



BOSTON CHANGE PROCESS STUDY GROUP

MOVING THROUGH AND BEING MOVED BY: EMBODIMENT IN DEVELOPMENT AND IN THE THERAPEUTIC RELATIONSHIP

Abstract. Biological bodies play a central role in interpersonal communication, going beyond a metaphoric function and encompassing the mutual sensings that constitute neurobiological relatedness. In this account, emotions are not inner states that we experience only individually or that we have to decode in others, but instead are primarily shared states that we experience through interbodily affectivity, often without verbal articulation. We refer to these processes of embodied affectivity as “moving through and being moved by.” Because meaning making comes from moving in the world and being moved by it, when we move each other, we participate in each other’s meaning making. Psychoanalytic treatment can be viewed as the catalyzing of new capacities as patient and analyst move through the patient’s most troubling vulnerabilities in increasingly fluent and flexible ways, as communicated most immediately through body-based interaffectivity. We further tie these processes of body-based interaffectivity to early developmental trajectories in the increasingly sophisticated understanding of other minds.

Keywords: moving through, embodied affectivity, theory of mind, being moved by, therapeutic engagement

Moving Through and Being Moved By: Embodiment in Development and in the Therapeutic Relationship

“She thought of how much people changed you. It was the opposite of what you always heard, that no one could change a person. It wasn’t true. It was only through other people that one ever did change” (Minot, 1998, p. 245).

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Although psychoanalytic thinking has moved far from the neutral analyst and now fully encompasses the mutual influence between patient and therapist, the nature of those two-person influences has only begun to be articulated. Here we want to explore in more detail some aspects of this process of mutual influence, which we frame as a developmental process of moving through and being moved by another's experience of the self and the world.

The perspective we would like to elaborate includes several ideas. First, we move to an embodied language of therapeutic treatment because the body speaks eloquently through movement, intention, and affect. Second, we register the other body's language largely outside of consciousness and move through the orientation of another in terms of our own embodied resonances. Third, we enter the minds of others through this embodied moving through process in which we participate in the other's intentions and attitudes. Fourth, we view the therapeutic process as one not merely of resolving conflicts but as one of catalyzing new capacities for relationship. In this regard, the embodied moving through process in psychotherapy drives the long developmental trajectory involved in coming to know our own and others' minds. Fifth, this moving through process also drives the development of new capacities for relationship when undertaken therapeutically in an engaged relationship with a positively charged other.

We chose the term "moving through" from current thinking about embodied communication. The process of moving through is grounded in action and also encompasses the process of being emotionally moved by the other in relational encounters. This combination of action and feeling is critical to interbodily communication. The process of moving through and being moved by another involves the implicit "trying on" of the other's subtle differences in attitude toward the self and toward other important relationships in one's life. The implicit "trying on" of another's orientation, in turn, creates an implicit pull to integrate that other "take" on the world with one's own, with resulting struggle and potential reorganization of previous experience.

Bion (1967), developing a theory of thinking, utilized a digestive metaphor to explain the ways in which the mother helps her infant to make sense of the child's experience and form thoughts about it, a theory that has served as the basis of contemporary field theory approaches (e.g., Ferro & Civitese, 2016). Here we build on this and other contributions regarding intersubjective process but seek to

highlight different aspects of the process, focusing on the role of actual bodies in the development of minds. In offering a more elaborated vision of the embodied moving through process, we intend to address—from a different perspective—the intersubjective relatedness in the treatment process that has been written about by many contemporary relational psychoanalysts (e.g., Bromberg, 2001; Seligman, 2017; D. B. Aron, 2002; Harris, 2008; Mitchell, 2003; Stern, 2010).

Biological bodies play a central role in our conception, going beyond a metaphoric function and allowing analysts to consider the mutual sensings that constitute a critical neurobiological foundation for relatedness. This neurobiological foundation must be considered in concert with the more abstract or verbally centered conceptualizations often emphasized in psychoanalytic thought. In addition, we consider what an embodied mind is for. The capacities that allow collaboration with others in love and work relationships have often been cited as central goals of both development and psychoanalytic treatment. Both relational contexts involve sustained engagements over time in embodied resonance—or moving through and being moved by another. Thus, the concept of an embodied mind becomes essential. In this article, we consider how we develop such capacities to participate in human relationships in increasingly fluent and flexible ways by moving through the experiences of others.

The discovery of mirror neurons in the 1990s (Di Pellegrino, Fadiga, Fogassi, Gallese, & Rizzolatti, 1992; Fadiga, Fogassi, Pavesi, & Rizzolatti, 1995), and the subsequent scientific work that it engendered, created a powerful new grasp of the extent to which we live in, and through, the experiences of others. The mirror systems in our brains are constantly, though nonconsciously, registering micro-versions of the movements and affects of those around us. That is, in our patterns of synaptic firings, we constantly participate at a nonconscious level in “trying on” the movement patterns, expressions, affects, and intentions of others. Appreciating the extent of this constant nonconscious participation deepens our grasp of the profound way in which we continuously experience the bodily states of others. This work has—more powerfully than before—illustrated that we live in the bodily experiences of others as we interact with them or even merely observe them. It also underscores the intrinsically social nature of affective experience, in that the mirror experience is being generated directly by another at a nonconscious level, evoking in ourselves the other’s intentional movements and

affective states (Iacoboni et al., 1999; Wicker et al., 2003). This continuous nonconscious process at the neurobiological level is distinct from, though undoubtedly related to, those empathic feelings that reach the level of awareness and action and are more often the subject of study.

