ARTICLE

IMPLICIT RELATIONAL KNOWING: ITS ROLE IN DEVELOPMENT AND PSYCHOANALYTIC TREATMENT

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ABSTRACT: It is increasingly apparent that “something more” than interpretation is needed to bring about change in psychoanalytic treatment. Drawing on clinical and developmental observations, we propose that interactional processes from birth onward give rise to a form of procedural knowledge regarding how to do things with intimate others, knowledge we call implicit relational knowing. This knowing is distinct from conscious verbalizable knowledge and from the dynamic unconscious. The implicit relational knowing of patient and therapist intersect to create an intersubjective field that includes reasonably accurate sensings of each person’s ways of being with others, sensings we call the “real relationship.” This intersubjective field becomes more complex and articulated with repeated patient–therapist encounters, giving rise to emergent new possibilities for more coherent and adaptive forms of interaction. During a transactional event that we term a “moment of meeting,” a new dyadic possibility crystallizes when the two persons achieve the dual goals of complementary fitted actions and joint intersubjective recognition in a new form. We argue that such moments of meeting shift the relational anticipations of each partner and allow for new forms of agency and shared experience to be expressed and elaborated.

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RESUMEN: Cada vez es más aparente que algo más que interpretación se necesita para producir cambio en el tratamiento psicoanalítico. Tomando un poco tanto de las observaciones clínicas como de las que se enfocan en el desarrollo, proponemos que los procesos de interacción a partir del nacimiento dan origen a una forma de conocimiento de procedimiento en relación con cómo hacer cosas íntimas con otros, al cual llamamos conocimiento implícito de la relación. Este conocimiento es diferente tanto del conocimiento verbalizable consciente, como de la falta dinámica de conciencia. El conocimiento implícito de la relación que tienen el paciente y el terapeuta se intersectan para crear un campo intersubjetivo que incluye sensaciones razonablemente acertadas de las maneras de estar con otros que cada persona tiene, sensaciones que nosotros llamamos verdadera relación. Este campo intersubjetivo se hace más complejo y claro con repetidos encuentros entre el paciente y el terapeuta, dando origen a nuevas posibilidades que surgen para unas formas de interacción más coherentes y adaptables. Durante un evento de transacción al que llamamos “encuentro momentáneo,” se cristaliza una nueva posibilidad de diáda, cuando los dos personas alcanzan la meta dual de acciones complementarias apropiadas y reconocimiento intersubjetivo conjunto en una nueva forma. Se plantea que dichos “encuentros momentáneos” cambian las anticipaciones en la relación que cada miembro tiene y permiten nuevas formas de agencia y experiencia compartida para ser expresadas y elaboradas.

RÉSUMÉ: Il est de plus en plus évident que quelque chose de plus que l’interprétation est nécessaire pour amener des changements dans le traitement psychanalytique. A partir d’observations cliniques et d’observations de développement, nous proposons que les processus interactionnels dès la naissance engendrent une forme de connaissance de procédure sur la manière de faire les choses avec les intimes, la connaissance que nous appelons connaissance relationnelle implicite. Cette connaissance se distingue de la connaissance consciente verbalisable et de l’insconscient dynamique. La connaissance relationnelle implicite du patient et du thérapeute se croisent pour créer un champ intersubjectif qui inclut des intuitions raisonnablement précises sur les façons de chaque personne de se comporter avec les autres, des intuitions que nous appelons la relation réelle. Ce champ intersubjectif devient de plus en plus complexe et articulé au fil des rencontres répétées patient-thérapeute, engendrant de nouvelles possibilités émergentes pour des formes d’interaction plus cohérentes et adaptatrices. Durant l’événement transactionnel que nous appelons un moment de rencontre, une nouvelle possibilité dyadique se cristallise lorsque les deux personnes parviennent au double but d’actions complémentaires adaptées et de reconnaissance intersubjective conjuguée sous une nouvelle forme. Nous argumentons que de tels moments de rencontre déplacent les anticipations relationnelles de chaque partenaire et laissent de nouvelles formes d’action et d’expérience partagée être exprimées et élaborées.

