PSYCHOTERAPIA 4 (203) 2022
PAGES: 23–42
DOI: 10.12740/PT/161933

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DANIEL STERN'S RESEARCH ON THE FORMATION OF THE SELF IN RELATION WITH THE OTHER AND ON THE CHANGE PROCESS IN PSYCHOTHERAPY. PART II

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development of the self
intersubjectivity
change in the process of therapy

Summary

This article aims to present Daniel Stern's concept of the development of the self in the relationship with the caregiver and to describe how the core aspects of the self manifest themselves in the psychotherapy process. Stern's research on the relationship between mother and child inspired him to analyze in detail what happens moment by moment in the therapist-patient relationship. In the paper, the processes of the emergence of the self will be described. These processes involve the development of the young child's self in the relationship with the caregiver and become the basis for experiencing oneself in a relationship with another, including the therapeutic relationship. Awareness of self-development is of particular importance in psychotherapy. The "coming into being" of the patient's self in the relationship with the therapist involves a continuation and evolvement of experiencing the self that emerged in the first months of the child's life. The second part of the paper describes the phenomenon of change in the psychotherapy process. The article emphasizes a "moment-by-moment" relationship with the caregiver that contributes to forming the child's self and the 'realization' of this intersubjective pattern in the therapeutic relationship.

In this part of the paper, distortions of the dyadic relationship that cause disturbances in the experiencing of the self are described, as are interactions that shed light on the essence of the change process in psychotherapy [1], such as the desire for intersubjective contact, the desire to be known, and the desire to share internal worlds. According to Stern [1], these desires are the elements of a basic motivational system that opens a patient and a therapist to the process of change in psychotherapy.

The forms of insufficient or excessive stimulation of an infant in the process of development of the nuclear sense of self

Observations of infants helped Stern formulate two basic, universal rules related to *nuclear relatedness*, i.e. mutual regulation and attunement in the relationship between a carer and an infant. Stern observed that there is nothing like perfect stimulation, as the everyday interactive patterns of relating between a mother and an infant provide either excessive or insufficient stimulation. He also proved that the world of inner representations is created on the basis of everyday, repeated live events and not episodic and exceptional ones. These two rules were adapted and further elaborated in the research on psychotherapy conducted by the Boston Change Process Study Group [1, 2], who documented the value of a stable, repeated pattern (in psychotherapy called setting). It is within these patterns that *insufficient stimulations* or *re-attunement* will take place. These moments of excessive or insufficient stimulation in the therapeutic sessions are called *sloppiness* [1, 3], and are followed by moments of repair and going in a set direction. In his observations and research on infants' development, Stern often described situations where infants were overstimulated or under-stimulated by their carers. He indicated that excessive stimulation may be sometimes tolerated, yet when it is not tolerated, it leads to developmental disturbances.

An example of tolerated stimulation in the development of the nuclear sense of self may be a dyad called "mother – Eric". Eric's mother, who had a more lively temperament than her son, used to react spontaneously whenever he more became expressive. A higher level of excitement is for Eric an attribute of a RIG (an indication of a certain interactive pattern), which was created in interactions with his mother. When he gets excited, he begins to fantasize about a relationship with his mother, whose internalized image becomes vivid and her excitement influences him. In this way, the mother becomes an "other" who regulates his self, and she supports his development.

The dyad "mother – Steve" was given as an example of not tolerated, excessive stimulation in the domain of nuclear relatedness. The overstimulating, overcontrolling mother of Steve regularly insists on face-to-face contact, by playing a game of "chase and dodge"[1]. When his mother overstimulates Steve, he turns his head sideways, and she follows his gaze (chases him), escalating the level of stimulation, until she gets his attention. When her son tries to dodge her by turning his head in the opposite direction, she follows his head with hers trying to keep the eye-to-eye contact all the time on the level that she needs. In the end, her son is unable to avoid her gaze, he becomes depressed and begins to cry[2].

1) This kind of play between a mother and a child was described by Daniel Stern in his earlier paper [4].
2) In his comment on this example, Stern says that such over stimulations are usually milder, as this case is extreme. However, the pattern remains stable [6].

According to Stern [3, 4], this type of behavior may be a result of hostility, a need for control, a need for intensive emotions in interaction, and sensitivity to rejection (the mother may experience each turning of the child's head as a micro rejection). Therefore, the mother makes continuous attempts to repair and deny this frustration. This means that for the child the generalized pattern of interaction with the mother (RIG) will include the breaking of the stimulation limit. In the end, the child who needs to reduce the level of stimulation will try to regulate the level of stimulation by presenting aversive behaviors. The mother becomes an "other" who dysregulates the child's self.

Further observations of Steve confirmed that when he was in relation with a different person, he automatically experienced a higher level of stimulation, as the self dysregulating RIG created in the relationship with his mother was activated. He often behaved in a non-adaptative way and rejected the attempts of the other person to adapt to him. He could neither react to engagement nor respond to it. Stern underlines that observation of infants similar to Steve shows that they generalize their experiences and present over-avoidant reactions in relation to new persons as well as inhibiting their positive excitement when they are alone, as the infant recalls the RIG of a "dysregulating other".

