

In dialogue with Daniel Stern.

A review and discussion of "The Present Moment in Psychotherapy and Everyday Life".

Abstract.

Daniel Stern's concepts of present moment and now moment, with impending kairos, are described. In the latter the patient demands the authentic presence of the analyst. If the analyst can open himself to them, he proposes they may result in more profound changes in the patient's implicit knowing than verbal interpretations in the narrative domain would lead to. The value of intersubjectively relating and to dwell more in the phenomenal than in the narrative dimension is highlighted. A similarity to the works of the existential psychoanalyst Harold Kelman is shown.

The author agrees with, but also problematises, a tendency to favour the implicit, devaluing verbal understanding and interpretation, which may result in the patient not seeing the primitive levels in his inner life. For this purpose works of D.W. Winnicott, Jessica Benjamin and Christopher Bollas as well as others are used. The author concludes that object relations and intersubjective theory need to complement each other; further the needs to give words to the middle-ground between the phenomenal and narrative dimensions. Key words: existential psychoanalysis, intersubjectivity, kairos, now moment, object relations

Introduction

Daniel Stern¹ (1985) has compared children observed from the perspective of the positivistic natural sciences - the observed child - with theories from clinicians dealing with children and adults - the clinical child. Later (1995), he has described the mother-infant relationship. In the book under discussion here, he contrasts the phenomenological, and in many respects non-verbal, domain with the verbal, so called narrative domain. Or, to put it in another way: the sense of the non-verbal vs. the sense of the the verbal self. Stern maintains that the older psychoanalytical tradition has focussed too much on the verbal flow of the patient and on how this should be interpreted by the analyst, whereby the dialogue between these two became obscured.

On the basis of research on young children and adults, as well as studies of experiences of therapy with both children and adults, Stern emphasizes the chronological course of events, both in everyday life and throughout the psychotherapeutic process. Through microanalysis, he here distinguishes between non-conscious (*moving on*) and conscious (*present moments*), the duration of which are 3-4 seconds or somewhat more.

He attaches great importance to our need for intersubjectivity: i.e. our ability to briefly share our mental landscape with another person and, in this way, to find a way of mutually confirming our experience². Stern further focuses on those moments (*'now moments'*) during which the patient, most often unconsciously, demands that the therapist is actively and authentically present (the moment of *kairos*) - a role which goes beyond what is normally expected - and possibly also beyond the parameters of therapy itself. If an intersubjective meeting occurs (in a 'moment of meeting") this will immediately, or long term, result in a psychological change of their *implicit 'knowing'* about how life can be lived. Stern believes that a change of a more fundamental kind will emerge, rather than the kind of change that follows an interpretation based on the patient's narrative. He believes, that not only in the therapeutic meeting, but also to oneself, it is important and more fruitful for the therapeutic process if the therapist and the patient more inhabit the phenomenal rather than the narrative domain. He further believes that experiential

¹ A revision of *I dialog med Stern* in *Psykisk Hälsa (Psychic Health)* 2005:1

Daniel N. Stern is not to be confused with Donnel B. Stern (2003) whose writing I think is in line with the direction in this book, bringing among other things Sullivan's interpersonal theory into modern thought. Daniel N. Stern will in the following be referred to as Stern only.

² C.f consensual validation (Sullivan, 1953)

therapies or therapies with an expressive slant are more oriented in this direction.

In the text, I point out some similarities between Stern's approach and that of an existential psychoanalyst, Harold Kelman³. There is a risk that the reader might believe that a 'moment of meeting' automatically results in an increased implicit knowing, and that no complications could arise as a result of a satisfactory meeting.

A patient who finds himself in an analytical/therapeutic process, develops a transference to the analyst/therapist just as the latter develops a counter-transference. In the inner world, the meeting is very likely to be processed both on a part-object and whole object level. As the transference deepens following the meeting, primitive, and for the therapy/analysis destructive, relationship patterns may simultaneously be triggered. I seek to illustrate this process aided by Donald Winnicott's thoughts on the difference between relating to a subjective object and making use of an object/subject.

I let Jessica Benjamin show the value of seeing the intersubjective and objectrelations theory perspective as complementary to each other.

I will further demonstrate, that modern psychoanalysis is not as preoccupied with the exclusively narrative, as the content of this book may lead one to believe. Christopher Bollas and some other analysts will be used as examples.

It is difficult in an article like this to describe processes on a phenomenal, verbal narrative and neuroscientific level and not to confuse them or making hints of direct causality

³ I He was for a long time editor of the American Journal of Psychoanalysis and up to 1969 Dean of the American Institute of Psychoanalysis. During the first decade of the existence of Holistiska Föreningen (The Holistic Society) – now Svenska Psykoanalytiska Sällskapet (The Swedish Psychoanalytical Association) – he was the most influential person together with Margit Norell. His weekend seminars consisted largely of methodical case studies in the form of sessions with as close as possible verbatim written accounts of the dialogues. Many took notes during the sessions – a habit that naturally in the beginning disturbs and distorts the free flow inside the psychoanalyst as between him and the analysand. After a year it is different, though. Kelman emphasized processes in micro-format and connected them with processes over time. The focus was naturally on words and the narrative dialogue. Nowadays there are other aids to seeing and hearing the process. Such aids may however complicate the situation both therapeutically and ethically.

between them. My apologies if I do.⁴ I think it is evident when I review material from others and when I write down my own comments.

A point of entry

The first time that I as a candidate came into contact with the psychoanalytical process and the importance of being in or near to the phenomenological domain, was during the 1960s, through the psychoanalyst Harold Kelman, the successor of Karen Horney. I find that his theoretical thinking and his view of clinical psychoanalysis in many ways relates to Stern's and other intersubjectively oriented clinicians and researchers.

On phenomenology and existentialism he writes, among other things,⁵ that existential psychoanalysis is oriented towards man-in-the-world, his existence, in contrast to the more scientifically orientated psychoanalysis which is preoccupied with the essence - abstraction and generalisation. While the latter deals with objectivity, the former - the existential - is more preoccupied by subjectivity and by existence which precedes essence. Here all events are unique (and not a repetition of the transference neurosis).

The text of the former is literary and scholarly while that of the latter is poetic and filled with images, metaphors and paradoxes.

Kelman highlights some concepts - such as the *existential neurosis* with its lack of lived purpose in life and further the interpersonal meeting - and then not so much the meeting itself, but rather the inner decisive experience that springs from this, and during which one's personal philosophy may change - and even result in a restructuring of one's whole

⁴ For further discussion I recommend readings in systems theory, e.g. Thelen & Smith (1995).

⁵ 2 In the book *Helping People* (1971, pp. 423-424 shortened by me). He describes his orientation as holistic, organismic. Besides being influenced by Western phenomenology, he was affected by Eastern teachings and their practical application which, in the same way as psychoanalysis, are used to help people in psychological conflict, and by the natural sciences through the system- and field theories of that era. In the book referred to, some maintain that his views (during a case discussion) appear to be similar to those of Fairbairn (p.78). See also note 22.

personality. The meeting is an interpersonal experience which has not so much to do with transference in the strict sense, since it is transforming just because the meeting is something completely new. Finally (Kelman, 1968, 1971) he describes *kairos*: the right moment for the analyst to actively intervene in a longer psychological process within the patient, and to do this with total presence. The opportunity is unique and will not reappear. If the analyst steps in at the wrong time, it is likely to put both the relationship and the patient at risk.

Now, almost 40 years later, one is, due to video technology and ongoing registration of processes in the brain, able to study, objectively and in minute detail, what happens in therapy from the outside, and then compare the findings with the subjective session recollections of the participants. Using such data as a starting point, and using different psychotherapeutic and psychoanalytical theories, humanistic as well as neuroscientific, one tries to demonstrate a connection between chain of events that are subjectively and objectively observed⁶. Furthermore, with systems theory as a metatheory one tries to see if one would be able to establish causal relationships between them and, in this way, find specific and favourable conditions and processes, through which psychological development can be achieved. Against the background of what one then finds, one tries to examine and develop current theories about how psychological change really happens, and which elements should be part of optimal therapy.

The psychoanalyst and researcher into infant behaviour, Daniel Stern, has done precisely this. His research, which is centred on infants and the infant-mother relationship, has received widespread attention. He has furthermore, in his books, "The Interpersonal world of the Infant" (1985) and "Motherhood constellation" (1995) in a instructive way, managed to sum up the ground breaking work that has been carried out in this area during the last decades.

⁶3 In a recent book about psychoanalysis and phenomenology (2004), Gunnar Karlsson has in a thoughtfully way criticized Mark Solms, a leading person in the movement of neuro-psychoanalysis, for having a fundamentally naturalistic attitude towards psychoanalysis behind the facade of a dual-aspect monistic view. I believe that Stern (and others with him) conducts a more sophisticated dialogue with the phenomenological domain within psychoanalysis.

During the last ten years, Stern has worked, among other places, as part of the Boston Change Process Study Group, together with researchers such as Edward Tronick and other psychotherapists/psychoanalysts, to try to find out to which extent the research findings of the former, concerning the processes that are preconditions for a positive developments in infants, can also be found in psychotherapy with children and adults. Furthermore, if one from this would be able to draw such conclusions that give one reasons to change psychodynamic/psychoanalytical theory and the idea of the optimal clinical shape of psychotherapy/analysis.

Stern and colleagues seem to have arrived at a somewhat similar view of the analytic process as Kelman had.