The discovery of mirror systems has galvanized an outpouring of work in related fields attempting to refashion our thinking about mind to accord better with the degree to which we participate in the bodily experiences of others. For example, Fuchs and Koch (2014) quote Merleau-Ponty (1964), in pointing to the intrinsic link between the expression and reception of emotion, situating both reception and expression within “a dynamic sensorimotor and interaffective system that connects both bodies in *interbodily resonance* or *intercorporality*” (p. 6). In their view, in every social encounter, the embodied affectivities of two persons become intertwined, thus continuously modifying each other’s affective experiences, as well as the future range of potential emotions and action tendencies that each might experience. This circular interplay of expressions and reactions runs in split seconds and constantly modifies each partner’s state.

Likewise, Reddy (2008), a developmental psychologist, argues that in direct, engaged interaction with another,

Not only is the experience of the other person more immediate and more powerful, but it calls out from you a different way of being, an immediate responsiveness, a feeling in response, and an obligation to “answer” the person’s acts. (p. 27)

In her view, each felt body mediates the perception of the other through the interaction process as a multilayered embodied communication. As Merleau-Ponty (1945) puts it, “it is as if the other person’s intention inhabited my body, and mine his” (p. 215). This is the level of primary social experience. Thus, in this account emotions are not inner states that we experience only individually or that we have to decode in others, but instead are primarily shared states that we experience through interbodily affectivity, often without verbal articulation.

Finally, De Jaegher (2015), like some philosophers, writes: “In every interaction, you push the other, move her, prod her, and she does the same to you. Because your sense-making exists in moving (in) your world and being moved by it, when we move each other, we participate in each other’s sense-making. Thus, real connection, where we affect each other, is in moving together, literally and metaphorically” (p. 127).

We use these central insights into the embodied mind to consider the process of change in psychoanalytic treatment. Specifically, we develop the argument that being moved by another or moving *through* another is central to the process of therapeutic change (c.f., Bollas, 1992). Being moved by another or moving *through* another conveys the dual sense of being moved in feeling and also of transcending space and body boundaries by directly experiencing the other's affective and intentional and action orientations toward the world. Similar to the conceptions of Fuchs and Koch (2014), we envision this process of being moved by another as occurring at a nonconscious, moment-to-moment level, involving a constant process of momentary identification with, and adjustment to, the experienced other at multiple experiential levels. Our conception of moving through the other, emphasizing an intimately intersubjective process, has less in common with contemporary field theory approaches (e.g., Baranger & Baranger, 2008; Ferro & Civitarese, 2016) and is more aligned with recent relational revisions of such approaches (e.g., Knoblauch, 2017).

In a separate article (Boston Change Process Study Group, 2018), we defined engaged relationships and cited them as critical to therapeutic change. We also quoted Bach's (2006) comment on the capacity of sustained engaged relationships to bring about change. He writes, "The effects of this kind of attention and connection [in a sustained relationship] ... can be very profound" (pp. 132–133). Here, we extend Bach's central insight to argue that the effects of an engaged relationship are profound because that kind of attention and connection provides the necessary condition for catalyzing developmental change in our capacities for collaborative relationships.

We cite developmental process because, in our view, psychological growth occurs primarily in terms of the developmental expansion of capacities rather than in terms of the integration of preexisting mental contents. The development of an understanding of how to do things with others is a fundamental adaptive necessity of human life (Tomasello, 1999). Thus, the capacity to collaborate fluidly with others is a central goal of development as well as an implicit and explicit aim of psychoanalytic treatment. In an engaged relationship, a process of moving through the other is set in motion that catalyzes the emergence of more complex and fluid human capacities for relationship.

What results from this sustained engagement with another is not a particular content or a kind of copy of the other's mind. Instead, it is the development of increasing fluidity and breadth in moving among

the attitudes and experiences of oneself and others in order to forge common directions. To requote De Jaegher (2015),

In every interaction, you push the other, move her, prod her, and she does the same to you. Because your sense-making exists in moving (in) your world and being moved by it—when we move each other, we participate in each other’s sense-making. Thus, real connection, where we affect each other, is in moving together, literally and metaphorically. (p. 127)

Developmental studies have considered how we develop an increasingly complex understanding of our own and others’ subjectivities under the terms “theory of mind” or “mind-mindedness.” This body of work considers the developmental steps that the child takes in coming to a more complex understanding of other minds. As we review briefly below, this developmental work underscores the long developmental course that supports our understanding of our own and others’ subjective selves, as well as illuminating the many levels of understanding that need to be traversed to participate in adult relationships.

However, as detailed below, this literature focuses on *developmental content* but not on the *developmental process* through which those contents take shape. Understanding the successive developmental milestones in the child’s capacity to think about the minds of others is critical to understanding the long trajectories of the capacities we are working to catalyze in psychotherapeutic relationships. However, we conclude that understanding the *content* of these milestones only takes us part way to understanding the *process* through which we develop the broader capacities that support fluency in relationships.

Developing Awareness of the Minds of Others

Piaget (1962), in his pioneering work on the child’s ability to appreciate the different visual/spatial perspectives of another person, used the term “decentering” (p. 512) to capture a fundamental aspect of the process of moving through others. When we see the world momentarily from another’s point of view, we have moved to a different “center” of experience.

Developmental work makes clear, however, that this capacity to “decenter” or “move through” another’s perspective involves a long developmental odyssey, traversing a number of levels of complexity in

how we relate to others. Studies of the first two years of life are already familiar to analytic thinking, but studies after age two may be less familiar. Those studies make clear that acquiring an understanding of subjectivity is not a binary process of mentalizing or nonmentalizing, of awareness or nonawareness that another might have a mental life, or that self and other might have different views of the world. Instead, developmental studies underscore the complex and layered understandings that foster a mature ability to collaborate with other minds.