There has long been a consensus that “something more” than interpretation is needed in psychoanalytic therapies to bring about change. Interpretation, in the sense of making repressed impulses and fantasies conscious, may not in itself be sufficient. So how do psychoanalytic therapies bring about change? The Process of Change Study Group, consisting of the eight authors of this collection of articles, began meeting early in 1995 to consider how to develop a language and a set of constructs to begin to elaborate on the “something more” that is needed in therapeutic encounters to catalyze change. This set of symposium papers is the first presentation of our attempt to bring together the joint strengths of developmental research, systems theory, and close observation of clinical process. We consider the framework presented here as a work in progress, with both additional elaboration and revisions needed. We present it here in hopes of stimulating the dialogue needed in the field to achieve an interdisciplinary synthesis of scientific research and clinical theory and observation. Further elaborations are in progress in a forthcoming manuscript (Stern, Sander, Nahum et al., in press).

Early in our discussions, our attention was drawn to the observation that most patients remember “special moments” of authentic person-to-person connection with their therapists, moments that altered their relationship with him or her and thereby their sense of themselves. We believe that these moments of intersubjective meeting constitute a pivotal part of the change process. We also find that the role of such moments in therapeutic change can best be understood in relation to concepts drawn from recent infant research and from current systems theories.

As we struggled with the problem of change using the traditional constructs of psychoanalytic theory, it became clear that two kinds of representational processes needed to be separately conceptualized. The first kind of representation we will call semantic in that it relies on symbolic representation in language. The second kind we will call procedural representation. We are drawing on distinctions made by Kihlstrom and Cantor (1983) and other cognitive psychologists, but are adapting them to our own needs. Procedural representations are rule-based representations of how to proceed, of how to do things. Such procedures may never become symbolically coded, as for example, knowledge of how to ride a bicycle. More important to us than bicycle riding, however, is the domain of knowing how to do things with others. Much of this kind of knowledge is also procedural, such as knowing how to joke around, express affection, or get attention in childhood. This procedural knowledge of how to do things with others we have termed “implicit relational knowing.” In using this term, we want to differentiate implicit relational knowing from other forms of procedural knowledge and to emphasize that such “knowings” are as much affective and interactive as they are cognitive.
This implicit relational knowing begins to be represented in some yet to be known form long before the availability of language and continues to operate implicitly throughout life. Implicit relational knowing typically operates outside focal attention and conscious experience, without benefit of translation into language. Language is used in the service of this knowing but the implicit knowings governing intimate interactions are not language-based and are not routinely translated into semantic form.

Recognition of such a nonsymbolically based representational system has been one central contribution of infant research (e.g., Ainsworth, Blehar, Waters, & Wall, 1978; Beebe & Lachman, 1994; Tronick, 1989). In our thinking, implicit relational knowing subsumes what has been termed internalized object relations. The older term, internalized object relations, has connotations of taking in from the outside, rather than of co-construction, and of taking in another person, rather than of representing a mutually constructed regulatory pattern (Tronick, 1989). The older term is also more identified with the literature on pathological rather than adaptive relatedness and is more often used to refer to past relationships and their activation in the transference rather than with more general representational models that are constantly accessed and updated in day-to-day encounters.

Therefore, we view “implicit relational knowing” as a construct that raises “internal object relations” to a more general representational systems conception. In this conception, implicit relational knowing encompasses normal and pathological knowings and integrates affect, fantasy, behavioral, and cognitive dimensions. Implicit procedural representations will become more articulated, integrated, flexible, and complex under favorable developmental conditions because implicit relational knowing is constantly being updated and “re-cognized” as it is accessed in day-to-day interaction [as articulated at the level of neuronal group selection by Edelman (1987)].

In a therapeutic context, some small areas of the patient’s implicit relational knowing may become the subject of verbal articulation and/or transference interpretation. However, the areas that become consciously articulated will be only a small part of the totality of the patient’s (and/or therapist’s) implicit operating procedures in relationships. Although these “knowings” are often not symbolically represented, they are also not necessarily dynamically unconscious in the sense of being defensively excluded from awareness. Implicit relational knowing, then, operates largely outside the realm of verbal consciousness and the dynamic unconscious. However, though we use the term throughout these papers, we see it as a working term and one that will need further revision [for a fuller and more developmentally grounded discussion see Lyons-Ruth (in press)].

In addition to “implicit relational knowing,” we needed two more constructs to talk about therapeutic change that is not based on interpretation. The second construct was that of the “real relationship” (another term that too must be seen as a work in progress, see Morgan, this volume). The third construct was the notion of “moments of meeting.”

