

# “The Waltz of Empathy”

(Excerpts from D. Stern's conference.  
Rome, 2005)

## Part I:

I would like to start with 3 topics:

- I) What we really mean by intersubjectivity; how intersubjectivity develops.
- II) What we mean by the concept of “unconscious”; what is known on an implicit but non-verbal level.
- III) What we mean by “Emergent Moment”; what is the present.

After these definitions we will dive into the most clinical context, talking about how these concepts can be applied to the management of clinical cases. Let's start with the first theme: intersubjectivity.

When psychoanalysis started, when Freud began to work, he did not deal with intersubjectivity because he thought that the most important thing was to discover what an individual has in his mind. So, from this viewpoint, if you can understand what is in a person's mind, in his intrapsychic world, this is more than enough. However, Freud soon found out that all this was not enough and that he needed to study the nature of the relationship and the intersubjectivity between the therapist and the patient. So, the concepts of transference and countertransference came to the fore. I believe that today we have passed this stage and that intersubjectivity is considered according to a broader point of view.

According to a sophisticated and elaborate definition, intersubjectivity happens when someone can say: "I know that you know that I know" or "I feel that you feel that I feel". There are some more primitive, basic forms of intersubjectivity and that is the ability to participate in someone else's experience in such a way that people share the same mental contents together and at the same time. Of course there is never a complete overlap, but if two internal worlds meet there will be overlapping regions. This overlapping central part is what we define intersubjectivity. One of the reasons why intersubjectivity is important is because when we consider it in this way we realize that we are talking about empathy, internalization and identification at the same time. How can all these things be done if we do not participate in someone else's experience? There must be a way to bring all this within us. We return to Freud and to the transference and countertransference. As we know, there was a real paradigm shift from a one person's psychology to the psychology of two people or from the mono-personal to the bi-personal psychology. We all agree that this has a certain meaning. In psychoanalysis and also in our therapies we cannot continue to believe that the therapist must stay neutral, in a neutral position, considering the situation from an “objective point of view” to understand what is in the other person's mind, without entering into the relationship with the patient. This is not what happens in life. Whatever happens between the two people involved in the therapy is due to the presence of an action, of words, emotions and feelings.

What we do in therapy is that we do not understand on a cognitive level what the other person is telling us about his life. Initially Freud proposed this way of leading a therapy but then he changed his point of view and thought that therapist and patient have their own subjective life and when these two subjective lives come into play and interact with each other new things are created,

which are not totally predictable. But if the things that happen between these two people are co-created, this will be the true subject of psychoanalysis, of therapy; on condition that the therapist allows all this to happen.

The key concept is the following: the child is born in a very social context. All his internal organization pushes him to be social. A child can somehow feel the emotions, the intentions of someone else, since he is a newborn, and he feels completely these emotions and intentions, even though in a naive way. So, a newborn baby's current point of view is not the point of view of someone who is "narcissistic" or "autistic". The point of view of a newborn baby is that of someone who is immersed in a "soup" of thoughts, ideas, intentions, conventions, actions of someone else. Facial expressions surround the child. This is the world around him, the world he is tuned into and that he introjects. The construction of a child's mind depends on being immersed in this interpersonal soup. If there is no one, the child dies, becomes a vegetable or a wild animal; there is no construction of the mind without very early social inputs. So it is not easy for a lonely child to become a social animal. The idea is that the ability to be social is not learned painfully starting from nothing. There is neither an "autistic phase" nor a "narcissistic phase". This is not what we see when we look at a child: we see something completely different: we see a very powerful impulse towards social interaction, a wish, a desire.

So, let's try to find some evidence of this. Probably, as you are Italians you know that there is an important laboratory of Rizzolatti and Gallese in Parma, two scientists who have discovered the so called "Mirror Neurons." It is a very interesting finding. They have found that these neurons exist in the brain and what do mirror neurons do? If I try to take this bottle, the motor neurons are activated so that I can complete the action. Behind the motor neurons there are these "Mirror Neurons," which are activated together with the motor neurons and they explain to me what is happening. I also know it through proprioception, but I understand it in a different way. So, what is interesting is that if I pick this bottle up and you follow me, your "Mirror Neurons" will load a pattern that is the same that you would have if you would pick the bottle up yourself; you have it inside your brain. So, if you pay attention to what I do, you will participate in my experience without having imitated it physically, you will have a virtual experience of how it feels to be me when I do this gesture. If you think about all this stuff it is really surprising, because it means that there are a number of scientific bases that allow us to talk about the most vital concepts for us, namely empathy and intersubjectivity. It emerged that "Mirror Neurons" do not work only for gestures; they also work for the voice. Then, while I am speaking to you, if I suddenly grow anxious, my voice becomes less melodic, more tense, and you feel this at the level of your vocal chords. You will participate in my experience and somehow you begin to feel some of my anxiety within you. So, you too will experience these variations of voice. This is also true for touch. If I touch her and you are watching me, you feel this touch on a virtual level. You feel it as if somehow it happens to you too. There are two other things that neuroscientists have discovered, very fascinating from the point of view of two minds participating in one another's experience.

One is the "Adaptive Oscillators": they are like clocks that are located in different parts of our body. These clocks are interesting because they can always be reset to zero. These clocks, for example, allow a player to run as fast as he can and hit a moving ball and kick it to score a goal. The player must foresee the time necessary for his movement and the movement of the ball to calculate where these two elements will meet. It is an extraordinary action, and the player needs these adaptive oscillators to synchronize his movement and the ball's movement according to the time determined by this clock. When we meet someone, of course the interaction is more complicated than kicking a ball. A ball has a regular trajectory, people do not. People do strange things, do what they like, change their trajectory. So, it is difficult to get this kind of adaptation. Children do it with