Embodied affectivity is nowhere more evident than in the early days of life because the infant is already equipped to search actively for a connection with another person (e.g., Bruschiweiler-Stern, 2009). Observations of imitation right from birth (Meltzoff, 1995) and of the contagion of crying in the nursery (Martin & Clark, 1982) demonstrated long ago the innate capacity for participation in another's experience.

The developmental literature gives us a picture of an infant born with the fundamental capacity to apprehend the intentional and emotional cues of others (Beebe & Lachman, 2002; Meltzoff, 1995; Trevarthen, 1982). Over the first six months of life, this experience deepens as the infant increasingly moves through, incorporates, and appreciates the caregiver's affective orientations toward the self, both in the mutual exchanges of face-to-face interaction and in the regulating resonances of touching, holding, and soothing.

A profound change occurs from six to nine months of age. The earlier immersion in exchanging affective cues *within* a dyadic relationship produces a shift, so that the infant begins to orient her- or himself, not just to the caregiver's affective orientations *to the self* but also to the caregiver's affective orientations to the world beyond the dyad. Social referencing studies, such as the visual cliff paradigm (Sorce, Emde, Campos, & Klinnert, 1985), have shown how the infant visually looks toward and affectively "moves through" the parent's affective response to guide her or his own orientation to new and ambiguous aspects of the world. Consistent with enactive philosophers we see such interactions not simply as bits of information transferred from one thinker to another, but as part of a process of dyadic participation happening in the bodily interaction (De Jaeger, 2015).

A further reorganization in the infant's ability to understand and move through another's experience occurs after 18 months, with the toddler's emerging ability to recognize that self and other may have different

emotions and attitudes toward the same thing. Thus, the child may now move through and momentarily try on another's reaction of sympathy, admiration, or embarrassment, while simultaneously remaining aware of his or her own potentially different reactions.

Hobson (2002) describes the toddler's new level of awareness elegantly when he says:

As she emerges from infancy, the child comes to appreciate the force of the world according to the other with a new kind of sharpness and definition She seems to understand what a perspective, and even what a particular individual's perspective, really amounts to [Other people] are seen to have their own motives to acquire, possess or persuade. They are recognized to have feelings of their own about the world as they experience it. (p. 79)

By three years of age, the child has accomplished a complex mental odyssey and is living in a world in which she or he represents others as separate subjective selves, each with a particular attitude to be delved, and is aware that others' feelings and desires may differ from one's own (Wellman & Liu, 2004).

By the later preschool years, this capacity for thinking about self and other as having different feelings and desires becomes increasingly nuanced. For example, by age five, the child understands that others not only have potentially different desires and feelings from one's own but also have potentially different thoughts and reasons supporting those differences in feeling (Wellman & Liu, 2004), e.g., "He doesn't like her because she wouldn't share her ice cream with him." A five-year-old also understands that another person may think something about the world that the *five-year-old* knows not to be true, as in the classic "false belief" paradigms (Astington & Gopnik, 1991), e.g., "*Jonah thinks* that his lunch is in the cubby, but *I know* that the teacher took it to the play room." This more complex insight gives rise to more nuanced thinking about the possibility of others' "mistakes" or "accidents" or "misunderstandings." Others are increasingly defined and judged by their inner motivations and reasons, excused for consequences that were the result of unintended misunderstandings or mistakes. Thus, before the age of six, the child has already traversed at least five levels of increasingly complex understanding of mind, and—by six years—is able to think of others as mental agents with differing feelings and with different reasons

for their behavior. However, clinically, we observe that for some, a more harsh, black and white “primitive superego” of less nuanced judgments of the behavior of self and other may persist in particular domains of experience.

Further levels of complexity in understanding other minds occur after age six as the child begins to “think about thinking” or embed perspectives recursively—that is, to think about what another is thinking about what I am thinking (e.g., She thinks that I don’t like her, but I really do like her) (Landry & Lyons-Ruth, 1980). A new level of awareness becomes evident again in adolescence when the full complexity of multiple others’ attitudes toward the self become an object of thought and often of intense self-consciousness (Selman, Beardslee, Schultz, Krupa, & Podorefsky, 1986).

As can be seen, this fascinating developmental literature is also most detailed in regard to the earlier, simpler steps in the understanding of other minds that occur in the first six years of life. The complexity in understanding of subjectivity and relationship that we achieve after middle childhood becomes so nuanced that it has hardly been studied.

This developmental work is also primarily descriptive and does not tell us how these changes in understanding come about. However, some authors, such as Carpendale and Lewis (2004), suggest that the richness of experiences in embodied relationships with others plays a critical role in catalyzing these changes in developmental capacities. Likewise, Tomasello (1999) has argued that children expand their awareness of other minds through the rich and varied sharing with others that occurs in conversation, play, and other forms of collaborative activity.

The child’s shared pretend play is a particularly rich crucible for observing how capacities for holding in mind and coordinating the perspectives of self and other emerge during the process of moving through others. Children’s play with peers and caretakers clearly reveals that the negotiation of a common direction is a deeply embodied process. For children, bodily activity is a primary mode of enactive communication, as they mimic and transform what they have seen through role play and enacted narratives. Indeed, they may physically move themselves to a different position to confirm that they are taking on another role, and, even in the context of verbal communication, they often add dramatic action to emphasize their message to the other child (“We don’t want three arrows! We only want two!” said while dramatically tossing away the offending third arrow.)