Our stream of consciousness is interrupted by "holes" we do not perceive

Stern demonstrates how we to a large extent lead our lives on the basis of routines and expected situations. Our consciousness awakens only when something unexpected arises, or when we cannot satisfy a need in the usual manner.

Consciousness is the last developmental stage of evolution. For it to arise, there must be an incredibly fast and complex feedback interaction between different groups of neurons in the cerebral cortex – referred to as 're-entry' by Edelman (1989)⁷. In this way, a very rapidly changing but for this reason sufficiently stable, synaptic interactive field emerges, which (on a subjective level) in its turn, leads to the rise of consciousness (a so called emergent characteristic). Intuition requires but a quarter of a second while clear consciousness requires at least one second of "stability" of this field. (We may think of our stream of consciousness as an almost continuous and often discontinuous series of images,⁸ which to us appear to be joined into a film with some "gaps" that are easily forgotten).

Stern writes that mankind has a biological organisation that result in a tendency to

⁷ Together with Tononi, he presents these thoughts in a very instructive way in the book (2000) *A Universe of Consciousness*.

⁸ With regard to the often illogical stream of contents in consciousness. Those interested are referred to for instance the psychoanalyst I.Matte Blanco (1988) and his thoughts on bi-logic.

maintain continuous consciousness sequences of 3–4 seconds, so called *present moments*. When I heard the Swedish title of the book, I reacted against the translation of "present moment" into the Swedish word "ögonblick", literally meaning the (time for the) blinking of an eye. I found that the time elapsed between automatically closing the eyelids twice, seemed to be just 3–4 seconds – hence a moment!

A 'present moment' or the blinking of an eye, enables one to have an experience of a memory, a thought or a perception. Several present moments can be placed alongside each other resulting over time in a more extended consciousness. Mostly, however, there will be "gaps" between them. This is clear, not least during a "micro-interview" with a person about what happened during breakfast earlier that morning. Most things turned out to have happened outside the person's consciousness. And consciousness was only called upon when needed.

A musical phrase, a line in a children's song or a poem: all of these last for 3–4 seconds. And this is also the case with spoken sentences, as it is also with answers given in a conversation which must arrive within this same space of time, in order for the conversation not to be put at risk. And if the mother does not respond to the child within this space of time, a problem may easily arise in their interactive flow.

It is no coincidence that Stern so often refers to music when he wants to describe that human interaction which primarily governs our emotions and the intentions we perceive in others, since these latter ones also contain emotions and (the their conscious aspects) feelings which strengthen the different motivational forces (Tomkins, 1962). Experiences of music and feeling are analogue (as opposed to digital, see Langer, 1942) in nature, follow similar laws and have a tendency to escape from memory when the activity disappears. Digital words disregard the emotional experience. Words are objectively observable, reproducible and thus often more easily remembered than the global experience per se. A description in words can awaken a similar experience in another person. Verbal descriptions of experiences and events, so called narratives, may even acquire a shimmer of objectivity and thus, in this sense, be arranged into what we refer to as knowledge. It is therefore no coincidence, I think, that to understand the structure and organisation of verbal thoughts from different perspectives, first dominated the scientific theories about the inner world and the phenomenal experience as such disappeared into

thin air.

Intersubjectivity – a need on a par with sex and attachment

As social animals, our minds have an innate need for intersubjectivity⁹ – a need, that according to Stern, is on a par with our need for sex and attachment.

The phenomenologists Husserl (1913) and Merleau-Ponty (1945) understood this need at an early stage. Today, neuroscientists like Damasio (1994), Freeman (1999) and Varela also recognize this.

There is a tight natural coordination between child and mother from start of life, a kind of primary intersubjectivity (Trevarthen, 1974, 1979). Later in his development there evolves a so called secondary intersubjectivity: The infant needs to experience the inner world of the mother, while the mother simultaneously experiences that of the child. For a moment, a meeting occurs where they *kind of* share the same world - their minds become *kind of one*.

Stern defines the latter as *intersubjective consciousness* (in the following referred to as intersubjective consciousness only) as follows: two people can develop (co-create) an intersubjective consciousness in a mutually experienced present moment - c.f. Ogden's (1994) analytic third which is strictly within the role of analyst-analysand. This means, in turn, that the phenomenal consciousness in the one overlaps and partially includes the phenomenal consciousness of the other, or – in other words – I have my own experience plus the other person's experience of my experience as it is reflected back to me through the other person's eyes, voice (prosody), and facial and body expressions. Our experiences are naturally slightly different from each other, but they are sufficiently alike for a "consciousness" of a shared mental landscape to arise, when our two experiences are mutually confirmed.

⁹ In 2001, psychoanalysts with a relational and intersubjective orientation, founded an international *Federation of psychoanalysts – not associations* but a "flat" organisation! - The International Association for Relational Psychoanalysis and Psychotherapy (IARPP). Forerunners to and representatives of an intersubjective attitude are represented by Mitchell & Aron (1999).

I think it is important to note, that what is primarily transmitted to the other person, are fundamental motivational forces and emotions. I also am of the opinion, that it is important to keep in mind, that what is shared in this way is not necessarily processed in the same way in the respective inner worlds of the two – but more of this later.

Today it is clear, that all of us, infants and adults alike, next to the motor neuron in the cerebral cortex, have so called mirror neurons (Rizzolatti & Arbib, 1998) which exactly mimics the movements and facial expressions of the other person, without that other person for this reason imitating in return.¹⁰ This fact, among other, underlies, I think, psychological concepts such as (the philosopher Langer's, 1972, unreflecting) empathy (the psychoanalyst Joseph Sandler's, 1992, resonance) and the knowledge that we, from our construction, cannot be isolated from each other but that we live in an *intersubjective world*. Stern means that the problem that faces research these days, seems rather to be concerned with mapping out the mechanisms that could explain why not everybody imitates everyone else and that we, in practice, most often show a differentiated self – although there are naturally exceptions to this.

Observe that this *pre-reflecting form of intersubjectivity* does not disappear when the child creates a theory of mind founded on symbolic thinking (Fonagy et al, 2002). It is rather the case that the child and the adult in a later phase of the inner process *interpret* the incoming reflection of the other, based on their own, symbolically created view of the world.¹¹

¹⁰ An implicit knowledge is transferred here at the same time, that may be of use later, which is what is referred to with the in this context pertinent expression: "Monkey see, monkey do".

¹¹ It is therefore important, in my opinion, to distinguish between different levels of auto-poiesis, on the one hand the level which constitutes an integrated aspect of of mind's embodiment, i.e. mind's interacting with the environment and the overall level, where an interpretation of the reflection takes place on the basis of the personality structure of the individual. In this respect it seems that Varela (1993–1999) has developed the thoughts from Maturana/Varela (1988), when I and other with me gained the impression that the verbal discourse became the central one, since it was especially this one - if it was not of an assertive nature – that gave possibilities for the individual himself to initiate a change,

Our mind is thus not independent and isolated. Stern even says that we can no longer see ourselves as the sole owners, masters and guardians of our "own" subjectivity. He is of the opinion, that though the borderline between self and others may be clear, it is permeable at all times. We thus find ourselves in a constant *co-creative dialogue* with the other person, even when we are alone. The intersubjective matrix constitutes the overriding melting pot, in which interacting minds are forged.

During the last decade, the word intersubjectivity has come in the forefront in American psychoanalysis. The word is also used to mean different things¹². The difference between how the therapist/patient dialogue is described within object relations related and intersubjective theory can be subtle (more about this later).

It may therefore be appropriate to see how Stern (2004, pp. 185-186) defines this word: He thinks that there is, within psychoanalysis, a logical progression to intersubjectivity, from the idea of a one-sided transference and a pathological counter-transference, via transference and counter-transference where the analyst and the analysand bump into each other. This latter is a fundamental driving force which is constantly active. The intersubjective exchange between patient and therapist takes place at a local level in the clinical process. The intensity of, and the openness to, intersubjectivity may vary from time to time and may be initiated sometimes by the patient and sometimes by the therapist (an asymmetry that changes over time).

Explicit verbal knowledge and implicit verbal knowing

Stern writes that, as distinct from a symbolised and primarily verbally explicit consciousness, there is also an *implicit knowing*, containing feelings and expectations

consciously or unconsciously. This philosophical attitude, based on the natural sciences, was important in order to legitimize, among other things, the work with reflecting teams within family therapy. Here words were emphasised. This is of course also the case with the intersubjective dialogue, even if the verbal dialogue is not regarded as so crucial. Later Bakhtin-Braaten has come into focus and Stern also refers to him.

¹² See e.g. Beebe & Lachmann (2002, (Atwood & Stolorow, 1992, Orange et al, 1997, Lichtenberg, Lachmann, Fosshage, 2002) and discussions between Renik, Cavell and Bott Spillius i Int.J Psycho-Anal.

about what it means to be with somebody else, and a corresponding code of conduct – a kind of development of Bowlby's (1969) concept of a working model. It is thus a knowing that contains more than the procedural knowing that is most often described as being primarily of a motor variety. The implicit knowing is not conscious, but does not, by virtue of this, contain actively suppressed knowledge – it is not repressed into the Subconscious. A consciousness of this kind of knowing would in most cases be disturbing and prevent optimal interaction.

According to Stern, classic psychoanalysis works within the *verbal, narrative domain* and its explicit agenda is to render conscious the suppressed unconscious content.¹³ He writes that the analyst and the patient stand, as it were, side by side in order to try to understand a symbolized third (c.f. Britton, 1998) party, i.e. the patient's narrative which is of course outside the immediate relation of either.

