

## CONTRIBUTIONS TO UNDERSTANDING THERAPEUTIC CHANGE: NOW WE HAVE A PLAYGROUND

The understanding of therapeutic change is explored in two ways. The first is by providing a model of change that emphasizes moment-to-moment, “local-level” interactions in the analytic dyad. The second is to offer detailed clinical information—taken from the videotape of a child analyst’s first session with a three-year-old girl—that illustrates how this change model can be useful to clinicians. The clinical material is presented in the form of verbal transcripts and descriptions of nonverbal communicative exchanges between child and analyst. Both the model of change and the technique of videotape microanalysis build upon work by infant researchers and thus show how advances in related fields can supplement traditional psychoanalytic methods.

**M**any concepts can contribute to an understanding of how people change in psychoanalysis and psychoanalytic psychotherapy. This paper attempts to contribute to an understanding of therapeutic change in two ways, both of which draw on insights from infant/developmental research. First, we provide a model of change that emphasizes the expanded opportunities for change in the moment-by-moment interactions between therapist and patient in an individual session, interactions similar but not identical to those between mothers and infants that generate change. In shorthand we refer to this model—the dyadic expansion of consciousness model—as “the dyadic expansion model” or simply “expansion.” Second, we provide detailed information

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on change drawn from a videotape of a child analyst's first session with a three-year-old girl ("Kate") to illustrate how this model of dyadic expansion can be helpful in understanding therapeutic change.

Kate, who had witnessed the World Trade Center attack on television in the absence of her mother, suffered from severe separation anxiety disorder and sleep disturbance. In the reported session with Kate, change can be appreciated first in her enhanced capacity to play freely and to represent symbolically in her play the traumatic image of people jumping, and then in her creation with the analyst of a "safe playground" where children can jump "safely" and "softly."

Videotape information has long been used by infant researchers to explore interactions between mothers and infants (Stern 1985; Tronick et al. 1978; Tronick and Cohn 1989; Weinberg and Tronick 1994). Here we intend to show how the dyadic expansion model of the moment-to-moment change process, and the related videotape analysis, can supplement psychoanalytic tools used to understand therapeutic change. Many important elements of the psychoanalytic process cannot be observed on videotape but can be usefully explained by existing theories. For example, videotape cannot record the private inner world of the patient or the analyst (Modell 1993), nor can it record meanings in the intersubjective space that are mutually created (Winnicott 1971; Mitchell 1997; Ogden 1994; Aron 1996). Nevertheless, modeling and examining the micro-exchanges that take place between therapist and patient as revealed on videotape can provide important insights into the nature of their therapeutic interchange, and into how change occurs (Harrison 2003; Tronick et al. 1998).

We will begin with an overview of the clinical material from the videotaped session. This material is derived from seven three-to-four-minute clips captured from the videotape of the entire session and consists of the verbal transcript, as well as descriptions of some of the nonverbal behaviors of the dyad. Next we will present the model of dyadic expansion of consciousness, after which we will demonstrate how this model can be used to better understand some of the change processes illustrated in the videotaped clinical material. We conclude with some thoughts about how theory and observation of clinical material continue to evolve in a mutually enhancing interaction to offer us new opportunities to understand the process of therapeutic change.

## THE CLINICAL SESSION

### *Introduction*

At two years, nine months of age, Kate viewed the September 11 attacks on television. She saw planes crashing into buildings and people jumping out of windows. Kate developed symptoms of panic attacks and flashbacks. She told her mother, “Get those planes out of my head!” She also suffered from stammering, a severe sleep disorder, and separation anxiety. The context of the events of that morning include the absence of Kate’s mother, who had gone to the hospital for a minor medical emergency, the absence of her father, who was taking her older brother to his first day of school, and the absence of her grandmother, who accompanied Kate’s mother to the hospital. Her grandfather was the adult taking care of Kate that morning. Kate’s immediate family consisted of her mother, her father, and her four-and-a-half-year-old brother.

### *Summary of the Session Derived from a Review of the Videotape*

Kate begins this session, her first, by avoiding the toy airplane and the doll house that have been provided, turning her back on the analyst (Alexandra Harrison), and playing a pretend game of filling up cars with gas from the gas pump of a toy garage. She is taking both roles—that of the driver in need of gas, and that of the gas station attendant, the supplier of gas, and she is using different pretend voices to represent them. The analyst attempts to enter Kate’s gas station play, using a pretend voice similar to hers and asking, “Excuse me, excuse me, can I have some gas?” Through a repetitive sequence of small exchanges about asking for and receiving gasoline for different cars by different pretend owners, Kate and the analyst make a connection that leads to a movement in the play to a more active car race with small dolls. Kate pronounces one car the winner. The analyst refers to the other car, saying, “It isn’t much fun to lose,” and makes a pretend crying sound for the losing car. Immediately after this, Kate tells the analyst’s dolls, “We’re going to the circus. Would you like to come with us?”