Thus, among three-year-olds, we observe an emerging awareness of the possibility of conflicting perspectives and conflicting interests that begins to be voiced in play (“I like these apples, but I don’t think you like these apples, David”). However, three-year-olds’ abilities to negotiate differences are still fragile, with frequent resort to hitting and pushing and a breakdown in collaborative play (“Well, I do like those apples! Gimme that!”) (Lyons-Ruth, 2006).

By the age of four and five, however, the child has developed a striking degree of skill and fluidity in moving among the differing feelings and perspectives of her- or himself and play partners (Howes, 1995; Lyons-Ruth, 2006). Four-year-olds continuously communicate about their different play directions and negotiate how to define the current themes of the play and where the play should go next. This negotiation still contains much bodily communication, however, such as playing out your own imaginative script in front of the play partner, hoping the partner will join, or putting great gusto and enthusiasm into your voice tone to entice agreement. Much as in adult life, they work at finding a common direction to maintain the pleasure of the interaction. Thus, whose initiative should guide the next steps in the elaboration of the play is continuously negotiated and recalibrated through highly physically inflected forms of embodied communication. Moreover, more sophisticated psychological persuasion techniques for influencing the partner, such as appeals to fairness or turn taking, now become available and begin to operate alongside the more physical persuasion techniques seen at younger ages (see Lyons-Ruth, 2006, for a more detailed account).

These developmental steps in increasingly complex awareness of psychological life do not simply emerge from an innate developmental program. Instead, they are the developmental result of the child’s rich and embodied social experiences with peers and others who see the world differently, move in the world differently, and vigorously champion their own different orientations and directions. These differences in attitude and direction must then be dealt with by the development of new capacities for mutual respect, negotiation, and compromise. Finally, each momentary sharing of a different orientation also requires a constant process of inner negotiation and reorganization, as one’s own attitude or direction and the attitude or direction of the other are reconciled and yield new organizations for both partners.

As Hobson (2002) has observed:

There is so much that a young child acquires through others that there are real disadvantages for the infant or toddler who is unable or unwilling to engage with other people in their dealings with things. Through others, the child acquires new ways of seeing and acting on the world; through others, the child acquires mental space to take up this and then that attitude to objects and events; and through others, in due course, the child acquires the ability to use symbols, to transcend her own perspective and to think about things. It is through others that she gains a kind of outsider's viewpoint on herself, and becomes able to think and feel about herself. (p.142; emphasis in original)

As illustrated in the above quotation, one very important but counter-intuitive insight of developmental research has been the demonstration that the child's awareness *of her or his own subjective life* develops alongside awareness of the other's subjectivity (Gopnik & Slaughter, 1991). Contrary to much previous philosophical thought, the child *does not reflect on one's own inner psychological processes* and then extend those capacities to others (Fuchs, 2013). The child essentially uses her or his own growing awareness of the psychological world of the other to simultaneously read and make sense of individual experience. Thus, the child is moved into becoming a subject by her or his own experience of the subjectivity of others. In fact, the complexity of the child's understanding of this *personal* subjective life parallels the complexity of the understanding of others' internal lives. In a basic example, the child cannot think about her or his own behavior and mental life in terms of mistakes and accidents until the child achieves an understanding of similar states of nonintentionality in the mental lives of others. This understanding occurs relatively late in development, between the ages of four and five (Lyons-Ruth, 1981). Before this new understanding, the younger child remains at the mercy of a more concrete and primitive set of moral judgments of one's own and the other's behavior (Lyons-Ruth, 1978).

Fonagy, Gergely, Target, and Jurist (2005), influenced by some of the same developmental contributions, have written extensively about failures of mentalization, or difficulties in conceiving of mental processes in others, as central to the understanding of severe personality disorders. We concur with Fonagy, Luyten, and Allison's (2015) recent thinking that fostering a deeper understanding of the mental and emotional lives of self and others is a likely unifying component of all effective psychodynamic therapies. However, as Fonagy and Campbell (2017) have recently noted, a term such as mentalization runs the risk of losing the physical,

embodied aspect of this process. The above literature clearly shows that the understanding of subjectivity and relationship is a multileveled process that emerges out of embodied interactions with others over years of development. Multiple developmental levels of understanding are not easily captured by a single term such as “mentalization,” but require a more elaborated conceptualization. Fostering the increased capacity to work and love in embodied engagement with others requires a long journey through many levels of engagement in rich interpersonal experiences of pushing the other, moving the other, prodding her or him, and of having the other do the same to you (De Jaegher, 2015).

Moving through an Engaged Other in the Therapeutic Relationship

As seen above, the developmental literature concentrates on describing the series of levels in thinking about the subjectivity of the self and the other that emerge developmentally to arrive at a mature theory of mind. From a clinical perspective, however, achieving a new level in the capacity for understanding other minds is important, but insufficient in itself to describe *either* developmental or therapeutic change.

Critical to functioning is being able *to use* a new formal capacity for understanding self and other in a range of relational contexts and in the service of maintaining enduring and satisfying relationships. The distinction we make between a basic capacity and its realization is similar to the distinction between learning a language formally and being able to use that language fluently in conversation. Many have had the experience of learning a language at the formal level while never being able to engage in more than a rudimentary conversation with another. Thus, a formal capacity to “mentalize” may be established, or even developed to the point of hypervigilance, but the formal capacity alone will not carry us through the rough and tumble, split-second interactions with others that characterize human social life. Likewise, the formal capacities themselves may not become fully developed if opportunities for moving through others—that is, for experiencing the attitudes and orientations of many others through talking, playing, and negotiating differences—are not available.

