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**INTERVENTIONS THAT EFFECT  
CHANGE IN PSYCHOTHERAPY: A  
MODEL BASED ON INFANT RESEARCH**

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At the present time we are experiencing wide interest in rethinking and reformulating the conceptual and the clinical bases for understanding the way in which change takes place in psychotherapy. Almost daily one encounters new books, journal articles, and conferences that are directed toward this goal. We are moving psychology from traditional psychoanalytic language and conceptual frameworks to new vocabularies of chaos theory and nonlinear dynamic systems as we seek to describe “process” in the therapeutic interaction. Discussion has moved from explanations of change in the psychotherapeutic process as based on insight, as the unconscious becomes conscious through effective interpretation, to explanations described in terms of shifts in the organization of consciousness. These shifts in consciousness are brought about through moments of shared awareness—Tronick’s hypothesized dyadic states of consciousness—between patient and therapist as they experience “moments of meeting” within their “intersubjective environment.” With these changes in explanation, we are aligning our thinking with new information about the way the brain works in its construction of perception and memory and the way brain morphology becomes shaped by early experience. We are beginning to speak of “themes of organization” in the construction of expectancy for the flow of sequence and consequence in the stream of the recurrent daily events that construct one’s

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ongoing life context. As our adaptive strategies for fitting together within this context are being refined, they construct what we now call “procedural knowledge.” We are using different words and referring to different processes that refer to the way the system “works” rather than just to its content. Thus, central to the idea of “health” in the developmental process, we now focus on the way one’s sense of self-as-agent in one’s own self-regulation and self-organization become consolidated and how self-as-agent becomes “validated” in anchoring experiences.

At the outset of this group of papers, we must realize the challenge of translating among the languages that describe our diverse perspectives as we seek to reach a more common ground of understanding. It is clear that in addressing this task, we ourselves are also in process—each of us is struggling to conceive of the process of change within an ever greater inclusiveness—one that has increasing specificity, and greater clarity in description and application.

It was in 1988 that Dr. Jeremy Nahum began a workshop at the Boston Psychoanalytic Institute, seeking to familiarize candidates and members with infant and early developmental research, especially in the way the concepts of developmental process might be relevant to our understanding of the mechanisms of psychological change and reorganization in psychoanalytic treatment. In 1995 this led to the formation by Dr. Nahum of a new and more intensive study group aimed at pursuing in greater detail the questions raised in the workshop. This group was named the Change Process Study Group. It was made up of practicing psychoanalysts (Nahum, Morgan, and Harrison), two infant and child researchers (Lyons-Ruth and Tronick), a pediatrician and psychiatrist (Bruschweiler-Stern), and two analytic theorists (Stern and Sander). During the following year, and continuing into the present, the group brought together the complexity of the previous working discussions into one manuscript, which was presented for the first time in 1996 in Tampere, Finland at the 6th World Congress for Infant Psychiatry of the World Association for Infant Mental Health. The Tampere symposium papers are the basis for the papers presented in this volume.

The first of these, by Drs. Karlen Lyons-Ruth and Ed Tronick present the theoretical framework within which our discussions of the process of change in the therapeutic interaction took place. These are followed by Dr. Daniel Stern’s paper, presenting the background of group discussion, and bringing theoretical perspectives to clinical applications. Case material in papers by Drs. Nahum, Harrison, and Nadia Stern illustrates the application of these ideas to clinical process. A final word by Alec Morgan on questions and the perplexities the group is in the process of confronting concludes the issue.

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