of negotiating and regulating is something new for the patient. In her prior relationships, the patient may have had bad experiences in just this kind of situation, where she is not "entirely there" because there is something she wants to say but has to work against a reluctance to bring it up. It may have led to impatience and dismissal from her interlocutor, or anger and rejection, distain and belittlement, or an aggressive response that made her feel that telling was no longer possible. With the therapist, she experiences a new way of being-with "when not entirely there."

Some might consider this interaction as a sort of "micro-corrective emotional experience." I see it more as a new experience that does not repair the past by filling in a deficit, but rather creates a new experience that can be carried foward and built upon in the future.

This view is not based on a deficit model, but one of creating contexts in which new emergent properties are permitted and encouraged to arise. These new emergent properties then establish the next context where something else can arise. This

model is largely based on dynamic systems theory (Freeman 1999a, 1999b; Prigogine, 1997; Prigogine & Stengers, 1984) and its application to development (Thelen & Smith, 1994).

The question of how the patient and therapist may be-together in different situations is larger than the question of technique. The acceptable techniques provide rough guidelines. Within these, the therapist and patient must fashion their mutual style of regulating the field of intersubjectivity and thus negotiating the course of therapy. Their style will have its own rituals, canons, rhythm, and flexibility.

Where and how does a sequence of moves and moments come to a close? It cannot go on leaning forward forever. Endpoints must somehow close out the process (even if temporarily). Something must happen that signals "we got there, now we can go somewhere else" or "we didn't get there, lets drop it and go elsewhere." The signal is the sense of fittedness of intentions or, stated differently, a sufficient degree of intersubjectivity. This is where the emotional impact of intersubjectivity comes in. At such moments an affective state of completion is felt. Sander (1995b) called it "vitalization," a sort of emotional affirmation in the sense of intersubjective sufficiency. Nevertheless, such endpoints are also objectively observable. When the moving along reaches one of these points, the progression is bought to an intersubjective closure. In the previous clincal example, these end points were:

Now moment: *Something happened last session that bothered me . . . [pause] . . . but I'm not sure I want to talk about it.*

Attempt at a moment of meeting: *I see . . . so is the other place where you are now our last session?*

Relational move 9: *Yeah. . . . I didn't like it when you said. . . .*"

A series of eight relational moves have led up to this point where the next relational move became a present moment and the intersubjective environment could shift. A clear closure occurred because they could drop the negotiation of her hes-

itancy to be "there" and she could start to tell what was on her mind. They radically changed directions and goals. The sequence of relational moves accomplished its job; a piece of the intersubjective field was shared and claimed. They can now continue to move along but in a different area of the intersubjective field, as well as with a new explicit content until the next closure is cocreated.

How are we to view these closures? Dynamic systems theory provides a description. In complex systems with multiple, independent and interdependent variables (like the weather or pyschotherapy) change occurs in a nonlinear fashion, where one cannot predict the exact moment of change or the specific form it will take. These discontinuous leaps occur when the variables interact such that an "emergent property" appears. It represents a new element created by the auto-organization of the system and can throw the system into a new state.

How do you know you've gotten there? So much of the moving along process consists of repetitions and variations of relational moves. These recurrences have the advantage of keeping a relational move in working memory, which is constantly reactivated by rehearsal, in this case by repeats. Keeping a sequence of relational moves in working memory permits progressions from one move to the next to be noticed. In this way a sense of flow or directionality can be captured and the point of closure more readily identified.

The process of moving along leads to intersubjective closures (state shifts). These accumulate to alter the therapeutic relationship as implicitly known. This process is gradual, continual, and usually verbally silent. It works its mutative effects almost without notice. The accumulation of such changes is what we mean by therapeutically changing a patient implicitly. Nothing less is at stake. Most of the newly emergent intersubjective states that arise at these moments of closure need not be irreversible.

Is the process that we are calling *progressive implicit change* different from the process we have labeled *sudden dramatic change*? There is a clear difference in magnitude of change. There are also two other differences. The first concerns irreversibility. The dramatic shifts seem to be irreversible, while the progressive shifts may need to be reapplied. This issue requires more observation. A second qualitative difference is that the dramatic shifts result from moments of meeting. These intersubjective meetings bring the new implicit knowing into a state of "intersubjective consciousness." This coming into consciousness may be one of the reasons for the irreversibility. Nonetheless, one is always working "at the edge of order and chaos" (Waldorp, 1992), or in our terms, at the boundary between sloppiness and coherence. This applies to the dramatic irreversible as well as the undramatic reversible shifts in the intersubjective field.

New Explorations

Moving along can prepare the way for new explorations of explicit material. A shift in the intersubjective field can have the effect of creating a new context so that explicit material can emerge. Recall that the implicit agenda contextualizes the explicit agenda. A case reported by Harrison (2003), a child psychiatrist/psychoanalyist demonstrates this. The sessions were video- and sound-recorded.

A very short portion of one session is presented here.* The therapist had cancelled her last session with the child. Although both explicitly knew this fact it was not being talked about. The transcript begins in mid-session. (The dialogue was performed in a very sing-song and rhythmic fashion.)

---

* For a full description of the case and the therapeutic dialogue, see Harrison (2003).