Thus, one overarching goal of psychoanalytic treatment is to help the patient more fully realize the capacity to move through others. By this we mean to participate in the embodied experience of the other in these micro-moments of moving through and being moved by, and to do so in intimate or conflicted areas of relatedness that generate strong affects

that may threaten these capacities. The gain from this process, especially when applied to human relationships, is not that we take on the particular attitudes and beliefs of others. Rather, we engage in an implicit process of inner negotiation and recalibration, as our own attitudes and directions and the attitudes and directions of the other are reconciled and yield new organization and common direction.

Case Vignette

We conclude our consideration of moving through and being moved by with a brief vignette to illustrate how the embodied moving through process is embedded in clinical interaction.

“Kate,” a woman in her 50s, came into treatment because of what she described as a depression over the past six months following a loss. At this point in her life, she had completed a graduate degree, married, and raised three children. On entering treatment, Kate appeared somewhat waif-like in her anxious hesitancy in speaking and in her unusually bland affect, which gave the impression of a dissociated remove, rather than a depressed state. She sat on the forward edge of the chair during the early sessions, looking precariously balanced, as though she might slip off the edge. During this time, she said with apology that she thought there were issues from a past life that were affecting her, though she could appreciate that the therapist might not share that view.

In the first two years of working together, with the therapist’s encouragement, Kate continued to consult psychics and to engage in various forms of body work. These forms of exploration and treatment focused on imagery, and as Kate and the therapist examined these images together Kate began to write down and bring in her dreams. At first, many were frightening nightmares, but, by the third year of treatment, her dream life began to change, featuring strong women figures who ignored her or used her to do their chores, alternating with dreams in which she tried frantically to care for tiny animals or fragile “moon-children” who were frightened and alone. The therapist was now aware of the extreme lack of care Kate had experienced as a child and was exploring to what extent Kate could acknowledge her need for care and depend on someone to provide reliable attention and comfort. When asked by the therapist, “What could we do for the moon-child that would help her feel better?” Kate answered, “I’m not ready to embrace her—I don’t like her; I don’t want to touch her.”

Not long after this, Kate brought in the first dream that was explicitly set in the therapy office. Here we briefly present the exchange around that dream. Rather than giving a more interpretive reading, we focus on rendering some of the ways that an embodied “moving through” process is occurring in the dialogue, as each participant takes in and adjusts and responds to the many levels of the embodied communications of the other.

Patient Voice in Bold

Kate comes into the session and the therapist immediately senses, in the way she enters the room and takes her seat, that she seems more centered and self-possessed. She isn't hesitant and her gaze and movements are more direct and purposeful. Kate's subtly altered presentation, in turn, generates a corresponding relaxation and heightened interest on the therapist's part. In turn, this complementary response of the therapist is likely registered by Kate.

Kate looks at the therapist directly, smiles in a straightforward, genuine way, and says “I had a dream about you.”

This is new and the therapist is alerted and interested, leaning forward slightly and murmuring “Ob?” She nods at Kate in encouragement to continue.

Kate resumes, “I was in the waiting room. You had two offices here. It was dusky, not very light. I sat down on the floor cross-legged, in the waiting room that was also an office, and began to move my upper body, rotating it around. I was enjoying it. It felt good, like a child enjoying her self-expression.”

Kate seems to be enjoying relating the dream, making eye contact with the therapist in a natural way. The therapist vicariously experiences the relaxed expressive mood in the dream. She also notes that in the dream Kate is enjoying a free and somewhat sensual self-expression, which is not typical for her.

“Then you said in a sharp tone, “You're so selfish!”

The therapist is abruptly wrenched out of the relaxed expressive mood of before, though continuing to nod in encouragement. However, she is also

pleased with Kate's new directness in portraying the harsh aggression and, with it, an implied criticism of the insensitive authority figure. Kate seems to feel encouraged to go on and continues matter-of-factly.

“Then we went into the other office [our usual office] to pay and I’m thinking “Well, was I selfish? Maybe I was.”

The therapist registers that Kate has retreated in the dream to questioning herself rather than asserting herself in relation to the therapist's harsh and unfair treatment. She seems to be reaching the limits of her comfort zone in holding on to her own voice in relation to the therapist.

So, I ask you “Did you say that because I was angry that you were on vacation?”

... and you say, “No! You only want to have your personal freedom!”

The therapist looks at Kate, bursts into spontaneous warm laughter, and says, “Gee! You have a terrible therapist!” Kate shares in the laughter.

This was a spontaneous response by the therapist, who, in retrospect, was left to “own” the angry affect toward the therapist for both of them. Given the dream's departure from all prior dreams both in referring directly to the therapy process and in including such an aggressive attack by the therapist, it was notable that the patient seemed distanced from the implied affect and seemed to be presenting it as just another dream to decipher. Addressing Kate's own implied anger seemed a step farther and faster than she could go, given the backtracking in the dream, but moving to a business-as-usual parsing of the dream would seem to participate in Kate's impassivity in the face of this betrayal of trust.

The laughter can be seen, then, as an embodied mode of communication in which the therapist moved through the patient's images of backtracking and trying to take care of the therapist by stepping fully into the bad therapist persona, but with a playful distance. Then Kate moved through the therapist's playful response to join in the laughter and to try on a less fearful and more accepting stance toward anger and criticism in the relationship.

