
REVIEW OF INFANT MENTAL HEALTH PAPERS

ARNOLD H. MODELL

Harvard Medical School, Boston, Massachusetts

ABSTRACT: The paper of the Change Process Study Group of Boston addresses an unsolved conceptual problem: How does one codify intersubjective states? The transfer of concepts from infant research to the adult therapeutic dyad is more than an analogy in that certain primitive aspects of mind appear in infancy, but persist throughout life. The regulation of consciousness is one salient example. The adult therapeutic dyad and the mother–infant dyad can be viewed as self-regulating dynamic systems that are also self-reparative. The concept of implicit relational knowledge is offered as an alternative way of thinking about internal object relations.

RESUMEN: El ensayo del Grupo de Boston para el Estudio del Proceso de Cambio presenta un problema conceptual sin resolver: ¿Cómo se codifican los estados de intersubjetividad? El paso de los conceptos de la investigación sobre el infante a una díada terapéutica para adultos es más que una analogía en que ciertos aspectos primitivos de la mente aparecen en la infancia pero persisten por toda la vida. La regulación del estado de conciencia es un ejemplo que sobresale. Tanto la díada terapéutica para adultos como la díada madre/infante pueden ser vistas como sistemas dinámicos de propia regulación que actúan también en forma de propia reparación. El concepto del conocimiento implícito de la relación se ofrece como otra manera de pensar acerca de las relaciones internas de objeto.

RÉSUMÉ: Cet article sur l'Etude du Processus de Changement effectuée par le Groupe de Boston étudie un problème conceptuel non résolu: Comment peut-on codifier les états intersubjectifs? Le transfert de concepts de la recherche infantile à la dyade thérapeutique adulte représente plus qu'une analogie dans la mesure où certains aspects primitifs de l'esprit apparaissent dans la petite enfance mais persistent toute la vie durant. Le réglage de la conscience est un exemple saillant. La dyade thérapeutique adulte et la dyade mère/bébé peuvent toutes deux être perçues comme des systèmes dynamiques se réglant eux-mêmes et se réparant eux-mêmes. Le concept de connaissance relationnelle implicite est présenté comme une façon de penser alternative sur les relations d'objet internes.

ZUSAMMENFASSUNG: Die Arbeit der Gruppe zum Studium des Veränderungsprozeß aus Boston beschäftigt sich mit einem ungelösten, konzeptionellem Problem: Wie kodiert man intersubjektive Zustände? Die Übertragung von Konzepten aus der Kleinkindforschung hin zur Diade der Erwachsenentherapie ist doch mehr, als nur eine Analogie bei der bestimmt primitive Aspekte des Geistes in der Kleinkindzeit auftreten und dann im ganzen Leben bestehen bleiben. Die Regulation der Bewußtheit ist ein kleines Beispiel. Beide, sowohl die therapeutische Diade des Erwachsenen und die Mutter—Kind Diade können als selbst regulierendes, dynamisches System gesehen werden, das sich auch selbst wiederherstellen kann. Das Konzept von vorhandenem Beziehungswissen wird nun als Alternative angeboten, um über die inneren Objektbeziehungen nachzudenken.

Direct correspondence to: Arnold H. Modell, 82 Kirkstall Rd., Newtonville, MA 02160.

抄録：ボストン変化プロセス研究グループの論文が扱うのは、「間主観的な状態をいかに成文化codifyしたらよいのか？」という、未解決な概念上の問題である。乳幼児研究における概念を、大人の治療的二者関係へと転用することには、単なる類似性以上のものがある。心の原始的な側面のあるものは乳児期に現れるが、人生全体を通じて存続するからである。意識の調整はその良い例である。大人の治療的二者関係も母・乳児二者関係も共に、自己調整的力動的システムとしてとらえることができるが、それは自己修復的でもある。内的対象関係について考える、もう1つ別な方法として、言わず語らずの関わり知識implicit relational knowledgeを提示した。

* * *

Behind the enigma of therapeutic change there is an unsolved conceptual problem, how does one codify intersubjective states? The papers of the *Change Process Study Group of Boston* can be viewed as an attempt to construct a new way of thinking about intersubjective process within the adult therapeutic dyad from the perspective of developmental changes within the infant–mother dyad.

Intersubjectivity was not seen as a problem in traditional (Freudian) psychoanalysis in that events between two people were referred back to the patient's mind, inasmuch as traditional psychoanalysis is essentially a one-person psychology. However, within the last decade, there has been a noticeable shift of emphasis within psychoanalysis with the growing establishment of a two-person psychology. It is evident that in the therapeutic process, communication between the patient and analyst is bi-directional; it is not only the patient's affective state that is communicated to the analyst, but it has become increasingly recognized that the analyst's affective state has an organizing influence upon the patient's internal life. We have acknowledged the intersubjective nature of transference and in addition have given greater weight to the developmental significance of the actual parent–child interaction. The age-old dichotomy between internal versus external determinants in development is now viewed as a meaningless characterization. However, as I noted in *Psychoanalysis in a New Context*, despite this shift of emphasis, clinically we have not yet developed the theoretical language that would enable us to describe a process occurring between two separate personalities in terms encompassing events in both individuals. We simply do not possess the conceptual apparatus to describe the conjoined, mutual engagement of the inner world of the therapist and that of the patient.