But in therapy (though it is of course also crucial for analysis!) on the other hand, Stern maintains that the most important agenda is to implicitly regulate the immediate, intersubjective area in order to find an optimal fit between the working model of the two parties, the implicit knowing of each. In this way, the implicit knowing of the patient but naturally also of the therapist, may expand. This knowing constitutes a context for the narrative domain and is therefore more fundamental in character.¹⁴

A result of this, the patient gradually achieves a larger permitted space, in which he will be able to symbolize a wider emotional life with accompanying differentiation of motives and drives.

Different forms of consciousness

1. Stern discerns a "crude" *phenomenal consciousness* during which one only registers what happens in the shape of bodily sensations, simple perceptions and other

¹³Most European analysts will not agree with this narrow view of Freud's unconscious.

¹⁴They are on different logical levels. See G. Bateson (1955, 1967) about logical types.

qualia. This domain of consciousness is observed and deepened by existential (c.f. Kelman above) and expressive therapists, according to him.¹⁵

2. Stern further describes an *introspective consciousness* in which the individual a) reflects over what he registers in for example different metaphoric images. This is a change into a meta-perspective in as much as the individual makes the things of which he becomes conscious both abstract and symbolic, so that he b) will be able to communicate this to the therapist verbally. In doing so he arranges the phenomenal consciousness according to a narrative logic and the "crudeness" and disorder in the phenomenal consciousness vanishes (and with it the likelihood of implicitly remembering a different arrangement for later unconscious processing, which could be processed in and by the dream consciousness, in order to later be presented in therapy as a dream). In the new 'present moment', which arises here, he experiences other things during the narration. Who has not felt that sense of disappointment and of powerlessness, when one realises how different things may turn out to be, when one relates an important event or a dream to another person?!
3. Stern also introduces a new concept, *intersubjective consciousness*. This only arises during intense interactions and often during eye contact, when one mind is, so to speak, seen by another mind. The first mind is somehow enriched by the second mind. Furthermore, the second mind appropriates the first mind which is then similarly enriched, which results in an enhanced experience for both minds.¹⁶

Stern explains the likely mechanisms behind this consciousness as follows: If the intra-psychic consciousness is made possible by the re-entry process (Edelman, 1987), we may also imagine an inter-psychological re-entry between different brains!¹⁷

¹⁵ In other contexts, I (Ramberg, 1987, 1998) have talked about the importance of being in immersion, i.e. being in the phenomenal dimension, when describing physical experiences and dreams and that this has a positive therapeutical effect in itself.

¹⁶ Intersubjective consciousness can naturally sometimes be experienced in a group. Think of what is referred to as getting a "systemic high", when one finally arrives at a common understanding of the dynamics of a family after a long period of often intense discussion.

¹⁷ Many, for instance Montague Ullman, maintain that we do not even need to have a contact through our ordinary senses with each other. Extra sensory Perception (ESP) is

I imagine that Stern thinks this would happen through the mirror neurons. Remember that our visual ability is enormously advanced and can differentiate between various emotional expressions extremely quickly and accurately.

A reflecting consciousness cannot arise, according to Stern, if another person is not present when the individual experiences the event (Social mirror theory. A development of Sullivan's, 1953, concept of consensual validation, I believe).

Stern further maintains that the intersubjective consciousness also exists in a negative form; for instance when a child does not receive an expected confirmation. Instead a void appears (which I, in a bionic sense, can see symbolized at a later stage as "the presence of the absent other").

We constantly transform our life and our (subjective) history

Our life history is ever present in our existential 'now', in the sense that the aspects of that history that are associated with the ongoing moment, are activated and enter into a dialogue with the now (the remembered present, Edelman, 1989). At that moment, the relevance of earlier attitudes towards what happens in the moment is tested, while at the same time the older attitudes during the same moment are also present and influence the perception, thoughts and actions of the subject. In this, mainly automatic way, a quiet and gradual revision of our history and our personality takes place outside our consciousness. *A decisive existential meeting* in real life or in the real life that may arise during a 'moment of meeting' during therapy/analysis, *may change our life* and with it, also the experience of *our history* in a dramatic way.

This very same thing can happen, if to a lesser degree, according to Stern, as a result of an important interpretation pronounced at the right point in time.

Various processes leading to change

Stern is generally of the opinion that psychoanalysis devotes too much time to

introspective thinking, with its tendencies to create narratives of the present. Instead of being in the phenomenological domain, one maybe asks for associations, after which the patient leaves the present. *Creating meaning becomes more important than being in the process.*

This is also the case when transference and counter-transference material comes into the foreground. The tendency is then to await a suitable opportunity for interpretation and thus once more actualise the compulsive repetition and its history in a narrative form. In summary Stern (p. 141) believes that there are different ways in which one can view how, during therapy and life in general, one *revises one's history*, one's life, with the objective of achieving change.

1. A first revision (the so called rolling revision) takes place at that moment when an intersubjective dialogue takes place. It occurs automatically and continues implicitly. Language is not needed.
2. A revision of another kind takes place when the patient verbally relates the present to the therapist.
3. Conceptual or classical revision (deferred action, 'nachträglichkeit', Freud, 1918) occurs when a later experience changes one's understanding of a past experience.
4. A fourth kind occurs when the therapist follows what happens in the phenomenological domain and is active at the same time. The therapist asks the patient detailed and probing questions surrounding what is taking place, in a non-interpretative way such as: when? where? how? – a technique that I have described as immersion (Ramberg, 1987,1998). Never however 'why?' a question that automatically takes the patient away from the present moment.

Stern (2004, p.143 ff) also regards the concept 'resistance analysis' with some scepticism but makes the observation that there is another kind of resistance that is actually justified, i.e. resisting leaving the phenomenological consciousness and the experience of authenticity and perception of aesthetic qualities that it engenders – the sense of the non-verbal self – in order to, in contrast, resort to verbal abstractions – the sense of the verbal self (Stern, 1985, see also Kelman above).

He adds that it is not necessary, and often counterproductive, for therapy to interpret,

since this implies leaving the phenomenological for the narrative domain.

Stern instead highlights the existential and gestalt oriented therapies and psychodrama (i.e. image, music, dance, body orientated, expressive therapies). Such therapies focus, in his view, to a larger extent on an expansion and deepening of emotional experience and the phenomenal consciousness of the ongoing process, and they actively seek out opportunities for intersubjective meetings.

Moving along

When I am taking part in analysis/therapy, either as a patient or as a professional, I enter into a special kind of engagement during which I am more present than what would be normally the case and most often not aware of myself (*phenomenological domain*) as a separate person, regardless of whether I speak or not – c.f. Ogden's 'analytic third' (1994). The silent or expressed dialogue nevertheless moves forward and changes meanwhile the inner world slowly and imperceptibly. Stern refers to this as *moving along*.

(Some time into the session this act of "mere being" is often deepened and turns into *reverie* (Bion, 1962¹⁸) an important being within the *moving along* domain that Stern unfortunately does not single out. This happens more often, and during longer periods of time, it seems to me, the greater my experience and the more secure the holding capacity is of the implicit relation. Most often "there is nothing". Sometimes thoughts, images, bodily experiences and sequences of events arise. On some occasions I, as the analyst, may experience a peculiarly growing feeling that while I, at the same time, become conscious of myself, these various shapes appear within me although they do not belong to me. I try to open myself to let them develop. Such events seem to me to be of a deep and significant importance, and are often accompanied by the patient, at some later session, reporting to me that he experiences a qualitatively new feeling in him or even insight. At a guess, we are here dealing with a more pronounced form of a so called intersubjective consciousness; maybe a reflection of the activity in the patient's mind

¹⁸ It seems that Ogden (2001, pp 11-13, 38-39) uses the term *reverie* in a more intersubjective way than I do here. He is more close to what Stern refers to as intersubjective consciousness. I am here thinking more about how the analyst by help of his alfa-function comes out with a metaphor of "his own" *after* being in the intersubjective field. To me there is no completely intersubjective or completely autonomous consciousness though. It is like Ogden (1997, p 30) writes more of a dialectical tension between them.

(transmitted to me through my mirror neurons which in their turn activates my brain and therefore also my true self (Winnicott, 1960), or a better concept (?) my private self (Modell, 1993), which I "allow" to continue its work in my Mind in the form of alpha-functioning (Bion, 1962). In this way my containing process might become conscient often in a metaphoric way and even, but extremely rare, result in true mindreading (extra sensory perception?)

Sometimes during *moving along*, I become conscious of myself in the room without for this reason leaving the flow – I remain completely implicit. At other times, I consciously come to think about my inner attitude to what is happening, and so become more and more attentive to the reactions of my body and the way in which the patient communes through his voice (prosody) or through his body – often in contrast to his verbal communication. I may here govern, possibly deliberately, my own emotional expressions, especially when sitting vis-à-vis.

”Sloppiness”

Most often the patient, during the *moving along*, tries to establish if the therapist is open to an intersubjective meeting about something, of which the patient most often is only implicitly aware. If the therapist appears receptive, the patient may start to commune and make his efforts to communicate. This is often done in a diffuse, vague and contradictory manner. The therapist stumbles forward through listening, asking some question, or through some filler showing empathy. He too, is unclear but hopefully relatively open in his lack of certainty about where one is going. Everything happens with the aim of finding an intersubjective field, wide enough to hold them both.