Though the laughter was spontaneous, in looking back on the exchange, it synthesized multiple sensings by the therapist of the patient's

level of threat and acknowledged and owned the shocking nature of the therapist's attack on the patient when the patient could not. Later in the session, Kate remembered that her mother had said to her sister as a young child that she "would cut her open with a corkscrew." "She would also change her face into a weird mask and say 'I'm not your mother' in a spooky voice I wasn't sure whether she was my mother!" Thus, the therapist's laughter permitted a shift in the patient from a fear of frightening attack and lost connection if she expressed herself more freely to the sense that the connection need not be threatened by more frank judgments.

How does this brief vignette inform the role of embodied moving through in the process of psychodynamic treatment? At the most basic level, the patient is bringing a confused representation of a powerful, threatening female authority figure into an embodied moving through process with a therapist who is curious about the patient and supportive of her inner life and self-expression. Here, this is conveyed with few words and mostly by the therapist's subtle adjustments and responses to the intense story of the dream. The patient is moving through a therapist who is not a mirror and not merely a neutral figure to project onto, but a lively, reliable, benevolent, and curious-about-her other, with psychological expertise and her own signature in the way one can be with her. As these different perspectives from patient and therapist come into repeated contact regarding what is dangerous, allowable, expectable, or threatening, the therapist's degree of comfort with exploring both the patient's anger and the patient's valuing of her is being conveyed and registered by the patient, as is the therapist's orientation toward the direct exchange of feeling between them.

The therapist is also moving through and being moved by the patient's embodied communications, so there is a continuous process of dyadic influence. Each is also registering the choices that the other has made about how and when to put things into words and how and when to communicate through embodied channels of posture, expression, timing, and verbal inflection. The therapist is moving through and being moved by the patient's mixture of comfort in the telling but distance in feeling, while the patient is moving through the therapist's embodied communications to sense how discomfited, angry, or overwhelmed the therapist might be by the representation of the hostile therapist in the dream. Each multilayered communication by one partner is taken in and moved through by the other to shape their next multilayered responses,

with much of the communication happening at a nonconscious level in fractions of a second (Beebe & Lachman, 2002).

This brief exchange also illustrates the fundamental relationality of the moving through process. The patient is clearly not simply identifying with the therapist's orientations and attitudes but is fashioning her own new way of being in relationships by momentarily moving through the therapist's differing orientations. In addition, the therapist's ways of being are continually being shaped by the patient's communicative cues. For example, as the session begins, the therapist relaxes in response to experiencing the patient as more self-collected and coherent when she enters the session, which then allows the therapist to take more chances in expressing her surprised condemnation of herself as imaged in the dream therapist.

Rather than simply identifying with the therapist's attitudes, we would contend that one hallmark of psychodynamic treatment lies in the dyad's evoking and moving through multiple possible perspectives on important aspects of the patient's experience. Here the therapist's laughter and condemnation of the bad therapist gives the patient a different perspective on the mistreatment depicted in the dream, as well as the possibility of confronting her therapist-persecutor, which in turn frees her to be more direct in relating her mother's frightening behavior when she was a child. The patient is not simply taking in an attitude of the therapist, however, but moving through that attitude in the process of trying out slight revisions to her own previous stance.

Thus, we see the moving through process as catalyzing the development of new capacities. As we noted in Kate's history, she was an accomplished person who appreciated that the therapist might have a different view about the possibility of past lives. But she had not had the opportunity to develop rich dialogues that allowed her to move through other perspectives on her own need for care and her anger over the rejection of those needs. This relative absence initially left her at the mercy of more concrete ways of framing her experience and of more limited ways of being in relationship that warned her away from many forms of self-assertion. Her emerging new ability to speak more forthrightly and to hold onto her position in conflict situations, as well as more comfort with her own sensuality, were developing out of an increased ability to imagine a range of orientations toward her self-expressive behavior, in addition to frightening attack.

The catalyzing of new capacities is particularly likely to occur in the context of a sustained, engaged relationship, whereas less sustained and invested relationships do not offer the same developmental possibilities. As we noted in the overview of developmental studies earlier, we need to traverse a series of developmental levels in our understanding of the subtleties of subjective life. These developmental levels involve increasingly differentiated understandings of the multiplicity of desires and meanings in ourselves and others, and these differentiated understandings are important to our fluidity in negotiating relationships. To bring about change in vulnerable areas of relatedness, these understandings need to be developed with breadth and richness. It is only in engaged relationships with a positively charged other, with whom we can share deeply over an extended period of time, that we can keep bringing our own subtleties of emotion, attitude, and thought into juxtaposition with another's new and different orientations. It is in moving through the therapist's subjectivity, as well as the subjectivities of others, that we catalyze the developmental process that brings us "rich resonance" with other minds. Such rich resonance requires an internal psychological landscape that contains many different possibilities for traversing the ground between our own and another's orientations. Thus, when we speak of the development of new capacities, we are referring to these reorganizations of understanding of subjective life that can occur in an engaged treatment.

Moving through a Positively Charged Other Compared to More Traditional Views of Identification

We offer the view that "moving through" the varied perspectives of patient and analyst in a sustained relationship is at the heart of therapeutic change. Given this view, we also need to comment on how a conception of moving through others differs from traditional analytic conceptions of identification.

We certainly agree that a positively charged other is also implicit in the traditional idea of identification. One does not identify with just anyone. The other must have a special status to be "identifiable" with. However, identification in its traditional usage describes what appears to be a one-way process in which one individual assimilates aspects of the other. For example, according to Laplanche and Pontalis (1973), traditional identification involves a subject who assimilates an aspect, a property, or an attribute of the other and is transformed after the model the other provides.