As Louis Sander noted, developmental infant research has itself been influenced by intellectual assumptions derived from other disciplines such as nonlinear chaos theory, systems theories, and contemporary neurobiology. Such alternative paradigms offer the promise of a closer fit with the enormously complex, nonpredictable and emergent aspects of infant development. A splendid recent example of such a modern synthesis (the application of systems theory and neurobiology to the infant's cognitive and motor development) can be seen in the work of Thelen and Smith (1994). The process of psychotherapeutic change, as is true of infant development, can also be characterized as enormously complex, nonpredictable and emergent. Regarding these interdisciplinary studies, Sander raises the important point, that given the diversity of perspectives of systems theory, infant development and psychoanalysis, the success of this enterprise will depend on the extent that we can we share a common language.

When one transfers concepts derived from observed changes within the infant–mother dyad to the adult therapeutic dyad, is this transfer of thought between these two very different domains merely an analogy, or does it denote something more than an analogy? If it is merely an analogy, there are limits to analogical thinking for there is inevitably a point where the analogy breaks down. The analogy between the adult and infant dyads breaks down at several points. One, is that the adult therapeutic dyad, unlike the mother–infant dyad, is not a biologically determined developmental process; second, in the adult therapeutic dyad both participants

are encumbered with the weight of their affective memories of the past, whereas in the infant–mother dyad, the infant’s past is just beginning. Therapeutic change in the adult entails a retranscription of affective memory; there is, especially in cases of trauma, an implicit agenda—a transcendence and transformation of the past. This is not on the infant’s agenda.

The papers of the *Change Process Study Group* suggest something more than an analogy between the infant and adult dyads. There is an implication that infant observation allows us to identify certain primitive aspects of mind that appear in infancy, but for this reason should not be labeled as infantile as they persist throughout life. The contagiousness of affects is one obvious example. Edward Tronick’s hypothesis of the mutual regulation of consciousness is another example. He proposes that the emotional exchange between mother and infant has the potential for expanding each individual’s state of consciousness. As many have noted, there is also an inverse to that statement, in that disorders in the emotional exchange between mother and infant can constrict the individual’s state of consciousness. Affects are the leading edge in this process of mutual regulation, that is to say, the regulation of states of consciousness follows from the regulation of affects. It is this influence of the mother’s consciousness upon the infant that allows the infant to achieve a more complex level of organization.

I have described a somewhat similar process in my book *Other Times, Other Realities* (Modell, 1990). There I have suggested that a significant element that contributes to the process of therapeutic change is the patient’s capacity to internalize the therapist’s more complex mindset. The therapist by virtue of his or her training and experience is able to accept the paradox of the existence of several different levels of consciousness within the therapeutic setting. Whereas, the patient may have a more restricted state of consciousness perceiving only the “real” relationship, or the transference, that is, perceiving the therapist only as an internalized imago from the past. We hope that our patients will vicariously borrow our more complex, multileveled consciousness. Tronick describes a similar process in which the infant “borrows” or uses the mother’s more developed consciousness as a “scaffolding.” If this hypothesis proves to be true, it is of great significance, for it suggests that the mother’s affective state may have a profound influence on the infant’s cognitive development. Tronick’s idea is reminiscent of that of Vygotsky (Bruner, 1985) who suggested that “the tutor serves the learner as a vicarious form of consciousness until such time as the learner is able to master his own action through his own consciousness and control.”

Psychopathology provides support for Tronick’s hypothesis. One can observe in the psychoanalysis of those individuals whose mothers were depressed during their infancy and their later childhood, that the mother’s failure to respond to their child’s psychic aliveness—that is, the mother’s failure to recognize the uniqueness, originality, and separateness of their child’s inner world, may have a profound effect on the child’s developing sense of self. Some patients who believe that their mothers do not recognize that they have separate minds, may have difficulty in accepting their own personhood. This observation suggests that the mother’s consciousness of the infant’s self-hood serves as a scaffolding that facilitates the infant’s acceptance of separateness and individuality.

Daniel Stern compares the adult therapeutic dyad and infant–mother dyad from the perspective of systems theory. In infancy, biologically preprogrammed developmental shifts create emergent properties within the dyadic system. In addition, within the mother–infant dyad there exists an intrinsic ability to repair ruptures to the system. In the adult therapeutic dyad, there is also a self-regulating dynamic system characterized as “moving along.” Disturbances in this system may also be self-reparative in the form of “now moments.” “Now moments” introduce novelty and are the fulcrum of therapeutic change. A “now moment” is a moment of authenticity and uniqueness that disturbs the preexisting equilibrium. It is important to note that Stern also

emphasizes, that this disequilibrium is an affective disequilibrium; novelty is introduced through an affective interchange. The “now moment” interrupts the steady state which is conceptualized as “implicit relational knowledge.”