their mothers all the time. For example, if a man and a woman meet and fall in love with each other, the first time they hug and kiss with passion, it is very rare that they break their teeth by kissing each other. That's because they have these "Adaptive Oscillators" and are able to monitor the angle of movement, the movement of the head in order to have a "soft landing." So there are things of this kind that allow mother and child to acquire this perfect synchrony, when they want, to move them together, as if they were "dancing a waltz." We are able to perform this beautiful series of perfectly synchronized movements. But if you want to get in tune with someone in some way you have to understand what people are doing: in your mind you have to have a sort of feeling and perception of what it means to participate in that person's experience. We see some evidence related to development and inter-subjectivity. One of the strongest pieces of evidence, which you may know, is the imitation performed by a newborn baby at a very early stage. We know that a day-old baby is able to imitate someone, not in many things of course, but at least in something. For example, if you take a newborn baby, put it in a relaxed state and pull out your tongue, in a few seconds the baby will pull out his tongue; or if you open your mouth, or raise your eyebrows, the baby will imitate these movements. Now, in a one-day child how can all this happen? The child must have some mechanisms somewhere that allow him to get inside of his mother and participate in her motor activity, in what she is doing. And at this point something interesting happens; there will be a "Transmodal Transfer" of information because what the baby sees when the tongue comes out of your mouth, for example, is a picture, a three-dimensional visual image. But when the child pulls out his tongue, he will make a kinesthetic movement and therefore cannot see it. So, he takes information and is able to transform it, but actually he is not transforming it because he already has this experience, as if he were in your body, participating in this movement that you have accomplished. So the children are able to perform these imitations at a very early stage. Then later they partly lose this ability and recover it much later, but this is another topic. Nature offers very strong motivations for newborns to participate in social interaction because they have an innate preference, for example, to look at human faces and listen to human voices. They are the favorite stimuli of a newborn baby and they are immediately able to enter into an interaction using their ability to be intersubjective.

Another part of the story that is very fascinating is connected to intentions. When we think about it, intentions are perhaps the most important thing to recognize in others; they are an essential part of inter-subjectivity, and somehow we have to understand what the other person wants and what his intentions are. There are Darwin's writings that speak precisely of intentionality and say that intentionality is the basic unit of the universe. Darwin understood that the behavior of the species depends on the motivations on the basis of which they perform their actions in interaction with other members of the species. Therefore, newborns are very good at recognizing the motivations of others and they develop their experiences with them based on this recognition.

Let's use an example of a child of a month or a few weeks: just a simple thing like eating, breastfeeding, which is not really that simple. I'll show you what happens during bottle feeding. When the baby begins to be breastfed or bottle-fed, he is usually very hungry and the mother holds him and puts the bottle in his mouth and then does nothing. The child is hungry and sucks to death and continues. Mom must not speak, must not look, must not move. It is not even necessary for her to look at the child. The child usually has a look that goes through things, as if he was staring at something far off and yet the system is perfectly balanced. This is the first phase. It lasts a few minutes because the child stops being hungry and then begins to show curiosity towards the world. Usually this is what happens after the first feedings; then maybe he starts looking at his mother's eyes as if he were asking to play, maybe he smiles; he stops sucking for a moment. At that point, the mother must decide: does my child want to stop taking the bottle? Do I have to stop? Therefore

it is an intersubjective speculation with respect to the child. She must decide whether to continue to give him the bottle and she does so (gesture): this is the first stimulus. With this movement the child does so and starts sucking again quickly. Then the child stops again a second time and mom does so (another gesture) and the child at that point does this. In order to continue to give the bottle at that point the mother must think of a second stimulus, like this: "honey, aren't you hungry anymore?". Something like that, a verbal stimulus. After this, another mode starts: "come on, don't you want to eat?" The baby sucks or does not suck. It is as if the mother were orchestrating all this, a bit like Beethoven when a theme is repeated but the volume increases or decreases depending on the elements of the orchestra and everything is repeated and every time is really fascinating. This is what moms do. Then we move on to the third stage of breastfeeding: the child has already eaten enough and maybe wants to sleep, but the mother wants to give him another bit of milk, without preventing him from falling asleep. So she stops talking, she stops moving and she takes the child's left hand in her hand and creates a beautiful dance between the two hands, really a very delicate and beautiful dance to observe. In this way the child succeeds in continuing to suck a little because there is a new stimulus but not so strong as to prevent him from falling asleep, and at that point the session with the bottle is over. Basically it can be said that moms are conductors; but looking more carefully you understand that actually the child is not less important than the mother in conducting the orchestra because basically he gives the mother the stimuli that then lead her to react. It is therefore necessary a sort of real coordination between the two subjects involved.

Let's consider a 12-month child who learns to walk and let's follow him. Let's suppose that the child falls without getting hurt, but he falls. What does a child do? He turns and looks at his mother's face to see how he should feel and when she looks at him, if she smiles and says, "ah, you fell" (relaxed voice) the child laughs. If she does "ohhh, oh my God..." (anxious voice) the baby starts crying. So the child uses his intersubjective state to align himself with the mother's inter-subjectivity (see the "Virtual Cliff" experiment). So there is a kind of self-regulation that goes through the mother's reaction.

Another thing I think about is the so-called "Tuning of Affects." These things are very important because when you go into therapy and talk about therapy, I believe that therapy uses these things to make the relationship move. So I'm not talking about something that is just evolutionary psychology. I speak of what I believe to be the basis of human communication, and this is also true in a situation of analysis and even psychotherapy.

There is a nine-month girl who does not speak. The girl is sitting in front of her mother and tries to get a piece of a puzzle and cannot make it. In the end she succeeds and is very happy and she smiles in a crescendo and decreasing with a movement of the arms, looking at her mother. At this point the mother knows that her baby felt pleasure. How does mom tell her: "I know how you feel right now?" How does she communicate to her daughter: "I know what it means to feel such a pleasure?" Her mother cannot tell her. She cannot say: "I know how you feel", but she can imitate it. Because if the mother does: "ahhh", the child thinks: "what stupid" or she might think: "I know that you know what I did but how do I know that you know how I felt after doing all this?" The child could say: "you are like a robot", "you are a mirror", "you come from Mars", "I do not even know if you have a mind". So nothing happens. So mom has to find a new solution. What does she do? In part she makes a selective imitation of the child with a mode that is usually different. After the child makes "ohhhhhhh" the mother with her voice says "yeeeeessss", where the duration of this "yes" is equal to that of the child and the curve of the intensity over time is exactly the same as that of the child. So there is the same crescendo and decreasing and the same relationship. The child understands intuitively and inter-subjectively that the mother has understood what she has

experienced. There is an intersubjective understanding. So, there is this great happiness on the part of the mother and everything proceeds correctly in the right direction.