We find this traditional concept of identification to be limited in comparison to the processes of engagement and moving through we want to capture here. Although identification with some aspects of the therapist's personal attitudes may occur, the importance of the process of moving through is not to foster identification with the analyst. Rather we see it as catalyzing the development of a broader capacity, the capacity to explore the subjectivities of self and other, thereby appreciating the multifaceted and nonconscious attitudes that we bring to our views of self, other, and relationship with more depth.

Further, in traditional analytic theory, the goal of identification appears to be the establishment of a personality in the individual. Laplanche and Pontalis (1973) also write: "It is by means of a series of identifications that the personality is constituted and specified" (p. 2050). In contrast, we would see the goals of moving through others to be the person's development of important *mental capacities* that support the sense of a more positive and multifaceted self and more fluid relationships with others.

For these reasons, in speaking about the process of being moved by and moving through others, we have emphasized the momentary experiencing and trying on of the attitudes and orientations of the engaged therapist. Seen from this vantage point, the ending of a successful analysis does not mean that there has been the internalization of the analyst as a new object within the patient's inner world (Reis, 2010). Rather it means that through an engaged experience with the analyst over time, the patient has developed new capacities that enrich his or her experience of self in relationship with others.

Conclusion

In this article on moving through others in an engaged therapeutic relationship, our intention is to continue to anchor psychoanalytic process in a rich two-person affective dialogue. This often means rethinking psychoanalytic concepts such as transference and interpretation so as to encompass all levels of the embodied, intersubjective process between patient and analyst. Here we suggest that a critical component of psychoanalytic treatment is the catalyzing of a developmental process of moving through others in relation to one's most troubling vulnerabilities. This process requires an engaged relationship in which the patient can try on subtle differences in attitude and perspective toward the self, the

analyst, and other important relationships in the one's life. It is in the continual emotional experiencing of others' nuanced perspectives that we broaden, calibrate, and modulate our capacities for fluid and collaborative participation in relationships. It is how we move beyond the more limited forms of understanding available in early development and the distorted forms of relating associated with disturbances in family relationships. From this viewpoint, a variety of processes advanced as curative in psychoanalytic therapy are included in the broader conceptual framework of fostering patients' capacity to move through other perspectives on their deepest experiences in the context of an engaged relationship. Thus, in an engaged relationship with a charged other, we acquire the mental space to take up one and then another attitude toward the self and others, resulting in new capacities for entering into and sustaining collaborative relationships.

References

- Aron, L. (2002). *A meeting of minds*. New York, NY: Routledge.
- Astington, J., & Gopnik, A. (1991). Theoretical explanations of children's understanding of mind. *British Journal of Developmental Psychology*, *9*, 7–31. doi:10.1111/j.2044-835X.1991.tb00859.x
- Bach, S. (2006). *Getting from here to there*. Hillsdale, NJ: Analytic Press.
- Baranger, M., & Baranger, W. (2008). The analytic situation as a dynamic field 1. *International Journal of Psychoanalysis*, *89*(4), 795–826. doi:10.1111/j.1745-8315.2008.00074.x
- Beebe, B., & Lachman, F. (2002). *Infant research and adult treatment: Co-constructing interactions*. Hillsdale, NJ: Analytic Press.
- Bion, W. (1967). A theory of thinking. In *Second thoughts*. London, UK: Heinemann. (Reprinted from *International Journal of Psycho-Analysis*, *43*, 1962, 4–5).
- Bollas, C. (1992). *Being a character*. New York, NY: Hill & Wang.
- Boston Change Process Study Group. (2018). Engagement and the emergence of a charged other. Manuscript submitted for publication.
- Bromberg, P. (2001). *Standing in the spaces: Essays on clinical process, trauma and dissociation*. New York, NY: Routledge.
- Bruschweiler-Stern, N. (2009). The neonatal moment of meeting – Building the dialogue, strengthening the bond. *Child and Adolescent Psychiatric Clinics of North America*, *8*, 533–544. doi:10.1016/j.chc.2009.02.001
- Carpendale, J., & Lewis, C. (2004). Constructing an understanding of mind: The development of children's social understanding within social interaction. *Behavioral and Brain Sciences*, *27*, 79–151. doi:10.1017/S0140525X04000032