Stern’s summary of the *Change Process Study Group of Boston’s* idea of “implicit relational knowledge” interrupted by “now moments” can be thought of as a foundation schema that will enable one to think more clearly about intersubjectivity. I find this formulation to be a promising beginning, but other dimensions need to be added to the schema. For as I noted earlier, the analogy between the adult and infant dyad breaks down when one considers the historical dimension. The encounter of the “now moment” carries the weight of the subjective histories of both participants; in this process there is a mapping of the familiar onto the memories of the unfamiliar. For the “now moment” to be therapeutically effective there must also be a recontextualization of memory (Modell, 1990), leading to a transformation and transcending of the past.

Karlen Lyons-Ruth enlarges upon the concept of *implicit relational knowledge*, suggesting that this term can be substituted for the psychoanalytic concept *internal object relations*. Thus, transforming the latter term into a “more representational systems conception.” Furthermore, she proposes that *implicit relational knowledge* is an example of procedural memory, a term proposed by some memory researchers. Implicit or procedural memory is unconscious, but the unconscious described by cognitive scientists shares nothing with the unconscious of psychoanalysts. As Lyons-Ruth explicitly states, this is not a dynamic unconscious. Lyons-Ruth proposes a binary system of representation, separating “semantic” representation from “nonsymbolic” procedural representation. I find this terminology somewhat confusing and probably out of date as some researchers use the term *semantic memory* to denote knowledge-based memory as contrasted to experience based memory (Vargha-Khadem, Gadian, et al., 1997). Furthermore, while “implicit relational knowledge” exists before the infant has acquired (verbal) language, it is misleading to believe that such memories of the affective interactions of the infant or child with its caretakers, are not coded symbolically. *Implicit relational knowledge* is not analogous to the procedural memory that we acquire when we learn to ride a bicycle. It would be more accurate to describe *implicit relational knowledge* as presyntactical. For I would suggest that the memories of salient intersubjective affective experiences form metaphoric affect categories before the child has the capacity to construct sentences (Modell, 1990, 1997; Modell, in press). I have suggested that prelinguistic affective interactions between a child and his/her caretakers are organized as affect categories that can later be activated when there is a metaphoric correspondence between memory and current inputs.

If the term *implicit relational knowledge* is intended as a substitute for internalized object relations, it should be noted that affective interactions may be coded as wordless metaphors, which are pregnant with meaning, so that implicit relational knowledge is not analogous to procedural memory. An example of a prelinguistic affective interaction can be found in Freud’s famous account of the child’s *fort-da* game (Freud, 1920). Freud’s grandson at the age of one and a half created a mimetic metaphor, representing his mother’s departure by throwing and retrieving a wooden reel.

Alexander Morgan focuses on the importance of the so-called “real” relationship. He defines the real relationship as an “interchange in which the therapist is more authentic and genuine as he or she would be in real life apart of the role as therapist.” I have described (Modell, 1990) the real relationship in similar terms. Within the therapeutic relationship there are multiple levels of consciousness and multiple levels of reality. Patient and therapist experience themselves and experience the relation to each other as they would in ordinary life, yet at the same time they are both acting within the therapeutic frame that facilitates the illusion that they are assuming the role of old imagoes. This process occurs within the patient as well

as the therapist. Further, an important aspect of the therapeutic process is the therapist's ability to accept the paradox of the simultaneous presence of these different levels of reality and consciousness, and to be able to shift from one to the other. I fully agree with Morgan's formulation that "therapeutic change is a dialectic between transference influenced interactions and real relationship interactions."

Jeremy Nahum's case illustration thoroughly demonstrates Morgan's formulation. Nahum's and Alexander Harrison's clinical descriptions provide a human dimension to the concept of the "now moment." The common denominator in both cases is a moment of affective authenticity that equally engages both participants. Nadia Bruschweller-Stern reminds us that the "now moment" is part of life itself and is not limited to the psychotherapeutic relationship.

REFERENCES

- BRUNER, J.** (1985). Vygotsky: A historical and conceptual perspective. J. Wertsch, (Ed.), In *Culture communication and cognition*. (pp. 21–34). Cambridge: Cambridge University Press.
- FREUD, S.** (1920). *Beyond the pleasure principle*, Standard Edition, Vol. 18. London: Hogarth Press, 1955.
- MODELL, A.** (1990). *Other times, other realities*. Cambridge: Harvard University Press.
- MODELL, A.** (1997). Reflections on metaphor and affects. *The Annual of Psychoanalysis*, 25: 219–233.
- THELEN, E., & SMITH, L.** (1994). *Dynamic systems approach to the development of cognition and action*. Cambridge: MIT Press.
- VARGHA-KHADEM, F., & GADIAN, D. G. ET AL.** (1997). Differential effects of early hippocampal pathology on episodic and semantic memory. *Science*, 277: 376–380.

Copyright of Infant Mental Health Journal is the property of Michigan Association of Infant Mental Health and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.