A specific example of excessive stimulation was the dyad "mother – Molly" observed by Stern's team. Molly's mother tried to teach her how to play with a doll and continually intruded into her play all the time. Observers of this interaction felt the tension, described as "a knot in the stomach". They felt the fury and impotence that reflected the inner state of Molly. Molly tried to adapt to this situation by becoming more cooperative with her mother. Instead of actively avoiding or resisting her intrusions, she cast enigmatic glances around her. She looked at other people as if they were transparent. She seemed to be looking somewhere far away and her mimicry was unreadable. At the same time, she politely did all that she was asked to do. Observations of Molly took a few months. In the meantime, her activation level and ability to self-regulate were diminishing. She seemed to give up as if she was controlled by the "start-stop" buttons pressed by her mother.

There are, however, other forms of excessive stimulation of the child which show a lack of attunement and influence the development of the child's nuclear sense of self. Daniel Stern [5] described other forms of insufficient stimulation which were intolerable for children and distorted their nuclear sense of self. An example of insufficient stimulation was the dyad "mother – Susie". During observation, Susie's mother was depressed and preoccupied with her recent divorce. She favored her elder daughter. Susie was conceived to save the marriage of her parents. Her social competencies in infancy were well developed but she was unable to get her mother's attention for a longer period of time. Her mother did not regulate her when she was agitated. Susie's experience was similar to the experience of children in institutionalized care, who are deprived of certain types of experiences derived from interactions with adults and suffer from the lack of the other that could regulate the self. Susie was persistent and made continuous attempts to draw her mother's attention. When she succeeded, her level of arousal increased. In her future

life, Susie's behavior indicated that she had developed a specific type of RIG of an over-charming "Miss Sparkle Plenty"[3].

Attunement as the matrix of the development of the self

The next stage of the development of the self that is described by Stern is the development of the subjective sense of self. In the previous stage, the infant's inner states and level of arousal were regulated by the carer. In this stage, an infant learns a new experience of sharing its inner state with another person. Mutual experiencing of emotions is possible, thanks to the process of attunement, whereas the lack of attunement leads to the inability to share subjective emotional states. Stern and his group give an example of the lack of attunement in intersubjective relatedness. A twenty-nine year old divorced mother, who suffered from paranoid schizophrenia, was admitted to a psychiatric ward due to chronic decompensation. Her one-month-old daughter was left in the pediatric ward because the hospital staff were afraid to let her mother take care of her. No one from the mother's family took care of the girl either. According to the psychiatric ward staff, the mother was overidentified with her daughter (symbiotic lack of borders). The observers noted that she used to put her daughter into the bed as if her arms were made of feathers, and the bed was made of marble. She was so concentrated on some unnecessary activities that she was unable to react to the needs of the infant, which were clearly signaled to her. The mother was more concentrated on the external reality such as sharp objects and noise than on the child. To some degree, she was in contact with her daughter on the level of the nuclear sense of self, but there was no contact on the level of intersubjective relatedness. Although she seemed to be in contact with her daughter, she was in fact in contact with her delusions. The abovementioned case shows that an infant may temporarily adapt to the lack of relation on the intersubjective relatedness level if it remains in close contact on the level of the nuclear sense of self. However, in the future it may feel not only lonely but deeply separated, remaining in the state of an ego-syntonic, chronic isolation on the level of intersubjective relatedness.

The parents' role

How can we determine the most adequate level of the parents' attunement to the child? According to Stern [3, 4], the most *potent* way in which a parent may participate in the development of the infant's subjective and interpersonal world is selective attunement. In this way, a parent may communicate with the child in a mutually shared way. By the

[3] A charming girl, a character from an American cartoon, *Sparkle Plenty Tracy*, who at the age of two could talk and do all the necessary house duties. As a wonderful child, she draws the attention of everyone around.

selective use of attunement, the intersubjective response of a parent functions as a matrix that shapes the intrapsychic world of the infant.

Another important question is how parents select the aspects of their child's functioning they attune to? Observations made by Stern and his group led to the conclusion that the choice is usually made on an unconscious level. In this way, the process of generating a transgenerational matrix takes place in the course of everyday interactions. The process of selective attunement is usually described as mirroring. It is specifically related to the infant's phase of development. At the stage of the nuclear sense of self (nuclear relatedness), the key role is played by these reactions of the carer that regulate the infant's state of self. At the stage of the subjective sense of self (intersubjective relatedness), the key role is played by emotional attunement, whereas at the stage when the verbal sense of self is developed (verbal relatedness), the key role is played by the factors that enhance the shaping of and strengthening of the collective meanings of words.

Another important aspect of attunement is its sincerity and authenticity. Stern's observations prove that the attuning activities undertaken by a parent may be good enough for a child, even if the parent is not fully engaged in them because he/she is tired or busy. Parents' attunement may vary in its authenticity or preciseness. Attempts that are not authentic lead to maladjustment. They are something more than random distortions in communication, which can potentially lead to successful communication. In the unauthentic attunement attempts there is no consistent pattern and the mother is perceived as an object that is not stable. The difference between an unconscious attunement and the lack of authenticity is compared by Stern to the difference between the magnetic North Pole of the earth, which is not identical to the North Pole, and other local magnetic anomalies, which can disorient the compass. The point where the attunement is the fullest is the point of reference (the geographical North Pole) of the affective intersubjectivity. Lack of attunement is like a systemic distortion (the magnetic North Pole), but a significant lack of authenticity deprives an infant of an interpersonal compass of intersubjective relatedness.