This is another example of this kind. Another story about how inter-subjectively sophisticated children are before they learn to speak. This is a videotape where there is a mother with a 10 months child who also plays with a puzzle. This time he takes a piece of the puzzle and does this (as if he wanted to eat it). And the mother tells him: "no!", "You do not have to eat it!" and the child does: "ahhhh" and mom says: "I said no". "Ahh" says the child and she says: "I'm not kidding. You do not have to eat it!" So there is a kind of escalation, one after another. In the end, after this verse of the child, the mother begins to get angry. Her face darkens, she leans her head forward and the voice becomes less melodic, more decisive: "do not respond to your mother", she says. At that point the child does: "ahhhh". At this point of the negotiation the mother yields. He won this battle of escalating. So, the mother's voice becomes softer, seductive and she says: "I said no". At this point the child knows he has won and then immediately takes the piece and begins to chew it, but he must pay this victory. So mom could make him feel bad, she could make him feel small, stupid, guilty and she says with a sort of disgust on her face: "blahh, it's cardboard". The interesting thing about this behavior is that I know this family and she comes from a very "macho" family. Her father and her mother always had these quarrels where one would say to the other: "I just cannot stand it anymore" and things like that and therefore inevitably this tendency towards escalation arose in this context. Then the child in this case got what he wanted but the mother makes him feel a little idiot, a little stupid, without worrying too much; which is the same thing that her brother did with her (the mother) when she was a child, and now she is teaching her son to live in the same kind of "macho" society, where there is a special relationship between man and woman and where it is always necessary to negotiate. You understand that it is a very complex cultural and family scheme already when the child is nine months old and he starts from this little episode on the puzzle card to learn this type of behavior.

I would like to say only one last thing about this world that I have described so far because it is very useful on a clinical level. Everything I talked about was non-verbal. Everything I have talked about is not conscious, at least on the part of the child, but usually not even on the part of the mother. Moreover, they both know many things. They know how to play, they know how to "conduct." Everyone knows how the other feels, they have already learned to negotiate. And all this is learned in the so-called implicit domain of knowledge, which is unconscious. Years ago we used to talk of "procedural knowledge," such as how to ride a bicycle or suck the thumb. It is unconscious. But in reality it is difficult to express it in words. Even a simple thing like riding a bike. So my partial conclusion for the moment is that nature has really done something important. Nature made sure that the human being did not want to speak or understand the language until a year and a half or two. Why? Because there is too much to learn first. And so nature did not want to ruin everything with language. The question, of course, is "what must we learn?" You have to learn all the things we talked about, you have to learn what to do with your eyes, when for example, a person talks to you and you look somewhere else depending on whether the person is looking at you or continues to look away. You look away, the other person looks away, the angle of the head, the body, the distance from the other person, the duration of tolerable silence for two people. So all the things we see every day in psychotherapy sessions. This is the meaning, the fundamental aspect of human relationships; and it must be resolved before we can start talking, because speaking is something that comes later. This is the fundamental aspect of sociality and it is very clear that this is how evolution has been conceived, developed, and that is why I have focused so much on non-verbal aspects of behavior.

A brief follow-up for what concerns infant inter-subjectivity between the ages of 3-4-5-6 years above all. If you watch children play without adult supervision in a playground, in a garden, anywhere, then one of the things they do more than any other is lying, deceiving, cheating others; this is their main activity and I say that this should be called an intersubjective game. If you lie to someone, you make fun of it, it means that you have read what's in his mind and this is a sort of violation of the other's expectations; so the child laughs or in turn hits you. But this is what the children do at that age: they learn to deceive, steal, telling lies; therefore a marvelous evolutionary progression, essential to become an intersubjective person.

Question:

I wish to know if Prof. Stern thinks that the child perceives the mother objectively or as a "subjective object" in the terms of Winnicott.

Prof. Stern:

I do not believe that the mother is a subjective object for the child in these early stages. I believe that from birth the child differentiates the self from the other, and perhaps even before birth. There is no doubt that the child is able to differentiate himself from others and there is no period of un-differentiation. From a psychological point of view, it is true that one can feel in fusion, merged with another, but it is very rare that there is total confusion between self and other, even if this happens in some psychotic states. So, in my opinion, the question of non-differentiation is one of the wrong ways taken by psychoanalysis. This vision has had many consequences on how diseases are conceived. This period of fusion/un-differentiation does not exist in my opinion, which does not mean that we do not observe serious psychotic fusional states, but that these states have nothing to do with a phase of development.

We talked about inter-subjectivity. Now I would like to deal with "Implicit Knowledge". At present, we divide the world of knowledge into at least two areas: explicit, verbal, symbolic, declarative knowledge, expressed in language to indicate things and people. It is a conscious knowledge on an explicit level. "Implicit Knowledge," which is non-verbal, non-symbolic, non-conscious. It should be noted that it is not unconscious in the psychodynamic sense, it is not part of the things of the dynamic unconscious that have been repressed. The implicit domain has never been repressed because it has never surfaced in consciousness. It can be repressed at a later stage, but in its original form it is simply non-conscious. The simplest example of implicit knowledge is riding a bike. In the past we called it "Procedural Knowledge". The reason why we no longer say "procedural" is that procedures involve actions and we have realized that, in the observation of children, implicit knowledge also embraces emotions, feelings, affections, thoughts, some abstractions, strategies and expectations. So, it's not just about classifications or actions. In the past we believed that "Implicit Knowledge" was a primitive and impoverished knowledge. We thought that when the child learns to speak, there is no need to develop it further, as if everything that belonged to implicit knowledge had become verbal. Today we think of implicit knowledge as something rich, nuanced, complex, elaborate, even richer than verbal knowledge. The most important thing is that when the child acquires language this does not limit what he knows on an implicit level through the non-verbal. Implicit knowledge continues to develop and implicit domination does not stop growing. Implicit knowledge grows exactly to the same extent as explicit knowledge and verbal knowledge. They are parallel processes of growth and there are two different ways of conceiving this term and of conceiving the world.

It is not always possible to make conscious what is known on an implicit level. Sometimes this passage can be done and sometimes it can't. Our knowledge of adults in the social world is largely

implicit knowledge, and even in a therapy session, 70-80 percent of everything that happens, relative to the knowledge of the patient and the therapist, belongs to the domain of implicit knowledge. There are obviously implications: we no longer think of the unconscious as a container full of removed material. We see two different types of unconscious: there is the dynamic repressed unconscious and there is the implicit not repressed unconscious, which is simply not conscious, but is not unconscious in the Freudian sense.

The idea of transferring something into words is very complicated. One part can be transferred into words, but not everything. Alessandro Baricco talks about ideas, and says that when ideas are still on an implicit and intuitive level they are transferred into words. He says: "ideas are like galaxies of little intuitions, ever-changing and, in practical terms, quite useless. Sheer beauty, however..." They are a wonderful mess. They are temporary appearances of infinity. Clear and distinct ideas are an invention of Descartes, they are a scam. There are no clear ideas. Ideas are obscure by definition. If you have a clear idea, that's not an idea. This is the trouble. When you express an idea, you give it an order that it does not originally have. In some way you must give it a coherent and concise form that is comprehensible to others. As long as you just think it can remain the wonderful mess it is, but when you decide to express it, you start to discard something, to summarize another part, to simplify this and cut that, to order everything by giving it a certain logic. You work a little and at the end you have something that people can understand. A clear and distinct idea, here's what comes to an end.