Mariah: *I think I'm going to make vegetable soup.*
Therapist: *Yes, that's right! Because I like vegetable soup!*
Mariah: *I know you do.*
Therapist: *You're a good . . . you're a good . . . ummm, mother.*
Mariah: *I'm not your mother.*
Therapist: *You're a good cooker.*
Mariah: *I'm not a cooker, I'm in a restaurant. And I'm making [mumble].*
Therapist: *Oh, that's much better! You're a good restauranteer!*
Mariah: *Nnnnn . . . a cook.*
Therapist: *A restaurant cook.*
Mariah: *I'm a girl.*
Therapist: *A restaurant girl—very good! This is our restaurant and. . . .*

The dialogue continued in this manner until the child suddenly asked, "Where were you on Thursday?" (the missed session).

Harrison (2003) commented that she tried "to set up a repetitive sequence of small turns that will allow for a lot of negotiation between them, while still keeping Mariah in the driver's seat. Clearly the pattern they are making together is more important than the verbal content. The rhythmic, repetitive turn-taking has the quality of a nursery rhyme or children's song." This permitted the therapist and child not only to stay in contact, but also to build up the momentum of experiencing something together. The intersubjective field was growing in spite of the lack of linear progression at the explicit level. An important part of the accumulating of implicit experience was that the child was given free rein to assert her agency with acceptance from the therapist and without fear of reprisal or rejection. This moving along reached a point where the intersubjective field was positioned so that it was possible for Mariah to suddenly ask, "Where were you on Thursday?" (the

missed session). Without the preliminary testing of the intersubjective field, and the assurance it gave, it is unlikely this child would have broached the missed session. See Harrison (2003) for exactly how they got there and the psychodynamic issues in play.

As this case illustrates, moving along often paves the way for the emergence of a new explicit topic. This also happened in the first clinical anecdote of the chapter ("I don't feel entirely here today"). The sequence of relational moves led to new content material—namely what had happened in the last session that "bothered" the patient. The change to a new topic did not occur in a linear fashion. The patient and therapist were not following a logical line. Rather, the intersubjective field was altered (implicitly) during the sequence of relational moves, just enough to create a context favorable for the emergence of explicit material. The process agenda acted in the service of the content agenda. This is what I mean by the implicit agenda contextualizing the explicit.

Interpretations

Moving along can prepare the way for interpretations. It is extremely frequent in dynamic therapies where interpretation is a major tool that they are prepared for in the moving along process. Now moments indicate the "readiness" and propitious timing for an interpretation, as well as for a moment of meeting. The situation is resolved explicitly rather than implicitly. I will discuss this in greater detail in the next chapter. Here, I am concerned with implicit changes. The situation, in reality, is not so clear-cut, because when looked at closely, interpretation involves both a change in explicit knowledge and implicit knowing.

THE CENTRAL ROLE OF INTERSUBJECTIVE REGULATION

Almost since its beginning, psychotherapy has struggled with the therapeutic encounter of two subjectivities. Historically, in psychoanalysis, this took the initial form of transference bumping up against countertransference. The current focus on intersubjectivity in other therapies as well as psychoanalysis is a logical step in the evolution of this concept. At present, "intersubjectivity has emerged as the leading concept among psychoanalytic approaches to interaction" (Beebe & Lachman, 2002, p. 2). This concept, however, has been applied in different ways. Beebe and Lachman (2002), Knoblauch (2000), Mitchell (2000), and Aron (1996) have reviewed and compared the various uses of the concept of intersubjectivity in psychoanalysis by its main proponents (Benjamin, 1995, Ehrenberg, 1982, 1992; Jacobs, 1991; Lichtenberg, 1989; Mitchell, 1997; Ogden, 1994; Stolorow & Atwood, 1992; Stolorow, Atwood, & Bandschaft, 1994).

The approach taken here differs from most of the aforementioned intersubjective approaches in the following respects. First, I view the intersubjective exchange within the dyad as going on all the time, every minute, not as appearing periodically. Second, I see it as a basic condition of mind and of relationships (Stolorow & Atwood [1992] share this view). Third, I see it as a basic motivation and not only as a tool, method, or source of information for the treatment. Fourth, I see intersubjective exchanges as occurring largely in the implicit domain and not requiring verbalization to have their therapeutic effect. Fifth, I view intersubjectivity at the "local level" of the small, micro-acts that underlie it, not in broader clinical brushstrokes. Finally, because I see therapy taking place in the intersubjective matrix, I do not stress any of the various "forms of intersubjectivity" that Beebe and Lachman

(2002) have delineated. For instance, for Benjamin (1995) the most important vector is the patient's recognition of the therapist's subjectivity. For Stolorow and colleagues (1994) the main vector is the analyst's experience of the patient's subjectivity. There is generally great asymmetry in the intersubjective vectors that are clinically stressed. In my view, the process is always dyadic, with frequently changing degrees of asymmetry in both directions.

The importance of the *here and now* is largely assumed and not underlined in most of these approaches. Ehrenberg (1992) and Knoblauch (2000) are partial exceptions, they grounded their work in the present, in the "heat and intensity" of the here and now, as Ehrenberg put it. This is closest to my approach, which views the presentness of the intersubjective work as an absolutely essential element. These views are largely in accord with the Boston CPSG's position.

In this chapter I have tried to bring the crucial change events in psychotherapy into the same micro-time scale and on to the same local level made of present moments that we have been discussing throughout the book. It is this perspective that forms the picture described here.