Stern's observations confirm the fact that excessive attunement of the carer is not as favorable a developmental situation as selective attunement. He treated excessive attunement as a form of psychological dependence, usually related to physical dependence. The mother is then overidentified with her infant and reacts to every activity with attunement. The child may feel that it shares its mind with the mother. However, this is different from the state of symbiosis, because the nuclear sense of self and the other are present[4]. Stern points to the analogy between the intersubjectivity present in the mother–infant relationship with the intersubjectivity in the therapist–patient relationship.

[4] Stern refers to Kohut's psychology of self, where intersubjectivity is understood as the intersection of two subjectivities.

Disruptions in the development of the verbal sense of self

It has been mentioned before that Stern [3] links distortions in the development of the sense of self in each phase with the distortions in experiencing oneself. The development of the verbal sense of self is related to a specific paradox. Language is closely related to reality, but at the same time, it is at the core of mechanisms that disturb contact with reality. Stern refers to two versions of language representations; the first one concerning the so-called *living experience*[5] encoded within episodic memory, and the second one, which is a verbal representation stored in semantic memory. Referring to the concept of Basch [7], Stern argues that in the mechanism of repression/suppression, the path linking the living experience and its verbal representation becomes blocked. A deeply touching experience of one's parents' death cannot be translated into a verbal form which could be consciously related to. In the mechanism of repression, it is the other way round, as the path going from verbal representations to living experiences is blocked. The reality of the semantic version, that the parents are dead, is acknowledged, but it does not evoke feelings or emotional reactions related to this fact because they remain suppressed[6].

At this stage, an infant may also experience other distortions, which Stern, following Winnicott, refers to as the false sense of self. This means that some aspects of the self are selected and reinforced because they respond to the needs and wishes of the other. This process takes place even when the reinforced aspects of the self are different from the real experience of the self – the inner structure of the self. Stern argues that in such circumstances we may, for the first time, observe distortions of the reality on the infant's side. These distortions result from the child's need to be in contact with another person. At this moment, language is so well developed that it ratifies *splitting*, as the verbal representations supporting the false sense of self are privileged. Stern points to the following situations supporting the development of the false sense of self, such as "Can't you be more careful with this teddy bear? Sally is always so careful", and the second example, "Isn't it exciting? We are having such a great time! This is not interesting but take a look AT THAT!". Gradually, thanks to the cooperation between a parent and a child, the false sense of self becomes a semantic language construction, which defines who you are, what you do and what you experience. Repression may operate only when the sense of self is achieved. In repression, the real, personal and emotional meanings are separated from the language descriptions of the experienced reality.

One of the questions posed by Stern at this stage of his studies was whether there exists a kind of pressure or motivation which activates repression and results in the separation of the true and false self. In his answer, based on dozens of infant observations, he stressed the need to be with the other as the main motivation for repression. He noticed that in the

5) Living experiences are interactive episodes encoded in the episodic memory that are brought to life when a recalling cue is present.

6) In denial, perception itself is distorted – "My parents did not die".

domain of the false self, an infant can experience unity, subjective sharing, and conditioned affirmation of its personal knowledge. At the same time, in the domain of the true self, the mother is experienced as unavailable, or not seeing the child. The domain of the false self was in his opinion related to the domain of privacy, which operates in the space between the real and false/social self. The private experience of oneself can be expressed in language and is known to the self and can be better integrated than the repressed experience of oneself.

Following his observations and analyses, Stern [1] proposed a modification of Winnicott's division of the self into a true and a false one. He suggests a tripartite division of the self into the "social self", "private self, and "repressed self". Apart from these, he also defined a specific type of experience defined as "not self" that is related to disintegration or the lack of integration at the level of the nuclear sense of self. The experience of "not self", which appears at the stage of the language development, results in his opinion in suppression.

Clinical implications of the sense of self's development, a diagnosis. Case study

The attempts to understand pathogenic events occurring in the early developmental stages are a significant element of the patient's and therapist's mutual efforts. Usually, the clinician is informed by a developmental theory which helps him/her formulate the *narrative point of origin* of a certain pathology [1]. This point can rarely be placed at a certain moment in time, as it is usually rooted in the nonverbal phase of development. Stern calls it an *actual point of origin* [1]. He gives an example of a patient whose problems were related to control and autonomy. The first diagnostic task of the therapist, in this case, was to identify which of the relatedness domains is most prominently manifested. This can usually be diagnosed on the basis of the patient's life and transferential reactions.

To understand which of the sense of self's aspects is the weakest, Stern [3] proposes to imagine three types of mother–infant relations from the perspective of autonomy. The first mother would control the infant's body and its physical activity, putting aside its emotional states and verbal activity. The second mother would participate intensely in her child's emotions and intentions. For the third mother, the most important area of control would be the verbal activities of the baby. These three different situations would result in different clinical presentations of autonomy, as in each case a different domain of the sense of self would be under pressure.