Now I will try to give an example of how sophisticated the world of implicit knowledge is, before it becomes verbal. This is a video recording: there is a one year old child and his mother sitting on a couch talking to the therapist. The child also sits on the sofa and starts to jump. It makes a mess and then lies down on the mother. At that point, the mother puts him on the ground and tells him: "I told you that you do not have to jump on the couch". It's obvious that what bothered her is that the baby was lying on top of her. So she puts it on the ground and he starts running here and there. Then he comes back to her, lightly touches her hand and her knee, but does not touch them. He approaches them. On an implicit level, he understood very well that she does not want physical contact at that moment. There are hundreds of examples of this type. The child managed to make an abstraction and inhibited the affects and motivations. This is a very rich implicit knowledge. Now let's take an example on the theory of attachment. The mother goes to another room for 3 minutes and then returns to the room where the 12-month-old is. The experiment is observed when the two meet again. We try to study the avoidance reaction. When the mother returns, most of the children with "secure attachment" go to meet the mother and raise their arms to be picked up. Mom hugs them and kisses them for a few seconds, and this is enough to make peace between mothers and children who start playing again. When the child is avoidant, the mother returns after 3 minutes of absence and the child does not do anything, does not even look at the door, continues to play and pretends not to see her or that she does not interest him. Naturally he saw her very well. The mothers of these children, since the attachment is two-way, go to the corner of the room, sit down and read the newspaper. There is no reunion, but while the child is not doing "anything", in quotes, he is actually very distressed. This is proved by measuring heart rate and some hormone production. The strategy of a child like that is the strategy of a child who has learned on an implicit level that, in order to keep his mother as close as possible to him, he does not have to do anything that triggers her refusal. So the child remains still. Mom will sit reasonably close to him and his presence will be there anyway. If the child had approached his mother she would have refused him, she would have sat further away in the room. She would have done the same even if the child had shown displeasure by crying. The child has learned to inhibit his desire and reach a compromise, to put in place a defense, a coping mechanism: not to show what he feels. In this

way, the mother will approach him, which would not have happened if he had really shown what he wanted. This is a very sophisticated knowledge in a 12-month child and it is also what happens in a psychotherapy session. This type of interaction that occurs between the psychotherapist and the patient is the most interesting part of a session and is not said to our supervisor, because we talk about what has been said, conceptualized, interpreted. This part of life flows elsewhere, while it is the central part of the interaction.

Now I would like to mention the "Emergent Moment". What is that? In a large part, it is an idea that comes from the work we have done, with colleagues, observing mothers and children and carrying out the so-called "Microanalysis". For example, a "Microanalysis" is carried out by observing the interactions and paying attention to any detail, which also happens very quickly within a few seconds. If we catch these few seconds of interaction we cannot fail to realize what is happening, because in fact the action is right there. In a few seconds we could have a gesture, a silence, an emotional exchange, an expression of affection, a little game, something like that. The interpretation of these few seconds has to be learned, but I have to say that thanks to the recordings it is easy enough to practice. If I observe the interaction between a mother and a child, I can clearly see what mother does: she does this, then I go back, I see the image again, until I assimilate her movement. At that point I can also observe the child while doing this other movement in response to her. This technique allows you to understand the strategies of the interactions and can also be used to understand tennis players strategies, to see how the two players play. It's the same thing between two adults or between mother and child. It is a very interesting technique that I recommend trying after learning. The problem is this: I spent a lot of time reading philosophers, like Russell or other phenomenologists, of whom I did not know much. Normally when we think of the passing time we adopt the old Greek concept of Chronos, which is very specific because it says: time passes and the present moves without jolts, leaving the past behind and going towards the future. But the instant of the present is truly a nothing, almost infinitesimal, because what it is important in reality, according to this conception, is what is there before and what there is after. This is the concept adopted by physics and also by a good part of psychology. You do not need the "Emergent Moment" theory according to this setting. Moreover, intuitively the present is something that exists. There is the "now". We all speak in therapy of the "hic et nunc". This "nunc" is the present. How to get out of the concept of "Chronos" and move to something that is more similar to "hic et nunc" but giving it a duration? The Greeks also had another kind of time, which was "Kairos", a subjective time, namely, a long moment of the present. Things happen in "Kairos" and suddenly they all come together. At that moment, if we want to change our destiny, we must act. And we can change it. If we do not act, our destiny will change anyway because we have not acted. It's a sort of decisive moment, a crucial moment in life. We all have our personal nodal points for big things: love, career, friendships and psychotherapy are many "Kairos" and micro-Kairos. It's a short time: 3-4 seconds; you can get to 10 seconds, but not less than a second in general. It is the time we use to know what is happening and what we grasp as gestalt. When I say a sentence like the one I'm now saying, it took 5 seconds. You did not hear the phonemes that made up the sound, you do not even remember all the words I said, but remember the gestalt, what I meant to say, the expression of the sentence. This is how we listen to a speech. So, there are many things where you need a kind of grouping of many little things that happen, without necessarily paying attention to everything, until you get a significant block, which can be a phrase or a musical phrase, and that's how we define the "now". The "now" takes place at this time when the sentence develops. Those who know more about this are musicians, musicologists and philosophers. They speak of the "Emergent Moment" referring exactly to this "now"; not to "Chronos." Even St. Augustine did the same thing: the "now" has a beginning and an end, called horizon and they say that it is like listening to music, musicologists say it above all. It

follows the ridge of the present moment that flows from the horizon of the past to that of the future and rides this ridge. Once you have reached the horizon of the future, the whole journey is put back together, and at that point you understand, for example, that the journey lasted only 4-5 seconds. The other interesting thing of the "Emergent Moment," and this brings us back to Russell, is that despite the moments pass, they leave the past of the present moment, which is always the "now", it is something we have in the ear, a sort of echo. It's like the wake of a comet, you still see it. And then there is the future of the present moment, which is the prediction of the implications of the path; the forecast of the future. Altogether this constitutes the "now". Why is it important to me? Because in therapy we usually talk about sessions with colleagues, a supervisor or a patient and we talk about it later, when the session is over, when we try to see what happened in session. We believe we have seen what happened and we spend almost all of this time on this task. After the beginning, before the end, we focus on the central part of the session and we do not know what will happen, we do not know what the patient will say later, we do not know what we will say later. We do not know "it" until "it" happens. We do not even know what we're thinking until we open our mouths to talk. We hear our words and understand what we think. If we had known before, we would have read a text or applied a theory, where the individual does not count.

