SOMETHING IS DIFFERENT BUT WHAT OR WHY IS UNCLEAR: COMMENTARY ON THE BOSTON CHANGE PROCESS STUDY GROUP

The authors from the Boston Change Process Study Group address an observation that is commonly echoed by patient and therapist alike. Both have a sense that something in their therapeutic work together is different, that a change has occurred, but neither can point to a specific moment at which that change seemed evident or to a specific intervention by the therapist or personal insight by the patient. Why this commonplace observation is worthy of closer study is that for years therapists engaged in long-term psychodynamically oriented work or psychoanalysis have pointed in retrospect to such moments as the hallmarks of a deepening treatment process, that is, of patients becoming more engaged and curious about their mental life and/or of the beginning of a fruitful termination phase in which patients actively review and make the treatment progress their own. Sometimes both therapist and patient appreciate nearly simultaneously that a change has occurred, but more commonly one perceives change before the other and often these nodal points are clear to both only in retrospect. The authors propose that clues to the nature of this perception of change can be found in close process study of moment-to-moment interactions between patient and therapist. They are proposing that the perception of change by one or both parties changes the way therapist and patient work in the dyadic interaction of therapy and that these kinds of shifts are important both for therapeutic outcome and for

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understanding the mechanisms of functional change in the patient both during and after treatment. Reliably identifying these moments of reorganization in the individually typical patterns of interaction between patient and therapist is presumably the first step in addressing these larger questions of the implication for long-term therapeutic outcome and for recommendations for modifications in technique that might necessarily emerge from understanding at close range one possible mechanism of functional change in a treatment process. The Boston Group's paper is about the identification of such moments and not about demonstrating a longer-term impact on either a patient's functional change or perceived satisfaction with the treatment outcome.

The crux of the matter, then, is how to identify these shifts in the interaction between patient and therapist. Is it by a change in content, a change in the proportionate activity of one or the other, a change in the type and frequency of reference to the other, shifts in affective tone, or any number of other indices proposed by investigators seeking markers of a changing therapeutic process? (see, e.g., Spence, Mayes, and Dahl 1994; Spence 1998). The authors are concerned with identifying a process that may be marked by some of these directly observable phenomena in a transcript of a therapeutic hour but is itself not directly observable save in retrospect through detailed deconstruction of the potential intentions of any given statement or maneuver by therapist or patient. The goal of the authors' paper is not to illustrate how this deconstructive analysis is applied to transcripts of hours (and this may pose a difficulty for some readers hoping to learn how to use the methods described in the paper for their own clinical work and/or clinical investigation) but rather to call attention to a phenomenon the authors regard as central to therapeutic change.

The process that is the authors' focus is the activity of two people trying to understand each other, to create a shared meaning and be understood. They argue that the activity of one individual genuinely trying to understand another, and especially of trying to understand moments when one has misunderstood the feelings, thoughts, or intentions of the other, is not only the stuff of everyday social discourse but, more profoundly, is at the core of a positive therapeutic impact. In the course of treatment, they suggest, the therapist/analyst should constantly strive to understand the patient's feelings and intentions. Sometimes a therapist may give up—either not trying to understand or presuming that he or she knows what is going on and that it is only a

matter of conveying that to the patient. In either case, the treatment comes to a halt or a stalemate and neither party is trying to engage or understand the other. But in the best of circumstances, the therapist is open-minded, curious, and nearly constantly working to better understand and connect to the patient; vice versa, the patient, especially as treatment progresses, is more and more curious about the therapist's intentions and states of mind. This mutual effort to understand the intentionality of the other, again if all goes well, plays out in what the authors call the co-creativity of therapy.

Up to this point, I have not brought in any of the special terms, such as *sloppy* or *fuzzy,* that the authors use to describe this process or their basic premise. I have done this intentionally since one concern of mine is that these terms may to a certain extent obscure their core arguments. What concerns the authors most is how the activity of trying to understand the mind of the patient plays out in the moment-to-moment interactions in therapy; they invoke the concepts of sloppiness and fuzziness to indicate minimally that this activity of trying to find meaning and intentionally engage with another is by its very nature an inexact process. The enduring mystery that brings us together time and again in social relationships is that we can never quite know what is on the mind of the other person but that in the best of circumstances we are curious and willing to forgive a great deal if we sense in the other a curiosity about us. Indeed, the Boston Group have made a seminal contribution to the literature on mother-infant interaction in noting that the preponderance of activity in any interaction between a parent and a very young child may lie in continual efforts to repair mismatches, particularly moments when the parent has not quite matched what the baby needs. This is surely an inexact process. Interestingly, findings from the work of Gergely and Watson (1999) suggest that infants in fact come to prefer a less than perfect contingency or matching in interactions with adults, a developmental transition proposed as one of the earliest steps in a defining of self-agency and self-other differentiation. Thus, it is clear not only that the act of trying to discern another's intentionality is a constant and imperfect process, but that is also basic to even the earliest interactions between adult and infant.