Stern illustrates this with the case of a patient in her early thirties who could not fulfil her wishes nor achieve life goals. She remained in a passive role, often initiated by others. She became a lawyer and got married. The most painful and actual problem was that she felt paralyzed in her professional role. She felt that her life was in the hands of other people and felt helpless and mad. She often had emotional outbursts at work and her professional position was endangered. When she described her work, she often focused on details related to the sense of agency on the physical level. She wanted to rearrange her office, flowerpots,

books, and coffee table – objects that she could move. She used to plan her activities but couldn't get into action. She was mad at her older colleagues who turned their shared room into a conference room. She was broken because she could not go there and look through the window. It did not disorganize her work, but she felt that, due to this limitation, her status at work was reduced. She regretted that she could not walk freely around the office anymore. Her complaints related to the physical limitations, and the inability to influence physical reality indicated that the most vulnerable domain of the self was the nuclear relatedness and the sense of agency. This impression was further proved because she felt that she couldn't control her life in the domain of intersubjective and verbal relatedness, which resulted in problems with empathy and verbal misunderstandings. Taking into account the abovementioned difficulties, the therapist began to search for the moment in her life when the nuclear sense of self and the sense of physical agency were endangered. The period of life identified as the *narrative point of origin* was when the patient was eight to ten years old and had to stay in bed due to some rheumatic problems and endocarditis. That period of her life was intensely discussed in her previous therapy, which she began because of the feeling of depression and loss. In the actual therapeutic treatment, the nuclear sense of self was more closely examined. The patient remembered that she was not allowed to walk or come close to the window. When she tried to do something on her own or to go somewhere, she felt physically tired. She was not allowed to do anything on her own until her mother or father could assist her. She felt as if she had to wait until someone else could "start or initiate the world for herself". She was physically ill and her self, which was deprived of the sense of agency and the ability to initiate actions that would "initiate the world", became the *narrative point of origin*. This sense of self now became the object of her care. It could become a breaking-through metaphor in the construction of her "clinical child". The establishment of this metaphor allowed the patient to explore freely different aspects of this difficulty in her life. In this case, the historical event in the life of the patient is located in the period of latency. According to Stern [3], this shows that all the aspects of the sense of self are susceptible to disruptions and deformations throughout a person's whole life. The narrative point of origin could also (but not necessarily) correspond with the actual point of origin located in infancy.

The abovementioned clinical example illustrates the process of pathological development. According to Stern, pathology is a continuum of accumulative patterns. On one extreme, there is an isolated event that brings a certain psychopathological effect. This type of pathology has its defined moment of origin and can occur at every development stage. The actual point of origin and the narrative point of origin are identical, there is no accumulation process. On the other end of the continuum, there are accumulated patterns of interactions, which are continued through the whole developmental process and can be rooted very early in life, even in infancy. These accumulated patterns shape certain types of personality, and if they are extreme they cause personality disorders. They have no actual point of origin. Disruptions or distortions in relationships are present on each

level of development and they accumulate. It is not easy to determine which events (early or late) have a more qualitative and quantitative impact on the process of accumulation. In the center of the continuum, there are characteristic cumulative patterns. They are not strong enough to have a pathological influence on the actual events. In these instances, the actual point of origin remains speculative. The key affective component of the pathological experience of self is, according to Stern [3], usually placed in a defined domain, i.e. one dimension of self, or even in its specific aspect. In the illustration presented, this was located in the sense of physical agency and the sense of freedom.

The therapist's role is, as has been mentioned above, to help the patient in getting access to the experience that may be the retrieval clue leading to the emotional part of the experience, a specific aspect of the sense of self. As an illustration of this process, Stern gives the case of a patient who after three months of therapy reacted with a psychotic episode when he was left by his girlfriend. He could talk about his disappointment and the feeling of loss only in an intellectual way. He could not cry, feel pain or remember moments of pleasure that he had with her. He could only talk about the last night they spent together before he received a letter informing him about her decision. They were caressing each other on the back seat of the car. The therapist asked, "What happened last night? Were you close to each other or did you just talk?" (a general question). "Did you feel any change in her?" (a question referring to the intersubjective domain). "How did you feel kissing her?" (a question referring to the nuclear relatedness). None of these questions unblocked his emotions. It was only the last question, directed even deeper into the domain of the nuclear relatedness, that let him release his feelings: "How did you feel when you could feel all her weight on your knees?"

From the theory of the sense of self's development to the notion of change in the psychotherapeutic process

As we can see in his illustrations, Daniel Stern [1, 3, 5] tried to elaborate a synthesis of his theory with clinical practice. In his basic publication on the infant's development, he distinguished the following, described above, dimensions of the self: the sense of the emerging self (until 2 months), the nuclear sense of self (2 – 6 month), the intersubjective sense of self (7 – 15 months), and the verbal sense of self (18 – 30 month). He called his efforts a "work in progress" that needed further tests and research. At the same time, he became a member of the Boston Group, which studied the process of psychotherapy. The results of his research, as well as the conclusions of the Boston Group's works, were published in his penultimate book, *The Present Moment in Psychotherapy and Everyday Life* [3].

