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**REFLECTIONS ON THE PROCESS OF  
PSYCHOTHERAPEUTIC CHANGE AS APPLIED TO  
MEDICAL SITUATIONS**

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**ABSTRACT:** This article takes the basic ideas on the process of changing implicit knowledge put forward in this special issue, and extends them beyond psychotherapy to include other therapeutic relationships that occur in medicine. One vignette, from an encounter between a medical student and a dying patient, illustrates how a “moment of meeting” changes the student as well as the patient. The second shows how therapeutic interventions for new mothers with their newborn infants involve “moments of meeting” that alter the mother’s implicit knowledge of her baby and of herself as a mother.

**RESUMEN:** Este artículo toma las ideas básicas sobre el proceso de cambiar el conocimiento implícito de que se habla en este número especial, y las extiende más allá de la sicoterapia, con el fin de incluir otras relaciones terapéuticas que ocurren en la medicina. Una viñeta, tomada de un encuentro entre un estudiante de medicina y un paciente que se está muriendo, sirve para ilustrar cómo un “encuentro momentáneo” cambia tanto al estudiante como al paciente. La segunda viñeta muestra cómo las intervenciones terapéuticas para las nuevas madres con sus infantes recién nacidos involucran “encuentros momentáneos” que alteran el conocimiento implícito que la madre tiene de su bebé y de sí misma como madre.

**RÉSUMÉ:** Cet article prend les idées de base présentées dans ce numéro spécial sur le processus de changement de connaissances implicites, et leur fait dépasser le cadre de la psychothérapie pour inclure d’autres relations thérapeutiques que l’on trouve en médecine. Une vignette, tirée d’une rencontre entre un étudiant en médecine et un patient mourant, illustre la manière dont un “moment de rencontre” change l’étudiant tout comme le patient. La seconde vignette montre comment les interventions thérapeutiques

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pour de nouvelles mères avec leurs nourrissons nouveaux-nés inclut des “moments de rencontre” qui altèrent la connaissance implicite que la mère a de son bébé et d'elle-même en tant que mère.

ZUSAMMENFASSUNG: Dieser Artikel verwendet die grundlegenden Ideen der Veränderung von “vorhandenem Wissen”, die in diesem Sonderheft vorgetragen werden und erweitert sie über die Psychotherapie hinaus, um so andere therapeutische Beziehungen einzuschließen, wie sie in ärztlichen Situationen vorkommen. Eine Fallvignette einer Begegnung zwischen einem Medizinstudenten und einem sterbenden Patienten illustriert, wie der “Moment der Begegnung” sowohl den Studenten, als auch den Patienten verändert. Die zweite Vignette zeigt wie therapeutische Interventionen bei Müttern und deren Neugeborenen “Momente der Begegnung” enthalten, die sowohl das “vorhandene Wissen” der Mütter über ihre Babys, als auch über sich selbst als Mütter, ändert.

抄録：この論文は、この特集号のテーマである、言わず語らずの知識implicit knowledgeが変化するプロセスの基本を取り上げ、それを、精神療法を越えた、医療における治療関係にまで広げて考える。医学生と死に行く患者の遭遇の例は、“出会いのモーメント”が医学生だけでなく、患者をも変える様子を例示している。第2例は、新生児の母親への治療的介入が“出会いのモーメント”をきっかけとして、赤ちゃんおよび母親としての自分に関する言わず語らずの知識を変化させたのを示している。

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I will shift the focus of this special issue from psychotherapy to my experience as a medical physician. The main reason for this shift is that the basic issues of change that we are elaborating are not necessarily specific to, or restricted to psychotherapy. They can apply as well to medical acts. I hope, thus, that the following reflections will enlarge the scope of our discourse.

I remember several “now moments” and “moments of meeting,” some of which have stayed extremely vivid in my mind. Whether or not they had an affect on my patients is difficult to evaluate, but they certainly had an important effect on me: namely to strongly validate my function as a care provider at a level of depth that was apparent only to me. Looking more closely at these “now moments” may shed some more light on those our group has described about the psychotherapeutic relationship.

I will relate two of these moments. They are different from what happens in a psychotherapeutic relationship because they occur in a relationship that is not long-term and happens in one brief encounter. However, they still arise in a therapeutic framework.

At the time of the first example, I was a medical student on an internal medical rotation. The students usually received the worked up cases, and during rounds, they said to me that I was given a case of metastatic prostate cancer. We were standing next to a very anxious old man who could hardly stand and was agitatedly turning in circles, leaning on his chair, his nightgown which was wide open in the back, left him half nude. He was mumbling with anguish colored by vindictiveness: “Someone tell me, someone tell me that I’m gonna die!” Everyone knew it was true, everyone talked about it among themselves, but no one had said it to him. He was terribly isolated with this certitude and terribly alone in the face of death because everybody had abandoned him there.

I felt I had to do something, but I had just arrived on my rotation and I did not know him and his situation well enough to feel in a position to intervene. I was in a conflict between my role as a medical student and me as a person, as a human being. It was a “now moment.” I did not seize it. I thought that it would not have been appropriate to seize it at that point. It became a moment that I let go by, but also an unresolved “now moment” that stayed with me.