We will define the “real relationship” as the intersubjective field constituted by the intersection of the patient’s and the therapist’s implicit relational knowing. This field extends beyond the transference-countertransference domain to include authentic personal engagement and reasonably accurate sensings of each person’s current “ways of being with.” Labeling this intersubjective field the “real relationship” also serves to differentiate it from the psychoanalytic components of the relationship in which semantic representations are elaborated via verbal interpretations.

In contrast to more traditional views, we feel that the real relationship is also subject to therapeutic change by processes that alter the intersubjective field directly. In traditional theory, interpretation is viewed as the semantic event that rearranges the patient’s understanding. We
propose that a “moment of meeting” is the transactional event that rearranges the patient’s implicit relational knowing by rearranging the intersubjective field between patient and therapist, what Tronick (this volume) refers to as their dyadic state of consciousness.

What do we mean by a moment of meeting? A “moment of meeting” occurs when the dual goals of complementary fitted actions and intersubjective recognition are suddenly realized. Moments of meeting are jointly constructed, and moments of meeting require the provision of something unique from each partner. Sander (1995) has pointed out that the essential characteristic of these moments is that there is a specific recognition of the other’s subjective reality. Each partner grasps and ratifies a similar version of “what is happening now, between us.”

Moments of meeting catalyze change in parent–infant interaction as well as in psychotherapy. In the process of infant development, the baby’s implicit relational knowing encompasses the recurrent patterning of mutual regulatory moves between infant and caregiver (Tronick, 1989; and this volume). These regulatory moves shift to negotiate a series of adaptive challenges emerging over the early years of life, as delineated by theorists such as Sander (1962) and Stern (1985). In the course of this ongoing mutually constructed regulation, the interactive field between infant and caregiver becomes more complex and well-articulated, giving rise to emergent possibilities of new forms of interaction. For example, once recurrent expectations regarding each partner’s moves in a peekaboo game are established, the stage is set for both partners to “play with” that form by violating established expectations. This mutual sense of the emerging possibility of new forms of interaction occurring between the two participants creates heightened affect. Beebe and Lachman (1994) have called attention to the importance of “heightened affective moments” as one of three principles of salience in early development and psychoanalytic treatment. We would further elaborate this concept by tying the heightened affect to a sense of emergent new possibilities in the interactive field. In the positive case, these new interactive possibilities would create more complex and coherent intersubjective regulation because they integrate new developmental capacities of the infant or achieve a fuller and more satisfying adaptation to the infant’s current capacities and affective potentials.

The transition to a more inclusive and hence coherent mutual regulatory system hinges on a “moment of meeting” between parent and child. These moments of changed intersubjective recognition ratify a change in the range of regulation achievable between the two partners. They signal an opening for the elaboration of new initiatives. New forms of shared experience can now be elaborated around previously unrecognized forms of agency. The implicit relational knowing of the two partners will also of necessity be altered. New potential is not only enacted but also represented as a future possibility. Tronick (this issue) will further elaborate on the more inclusive and coherent regulation inherent in an intersubjective moment of meeting in his discussion of dyadically expanded states of consciousness.

These concepts can be illustrated in the developmental domain with the description of a brief observation of a young mother with her 18-month-old baby. As an extensive attachment literature demonstrates, the infant’s strategies for negotiating comforting contact with caregivers are constructed in a series of mutually regulated negotiations with parents and are one of the best-documented forms of implicit relational knowing displayed during the first 2 years of life (for review, see Bretherton, 1988; Lyons-Ruth & Zeanah, 1993). As part of the standard Ainsworth assessment of the infant’s strategies for approaching the parent, mother and baby were observed reuniting with one another after the mild stress of two brief 3-min separations in an unfamiliar laboratory playroom. As recent evidence confirms, infants are physiologically aroused during these brief separations, even in the absence of obvious distress. However, the fluidity of the physical and affective dialogue between mother and infant at such moments of
stress can mitigate the onset of longer term stress responses mediated by the hypothalamic–pituitary–adrenal axis (Hertsgaard, Gunnar, Erickson, & Nachmias, 1995; Spangler & Grossmann, 1993).

The mother and her 18-month-old daughter, who I will call Tracy, had been receiving therapeutic home-visits for 9 months, both to help the mother stabilize her life situation and to help her become more consistently emotionally available to her infant. Over this period of home visiting, Tracy and her mother had both been struggling to find ways of making satisfying physical and emotional contact with one another. This mutual struggle to negotiate more satisfying moments of contact was also obvious in the laboratory observation session. As you will see from the following account, however, this particular session led to a subtle shift between them, to a moment of meeting, that surprised us all.