To the outsider and perhaps also to themselves, the picture appears to be dominated by confusion, misunderstandings and a lack of concentration with mistakes to do both with empathy and cognition on the part of the therapist. The Boston Group (in press) refers to this as *sloppiness* and considers it to be a good and necessary ingredient in psychotherapy. Sloppiness forces both parties to aim for what is essential, to find ways of "docking in" to the other's intersubjective field in a way that is optimal to the therapy and to, at the same time, be able to cope with the fact that the other person makes mistakes or shows resistance. Stern highlights Tronick's (1998) work with infants as paradigmatic in

this context: when the infant does not get or find what it wants in or from its mother, it must actively make its way forward on often new paths, in order to, in negotiations with the mother, maybe get something else which may also be satisfactory, even if perhaps on a higher level and therefore on a more demanding level of development than before.

When both the patient and the therapist are simultaneously creative for the moment, they together create new implicit and explicit forms. Such co-creativity, while moving along with different present moments, transforms and gradually deepens the implicit knowing and thus long term also the personality, something which, in the opinion of Stern, does not happen to the same extent when doing verbal interpretations based on verbal material.

It seems to me, that the ability to be sloppy requires some personal qualities in the therapist, which are also linked to the ability to be listening in an 'evenly suspended attention' (Freud, 1912), and to be in a state of 'negative capability' (Bion, 1992). The latter "abilities" refer, however, to a non-initiating attitude from the analyst, combined, with a simultaneous deep and receptive preparedness to receive that, which the patient communicates, both implicitly and explicitly. To be sloppy certainly includes, as far as I understand, to be in "the vicinity of" an unconditional openness while at the same time actively seeking to "dock" with the implicit activity of the patient, to which the principle of "trial and error" applies.

Looking up the word slop/sloppy in a dictionary gives food for thought. The definition "working in loose fitting clothing" caught my attention. The psychoanalytical terminology is often precise, strict and has a tendency towards the pretentious. It is important to keep in mind that psychoanalysis/therapy also is a kind of play (Ramberg, 1992, pp. 30–35, 2001) where gradually the space for this, the implicit field, is expanded and the boundaries and "rules" of the play are re-negotiated. Sometimes this feeling of play suddenly ends. The reason for this may be the analyst's countertransference or that the analysand's emotions overwhelm him and as a consequence the instinctual behaviour (or in psychobiologist Jaak Panksepp's, 1998, term emotion) of play ends. This stalemate might then be resolved through an intersubjective dialogue.

In this context, I want to refer to Beebe's research, which demonstrates that it is important that the child – and here the adult - in the period during which it forms an (epigenetic) sense of a core self, is not constantly correctly imitated (see Beebe & Lachmann, 2002),

since the separating out of the self from the object would then be put at risk.

About how working in the narrative domain transforms the implicit domain

The book barely touches how one, in the psychoanalytical mainstream, works with subtleties of dialogue or how one envisages the development of the transference – counter-transference dialogue. The book certainly mentions, that one nowadays not only includes the interpretation itself, but that a whole range of verbal and non verbal events is included in this concept. Many analysts are also of the opinion, that an interpretation ideally should take place just before the patient himself is able to arrive at it, on the assumption that it should already be present in the implicit world of the patient. The purpose of the interpretation is then to make the patient realise, that the analyst actually follows the process in a precise manner. Another purpose would be to make the patient perceive the analyst's delineation of his own understanding (Winnicott, 1967, 1968).

I also wish to add that words, and free associations in words and sentences awakened by these, just like a dream with its associations, do not only elevate relations between words. They also function as a net catching and lifting up fish; non-verbal metaphors for the implicit processes and contexts out of which words arise. *Although the verbal work only reflects the surface layer of the dialogue, it still indirectly and powerfully remoulds the implicit relation.*

There is, however, a crucial difference between the word and the non-discursive symbolism in relation to the phenomenal domain. A word is an action. The intentional motor activity of the child develops first and thereafter the capacity for silent inner dialogue (Luria, 1979, chapter 3: Vygotsky) followed by the act when the child speaks, conscious of the fact that The Other may react to what is being said. *Speaking is an active attitude intended to influence the outside world. Speaking gives autonomy.* Conscious speech therefore expresses an active, extroverted driving force, even if this is only implicitly apparent.

The phenomenal experience is more apt to receive - apprehend, as distinct from comprehend. One might describe the phenomenal experience as if situated between sensory impression and discursive symbolism and it is thus closer to an aesthetic attitude. *In the phenomenal consciousness, one is not focussed on influencing The Other but on*

experiencing the relation between oneself and The Other. Viewed in this way, a large part of the psychoanalytical dialogue is aesthetic in character – think of music, consisting initially mostly of fragments, but gradually becoming more and more coherent and of an ever increasing complexity. This is so, since the words are subordinate to the fundamental, and therefore superior, implicit flow between patient and analyst.

This fact is fundamental to my own way of thinking (Ramberg, 1992), where I perceive an autonomy vector where the word is superior and a homonomy vector¹⁹ for the non-verbally defined experience of belonging to the outside world as well as to oneself. In the former, an objectifying attitude is dominant - in the latter, an aesthetic, intersubjective relating. The latter means that the process has not yet assumed a clear verbally categorised form, where subject and object are definitely separated from each other. The homonomy vector "is this close" to phenomenal consciousness. From this it should be apparent that I strongly support Stern's mission to consistently emphasize the sense of the nonverbal self. Because on a higher level of logic, words are only more or less integrated parts which briefly shimmer in the web that is spun together for years by analyst and patient; a web that the patient then holds in trust and gradually assimilates until its traces can only fleetingly be intuited.²⁰

It is of course problematic if the words do not represent something authentic in the person, but only constitute a passive adaptation to the adult world and the surrounding culture. One is then in a world that is both sealed and impoverished, risking losing contact with one's authenticity and with resulting difficulties when making choices later in life on the basis of a true self (Winnicott, 1960).

Developing and pursuing a non verbal process

¹⁹ Homonomy is a concept that I have taken over from Andras Angyal (1965), another important person for the theoretical attitude of the then Holistic Society. The content of the referred book by me is also to a large extent inspired by Susanne Langer, Stern and Kelman. The movement towards homonomy (p. 15) signifies a desire to be in a harmonious relation with a unit which one perceives to outside one's individual self.

²⁰ See the discussion on form and process in (Ramberg, 1992, p. 30–38).

Stern raises an interesting aspect of how to keep the immediate past history alive (the alive past, pp. 206 ff); the history, which in the small perspective is current within us during one or several consecutive sessions, and of how to also make use of this history in clinical practice.

During one session, the therapist follows the development of different themes, but he is also able to observe that he often, more or less consciously, tries to follow an atmosphere or some emotion emanating from the patient.²¹ For five minutes (or alternatively for the whole session or the last few sessions), several relational moves of a similar character, but nevertheless with distinctive differences, have arisen, with an emotional content, not wholly understood by either therapist or patient, but still for some reason interesting for them. We, therapist and patient, seek to participate in the deepening of these brief moments, until we both notice that we have reached a plateau, where something suddenly becomes clear, or where a tension in the atmosphere is resolved.

To use Stern's terminology: several relational moves form a progression, during which both patient and therapist implicitly, without any pronounced conscious intention, try to find their way forward in the intersubjective field until they notice that something has happened. An intersubjective consciousness has arisen in both of them, a 'present moment'. This is the summit of a progression of several half-conscious relational moves, during which a temporal gestalt with multi-dimensional symbolic content (Bucci, 1997), has been allowed to take shape only to fade away in favour of other non-processed material.

We are, according to Stern (ref. Minsky, 1981, p. 15), able to imagine the process, if we listen to the beginning of the first movement of Beethoven's 5th symphony, with its sequence of four notes, repeated with short pauses, with different intonation, pitch and played by different instruments, until a kind of plateau is reached. For those who hear this movement for the first time, the first sequences maybe experienced as unpleasant, like a psycho-physical attack. Perhaps the accompanying, almost identical, sequence of notes conveys another experience only to turn, a few sequences later, into a plateau of painful foreboding. Be this as it may, the experience of having listened to a sequence,

²¹ Corresponds to the family therapy term called *tracking* in the 1970s.

immediately after having listened to identical sequences, differing only very slightly in execution, leads step by step to a conscious experience, that is qualitatively different from when one heard these sequences earlier. It is now an enriched, deepened and musing emotional experience, more resolved and defined. We are, when part of this musical progression, the whole time within the phenomenological domain. The same can also be said for the progression of 'relational moves', which conclude in a 'present moment' during a session.

I imagine that we could understand it like this: the same non-discursive symbol, "music-word", is repeated time and again with a different intonation.

Progressions of the kind described here, are very important for therapeutic change, even if only later to be recalled by the therapist or the patient as a deeply satisfactory inner resonance after the session.

The now moment and kairos

A so called '*now moment*' sometimes arises when the patient suddenly questions the intersubjective field. The situation is permeated with *kairos*. This often happens as a natural result of the therapeutic process and is, if the situation turns out well, accompanied by a '*moment of meeting*' between analyst and patient.

I believe that a true therapeutic/psychoanalytical process does not really begin until a 'now moment' has occurred, followed by an authentic meeting between therapist and patient, within an area, where it is crucially important for the patient to be understood. The same thing can happen almost imperceptibly, when the analyst grasps something important. It is then accompanied by the experience, felt by both, that something of special importance is happening inside them: "Now, analysis has started for real". In other cases, a 'now moment' can occur when it is time for the psychoanalytical process (transference) to deepen (Meltzer, 1967). One or the other may then perhaps make sure – most often unconsciously – that a 'now moment' happens, but the situation almost always occurs unexpectedly. It may also occur as a result of the patient having become insecure or having misgivings about the therapist, possibly due to "a failure of empathy" or what Stern would call 'misattunement'. In any case, the situation will soon be saturated with *kairos*: Something must now happen, and both are aware, that what is about to happen

will be crucial to the future of the analysis.