This first contact took place on a Friday. When I came back Monday morning, the patient had been transferred to a dark single room to die quietly. He was weaker, but still as agitated and anxious as before. When we came by for rounds, he resumed his mumbling saying: “I

know I'm gonna die, I know it well. . . ." The staff left the room as he was trying to reach his cup to drink. I stayed, supported his head and the cup so that he could drink. He said again, weakly: "Someone tell me that I'm gonna die!" I held his hand and put my other hand on his shoulder and said: "Yes, but we are here to help you." I do not remember exactly what followed next except for a deep feeling of relief for him and then for me, at different levels.

From this moment on, he was described by the staff as calm. He died 3 days later, peacefully. The moment had an important effect on me too. If I had not taken the risk of acting, this experience would have haunted me for a long time: I saved myself too in seizing this moment.

At a superficial level, I was just answering a question remaining explicit. The part that brought about a shift in our implicit relationship was the realization that his existential situation was shared between us; it was a dyadic state that was mutually recognized. This had the additional effect of my realizing that being myself in my work allowed me to go further.

Before my second example, let me give you quickly a sense of the psychological context in which these moments occur. I work now at the Maternity Ward of the University Hospital of Geneva and rather often experience with the mothers those particular moments of interaction that we call "now moments." The arrival of the first baby corresponds to a true revolution for a mother. She has practiced this role of mothering and imagined her future baby since she was a little girl, and more actively during her pregnancy. Once the baby is born, she has to adjust this representation formed in her head to her real baby. Her representation of the baby, consisting schematically of the wished for baby and the feared baby, is volatile, ready to crystallize on a specific baby behavior that would make it real. So around the birth of her baby, the mother has pulled out all her antennae to know who the baby is. The visit of the pediatrician is thus charged with emotion and expectations on her side.

Here is a clinical vignette to illustrate what can happen.

One Sunday morning, as I was on duty at the emergency room, I quickly went to the maternity ward because when we have the time we also have to do the physical status of the babies who are discharged that same day.

As the consultation started, I washed my hands talking to a new mother, while she was taking her baby girl out of her crib. She put her on the changing table, took off her pajama, and left her in her diapers on her back. The baby started to make disorganized movements with her arms and legs, and began to cry louder and louder, obviously uncomfortable. It seemed to me that she was looking for something to lean against. Her mother stepped back saying in a tensed voice: "She is nervous!"

I felt intensely but unclearly that something was wrong, and that I had to do something. Mother and baby were uncomfortable and strained, the baby was helpless and the mother was feeling incompetent. Without knowing exactly what to do, I looked at the mother and told her "let us see!" leaning forward toward the little girl with a first goal of relieving her unhappiness. I quietly put my hands and arms in a circle around her whole body limiting the space around her. Her disorganized movements were progressively stopped by these limits and she leaned on me with her hands and feet. Stabilized in her movements, she quieted down and opened up big wide eyes, in an alert state, ready for an interaction. Relieved and admiring of her capacity to organize herself, I turned toward the mother with a reassuring smile and said, "You see?"

She said: "It is incredible! It is magic! How did you do it?" I said, "Just like this." I explained to her that in the uterus, her daughter was in an enveloping limited space, that provided a holding environment for her movements, that she still needs these limits and does not like big spaces yet. I showed her how to hold her to help her stabilize and quiet down and how then, she is ready to play. The mother was relieved and enchanted.

I think that this moment provided her with a chance to reconnect with a representation of a gratifying baby that permitted her to feel like a competent mother, while the threatening

representation of a “nervous little girl” could fade into the background. This was a “moment of meeting” of the mother with a positive representation of her baby and of herself catalyzed by my intervention.

Only after this interaction, could we talk freely about her isolation from her family of origin and possible support networks that she could seek if she wanted to.

In this situation, one could observe that the mother had a distorted reading of the baby’s behavioral signals, and she projected a nervous or irritable representation on to her daughter. This phenomenon was preparing their subjective field for a relational mismatch. A mother–infant relationship that starts with signs of mutual misunderstanding is at risk to evolve into a negative spiral resulting in a disregulated relationship and possible problems of attachment. This is why an intervention was necessary.

In the early mother–infant relationship, one can meet these “now moments” and do very efficient preventive intervention. It is in this spirit of preventive intervention that demonstrating and focusing on newborn behavior can be an excellent technique for making behavioral mismatches apparent and to helping to resolve them.

In conclusion, “now moments” happen not only in the psychotherapeutic relationship, but also in any other therapeutic relationship. The ability to seize these moments belongs to any provider of care, and not only to the psychiatrists or psychoanalysts. In these moments, theory alone must be put in the background to let an authentic reaction emerge because this authentic reaction is the only route toward moments of meeting.

Finally, in medicine it is not mandatory to be able to deal with “now moments” to cure your patient, even though it should be part of a human medical-therapeutic contact. Nonetheless, in psychotherapy, the combination of a good theory plus the ability to suspend it to deal with “now moments” are mandatory for a successful treatment.

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