After arriving at the laboratory playroom, Tracy explored the toys in the room for several minutes while her mother chatted with the female research assistant. When her mother left the playroom for the first time, Tracy did not appear visibly upset. She continued to play with the toys and ignored the research assistant. However, when the assistant got up to leave Tracy quickly alerted and looked at the door. When she caught sight of her mother entering, she immediately averted her eyes and turned away. Her mother said “Hey!” and stood in front of Tracy. Still looking away, Tracy said, “Mummy!” with a pleased tone and then turned toward her mother and took several tentative steps toward her as though to join her. Her mother said, “What are you doing?” but did not step forward or kneel down toward Tracy. Tracy sidled past her mother’s legs with a blank look, went around her mother, and pushed hard to open the door to leave the room. Her mother forcibly removed her hand from the door, saying, “Come here, look what mama’s got.” Tracy pulled her hand away, turned away from her mother, and threw the toy she was holding hard onto the floor. She then continued to turn her back to her mother and push on the door while ignoring her mother’s invitations to play. Finally her mother pulled her by the arm and she allowed herself to be drawn over to the toy her mother was holding. Still she ignored the toy, instead stepping with her head averted and without apparent purpose closer to her mother’s body and then past her, where she squatted briefly beside her mother with her back turned. Then she stood and returned to the door. Finally, after wandering around the room aimlessly for several more seconds, she sat down facing her mother and played with the toy between them while her mother watched and praised her warmly and appropriately.

In contrast to her avoidant and conflicted behavior when her mother was present, Tracy was quite distressed when her mother left again and could not be comforted by the assistant who came in and tried to engage her. When she caught sight of her mother at the door the second time she exclaimed “Mummy!” with a delighted squeal, and began to run toward her. Rather than responding with similar delight, her mother said “Hi! What have you been doin’?” In response Tracy started to fuss loudly as she ran toward her mother. Perhaps because of this protest on Tracy’s part, her mother held out her hands and kneeled as Tracy approached, saying again “What are you doing?” Tracy lifted her arms up and her mother first grasped her under the arms but then put her arms fully around her as Tracy pushed up against her body. After only a brief squeeze, however, her mother released her, drew back to look at her, and said, “Did you miss me?” Tracy sobered as her mother drew back, then fussed again and tried to move back into her mother’s arms. Her mother gave her another awkward squeeze, saying “All right, all right, all right.” Then she picked her up, moved to the toys and kneeled with Tracy on her knee, directing her attention to a toy on the floor. Tracy looked at the toys impassively for a few minutes, sitting stiffly on her mother’s knee. Then she stared off into space with a dazed look, began to fuss, slid off her mother’s knee and stood facing her again with her arms outstretched. Her mother responded by opening her own arms. For a long minute they stood
frozen with open arms, facing each other silently. Then Tracy gave a little laugh of relief and sank fully into her mother’s arms, letting her whole body relax on her mother’s shoulder. Her mother was able to give an open delighted smile in return and hold her daughter close while rocking and hugging her. Her mother then specifically recognized and ratified this moment of meeting by murmuring “I know, I know” to her daughter as she hugged and rocked her.

In our view, mother and child had negotiated a more fitted and inclusive way of being together and had achieved in the final moment of meeting the dual goals of complementary fitted actions and specific intersubjective recognition — a moment of meeting and a dyadic state of consciousness. Recent studies of cortisol metabolism and attachment behaviors confirm that the fuller emotional sharing achieved by Tracy and her mother by the end of the observation constitutes a regulatory system of more inclusive fittedness in that open and responsive communication between mother and infant is associated with reduced cortisol secretion to mild stressors (Hertsgaard et al., 1995; Spangler & Grossmann, 1993).

We would argue that such moments of meeting shift the implicit relational expectations of each partner and signal an opening for the elaboration of new initiatives between mother and child. Such moments of meeting create the potential for the elaboration of new forms of shared experience and for a new range of more mutual and responsive regulation between them.

In summary, these moments of intersubjective meeting are experienced and represented in the implicit relational knowing of infant with caregiver. They are also experienced in the patient–therapist interaction, with similar resulting changes in the patient’s implicit relational knowing. These “moments of meeting” between patient and therapist may or may not become patient–therapist interaction, with similar resulting changes in the patient's implicit relational knowing of infant with caregiver. They are also experienced in the

REFERENCES