- De Jaegher, H. (2015). How we affect each other. *Journal of Consciousness Studies*, 22, 112–132.
- Di Pellegrino, G., Fadiga, L., Fogassi, L., Gallese, V., & Rizzolatti, G. (1992). Understanding motor events: A neurophysiological study. *Experimental Brain Research*, 91, 176–180. doi:10.1007/BF00230027
- Fadiga, L., Fogassi, L., Pavesi, G., & Rizzolatti, G. (1995). Motor facilitation during action observation: A magnetic stimulation study. *Journal of Neurophysiology*, 73, 2608–2611. doi:10.1152/jn.1995.73.6.2608
- Ferro, A., & Civitarese, G. (2016). Confrontation in the Bionian model of the analytic field. *Psychoanalytic Inquiry*, 36, 307–322. doi:10.1080/07351690.2016.1158060
- Fonagy, P., & Campbell, C. (2017). What touch can communicate: Commentary on “Mentalizing Homeostasis: the social origins of interoceptive inference”. *Neuropsychoanalysis*, 19(1), 39–42. doi:10.1080/15294145.2017.1294502
- Fonagy, P., Gergely, G., Target, M., & Jurist, E. (2005). *Affect regulation, mentalization and the development of the self*. New York, NY: Other Press.
- Fonagy, P., Luyten, P., & Allison, E. (2015). Epistemic petrification and the restoration of epistemic trust: A new conceptualization of borderline personality disorder and its psychosocial treatment. *Journal of Personality Disorders*, 29(5), 575–609. doi:10.1521/pepi.2015.29.5.575
- Fuchs, T. (2013). The phenomenology and development of social perspectives. *Phenomenology and the Cognitive Sciences*, 12(4), 655–683. doi:10.1007/s11097-012-9267-x
- Fuchs, T., & Koch, S. C. (2014). Embodied affectivity: On moving and being moved. *Frontiers in Psychology*, 5(508), 1–12.
- Gopnik, A., & Slaughter, V. (1991). Young children’s understanding of changes in their mental states. *Child Development*, 62(1), 98–110. doi:10.2307/1130707
- Harris, A. (2008). *Gender as soft assembly*. New York, NY: Routledge.
- Hobson, P. (2002). *The cradle of thought: Exploring the origins of thinking*. New York, NY: Oxford University Press.
- Howes, C. (1995). *The collaborative construction of pretend play*. New York, NY: SUNY Press.
- Iacoboni, M., Woods, R., Brass, M., Bekkering, H., Mazziotta, J., & Rizzolatti, G. (1999). Cortical mechanisms of human imitation. *Science*, 286(5449), 2526–2528. doi:10.1126/science.286.5449.2526
- Knoblauch, S. H. (2017). The fluidity of emotions and clinical vulnerability: A field theory of rhythmic tensions. *Psychoanalytic Perspectives*, 14(3), 283–308. doi:10.1080/1551806X.2017.1342421
- Landry, M., & Lyons-Ruth, K. (1980). Recursive structure in cognitive perspective-taking. *Child Development*, 51, 386–394. doi:10.2307/1129271
- Laplanche, J., & Pontalis, J.-B. (1973). *The language of psycho-analysis*. D. Nicholson-Smith (trans.). New York, NY: Norton.

- Lyons-Ruth, K. (1978). Moral and personal value judgments of preschool children. *Child Development, 49*, 1197–1207. doi:10.2307/1128760
- Lyons-Ruth, K. (1981). Developing a language of human action: Subjective goal as semantic component of the verb *give*. *Child Development, 52*, 866–872. doi:10.2307/1129088
- Lyons, Ruth, K. (2006). Play, precariousness, and the negotiation of shared meaning: A developmental research perspective on child psychotherapy. *Journal of Infant, Child and Adolescent Psychotherapy, 5*(2), 142–159.
- Martin, G., & Clark, R. (1982). Distress crying in neonates: Species and peer specificity. *Developmental Psychology, 18*(1), 3–9.
- Meltzoff, A. (1995). Understanding the intentions of others: Re-enactment of intended acts by 18-month-old children. *Developmental Psychology, 31*(5), 838–850. doi:10.1037/0012-1649.18.1.3. doi:10.1037/0012-1649.31.5.838
- Merleau-Ponty, M. (1945). *Phenomenology of perception*. C. Smith (trans.). New York, NY: Routledge. 1995.
- Merleau-Ponty, M. (1964). “Eye and mind,” (Trans. C. Dallery). In J. Edie (Eds.), *The primacy of perception* (pp. 159–190). Evanston, IL: Northwestern University Press.
- Minot, S. (1998). *Evening*. New York, NY: Vintage Books.
- Mitchell, S. (2003). *Relationality: From attachment to intersubjectivity*. New York, NY: Routledge.
- Piaget, J. (1962). The role of imitation in the development of representational thought. In H. Gruber & J. Voneche (Eds.), *The essential Piaget* (pp. 508–514). New York, NY: Basic Books. 1977. (Original work published 1962).
- Reddy, V. (2008). *How infants know minds*. Cambridge, MA: Harvard University Press.
- Reis, B. (2010). Afterwardness and termination. In J. Salberg (Eds.), *Good enough endings* (pp. 213–222). New York, NY: Routledge.
- Selman, R., Beardslee, W., Schultz, L., Krupa, M., & Podorefsky, D. (1986). Assessing adolescent interpersonal negotiation strategies: Toward the integration of structural and functional models. *Developmental Psychology, 22*(4), 450–459.
- Seligman, S. (2017). *Relationships in development: Infancy, intersubjectivity, and attachment*. New York, NY: Routledge. doi:10.1037/0012-1649.22.4.450
- Sorce, J. F., Emde, R. N., Campos, J., & Klinnert, M. (1985). Maternal emotional signaling: Its effect on the visual cliff behavior of 1-year-olds. *Developmental Psychology, 21*(1), 195–200. doi:10.1037/0012-1649.21.1.195
- Stern, D. B. (2010). *Partners in thought*. New York, NY: Routledge.
- Tomasello, M. (1999). *The cultural origins of human cognition*. Cambridge, MA: Harvard University Press.
- Trevarthen, C. (1982). The primary motives for cooperative understanding. In G. Butterworth & P. Light (Eds.), *Social cognition: Studies of the development of understanding* (pp. 77–100). Brighton, UK: Harvester Press.

- Wellman, H. M., & Liu, D. (2004). Scaling of theory-of-mind tasks. *Child Development*, 75(2), 523–541. doi:10.1111/j.1467-8624.2004.00691.x
- Wicker, B., Keysers, C., Plailly, J., Royet, J.-P., Gallese, V., & Rizzolatti, G. (2003). Both of us disgusted in my insula: The common neural basis of seeing and feeling disgust. *Neuron*, 40(3), 655–664. doi:10.1016/S0896-6273(03)00679-2

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