Beyond calling attention to the necessarily imperfect understanding of another's intentionality, the terms *sloppy* and *fuzzy* reflect the authors' interest in using notions of complex, self-ordering systems to frame their close process study of the changing interactions between

patient and therapist. A number of other psychoanalytic theorists, as well as developmentalists, have called attention to the heuristic value of concepts borrowed from the study of self-ordering systems and applied to the process of therapeutic change, as well as to early motor development, parent-child interactions, and the child's emerging cognitive sophistication (see, e.g., Fajardo 2000; Gershkoff-Stowe and Thelen 2004; Mayes 2001; Miller 2004; Smith and Thelen 2003). There are three key features of self-ordering systems that may be at least conceptually relevant to patient-therapist interactions. First, a complex system shifts continuously between states of order and disorder or stability and instability. In this frame of reference, instability is not a marker of regression or impairment but rather is a nidus for change and reorganization; at these moments of instability the boundaries of the system are surely fuzzy (though this is not a term commonly used for describing the properties of a complex system). Second, the change in level of organization of a system is not linear. It is not possible to predict from an earlier level of organization the shape and stability of the system at a later point in time. Similarly not predictable is the amount of change or disorder an intervention will introduce into the system. And third, complex systems are sensitive to small perturbations that shift the system between different states of organization. Small differences in the behavior of any component of a system or in the conditions surrounding a system can make a tremendous difference in system organization. So, in the language of the therapist-patient relationship, small differences in the therapist's behavior may make a large difference in the stability of the therapeutic process.

The complex system metaphor treats patient and therapist not as two individuals interacting with each other but rather as a single system with changing levels of organization reflecting, as the authors would say, efforts by the participants (or components of the system) to understand the intentionality of each other. In this way of thinking, relationships, whether between parent and child or teacher and student, or within academic departments or professional organizations, are fruitfully viewed as systems; to be sure, they are made up of individuals, but the individuality of these components is in part subsumed in the properties of the system as a whole. The metaphor also calls our attention away from linear prediction and turns it to the potentially large impact of small changes, to nodal points of change or marked reorganization, as when an infant begins to walk independently or a patient reports seeing

old events in a totally new light. The metaphor is compelling in its flexibility and intuitive applicability to phenomena as complex as the to-and-fro of social discourse, which is only partially described by linear statistical models and assumptions that the behavior of one participant accounts for the response of another.

At the same time, attractive as these metaphors are, there is still much work to be done to translate them into either empirical or operational terms that may then be more closely examined for their theoretical utility. To date there has been little progress in moving beyond a simple phenomenological application of the key features of self-ordering systems—nonlinearity, shifting states of order and disorder, nodal points for reorganization—to the therapeutic situation, especially with regard to psychological processes and therapist-patient interactions. While the authors are to be commended for so seriously engaging with these ideas in an effort to frame the therapeutic process, it may well be that they try too hard to fit their ideas regarding change in the therapeutic process into these admittedly attractive but potentially distracting theoretical concepts. It is important to ask what the self-ordering, complex systems point of view adds to their central argument that cannot be found in other, perhaps more accessible, points of view.

Their paper is perhaps better read in reverse. That is, grapple first with the observations from the close process micro-analysis and only then inquire after models for organizing these observations into a new theory of therapeutic action. The authors' central claim that efforts, however sloppy or inexact, to understand the intentionality of the other are central elements in therapeutic effect, and may also mark major reorganizations in the content and pace of the therapy, does not require the complex systems point of view save on one key issue: these points of change are often not predictable by the overt interpretive activity of the therapist and often are evident only in retrospect, when patient and therapist review their work together. The value of the Boston Group's contribution here is their proposal that the attempt by a therapist and patient to understand each other, however imperfect the understanding, promotes potentially positive change and shared creativity in the therapeutic process. By asking us to consider new concepts, they appropriately leave us with many questions: How precisely does this change occur? What are the limits of exactitude in efforts to understand the intentions of another? (Surely the effort alone is not sufficient; rather, it must be combined with moments in which patient and therapist

experience each other as actually understanding.) And does this perspective on therapeutic action suggest changes in technique in the moment-to-moment interactions in the course of a therapy beyond calling attention to the importance of flexibility, openness to surprise, and accepting the individuality of any given patient- therapist relationship? Are these ideas new, or are they familiar ones revisited by experienced, concerned clinicians naturally wondering how it is that their patients change in the course of their work together?

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