The patient may suddenly (as in the book) want to look into the eyes of the analyst and sit up. He may pose a question or make a demand, that calls into question both the boundaries and the contract. He may, at the end of a loaded session, stand up and eye the analyst while simultaneously saying something that requires an answer – not necessarily, and maybe least importantly, verbally.

All these situations require the therapist/analyst to leave his role²² and spontaneously enter the situation as the person he is, and to answer authentically in order for a genuine meeting to take place – a 'moment of meeting'. What is actually said is not important, it may even be wrong or lacking in nuance. The central core is feeling. On this occasion, they (most often) look into each other's eyes. (A meeting can also take place only through words and silence when the patient is lying down. What is important then is the analyst's communing, the way in which he speaks, the prosody, and his breathing.) In this way they implicitly "gain access to the mind" of the other person. In this encounter the patient may directly experience the inner quality of the analyst.

Hopefully, the analyst is at that moment reasonably anchored while simultaneously communicating a readiness to be influenced – not directed. The crucial point in the meeting is often of a short duration – a couple of 'now moments'. In Stern's terminology, the analyst will, if the meeting goes well, have built up sufficient implicit knowing and faith in the analytic process to be able to open up an opportunity for an intersubjective meeting on a profound level, with all that this entails.

In my experience the analyst may also show himself to be vulnerable and fragile during the meeting. From the point of view of the patient, he then exposes a "weak spot" which the patient, because of his own complex problems, has to seek to exploit. At the same time, the patient is also likely to find it difficult to maintain an intersubjective relation, with a lived risk for this relation to become physical and erotic (a weak spot invites a massive, or intrusive, projective identification, which could potentially endanger the

²² A moment of meeting is not to be mixed up with the concept 'the analytic third' (Ogden, 1994) in which the analyst "gives voice to and participates in the creation of experience that is the living past of the analysand, and in this way...*experiences his own creation of it*" The analytic third is the phenomenal and implicit process in an intersubjective meeting, but happens *within the context of the roles constituting the analytic set-up* (citation p.5-6, italicization by the author): Kelman's (1971, Ramberg, 1987) concept of communing is an extreme example of being in the process of the analytic third, since both analyst and patient are conscious of, and the patient reporting from, the phenomenal domain.

integrity of the meeting (the aesthetic conflict, Meltzer & Harris-Williams, 1988). During the meeting, or more plausible in the aftermath, the patient may experience himself (or the analyst – a more difficult situation) as devouring the other with his eyes or fantasizing about another erotic act. A symbiotic part-object relating is here brought to the fore by the patient, during which the two motivational systems - attachment and sexuality - become entwined. When digested in dreaming such themes are common - may be as a consequence of genital arousal during REM-sleep (see Lichtenberg, 1989) - and important to work with. In pure (sic) intersubjectivity, attachment and sexual desire are not impinging on mind.²³ If all goes well, this leads to increased confidence in the analyst, but fear may be present at the same time, and perhaps also somewhere a wish, that the analyst will not be able to maintain his integrity.

Another example of a 'now moment', which later became a 'moment of meeting' and which was probably conceptualized much later: A tense situation arose during residential therapy when a big and strong man, a borderline psychotic and prone to violence, was close to overstepping an important boundary. A physically rather frail, male therapist (X) then calmly but firmly established the boundary. He was, at that moment, well grounded within himself and understood what was at stake and was therefore able to meet the man. They faced each other in silence and looked into each other's eyes for several moments after which the man respected the boundary. A year or so later, it was reported from other institutions, that this man had said of X that "he is the only one who can knock me down". A year or so later, X received a phone call in the night, in which the man, without any pre-amble, said that he understood what had happened that time and that the meeting was important to him, whereupon he hung up.

This meeting can of course be regarded mere showdown, but it is likely that that more

²³ The infant may be cradled in his mother's arms - body contact - while infant and mother at the same time are engaged in an intersubjective dialogue, most absolute during a period of *alert inactivity* (Wolff, 1966). This may however be disturbed and confused by intrusive and confusing elements, and the child is at that moment in symbiosis with the mother, with an inner uncertainty as a result and with an exchange of intrusive projective identifications from both sides as a consequence. See the discussion about the symbiosis concept in Stern (1985) and Pine's (1990) answer to this discussion.

profound qualities than this were involved.

Child therapists and child analysts regularly describe how children "force" the therapist out of the therapeutic setting, with the unconscious intention of finding out how genuine the therapist's engagement is. If he is convincing in the meeting, in which an active and quasi-parental type of intervention is often required, the process deepens and in all likelihood also the engagement of the therapist/analyst.

If a 'moment of meeting' goes well, it is usually followed by one, or a series of, important dreams, in which *not only the meeting as such, but as important, the understanding of the meeting from the perspective of the patient's private self and its different primitive, attributive (Brakel et al, 2002) worldviews* are given shape - and therewith also his understanding of the analyst.

This is most often not commented on by the patient during the subsequent sessions, in any case not in a way which gives rise to a discussion, which is also best avoided. It is an emotionally implicit meeting, where the narrative significance will be gradually crystallized along with the fruit of other labour. On the other hand, the patient will be most likely to remember occasions like these, when he wants to describe to someone what was important in his analysis

Intersubjectivity under other names

In his book, Stern describes the importance of being able to distinguish attachment, in the form of physical presence, or the need to enter such a presence, from an intersubjective meeting, which is not built on physical contact, but during which, in this case, the patient's mind is so to speak expanded together with the mind of the analyst, while simultaneously (and paradoxically) the differentiation between the minds is maintained. I believe, that it is important in this context not to forget that intersubjectivity also is a kind of attachment process. The child's first attachment is physical, both inside and outside the womb, and is a physical, not only a mental, necessity (Hofer ref. in Taylor, 1987). Crawling away from the mother is achieving a degree of freedom. Another freedom is to see her only from a distance but to be simultaneously able to check with her if something is dangerous or forbidden (social referencing, Emde et al, 1978). A further

degree of freedom is to hear her only from a great distance, for instance on a mobile. There are always opportunities for intersubjectivity on these occasions.

During a later phase of psychoanalysis, when one, at a relatively sedate pace, has worked towards a plateau in the "dance" of transference-counter/transference, a rather intense phase often occurs, where both are able to use free associations - the associations of the patient naturally more expressed, those of the analyst often silent - associations that are significant and that give new meaning to both patient and analyst. The dialogue may be jumbled, seemingly illogical and incoherent. The analyst may sometimes wonder, if a thought is his own or belongs to the patient, especially if the patient mentions exactly the same thought a little later. The psychoanalyst Stanley Palombo (1999²⁴) makes use of chaos theory to explain this phenomenon, which he refers to as *co-evolution in coupled systems*, which I think corresponds to Stern's implicit and explicit intersubjective dialogue. Palombo maintains that such a dialogue is a condition for the patient gaining an important insight. It constitutes, in a manner of speaking, a chaotic and intensive culmination of long and necessary work from both parties seeking to achieve profound change.

Kelman,²⁵ whom I mentioned earlier, describes a similar but perhaps more "ethereal" and to many, a mysterious or quasi-religious phenomenon – '*communing*' – which may last for some minutes or somewhat longer. Just as in the above description, this happens during the later phases of the psychoanalysis: It may not be understood in words, and may only be described through allusions or by indicating what it is not, he writes. The prototype is a positive breastfeeding experience between mother and child. To an adult, this often feels like a gift given without having achieved anything, and there is no consciousness of subject or object ... none of the two are outside, thinking about the process ... it is an all-embracing continuum, undifferentiated, aesthetic, beyond words and still able to be immediately grasped.

²⁴ 19 See Palombo (1999): Chapters 6 and 7.

²⁵ 20 Kelman (1971, pp. 102,184–207) or (Ramberg, 1987, pp. 99–100)

A phenomenological, intersubjective dialogue of this kind could be fetched from Stern's "Diary of a Baby" (1990, quoted, 2004, p. 144). From such a course of events, which largely happens as a series of 'now moments' in the phenomenal consciousness, from time to time supplemented by a single word or sentence and often without any logical context even to the patient, fundamental transformations of the psyche often emerge. I imagine that being in 'communing' constitutes a kind of example of Stern's (1985) sense of an emergent self.

An intersubjective experience also requires solitude in order to be processed

An intersubjective dialogue does not always need to be experienced as positive. From a perspective of developmental psychology alone, the odds are optimal that the parent has a mind that is more developed than that of the child, until the child's late teens (when neocortical development is completed). We know of course that this need not be the case. It is important that child and parent can "match" or calibrate the mind to one another so that the mind of one does not overpower the other. During the process of breaking free, the child for this reason often tries to cut himself off from an intersubjective dialogue with one or both of the parents.

Between adults, where the mind of one, in an important respect, is much more developed than that of the other, intersubjective meetings may occur during which the latter may experience shame – an inability to "filter" the meeting, from which springs a difficulty in maintaining one's integrity. He may escape. Or he may feel trepidation, humility or, of course, joy. Most often, intensive processing follows such a meeting. I do not think that one can make the assumption that the former consciously or unconsciously tries to encroach into the life of the other – it is more a question of not being prepared for the impact that the meeting would have on his mind. Or that he would be seen, and as a result of this, not be able to deny the content of his mind, of which the mind of the other has so to speak, implicitly partaken. Another mind has seen and "shared" that which he does not want to see in himself: In other words, his dyadically expanded mind (Tronick, 1998) comes into contact with his own mind, which may lead him to feel pursued.