I make things even more complex. Think of a story. Many say: the narrative, the story, is the best way in which the human tames the time. The human does not conquer it, but tames it. He tames the events that happen to him, puts them in a certain order, more coherent. The order of the story does not necessarily have to be the same in which it was lived. It does not have to be true, but it must be plausible, it must give the idea of life, even if it is not exact and precise in details. The story is like the "Emergent Moment," except that we have a larger unit. The present moment, even though it is short, has a narrative form. Let's take musical phrasing. Listening to it has a central part, an initial part and an end. The composer, the performer, speaks to us in some way: there is a crescendo, a decrescendo or an explosive attack, in short, many different forms that are part of the Overture, for example. In this case I would talk about affections that have to do with everything we do. Affects like the feeling of the explosion, which can be visual or auditory, the feeling of diminuendo or crescendo or permanence at exactly the same level with a series of ups and downs. So, all our affections, our experiences, are dynamic over time and it is very important to respect the way we know people and the world. Each one has its own vitality, vital, dynamic over time. So our little "now", the "Emergent Moment" is a micro-emotional story, with all the elements of the story inside, but it is very micro and very primitive. In a certain sense it facilitates the transition to a higher level and to a larger story. I think that the most important thing to say about the "Emergent Moment" is that it is the only time in our life in which we are subjectively and directly alive. There is no other moment when we are so in touch with ourselves and the world so directly. Everything else is remembered or planned, or is an abstraction. But if I remember something, I draw from the past in the present.

### **Questions:**

Question:

About an "Inner Baby". If there is an "Inner Child" inside us

Prof. Stern:

There is at least one point of disagreement between us. I do not think there is a child inside us. There is just "us". When we talk about the inner child we do not allow ourselves to live an experience, it is as if we reject it, move it away. If I play, I'm not going back to being a baby. There is not a child inside of me who plays. It's just that the implicit knowledge continues throughout our

life, but it's not like there's a child. There's no "fixation" to a child. I do not want to say that there were no traumas, this is another matter, but if we think of the child in us, we have already repressed things. If we refuse to talk about childhood and talk about who we are, this allows us to see more, rather than put everything in the head of the child in us, which prevents us from analyzing it further. Regarding traumas, I think of the English Kleinians who saw this dark world of childhood, where everyone was under the threat of a gun. I do not think this is true, I do not think that's how it is. I think children are generally happy.

Question:

About failed acts in Freud and "archaic mind"

Prof Stern:

One of the reasons why Freud's "Failed Acts" were so important in his theory depends on the fact that he realized that motivated movement is the first and most important event. When we talk about Freud and the psychoanalytic method the words come first, I wanted to underline this aspect. Although Freud considered the possibility of implicit knowledge (the not repressed unconscious) this is not enough for me, because from Freud onwards, implicit knowledge has become a field of scientific study in itself. Neuroscience deals with this.

Regarding the archaic mind I get very angry, because it's a bit like the first answer on the "Inner Child." I do not understand what is archaic in our mind. We are all adults, there are certain things that change and others that do not change. Things are not archaic because they were there from the beginning. The fact that they were there before the others is a detail of the development. The term "archaic" for me contains an obscure reality. The same answer I gave earlier to the inner child can also be applied to the "Archaic Mind."

Question:

About if there is a language to express emotions

Prof Stern:

I agree that there is no language for emotions. However, there is the language of the body, the face and the tone of the voice. When we speak to a patient in a strictly psychoanalytic context, in a traditional setting, if that patient tells us something there are emotional-cognitive differences between answering him "ah, ah!" or "uhmm". The first means that you are curious and want to know more, the second means: "I have understood, you can also stop with this. Go on". Therefore, even in a vocalization there is a difference in the tone of the voice, which has a language. Even in a psychoanalytic context there is a movement, there is the tone, there is silence, the way in which one greets, the tone of speaking, of strength of words. There is a whole background of emotional signals that we send, regardless of what we are doing, even if we are not always aware of it.

Question:

What do you think about the bio-energetics or art-therapies?

Prof. Stern:

As for the art-therapies, bioenergetics, everything is very fascinating. I'm trying to find out more. But I was annoyed by an aspect of dance therapy and expression through movement. I believe that people who do this work, after having a beautiful image of the patient return to the language

instead of remaining on the non-verbal aspect on which they were working. They become more “psychoanalytic.”

## **Part II:**

The work I will talk about was mostly done with a group. We called ourselves the "Boston Change Process Study Group". We did a very thorough analysis, but this time on both verbal and non-verbal material, so everything that happened in the sessions. What struck us immediately is that whatever the therapist or patient did, they also fulfilled the important function of correcting the inter-subjective state between the two elements, things that concerned where we are now, what is happening between us. We did not think in terms of transference-countertransference. We thought rather that the inter-subjective state between two people must be constantly adjusted, corrected, modified, improved, deepened. When we do not know what the other person is compared to us, we begin to suffer from a sort of inter-subjective anxiety, disorientation and we must do things right away to bring the relationship back on the right track, so that both people have a sense of what is happening, a mutual sense of the position of people working together. This is the inter-subjective state, two people who can like each other. One easy thing to do was this: when a patient tells us something, for example that when she was 8 her mother slapped her, we think “why did she tell it to us?” Did she want solidarity? Or did she want to tell us her story, which means she trusts me more than before? This is the underground part of the content. During psychotherapy we are really involved with two people, that is, what is happening in our lives is not really important. The first thing is to "be with" the person, to make the other person understand that we are participating with her in that experience. At that point the content is self-solved or irrelevant. It is about refocusing on what interests us. Obviously there is also a normal interpretation process. But not only this. Analyzing the interpretative process we see that interpretation has a double role. This too adapts itself to the inter-subjective state between two people, which modify the condition of their relationship. I take a step back. We all know how to deal with intra-psychic materials, we have studied it, but when we remember that there are two people involved in therapy, what should we be aware of? We often work on things we are not aware of. All this must be reported in the context of inter-subjective understanding between two people, before considering the content. By questioning the interaction through the micro-analytic interview, we understood that almost always therapist and patient travel together and move forward. I do not know how to translate this word exactly into Italian, but when I say "move together", it means moving together without knowing exactly what the destination will be. You do not necessarily move forward, the movement is not positive or negative and you find out more specifically just moving forward, changing what you want, but always together, in a sort of walk of two people who do not know where they are going. We cannot understand this process if we adopt a model of causal and linear thought, because what happens is not linear, perhaps suddenly we decide to turn right or left. We do not know what we will meet along the way. It is a process of research and discovery.