From the perspective of psychotherapy, Stern and the Boston Group's crucial input was in creating the terms describing how a therapeutic change is achieved during a session. Referring to the conclusions of the Boston Group, Stern [1] said that in order to achieve a therapeutic change it is not necessary to make an explicit interpretation, i.e. an interpreta-

tion that refers to known, understood or conscious issues. A change is achieved via a shift in the implicit knowledge.

To explain this phenomenon, he refers to the intersubjective domain of the self [3], as intersubjectivity plays the key motivational role [1] in the psychotherapeutic process. Stern based his thesis on two assumptions. (1) The therapeutic relationship is a process co-created by two people, therefore the "intrapsychic" is in service to the "intersubjective". (2) The desire to be known and to experience intersubjective contact that is in the center of the intersubjective domain of the self constitutes the chief motivational force which pushes the therapeutic process forward [1, 2].

One of the basic concepts referring to the process of change in psychotherapy is *moving along*. This concept was distilled when the Boston Group analyzed therapeutic dialogues. The aim of the research was to look for the elements of dialogue that moved therapy forward. It has been observed that *moving along* in a therapeutic session is often based on blurred, loosely organized processes of searching for a path, losing it and finding it again, or finding another one. It is related to the process of choosing certain topics, which can often be discovered only when the process of displacement takes place.

Displacement in the therapeutic process is possible when specific moments called *the present moment* occur. *The present moments* are defined by Stern [1] as the smallest portions of psychological experience that have clinical value and build the process. They are both subjective experiences and units of the micro-process. Something located between the past and the future. Although *present moments* are different from moving along the network of free associations, the traditional domain of psychoanalysis, they are parallel to it and essential in the process of psychotherapy. To present the idea of a *present moment*, Stern refers to the difference between meaning and understanding. A *present moment* can manifest itself through a profound understanding that allows the patient to discover the key meaning and deepen his/her experience of it.

Stern [1] describes four aspects by which a *present moment* can be identified. The first aspect is that the *present moments* are "rolling" from moment to moment. This means that each subsequent *present moment* unveils its past so that the past revises the actual impression. The second aspect is a so-called "post factum revision", which means that an experience is transformed in a way enabling its verbalization. Revisions are made through verbalization. The third way to recognize a *present moment* is called "postponed action". This means that later experience significantly changes the previous understanding of an event. An event is re-evaluated and a new understanding occurs. The fourth type of revision is possible in the course of an analytic micro interview[7]. In order to explain the sense of his *present moment* conceptualization, Stern [1] suggests that we imagine it

[7] A tool elaborated by Stern for a micro-analytic study of an experience, e.g. step-by-step observation of what happened during breakfast on a certain day. It unveils the implicit and explicit knowledge related to the event.

as a "screen" where the past can be projected, or as a space of events where dreams and desires can be manifested.

Another type of *present moment* is a *now moment*. Stern describes this as an event that happens suddenly as if it jumped in. It is a moment saturated with immediate consequences. In his definition of this moment, Stern [1] refers to the Greek god Kairos, who is a symbol of a critical moment, a moment that is either grasped or disappears. The *now moment* is described as an event that is intensely saturated with presence and the desire for action. The present moment and the now moment create change in the therapeutic process.

The third element of change in the process of psychotherapy is the *moment of meeting*. This is a moment when both sides achieve an intersubjective point of meeting each other, i.e. each one is aware of the other's experience. They share intimate, mutual mental landscapes and experience a specific kind of adjustment. The *moments of meeting* usually are preceded by the *now moments*.

As has been mentioned earlier, a shift in the process of psychotherapy is managed by the need to establish intersubjective contact. According to the conclusions of the Boston Group [2], there are three main intersubjective motives that push the clinical process forward. The first one is called intersubjective orientation, consisting of a moment-by-moment testing, mainly unconscious, of the present relational situation between a patient and a therapist and its potential direction. The second main motivational force is the sharing of experiences in order to be known. It assumes a need for continuous broadening of the intersubjective field and the creation of a common mental space. Whenever this intersubjective field gets broader, the relation changes. These are the moments when patients experience a new way of being with the therapist and probably also with others. This type of change is indirect. It needs to be verbalized to become explicit and become an element of the patient's relational knowledge.

The third motive responsible for the change in the psychotherapeutic process is the wish to define and redefine the self. The experience of being seen by the other person in the process of self-reflection, an own identity can be reformed or consolidated. In order to better understand the nature of the change in the therapeutic process, Stern presents a fragment of a session with the analytic comments made by the Boston Group [1, p. 152-155].

Relational shift 1

Patient: I don't feel I'm fully here.

Analysis: the patient makes some distance, she is unwilling to do an intersubjective exchange at the moment.

Report p. 2

Therapist: Uh-huh.

Analysis: stressing the end of the sound communicates recognition of the patient's declaration and a small step towards cooperation.

R. p. 3

[6 seconds of silence]

Analysis: Patient hesitation, whether to change the present status quo. By remaining silent, the therapist signals an intention not to change it at the moment. It is also a delicate pressure on the patient to break the silence.

R. p. 4

P: Yes

Analysis: primary intersubjective position is confirmed by the patient. She gives a signal that she is unable to go forward or come closer. By saying a word, she manifests a wish to stay in contact.