But life is not only intersubjectivity. There is also the Diaspora (the forced evacuation of the Jews from their homeland as described in the Old Testament) in a metaphoric sense.

Here there is no room for a meeting with one's homeland, or an important Other, from which one has become parted. One may still be able to maintain an internal intersubjective dialogue (monad) with one's 'evoked companions' (Stern, 1985). This is true for individuals, but also of contexts and places. For this, symbols are required, i.e. words. We may think of some parts of the Old Testament but also of Dante's *Divina Commedia* and Joyce's *Ulysses* as well as Tarkovsky's film *Nostalgia* - all written or filmed during enforced exiles. One's narrative recalls in one's consciousness that which is lost, while it at the same time influences the individual in the here and now.

There are however situations in life, when one is, even subconsciously, unable to achieve an internal 'moment of meeting' with an evoked companion (Stern, 1985), when one has to deal actively with a demanding psychological problem. This leads to inner chaos. In this situation, the only possibility is perhaps to resort to earlier and therefore simplified solutions - a kind of regression, if you like.

Here there are, however, at the same time, preconditions for a truly creative solution to the problem. Such a solution does not arise in relation to some evoked companion or object but from that kind of a vortex, which an "inner impossibility" may create, and from which new attitudes and new solutions may emerge. Decisions made by individuals at this point, may not be directly attributable to the concrete conduct of some earlier individual. One could possibly attribute some aspect of the quality of the solution to the general temperament or attitude to life of some important person, and in that sense to an inner object. One could then say, that the new attitude has arisen under (the influence of) this person's aegis (Greek for shield). One has earlier had sufficient intersubjective experience that has been internalized, and with which one is now able to identify. But it is only when one is alone, that one has been forced to come up with a solution - with the help of words, among other things, but also by means of non-discursive symbols. We need narratives and separation in order to develop a creative and autonomous personality.

The 'moment of meeting'

Stern is of the opinion that only the 'now' matters in a "moment of meeting". In a 'now' moment there is always *kairos* present somewhere. There is something of the now or never in the situation and both know, or at least have a feeling, that the result of the

meeting is crucial. The *kairos* aspect may be more or less pronounced and requires a spontaneous, authentic response that is also in keeping with the therapeutic situation, so that a 'moment of meeting' may arise. The fundamental criterion for the patient, if such a 'meeting' will arrive or fail to arrive, is determined by the implicit, intersubjective fit that arises between them at just that point in time. Words are of course important, but not crucial. Hopefully the therapist has the ability, just at this point, to be authentically himself in the meeting with the patient. By this, Stern means that the therapist, spontaneously and in a way that is reasonably suited to the occasion, leaves the role of therapist with the boundaries that have been shaped during therapy, both by clinical theory and by the therapist and the patient - only to resume that role once the meeting is over.

To Stern, a 'moment of meeting' is similar to a real, not imagined and often dramatic, joint voyage in a small boat, where no one knows in advance what will happen, or how he or the other person will act, and in this case, how he himself will react to this. Briefly, they live their real life together during one moment. Just as William Blake was able to see the whole world in a grain of sand²⁶, both therapist and patient can see and experience the deep personality of the other during a 'moment of meeting'. Here, in the spontaneous intersubjective meeting, a crucial psychological transformation takes place, according to Stern. In my experience it is however not certain, that the aftermath for the patient is only positive, which of course Stern well knows, but doesn't dwell on. It is important that the therapist meets the patient with empathy during those painful times, that often follow such a powerful experience. New 'moments of meeting' are required or the earlier meeting risks being transformed within the patient in a paranoid direction. Stern further points out, that a verbal interpretation, based on the patient's narrative does not have the same power to change/revise the patient's life as a *kairos* with a "happy" conclusion. Nor does a dream about for example a deep meeting with the therapist. No

²⁶ *To see the World in a Grain of Sand/ and a Heaven in a Wild Flower/ hold Infinity in the palm of your hand/ and Eternity in an hour.* From (1800-1805) *Auguries of Innocence*. William Blake. Also quoted by Stern on the title page of his book.

matter how revolutionary this experience has been to the patient, an *intersubjective meeting in real time* is lacking, during which no one knows what is actually going to happen. There is however a potential for a 'now moment', when the patient talks about it, or later, when working with it.

'Moment of meeting' and the inner world – a Winnicott perspective

As is clear from my introduction, I myself did not receive my first theoretical knowledge of psychoanalysis from the tradition of mainstream classical psychoanalysis. Instead I read from the interpersonal tradition of Sullivan²⁷, attachment-, neo-freudian and systems theory from the late sixties. (Also, important in this context, Martin Buber²⁸.) In the United States, as I have understood it, this tradition, object relations theory and Self-psychology gradually developed into a theory of intersubjectivity.

Within the British psychoanalytical mainstream, child analysts had a great influence on theoretical development: Klein (1928, 1932), inspired by Freud, had (besides libido) described the aggressive drive as a force that the child was driven to use/used in order to discover the mother and the world around him – an approach that Bion later developed into the vectors L,H,K (Love, Hate and Knowledge). She later developed a clinical theory which include concepts such as inner geography – an inner world - and the child's incorporation of part-objects and later whole objects in this inner world. Klein's (1946) concept of projective identification was developed by others and the foundation of object relations theory was laid.

We can see how Winnicott gradually develops a somewhat different view of Freud's aggressive drive that is somewhat different from that held by Klein– in any case he gradually changes the terminology – when he describes how the infant develops a relation to another object.

Winnicott describes (1941) how a 5–12 months infant normally can react when it sees a

²⁷ E.g. Pearce & Newton (1963)

²⁸ He was first translated by some of the oldest members of the Holistic Society, now the Swedish Psychoanalytical Association.

tempting spatula lying within reach on Winnicott's desk – a standard observation which helped Winnicott arrive at a dynamic preliminary diagnosis of the child and the mother-child relation: After having first hesitated and looked at Winnicott and its mother, the child tastes the spatula and plays with it for a while, after which he aggressively throws it away. The child clearly enjoys seeing it fall to the ground with a clanging noise.

From this sequence of action and experience, Winnicott draws the conclusion that the child, in its inner world, demonstrates an ability to externalise his inner mother (in the form of the spatula) and that the child has further realised that she (the spatula) has survived the aggressive treatment (later, in 1945, referred to as ruthless). Here he uses a drive and object relating language.

In a later article (1949) he problematises the concept of aggression in order to describe this early developmental stage and introduces concepts such as motility needs, muscle eroticism and life force and speaks of spontaneity or impulsive gesture²⁹. In order to separate out from the other world, it is however critical that the infant encounters resistance. A fusion of aggression and libido then occurs which, according to Winnicott, gives the infant a more enhanced life feeling than would libido by itself.

When Winnicott in 1969 summed up his views on how the infant differentiates itself as a subject, with regard to the outer world and an external object, he distanced himself from orthodox thinking that aggression is a reaction to the principle of reality. In contrast, he maintains that it is the destructive impulse and the resistance of the surrounding world, that shapes the way in which the infant experiences the outside world. There is no rage during the destruction of the object – but on the other hand joy, when (and if) the object survives.

He restates his paradox, that the infant creates the object but that the object was already there waiting to be created and be a cathected object. *The infant relates to the object in the shape of a subjective object – an extension of the infant himself* (cf. self-object, Kohut, 1971).

²⁹ I think it is important to understand the burst of creativity in Winnicott's theoretical and clinical work in his late forties in the perspective of what happened in his life at that time (he was born 1896); the start of a series of thrombosis of heart, sexual debut (!?), divorce, father's death, marriage (see Rodman, 2003). I think of the conceptual development from aggression, via ruthlessness (1945) ending (1969) in the natural force of joyful destruction of the object as compared to, and distinguished from, aggression.

It is only when the infant has reached a certain maturity (some way into the symbiotic phase) and ruthlessly attacks the breast, that he realises that he is not able to destroy it – the part object breast - and following from this, not the whole object either, i.e. the mother. The infant rejoices over this and feels love: *Another subject is born when the whole object can not only be related to, but can also be used by, the child. The infant has realised that the object survives its destruction by the subject.* From this follows that the subject (the infant) realises that the object (the mother) is another subject and beyond the subject's (the infant's) omnipotence, which is not the case when the infant relates only to the mother. At the same time, Winnicott maintains that the price for the birth of the other subject (the mother) is that the internal object is constantly destroyed in its unconscious thinking – which many people consider a controversial statement.

I have taken a circuitous route and highlighted Klein and especially Winnicott, in order to show how *an intersubjective meeting will not necessarily be understood as a whole object meeting in the inner world* even if the person is a normal adult. Based on perceptgenetic research, we may also assume that we all, momentarily, process intersubjective meetings through progressing quickly from primitive levels of interpretation to more advanced ones in one second or two. We can also assume, that the (primary and secondary) intersubjective meetings we nonintentionally engender during the dreaming states in daytime - and of course at night - and that may be perceived when the patient *really* free-associates often emanates from an inner position where the subject is “merged” with the subjective object. In them he will be confronted with earlier experiences and those constant conflicts that take place in the inner world between the various motivational forces that influence the ever changing content of consciousness. The outward situation in adult psychoanalysis has some similarities with Winnicott's (1941) observation "infant-spatula-in front of-a parent or stranger". The patient is lying down on a couch, the benevolent analyst behind him, without being able to establish eye contact, always at the same time, several times a week for several years. Under such conditions, the patient is encouraged in the direction of primitive feeling/thinking. During the transference that will gradually develop, the patient will at times regard the analyst as a subjective object, as defined by Winnicott.