Instead of causal and linear thought, we have adopted the theory of dynamic systems, a second generation chaos theory. What it says is very simple: in front of a complex system, like the climate or two people trying to talk, where millions of variables come into play, suddenly the "emerging properties", something new, pops up, not because we wanted it or we knew it existed, but because, for the reorganization of the variables, something unpredictable happens. When something like this emerges it can be surprising, comical, important. However, it is an opportunity to be exploited. Here we return to the discourse of moments. When two people move together, something begins to be co-created, the “Emergent Moment” is created. At that point, the inter-subjective state, and perhaps even the same treatment context, are being questioned, we no longer know exactly where we are. It is a real perturbation that must be resolved. During the "now"

time, the therapist is tested, does not know what to do, feels a growing anxiety and knows that he has to do something. I'll give you an example of a moment like this: the patient is on the couch, she has been in therapy for years, and suddenly tells the therapist: "What are you doing back there?" The therapist replies: "And you? What are you doing? Are you reading a newspaper?" The patient says: "I'm curious. I absolutely must get up and look you in the face." The therapist does not answer. The patient gets up, turns and looks at the therapist. At this point we have these two women who stare at each other for the first time in two and a half years. None of them knows what to do at that point. This is an "Emergent Moment", a moment of high density, in which the therapist thinks almost in a polyphonic way, many things at once. In that moment you are suddenly drawn into the present, namely, everything falls into the "now", you cannot see beyond. The level of anxiety rises a lot, because the therapist really does not know what to do, there is no technical manual that explains what to do in these moments. I will give you another example of an "Emergent Moment." A person in face-to-face psychotherapy tells me: "I'm tired of looking at your face. It's hard for me to think if I look at you, it's like I understand exactly what you feel, and this hinders me". Then he turns the chair and starts staring at the wall. At that point the patient stares at the wall and the therapist stares at the patient's nape. There is a silence. This is an "Emergent Moment." What would you do? It takes a lot of honesty to talk about these moments, because it's really difficult to decide what you can and what you cannot do. These are moments that demand something from us. I'm going back to Federico's case. There is a depressed woman in the third or fourth session, and the relationship with the therapist has started to take shape. Towards the end of the session, this woman says that she is doing some renovations for a house somewhere and says: "Maybe one day I will invite you to see it". This is a small "Emergent moment." You are happy that she has invited you, but you do not want to encourage her and it is stupid that the therapist does something silly, like just talking. The best thing is a slight sketchy smile, saying maybe: "Thank you for saying it", but you cannot do much more. However, this is an "Emergent Moment," because it has helped to determine the future of the relationship, even if it is a small moment. It was a sort of thought about the future. The therapist must manage his anxiety to solve it.

We also have the so-called "Moments of the Meeting," which are something that the therapist does to solve the "Emergent Moment," to bring things back into balance, a sort of inter-subjective relationship that straightens up between two people. We are always in a relationship, whatever the person says, it is clear that it depends on the relationship that exists between us. Here is an example of a "Moment of the Meeting:" the therapist is in a moment of stress, he does not know what to do. Almost everyone, including me, in these moments say idiotic things, like: "what do you think?" Technically it is correct and legitimate, but they are stupid questions. We must instead find in ourselves an authentic, true answer to this situation, which does not exist in textbooks, but which exploits our sensitivity and intuition. Only in this way does one go further. It is dangerous, it is like crossing the boundaries. In the case of the woman who has sat down and stares at the therapist, the boundaries are crossed. In our culture, if two people stare at each other for more than seven seconds they either fall in love with each other, or they start quarreling. In that specific case the therapist said something she had not expected to say. She leaned forward, relaxed her face, sketched a smile and said: "hello", nothing else. Then the two women continued to look at each other for a few seconds, and the patient went back to the couch. The relationship has changed significantly, the transference has changed as well; the patient began to talk about other experiences of her life she had never talked about before. This was a "true response" from the therapist. It would not have occurred to me to say "hello". I think it was a very intelligent thing to say. The interesting thing is that this episode has changed the course of therapy, but without any interpretation. There was an implicit understanding between the two women when the therapist said "Hello". The two women understood each other. A year after this episode, the patient took up

this subject for the first time and said: "Do you remember when I sat on the couch and you said 'hello'? From that moment I understood that you had decided to be on my side". This changed everything, the intersubjective state between the two people had risen to a higher level. One of the interesting parts is that it did not require an interpretation. People do not change because the unconscious becomes conscious. It can help, but this is not the point. Implicit understanding and action (also through words) are the point. Some therapists told me: "why didn't the therapist ask the patient how she felt at that moment?" Imagine if a boy says "I love you" to a girl and she answers: "it's interesting that you tell me this right now..." If the boy is smart, he runs away. A poet used to say: "Anyone who really pays attention to the syntax will never kiss you."

There is another case that makes us think about what are the parameters of the setting allowed by the technical rules. This is Stephen Mitchell's case [see Mitchell S. – "Relationality From Attachment to Intersubjectivity"]. He was in therapy with a very intelligent young woman. She was also very witty and sadistic with him, to be almost intolerable. She told him: "you are not worth much", "Look how awfully dressed you are!" "You have really bad taste" "How can I be here with someone like you?" And she went on like this. This therapist was very experienced and had tried all the possible strategies with this patient. One day during the session the patient was particularly terrible. Then she suddenly stopped and told Mitchell: "if this were not a therapeutic session, we were on the street and I would tell you all the things I have just told you, what would you do?" And the Steve Mitchell answered: "If we were on the street? I would answer you: 'fuck you!' "And after a pause he added: "but we are in therapy and I am your therapist." At that point she finally gave up, and therapy started to become more fruitful. One could say that he gratified her in her strong emotions, or that he had a masochistic gratification. All true, but this has changed the nature of the relationship. He did not imagine that he would have answered that way, or that she would have asked him that question. It was not an interpretation, though, absolutely not. It was just an affirmation that changed the course of the therapy. Do you understand why I say "emerging properties of interaction?" Because no one has foreseen them. The patient on the couch did not know that she would have sat on the couch that day and she would have looked at the therapist in her face. It was something that came out as a co-creation between therapist and patient. In this sense we need to see events as "Emergent Moments," which are part of the dynamic systems and therefore are unpredictable moments, accepting that psychotherapy is an incredibly disordered and chaotic process. We forget it at the end of the session, we only catch seemingly coherent things. Even the best mother you've ever seen makes little mistakes with her child. Once every twenty seconds, and I'm talking about the best mother. And that's okay, the mother and the child must learn to rebuild, to repair these small breaks. From here the defensive mechanisms of coping are born. A perturbation is needed so that something that must be addressed and managed occurs. We proceed, both therapist and patient make mistakes, and we need to learn to use these mistakes to reconstruct the whole. We must consider these mistakes as products, as "emerging properties," as creative things that happen between two people, the same as we do with the slips, and other unconscious manifestations. These misalignments, these non-understandings are fine. It is only in this way that we can work together to rediscover the level of intersubjective bond. In order to have a good "Moment of the Meeting" we usually need to be sure of ourselves as therapists, to have a theory, to be well trained to use it, because in front of any moment of the meeting we must not violate the general framework of the theory, we must not abandon the theory. Theories are useful, but we do not have to follow them too strictly, because nothing in the theory explains how to deal with that person at that particular moment.