R. p. 5

[silence]

Analysis: As the contact was established by the patient's 'yes", silence may last without a significant loss within the intersubjective space. The therapist and the patient remain loosely connected with traces of instability.

R. p. 5

T.: Where are you today?

Analysis: The therapist makes a clear move towards the patient by inviting her to open the intersubjective field.

R. p. 7

P.: I don't know. I'm just not fully here.

Analysis: Patient makes a step forward and half step backwards. The step forward is probably bigger as she shares with the therapist that she doesn't know where she is today.

R. p. 8

[a longer silence]

Analysis: The therapist indicates that he is not going to repeat the invitation, at least not at the moment. He will not press the patient but wait for her initiative. This can also be

a kind of invitation and pressure. The level of pressure experienced by the patient depends on how silence is used in this relationship. The patient is both distanced and in contact. She seems to be making up her mind.

The "*now" moment*

P.: In the last session something touched me [a pause] but I'm not sure if I want to talk about it now.

Analysis: The patient makes a big step forward towards the therapist by sharing with him a feeling and broadening the intersubjective field. There is also hesitation and a step backwards. Previous tension is gone but a new one develops. This moment can be qualified as a *now moment* because it focuses attention on the new present implications and possible solutions.

An attempt to meet

T.: I understand that the other place where you are now is our last session.

Analysis: The therapist confirms what the patient said, i.e. he confirms her present state in the intersubjective exchange. The fact is that the patient is not fully "here". She is continuously absorbed by something that was brought up in the last session. The therapist came closer but without pressing her.

R p. 9

P.: Yes, I didn't like it when you said …

Analysis: She explains what she didn't like in the previous session. She opens a broader intersubjective field that can be further shared. On the level of content little has changed so far but the patient and the therapist are now positioned in a way enabling the emergence of new content. They have indirectly established a pattern of work that may lead them somewhere together.

The essence of shift in the therapeutic process

One of the characteristics of change in the therapeutic process according to Stern [1] is its unpredictability. In this context, Stern refers to one of the analytic notions of the Boston Group called *sloppiness,* which can be explained as disorganized or blurred. This sloppiness-disorganization-blurring has its specific creative value. It results from an interaction of two minds working together according to the pattern: engaging – becoming lost – reparation – explanation. This pattern of interaction makes it possible to create separate worlds and share them.

Stern [1, 3] observed this type of interaction already in a dyadic parent-child relationship, composed of intermingled ruptures and reparations. He argues that even in the best

relationship, there are many confused steps. Most of them are immediately repaired by one or both partners. Distortions and reparations constitute the main activity of the mother and the child. Ruptures and slips are compared to the mistaken steps in a dance. They are extremely valuable, as the mechanism of negotiation and correction of ruptures is one of the most important tools for being with another person. These mechanisms are part of the domain of implicit knowledge.

The sequence of ruptures and repairs is in Stern's opinion [1, 3] the most important way an infant may negotiate with its carer the imperfections of the surrounding world. The Boston Group concludes that the sloppiness of a relationship is not a mistake but its intrinsic characteristic. In psychotherapy, this is the process that activates new elements and turns them into a dialogue. Its chief value is that it enhances the mutual creation of new elements. Shifts in psychotherapy may sometimes lead to "dramatic therapeutic changes." In these key moments, the knowledge about therapy is abruptly doubted. These are the moments that concern the nature of Kairos. A new state can emerge violently or something may become endangered. The consequences of these moments are always observed in the future of the relationship. In therapeutic sessions, these moments come unexpectedly and something always needs to be done about them (an option to do nothing is also a choice). These elements are always related to the *now moments* and *the moments of meeting*.

As an illustration, Stern [1] gives a situation when a colleague[8] told him a story. She had been in analytic therapy on a couch for a few years and from time to time she expressed her concern about what the therapist did when she didn't see her. Sometimes she imagined that the therapist was sleeping, knitting or making faces. One day she said, "I want to stand up and see your face", sat on the couch and turned around. They faced each other in silence. The patient wasn't planning this at that moment, it was a spontaneous reaction. The therapist had not predicted it either. For Stern [1], this was a clear example of a *now* moment. The therapist and the patient found themselves in a new intersubjective, interpersonal situation.

There can be other new intersubjective situations, such as an outburst of laughter in the therapeutic session or meeting a patient in the cinema. In each of these moments, the intersubjective field is endangered and an important change in the relation (for good or bad) may take place. Therapist's standard tools are in these moments usually useless. When a *now moment* comes, time and space fill the present moment. The nature of this moment requires from the therapist something more than a technically acceptable response. It requires a moment of meeting. It is a specific type of *present moment* that solves a crisis evoked by a *now moment* (a *now moment* is a specific type of *present moment*). Intersubjective attunement[9] becomes strongly needed. A response to this should be spontaneous and bear the personal signature of the therapist.

8) Lyn Hoffer, a conversation, 1999 [in: 1].

9) According to Stern [1] this is a symbolic space, where both partners share their experiences and know each other indirectly. It refers to the "intersubjective domain of self"[3].