These are conditions that could favour the emergence of – as one patient called it – an

intersubjective "psycho-*play*" instead of a "pure" objectifying psycho-*analysis*, where the patient's part- and whole objects are allowed to play with each other, i.e. meet in a number of combinations and with various intentions, *in the presence of* the analyst and to some extent *with* him. In such a situation, the severed links caused by difficulties when growing up, may be re-established between different part- and whole objects e.g. those of the 2-year old, the 7- year old and those of the teenage girl – on different levels. Instead of a fragmented and dissociated inner world, one could hopefully in this way achieve an inner world, with a higher degree of organic progression (approx. continuity) between part- and whole objects or – expressed in a different way – between primary and secondary process material. The play may also give rise to important new inner objects and object relations that the patient has been lacking. In his book, Stern especially emphasizes those objects that may arise due to the spontaneous communing and communication between analyst and patient.

When a 'moment of meeting' occurs during analysis, it often happens while standing and looking into one another's eyes i.e. during the transition between the psychoanalytical position lying down, in which the patient is encouraged to regredate, i.e. relate to the analyst as a subjective object, and a normal social relation. The situation soon also becomes charged with potential meaning, which both are aware of, and feelings arise. In those dreams that the patient relates after a 'moment of meeting', the meeting is often described in a displaced and condensed way, often with an erotic mix.

The patient may later feel unsure about what really happened. He may wonder if the analyst had any particular intentions and worry that the analyst may not be able to maintain his professional integrity. Thoughts of omnipotence may arise, with correspondingly contemptuous thoughts about the analyst etc.

A large number of these phenomena are likely to depend on how the patient has handled the meeting in his inner world, naturally on the basis of (small) changes in the analyst's feelings and instincts which he has manifested during the actual meeting between them. During psychoanalytical work, we are thus able to indirectly intuit how the meeting is shaped in the inner world of the patient in the form of part- or whole object representations from different ages, structured into different types of progression or lack of progression.

These representations may be expressed in images or indirectly as associations.

Sometimes – and this is a question of holding back, of timing, and of considering where the patient finds himself in the analytical process – it would be a good idea if the analyst named something of what he perceives in all this. He is then aware, that all expressions are metaphors, shaped by aspects of the patient's more or less primitive way of looking at himself and the world around him. This is especially true for negative or omnipotent expressions, which are intrusively projected into the subjective object. In the analytical process this is demonstrated by the way in which the analyst is treated in reality, and how he is depicted in dreams, indirectly or directly since these internal representations otherwise risk being able to work on undisturbedly on an unconscious level, and like a slowly progressing computer virus, be allowed to destroy the inner world of the patient. The fact that the analyst actively assists in naming certain metaphors, i.e. to interpret these, may in this context naturally hinder the patient's efforts to develop his own autonomy, which is something that is pointed out by both Stern and Bollas (see below). On the other side it may also help the patient to structure and clarify, how he has understood the meeting in his own inner world.

In this respect, it is important to realise that words are to be seen as actions that may impinge on the patient's integrity. The verbal investing with meaning, the verbal symbolising, will generally, for better or worse, include and delineate an attitude in a more specific action oriented way than the image. This does not mean that the Word is of a higher value than the Image. But I do hold that the word gives a higher degree of active autonomy than can be achieved by the image only, something that I understand to be the essence in the writings of both Freud and Lacan.

I therefore believe, that it is of value that the patient, in due course, verbally names the forms that his inner world gives to the meeting, often in the shape of a series of metaphoric images (Lakoff and Johnson, 1980), so that it may be thought about and in order for the patient to be aware of the implications of these metaphors for his inner life. In this way he becomes more responsible and will be more able to actively, but naturally only indirectly, process the non-conscious dimensions of his inner life.

I think that Stern in this book and elsewhere has a tendency to down-value the importance of the word in this respect.

Benjamin's efforts to link intersubjectivity to object relations theory

Many psychoanalysts and therapists with an orientation towards object relations theory, would probably be of the opinion that the distinction between attachment and intersubjectivity corresponds to – or is very similar to – the distinction between symbiotic part-object relating, and the relating to a whole object in real time (chronos as opposed to kairos) as well as the distinction between the schizo-paranoid and the depressive position. In this context, it is important to mention that Trevarthen (1974, 1995) believes that we are born with an intersubjective need and a primary intersubjective ability, which later evolves into a secondary. Stern, as I understand him, is more of the opinion that we, because of our need for sharing inner feeling-states, soon acquire an aptitude for (secondary) intersubjectivity, which later develops into an independent motivational system, which from then on often is opposed to the need for physical attachment. Trevarthen's view corresponds to some extent with Meltzer's (1988) conviction, that the depressive position starts already in the womb. Rather soon though, after the stormy transformation that is birth, the baby no longer has the power to maintain the feeling of an organic unit, but is forced into a long period of a *mainly* schizo-paranoid way of thinking, with a split organic progression as a result, from which one is only able to emerge slowly, and which is always there, ready and waiting, in the future.

Jessica Benjamin (1990) believes that *object relations theory and intersubjectivity theory complement each other*. Separation and individuation theory (Mahler, 1968, 1972, Kernberg, e.g. 1976) focuses on what, on a structural level within the child's mind, remains in the form of internalised objects, when the interactions mother–child already have taken place. The Ego/Self relates to an Object. But with a theory of this kind, one may (easily) lose the knowledge that is brought to the fore by intersubjective theory: that the Other must be experienced as another subject, in order for the Subject to fully experience his own subjectivity. Such a 'moment of meeting' holds a paradox, according to Benjamin, inspired in this view by the article by Winnicott (1969), to which I referred in the previous section: In the same moment that I feel that I express my (free and independent) will, I am dependent on how the Other actually sees me. I am consequently, while free, simultaneously exposed to how the Other reacts to my expression, which reduces my experience of freedom, and the same, applies I think, also naturally to the

analyst.

If Trevarthen (1995) places the beginning of intersubjectivity in Mahler's autistic phase and Stern places it in Mahler's practicing phase, Benjamin treats the rapprochement (sub) phase as a paradigmatic example of what intersubjectivity is, and how it develops. During this phase, the infant develops self-consciousness and gains a certain symbolic ability and therefore also the prerequisites for establishing fantasies of omnipotence and impotence, which may be tested in reality on the Other, most often the mother, and – during analysis – naturally the analyst.

Intersubjectivity and Lacan

Others may think that the distinction between attachment and intersubjectivity has similarities with (in a wide sense sexual) Desire and the Imaginary and its delineation from the Symbolic.

Certainly, but then again: Stern accentuates the phenomenal consciousness ('Dasein' - pure fact, 'Damasios' – the core self) in its immediacy and with its transitory subjective phenomena. I think that we here are approaching the domain of the sense of the emergent self (Stern, 1985), which holds hints of hardly conceivable affects of vitality, emotions and motives, perceptions not linked to others, or having not yet assumed a form that renders them consciously perceptible. We are in a domain where everything is in a dynamic state of motion, potentially able to create a coherent form, observable by our consciousness. Or perhaps all is fragmented and dies away, and then the next moment takes over with its unique consciousness – remember my description of the apparent continuity of present moments, which I compared to a film strip - a series of images, separated from one other.

The phenomenological domain contains, according to Stern, sub-symbolic entities (à la Bucci) and simple primitive metaphors which have not assumed a symbolic form. I assume that he here refers to verbal symbolism since there is non-discursive symbolism (Langer, 1942) which can link sound sequences to image sequences. Links between different sense modalities may be achieved between all the senses as well as links to various emotions and vitality affects and in this way give form to metaphors that are not yet given words. Some may think that the phenomenal world, with its immediate

experience of life, is similar to Lacan's description of the Real, with its positive possibilities for experiencing *jouissance* – and negative possibilities such as those that are ranged within Kristeva's designation of "abjection" (1991). But I feel that what Lacan understands by the term 'the Real' is seldom allowed to come close to our consciousness. It may even acquire an air of mystery. We are almost constantly, according to him, throughout our existence chained to the metonymy of language.³⁰

In principle, I think that this thought has more in common with the crucial distinction made by Stern, between the so called sense of a non-verbal self and a verbal self respectively. He says expressly (2004) that we are at our most authentic in the non-verbal domain. He (1985) further points out the ease with which the child can be drawn into the narrative world by the adults, which leads to a situation where the child's authentic relation to itself is easily perverted and distorted.

The difference between this approach and that of Lacan, lies in the fact that Stern thinks that we are constantly able to contact our phenomenal consciousness and that a therapist may help us to be able to remain there more easily and therewith expand its domain, and that this is one of the main goals of therapy.

I have however the impression, that in present clinical practice, the Real – at least to some Lacanians, seems to correspond to those parts of the patient's imagery and emotional life, both on a conscious and an unconscious level which have not (yet) been verbalised (Burgoyne & Sullivan, 1997, pp. 63–64, 174) and there are thus greater similarities with Stern's implicit knowing.

The non-verbal vs the narrative domain

Stern opposes a one-sidedly narrative practise of psychoanalysis. It should be observed, that he takes this stand from *within* the psychoanalytical movement. A reader who is unfamiliar with psychoanalysis, may gain the impression that mainstream modern

³⁰ I feel however that he is too influenced by Freud's tripartite model, where the essence of the Id, by definition, cannot meet the experiencing Ego without a transformation. Perhaps I am not sufficiently knowledgeable on this point however. In any case, Freud's structural model has received an almost reified reality value within psychoanalysis.

psychoanalysis engages in classical and strictly verbally governed analysis, if such a thing has ever been practiced?