I had a 52-year-old patient who had never married, and had no children. She worked at the UN, she was a very smart woman. She liked children so much and she was very good with them, she

was the favorite aunt. She used to play with children and she was very good at mothering. On the other hand she had difficult relationships with men and an important career. At 52, she felt cosmically alone. Once she said: "when I die, nobody will notice it, nothing will change in the world. What do I live for?" She was not depressed. It was an existential question. We worked on this and she told me: "The only thing I did not do in my life is to have a child. This would have made the difference in my life". I told her if she'd thought about adopting one. She said: "Yes, but I always felt that it was never the right time, but I would have liked it". So I told her: "Why don't you adopt one now?" She thought about it and because she had a diplomatic career she could adopt a child even though she was single. She went to a country in the former Soviet Union and signed a contract for the adoption of an unborn child. Then she started to worry about not being able to be a mother, as she was 52: "My relationships with people are all short-term. How can I be sure I can be available in the long term with this child? I am condemned to remain alone in the universe." At the same time she kept saying that she wanted to have a child. She said she was not able to be a good mother. She began to cry thinking it would be a disastrous situation. She looked at me and said, "Do you think I can be a pretty good mother?" I did not know what to say. It's one of those moments when we cannot say the first thing that comes to our mind. The first thing I answered was "I do not know". This causes anxiety to rise, but I could not say neither yes nor no. Then I found a "Moment of Meeting" and I answered: "Can I tell you a story?" It's the story of a woman, Helga Fisher, who worked with Lorenz's geese.

There was a young female goose named Felly, an experimental animal. Felly had been deprived during the first few weeks of her life of all contact with animals or humans. She was confined to a room and there was only one thing in that room that moved and made noise. It was the thermostat switch that clicked once in a while. When Felly would hear this click, she would run to the switch and would rub against it, with an attachment response. After a month Felly was put back with the other geese and had a lot of problems because she had no idea how to socialize. Another goose approached her and she rubbed her head like she used to do with the switch, but she was not accepted by the other geese. During the feeding, another goose approached her and she spread her wings, a behavior that the geese perform only when a predator approaches, but never between them. So she was increasingly marginalized from the gaggle. Helga Fisher who was following Felly tried to conduct an experiment. She brought Felly eggs and she found out that despite the isolation, Felly knew how to brood them. Nevertheless, Felly was not so coherent and therefore the eggs didn't hatch. Helga Fisher replaced them, and tried to make Felly brood the different eggs, and this time Felly managed to hatch the eggs, but when the little ducks came out she got scared and did not respond well. She kept rubbing her head against the ducklings and they died. At that point Helga Fisher had a brilliant idea: she gave Felly some duck eggs. What is the difference? That when ducks are small they are very independent, they do not get too close to their mother. So, Felly brooded the eggs until hatching. When the ducklings came out, they approached Felly in an organized way, they were very independent, they went into the water, into the pond and they came back without scaring Felly. They did not touch her and she was no longer aggressive with them. One evening it started raining very hard and these ducklings took shelter under her wings and she accepted them. It was the first time that she had let them get so close to her. After this episode, one of the ducklings went into the pond to drink and she followed him. We call this "Reversed Imprinting". Felly followed this pattern and turned into a competent mother. After I had told this story to my patient, she cried. It was like a movie in a movie, and then when the patient stopped sobbing I said: "Do you know that after these events Felly was approached by an adult male and accepted his courtship and formed a stable couple? Lorenz then retired. The male who formed the couple with Felly was killed by a hunter and Felly fell into a severe depressive state in which she let herself be approached only by the ducklings". At that point my patient was crying and

looking at me. I told her: "It's the only thing that came to my mind to tell you". I meant that children can turn a woman into a mother. At this point I began to cry too. We both looked at each other and cried, and after a long silence she nodded her head, I repeated it and this was the end of the session. After this session she went to the former Soviet Union to get a baby and became a fantastic mother. This happened 5 years ago. Now she is a very careful and competent mother. Here the "Moment of Meeting" was like a journey, like a trial, not like a "hello" or a "fuck off". But also a hello, as a "Moment of Meeting" is a small emotional narrative: therapist and patient take an emotional journey from the horizon of the past to the horizon of the present and then perform something emotional together, participating in the emotional experience of the other. We have this double level of action without words, without verbalization, without explanation, and this seems to me the fundamental element that allows us to improve during the therapeutic process. If we ask someone who has finished psychotherapy years before what were the important moments of his therapy, nobody says "I remember this or that interpretation." The interpretation fades with time. What changes is the moment when the therapist said "hi" or said "fuck you." These strong "Moments of Meeting" are very rare. I also believe that the cognitive understanding of what happens to an individual is not very important. Sometimes it is more important for the therapist. The patient who adopted a child always tells me when I see her that she thinks of Felly every time she is in trouble with her child, and that her son is actually teaching her to be a good mother. Everything that happens with the patient is co-created. Even when someone enters your office for the first time. A week ago in Paris I saw a patient for the first time and I had not had breakfast, I was a bit hungry and then I told her: "Tell me a little about what your breakfast was like this morning". She told me that she had eaten two canapes and how she had prepared them, on one side a slice with butter and on the other with jam, but without joining these slices of bread. She had eaten them separately. And then she told me that her grandfather used to eat canapes like that. Then we talked about her problem: her fury towards her husband and her depression, because she had two children. When they were young, they were in the car with their father who had a car crash. One of the two children, a year old, had died, the other had reported serious neurological consequences, and every time she saw her husband she thought of her dead son. She said that these two children were a problem and from there she started talking about how she had spread her canapes. I told her: "why don't we perform a burial ceremony for this first child, so you will not have so many difficulties with this second sick child?" And I added: "when I put the butter I do this and that...".