It needs to be stressed, as Stern often repeated [1, 5], that in order to make space for such a process, a clear therapeutic frame and therapeutic setting need to be established. This is well illustrated by the example of the patient who wanted to see the therapist's face. How did the therapist react in that moment? The patient unexpectedly sat down and looked at the therapist. They looked each other in the face and there was a moment of heavy silence. The therapist, who was not sure what to do, smiled gently, turned her head toward the patient and said "Hello". They looked at each other for a while and the patient laid down to continue their work in a new way as she brought in some new material. There was an important change in their work.

Analyzing this situation, Stern [1] noticed that the moment of saying "hello" with accompanying facial expression and the movement of the head was a moment of meeting. The therapist naturally adjusted to this situation and this focal point caused a change[10] in the intersubjective field. He also noted that most standard therapeutic tools would not work in this situation. Let's imagine that the therapist, instead of saying "Hello", said "Yes?", or, "What are you thinking about?", "What did you see?", or "Did you see what you expected?" or remained silent. These alternatives would probably lead us to some other interesting places but in Stern's opinion, they would be inadequate in this specific situation.

Stern notes [1] that one of the reasons why a therapist is unable to react in a spontaneous and authentic way is the anxiety that he/she experiences in a *now moment*, and the easiest way to reduce this anxiety is to hide behind a typical intervention. It reduces anxiety and the feeling of helplessness but a chance to move therapy forward is lost. In this illustration, the moment of change was not discussed at that time. Only a few years later did the patient say that this was the key moment in her therapy when she felt that the therapist was on her side, and was really open to her. These moments require not only a frame and the ability to freely associate but also a kind of specific attunement.

From fittedness in the relationship with an infant to fittedness in a therapeutic relationship

Fittedness of intentions[11] and *recognition of fittedness* are two more analytic notions developed by the Boston Group [2] and further elaborated by Stern [1]. They refer to the attunement in the parent–infant and therapist–patient relation. An example of the *fittedness of intentions* is when an infant turns from the state of irritation—distraction into sleep. When the intentions of the infant and its carer are fitted, the infant falls asleep. Stern understands this as a specific *present moment* and develops its understanding and potential

[10] This type of change in the theory of dynamic systems can be described as an irreversible change into a new state [1].

[11] *Fittedness* — initially related to the regulation of physiological states in a dyad, mainly during sleep. In these situations, intentions presented by two partners become a common intention and finally "fit" each other and share the same intention [1].

further, by describing it as a *shared feeling voyage* [1]. This concept brings forward the temporal aspect of this process and locates in its center its emotional aspect. Stern gives a poetic description of the shared feeling voyage when a new state of being is created in a dyad (also a therapist–patient dyad).

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

Because this voyage is participated in with someone, during an act of affective intersubjectivity, the two people have taken the voyage together. Although this shared voyage lasts only for the seconds of a moment of meeting, that is enough. It has been lived-through-together. The participants have created a shared private world. And having entered that world they find that when they leave it, their relationship is changed [1, p. 172–173].

Stern argues that it is difficult to find appropriate language to describe a reality that is at the same time simple and complex, as there is no language that would express the temporal dynamics of emotional changes. To present this experience in a different way, Stern [1] tells a story about two people who meet at a skating ring.

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

At the end of a half hour, tired, they stop and have a hot drink at the side of the rink. But now their relationship is in a different place. They have each directly experienced something of the other's experience. They have vicariously been inside the other's body and mind, through a series of shared feeling voyages. They have created an implicit intersubjective field that endures as part of their short history together. There may still be an initial social disorientation between them. They do not yet know each other officially, explicitly. But they have started to implicitly. They will talk across the table and share meaning. And while they talk, the explicit domain of their relationship will start to expand. Whatever is said will be (...) the background of the implicit relationship. Once they start talking, they will

also act along with the words – small movements of face, hands, posture (the implicit and explicit domains begin to work) [1, p.173–175].

According to Stern, these moments of meeting in the form of a *shared feeling voyage* provide one of the most valuable points of change in psychotherapy. However, a *now moment* can be missed and disappear, which has its consequences in the future. He calls these situations *missed opportunities*. They often result in some negative therapeutic consequences. Stern's research [1] analyzes the reasons why therapists miss the *now moments*. Sometimes they feel that they have reached this moment with the patient but are filled with anxiety and run away into typical technical maneuvers. Sometimes they get into the situation but can't react appropriately. In most cases, the consequences of such *missed opportunities* are not catastrophic. Usually another *now moment* comes up again. Sometimes, although very rarely, a missed opportunity may have irreversible consequences.

An example of a missed opportunity given by Stern [1, p. 177] is drawn from the psychotherapy of a teenage boy who had scars on his body due to scalding. During therapy, the issue of scars and how scary and disgusting they are for girls was often discussed. At one moment, the boy suddenly decided to show his scar. He unexpectedly said, "After all this talking, you should see what it looks like", and immediately lifted his t-shirt creating a *now moment*. The therapist reacted immediately by saying, "No, you don't need to show it to me, just tell me what it means for you". The boy was stunned and could not understand why the therapist didn't want to see his scar. They had an argument about it for the rest of the session and for a few further sessions. Stern says [1] that the therapist reacted so quickly that there was no time for reflection.