This may present a problem in times such as these, when psychoanalysis is held in scant regard. The content of his book hits however, in my opinion, an exclusively cognitively oriented therapy even harder - a therapy in which the therapist is occupied with how the patient verbally describes and relates to the fixed and agreed part-goals!

When Stern divides the clinical whole into an explicit verbal domain and an implicit domain and thus confronts classical psychoanalysis with existential and expressive therapy, I think that he, for ostensibly educational reasons, becomes guilty by association. Ever since the contributions from Winnicott and other analysts, such as the Post-Kleinian tradition, Bion's metapsychology from the 1950s and onwards as well as a certain French tradition, personified for instance by Andre Green, it is difficult to see today's so called "mainstream-psychoanalysis" associated in such a diminished fashion with the way in which analysis is carried out, as described by Stern. He himself emphasizes (e.g. p. 120) psychoanalytical concepts such as 'holding environment', therapeutic working alliance, transference and counter-transference fields (with invasive or massive projective identification) and so called real relation as being aspects of the implicit agenda!

The unthought known and implicit knowing

It is in this context that I wish to discuss the psychoanalyst Christopher Bollas (1999, 2002). Stern only refers to him once in his book, (p. 116), when he writes that Bollas' (1987) term 'the unthought known' is an apt concept which should be able to "capture" such processes that the term 'implicit knowing' would like to embrace. Stern is however of the opinion that Bollas' concept to too large an extent refers to the fact, that implicit processes often are potentially able to, but also *should* (my emphasis) be made verbally explicit. This is one of the reasons why Stern instead uses the concept 'implicit knowing'; a term that not in the same way points to implicit processes having to be made verbally explicit.

Bollas does not base his work on a Freudian or Kleinian "school". As I understand it, he belongs to the Independent Group within the British Psychoanalytical Association. He works within a tradition of Freud – Winnicott – Bion and has integrated "parts" of French

psychoanalysis. In his later books, he emphasizes the thoughts of the early Freud: that free associations and dreams constitute an (indirect) expression of the inner self of an individual (one-person psychology) and that the analyst through listening to these, in turn influences the patient in a positive sense (two-person psychology). He thus does not emphasize the interpretation per se (of latent instinctive desires etc.) but the *active listening*, during which the analyst encourages the associations of the patient and highlights certain linguistic and metaphoric elements in the patient's verbal flow, which the patient then in turn may associate to.

It is of course important to interpret, but this is at the same time a very delicate process. He thinks that the risk associated with too many interpretations - and also interpretations wrongly timed - is partly that it does not encourage the patient himself to verbally express those fragments of his inner life that he has just revealed, and which he reorganizes by means of thought and speech, in order to in this way momentarily reshape a small aspect of his self (cf Winnicott, 1967, 1969). According to Bollas, this self-organising "in the little", is a result of a Freudian (and surely especially Winnicottian) way of listening. It is a listening that respects the patient's integrity, and which at the same time demonstrates, that the analyst is never able to (fully) know the patient's inner self.

I think that Bollas' way of thinking shows a position that has much in common with Stern's account of what one's attitude should be towards the implicit domain: To listen to "the little" without interpreting, is in itself a revision – belonging to the first and second type of the revisions leading to change, as described earlier. I imagine that Bollas' way of listening also makes space for the fourth type of revision, described by Stern: namely that the analyst by this way of listening also contributes to a deepening of the phenomenal experience. Be that as it may, Stern emphasizes the sense of the non-verbal self and its phenomenal experience of global character, while I imagine Bollas to be comparatively more preoccupied with the spoken word and its associations.

An interpretation of the patient's inner self (one-person psychology) may be premature and trigger a negative therapeutic reaction (cf Igra, 1988). A so called mutative (Strachey, 1934, developed by Langs, 1978,1982) interpretation in which one in contrast interprets on the basis of a two-person psychological or relating perspective – a common way of

working within the current Swedish psychoanalytical mainstream - and keeping repetition compulsion in mind, constitutes a risk, according to Bollas: The content in what the patient relates for the moment to the analyst, and which the latter uses as a basis for his transference interpretation, runs the risk, in the inner world of the patient, to be exclusively related to their relation and not to events outside the analysis or to an inner world which is more complex than the concept of repetition compulsion (and so called attractors) suggest. In this way, the analyst runs the risk both of an unnecessary asymmetry between analyst and patient where the former, according to the latter, believes he has the monopoly of fully understanding the inner life of the patient – and that can result in a reduction and distortion of the intersubjective field of the psychoanalysis. *The implicit relation patient/analyst in its entirety runs the risk of becoming coarse and superficial* (my own expression). I consider the latter reason to be a more important or at least as important a reason why a negative or paranoid reaction may arise against the analyst than the content (and the timing) of the interpretation per se.

Such a chain of events (which may be understood as a badly timed interpretation) reminds me of an event in the Finnish national epic, Kalevala, where Ilmarinen, as a substitute for his dead wife chooses to forge himself a wife in gold and silver. "She" turns out, however, to be unsatisfactory and in time he takes himself another wife.

Interpretation 1: The analyst is not pleased (in a phallic/narcissistic position) when the patient does not respond to the "correct" interpretation (precious metal) and breaks off contact with the patient in the implicit domain. Interpretation 2: The patient idealizes the analyst and his interpretations for a long period. The interpreted child of gold and silver (a narcissistic creation) is gradually allowed more space and kills to a corresponding degree an ever greater part of the potential for the patient's spontaneously emerging self. The latter gradually realises that it is a mistake to (mutually?) idealise and ceases to do so, and so to say takes himself another wife.

Both Bollas and Stern are on the alert to the risk that a psychoanalysis could be handled (sic!) in an above manner and thus in a sophisticated way distort the analytical process. Stern's approach consists in pointing out the risk the analyst runs by leaving the sense of the non-verbal self for the narrative one while Bollas warns against too many interpretations and against listening in what he refers to as a Kleinian manner - a way of

listening – within the analytical mainstream - with the underlying goal to transfer back to the patient those parts of the self that were projected onto the analyst and then to proceed to transference interpretations.

About the space between the phenomenological domain and narrative symbolism

By opposing the narrative domain so unequivocally to the phenomenological, Stern makes gains by way of scoring an educational point but as a reader, one misses out of some the sense of wonder, that several important processes in the continuum between these two polarities may inspire. I think that Langer (1969–72), (Bucci (1997) Kelman (1971, pp. 101-125), when he describes the symbolising process in the form of an abstracting spiral on a foundation of pure fact which, through ever more complex sensa, is moulded into various degrees of symbolising), and why not I myself (Ramberg, 1992, pp. 149–152), when I describe an ever abstracting symbolising continuum on different logical levels; in short from different physical expressions to a choreographic sequence of movements to non discursive symbolism to discursive symbolism), brings forwards this multifaceted area between the narrating self and the crude phenomenal consciousness. That such a gradual differentiation may be of clinical importance, is demonstrated for instance by Meltzer (1975, Ramberg, 1996, pp. 263–264), when he, inspired by Bion, describes the concept of dismantling in autism, i.e. the putty, the kind of active attention, that binds together different sensa into one sensation, or perception, in order for it to be handled – not summoned - by the psyche. More illuminating descriptions of differences in the border areas between paucity of experience, crude phenomenology and different logical levels of the symbolising process, would contribute further to our understanding of clinical phenomena such as autism above as well as various forms of alexitymia and psychosomatic diseases.

A book of this kind cannot possess everything. These comments must be seen as trifling compared with the important and radical message the book wishes to communicate.

Remains to be said that psychoanalysis has a tradition that gives weight to the verbal domain, to interpretation with its built-in risk of a far too advanced asymmetry between analyst and patient and to elements of frustration and separation in the psychoanalytical process. In the struggle against a one-sided emphasis of that kind, this book contains

some convincing counter-arguments.

But I also have the opposite view: that therapists with an orientation different from a psychoanalytic one, can learn from psychoanalysis: how they may help patients develop a verbally expressed narrative and meaning in life, as well as how to work constructively with frustration/separation during negative transference.

Stern and the researchers in the Boston Group have devoted a large part of their lives to the study of infant development. They have focussed their interest on the psychological development during a period when attachment is of overriding significance and when the child lacks the ability to symbolise. It is thus easy to imagine, that they could tend to overemphasize attachment and (preverbal) intersubjectivity when they endeavour to establish which balance in psychoanalytical orientations that lead to optimal therapy. Fully developed symbolic thinking recedes somewhat to the background. We can at the same time think of Freud, who did not have very much direct contact with infants, and who, for this reason probably underestimated the crucial influence of the mother-child relation on the psychological organisation in favour of the overriding oedipal conflict. Stern himself is however at pains to point out, that the findings and line of thinking in his book should be regarded as a complement to the narrative tradition.

Conclusion

In conclusion, this is a book that, on the basis of its solid roots in both the humanities and the natural sciences as well as its clinically well supported arguments, should be able to become one of the foundation stones in the process of making us understand, what it is that brings about change in therapy. From an educational perspective, the book is very well written. Daniel Stern emphasizes the experiential dimension of therapy/analysis in favour of verbal comprehension and the forming of meaning, while at the same time maintaining that both of these are needed for a good outcome.

If he is critical of psychoanalysis and thinks that it has to be changed in the direction alluded to above, he instead gives the existential, body-orientated and expressive therapies substantial and scientific support.

Translator to English: Barbro Harris (with additions of the author)

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