## **Questions:**

Question:

The transformative importance of the analytic situation is generally connected to the possibility of repeating mental models and pathological relationships in a new context, the analytic relationship, open to new perspectives, with an object, the analyst or therapist, which will be introjected as a new object or a reactivated developmental object, capable of emotionally meeting the patient's development needs. Two American authors have recently elaborated a theory of therapeutic action that considers three important assumptions of contemporary psychoanalysis: the recognition of multiple modes of therapeutic action and the disappearance of the debate interpretation versus relation. Secondly, the shift of emphasis from the reconstruction in analysis to the interaction in the here and now between patient and analyst. Finally, the negotiation of a therapeutic climate that creates an interpersonal space that is comfortable enough for both participants. This is Gabbard's formulation. I would now like to highlight other points of common interest, shared by contemporary psychoanalysis:

The passage from a mono perspective to a bi-personal one in relational and intersubjective

psychoanalysis\_of which prof. Stern is an exponent. The interest in the preverbal, or the non-verbal, and the implicit. The implicit is not only procedural but also an implicit that includes emotions, affects and thoughts.

The concept of "enactment", as Renik claims, as a dimension of communication in the analytic relationship and not as "acting out".

Another interesting point is the auditory dimension in the analytic relationship, understood as an acoustic-musical experience. Musical reverie is an aspect of reverie in the sense of Bion.

Another point is still the influence of the present context on the past. The "Present Moment" allows us to trace and contextualize the patient's memories, selecting some memories and not others.

Bion says that "catastrophic change" occurs not only in macro-transformations but also in micro-transformations.

The interpretation must be given only when it is necessary to give it, and must be given with caution. It is however necessary, there comes a time when the patient needs interpretation. I do not agree with Stern that the interpretation cannot change or modify the relationship, it produces not only an intrapsychic change, that is insight, but also a modification of the relationship.

How can the implicit and preverbal level be combined with the verbal, given that the analyst's function, from my point of view, is to integrate these two aspects into the patient?

I find it difficult to attribute the therapeutic change to "relational moves", as Stern says, namely to regulation mechanisms activated by the "meeting" that allows to modulate, to tune the relationship in intersubjective terms. Therapy is not a meeting between dogs, but between people who create meanings that gives meaning to existence. It is important to be, but it is also important to be able to think thoughts. According to Bion the representation without emotion is "meaningless", and the emotion without representation is "namelessness", without a name.

According to my model, the transformation of the patient's psychic functioning is achieved through the analytic process, which takes place in the analytical space constructed by the meeting of two minds and which is situated in the intersecting space between intrapsychic and intersubjective. The patient's psychic change, promoted by the experience of the relationship and the analytic situation, which also includes the setting, is due to a transformation of the patient's psychic functioning, which takes place through the operations that are made possible by analytic listening. Analytic listening includes empathic listening, attention to preverbal levels, the setting and the analyst's mental order.

Question:

The "Abductive Reasoning" on which the "Circumstantial Paradigm" is based is the basis of creativity, allowing, during the session, the infinite recombination on a probabilistic basis of "n" elements. Attention must be paid to the minimum, trivial and apparently marginal details but which have in themselves an absolutely significant aspect. In particular we capture the infinite in the finite.

Prof. Stern:

Dr. Piovano and I have a basic disagreement worth talking about. You don't like the idea of a world of preverbal language. The idea that I made myself while listening to your question is that you do not believe that meanings exist in the implicit world, but that they are exclusive to the explicit world. For me, on a non-verbal-implicit level, there are non-verbal representations. That's how you can ride a bike. It is not verbal or symbolic processes that represent things. I think you tend to give the

verbal level a special privilege over meaning, while I think of meaning as something that exists both verbally and non-verbally. Words are not the same thing as meaning. There is no need to express a thing in words to have meaning. Here we should discuss what meaning is, but it is very difficult. I do not think it's possible to express an affect through words. In my opinion, we must use other things besides words. The body, etc... The "Meeting Moments" change because they present a new object to the patient. Patients come to understand that they can be different with themselves and with others, and that is where "Internal Objects" can be changed. Regarding the structural change, I assume that you think of change in terms of the traditional psychoanalytic structures. For me this model does not make much sense. I do not think it's useful. For you to change a person's "Psychic Structure" is to understand what is happening and put it into words? But how does this happen? If you cannot explain it to me in a nutshell, I question it. Metapsychology has a too high level of abstraction. When I show my fellow psychoanalysts what happens on a behavioral level between mother and child or analyst and patient, they tell me that I am only describing behavior, superficially. They tell me: let's see what happens on a psychodynamic level. I say "no", we need to reverse this point of view. The only reality is that which exists moment by moment, there is no other reality. Everything we call interpretation, abstraction, unconscious phantasy, is secondary. We try to understand the reality of small interactions and emotional. There is only one reality, theories are secondary. The most disappointing theory for me was that regarding the evolutionary phases of libido. It is an elegant but misguided theory. Theories for me are like toys, you play with toys, you do not have to believe them, even if the toys help.

I agree with what you said about psychoanalytic listening. Listening is enthusiasm, and enthusiasm is a real thing. I believe that our greatest disagreement concerns precisely the meaning.

The indeterminacy of the session is not only necessary to understand but perhaps it is the only thing that keeps therapy alive. If we could foresee the whole session it would be very boring. Indetermination makes us alive and theories are boring. People are interesting because you do not know what will happen.

I do not think that people are "broken". I do not know how to respond to the duration of a treatment, it can also go on for years. It depends on the patient. I do not even know what the purpose of therapy is. These are fundamental questions, because some therapies last too long without being effective. In the case of mothers with children I see them for 2-3 sessions and I do not aim at the cure, I aim at the fact that the mother understands that something has been done for her. Some people need to be treated for a lifetime, they are like that, until the last breath. They will continue with the whole life therapy. These are two extremes. It seems to me that you use the theory of attachment in a pervasive way. The personal style in playing an instrument is not expressed by playing well the notes, that is a technical performance, but in the interpretation, then in the way of dancing, in the way of interpreting notes.

I agree with the linear and the chaotic. In therapy there are linear and chaotic intertwined moments.