As the abovementioned illustrations and clinical examples have shown, the *present moment* plays a fundamental role in the future development of the relationship and has a transformative influence. Stern refers to the concept of the functional past that shapes the present but can be also rearranged in the process of a meeting in the *present moment*[12]. Thus, a present moment can change the patient's perception of the past not only as memories but directly influencing the actual perception of the patient. These findings refer to the generalized pattern of interaction [3] stored in the episodic memory that can be gradually modified by the newly activated patterns of this type of interaction. Undoubtedly, both concepts that stand behind them, i.e. the present-based recollection context and the generalized pattern of interaction, form the conceptual apparatus used to define the change in the course of psychotherapy. In this way, Stern moves in his conception between the emergence of the

[12] Stern [1] develops this idea by introducing Damasio's [6] conception of memories. According to Damasio, memory consists of a collection of fragments of experiences that turn into whole experiences. It is because the present events and experiences function as a specific "present-based recollection context" that selects, puts together and organises certain fragments into memory. This "present-based recollection context" is active independently from the mental events of the *present moment*, including smells, sounds, melodies, words, and faces. It also activates more organized experiences such as moods, dreams, conflicts, revengefulness, and a feeling of loss or pain. In this sense, memories are rooted in the present rather than in the past.

infant's self in relation to its mother, and the possibilities of its transformation in other meaningful relations, including the therapeutic relation.

Vitality: rhythms and patterns

In his last book, Stern [5] refers to the various forms of vitality in human life, directly relating to the first stage of the development of an infant's self – the emerging self [3]. He begins his reflections from the experience of movement (physical or psychological), which expresses its dynamics in time and space. The psychic movement first gains its energy and then loses it. Every experience which activates the brain leaves its representation in the form of its dynamic and its content.

The concepts of the forms of vitality and vitality affects were applied to understand the process of creation of the emergent sense of self. Mothers selectively imitate infants' behavior, e.g. babbling in response to movement, to affectively attune to them. In these cases, mothers share the dynamics of expression in its form, but not in its modality. An infant has the experience of a shared, common experience. This link is created between inner, not observable, states. The feeling of mutual understanding is established.

According to Stern [5], emotional attunement is based on the joining and sharing of dynamic forms of vitality across sensual modalities. If they are often used, a mother can create a level of intersubjectivity that is higher than in an accurate imitation. Describing the vitality of communication, he refers, among others, to Trevarten's [7] concept of communicative musicality. Trevarten describes the communicative function of movements and sounds between two people who can express through them their motives and intentional states. The key role in their communication is played by the mutual synchronization of their activities.

Communication via various forms of vitality takes place in psychotherapy too. Stern refers to the patient's physical sense of self, as in the case where the patient felt the weight of his girlfriend on his lap [3]. By referring to Damasio [6], Stern points out that the visceral, muscular, bodily and mind impulses create together so-called *background feelings* which provide us with information about the general physical tone of our actual experience. These impulses usually remain outside our consciousness but they can become conscious when they turn into feelings and become verbalized (but only to a certain degree). Damasio [6] gives the following examples of these psychic states: tiredness, energy, excitement, well-being, disease, tension, relaxation, welling up – rippling, prolonging, agony, stability, instability, balance, lack of balance, harmony, and disagreement. These background feelings are concomitant with the vitality dynamics which are present in all domains of the self. It can be observed in classical therapies as an imagined movement related to the telling of a story or a visualized movement.

Summary

Many years of studies of infants and children allowed Stern to understand the functioning of an adult in the categories of the basic structures of the self that emerge in the infant's development. Empirical studies and theoretical investigation inclined him to open a discussion with other developmental theories. In his key publication [3], focusing on the nonverbal aspects of the development of the self, Stern questioned the concept of developmental autism, treated as a natural phase of an infant's development. He argued that an infant reacts to the other person from the very beginning. He insisted less on the importance of oral gratification as the basis of the development of the self. In his opinion, bodily and visual contact was the most important. This is related to the key idea of his conception, that in order to experience oneself, an infant absolutely needs to experience another person. This nuclear sense of self, which enables an infant to regulate the states of self, becomes a specific, self-regulating structure that constitutes the sense of self and the sense of the other. This process takes place during multiple relational events saturated with emotions.

Intensive emotional experiences organize the foundations of memory, which plays a key role in the conduct of a psychotherapeutic process. In the process of infant observations and studies, Stern indicated that the understanding of the crucial processes of the development of the self becomes a matrix for therapeutic work. Among the basic tasks of a therapist highlighted by him was the necessity to identify the relational domain related to the illness. An illness usually engages all the relational domains, yet usually, one of them is experienced as the most painful. He argued that the organization of the memory and the patient's narrative allow the clinician to "keep in mind" the narrative point of origin of psychopathology.

The concept of intersubjectivity was further developed in the publication on the forms of vitality [5], which are specific means of mediation between two individuals. The Boston Group and Daniel Stern [2, 5] refer to the "local level". This is a microscopic level of gestures and expressions, phrases or suddenly expressed thoughts. Emotional attunement can appear at this level in a therapeutic session, especially during interventions such as mirroring, attaching, empathetic improvisation, holding, containment, dialoguing or accompanying. These interventions lead back to the specific attunement in the mother/carer–small child dyad. This dyad is present in other meetings and moments of attunement that come up throughout a person's whole life.

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