Kate pronounces the doll house to be “the circus” and explains that there are people “lookin’ out the windows.” This is the first image that could be recognized as the World Trade Towers. The analyst brings three dolls to the circus. In another sequence of repetitive play

moves, the analytic pair elaborate three kinds of jumping down—“jump,” “slide,” and “slide-jump.”

The doll house play leads to a greater freedom of movement and use of space in the playroom, and to Kate’s suggestion that they build a “playground.” Together Kate and her analyst build a playground, into which the doll children jump. When the analyst introduces the theme of hurt by making one of her dolls say “Ow!” after his jump, Kate leans over close to the doll and says, “Do you know why you said ‘Ow!’? You said ‘Ow’ because you took too big a jump. You were supposed to take a little jump.” Kate and her analyst repetitively practice little jumps with their doll children, and Kate declares the playground to be a place where people are free to jump safely: “You can do [even] big jumps when you’re inside the playground,” she says.

The session thus ends with Kate able to open up her rigid meanings of what happens when little girls are separated from their mothers—perhaps something like “their mothers jump down from big buildings and are gone forever”—and to create with her therapist new, more adaptive meanings about separations: that children can find a safe “playground” where “you can do [even] big jumps.” How did this shift come about?

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### **TRONICK’S MODEL OF DYADIC EXPANSION OF CONSCIOUSNESS**

The dyadic expansion of consciousness model conceptualizes growth, in normal development as well as in psychotherapy, as occurring when two individuals interact in a way that results in the disorganization of old meanings and the emergence of new meaning (Tronick 1998, 2004). Whereas the psychoanalytic model offers perhaps the best insight into the private world of the individual, the dyadic expansion model offers an additional way of understanding how the private worlds of patient and analyst interact to create change. The expansion model defines general principles of meaning-making that are isomorphic for psychoanalytic treatment and infant-caregiver exchange. This is not to say that all or even most of the observations made by infant researchers can be applied to psychoanalysis; indeed they cannot. Instead, this model identifies general principles of growth and development based on dynamic systems theory that can be used in these two different domains in which change is central. The two sets of evidence, the data to which these

principles can be applied, are obtained by different means—by psychoanalytic or psychotherapeutic practice and by direct observation. Hence, the expansion model offers a way of understanding data about the psychoanalytic change process collected in a different way, through applying the same overarching organizing principles derived from dynamic systems theory.

In the dyadic expansion model, new meanings are co-created during ongoing messy exchanges of age-possible meanings from each individual's sense of the world (Tronick 2004). The exchanges are messy because whatever the form of the meanings—words, actions, gestures—they are neither fully formed nor fixed, and because the meaning-making process is difficult, demanding, and messy. Nevertheless, when the meanings come together, a dyadic state of consciousness emerges in which both individuals' meanings are mutually apprehended and coordinated.

In this model, humans are understood as open systems that co-create meanings either internally (in their private world) or with others (in their relational world) to modify their own states of consciousness. These states, which are not necessarily in awareness, are the moment-by-moment states of being and acting in the world. The co-creation of meaning is a bit-by-bit, continuously occurring process. This ongoing evolution of states of consciousness is necessary in order to fulfill the basic theoretical requirement of open systems—to continue to exist, open systems must maintain or even increase their coherence and complexity. When new meanings are co-created, the individual's state of consciousness is expanded, and the individual's sense of the world becomes more whole and complex.

The mind is a complex system, hierarchically organized, with both upward and downward influences connecting its many levels, each with unique emergent properties. Dyadic expansion holds that nonstatic, changing meanings exist at each level—in the body, in actions, in the dynamic unconscious, in the nonconscious, and in the conscious. These meanings are implicit or explicit in varying degree, and each of these forms of meaning brings the past into the present, makes sense of the individual's place in the world, and guides future actions and sense-making. As meanings emerge from one level to the other, they take on new emergent properties. No level is fully privileged. Thus, even if one were to assume that fixed, fully formed unconscious meaning exists (an assumption we do not make because meanings are

mainly fuzzy and messy), as the meaning is brought into consciousness it takes on emergent properties associated with the conscious level of the mind. These new properties, such as symbolic forms, represent a change from the meaning's unconscious form. In turn, the meaning is immediately acted on by the patient-analyst dyad and changes further. Finally, the now dynamically changing conscious meaning transforms the still fluid unconscious meaning by way of downward causality (Freeman 1995, 1999).

But not all new meanings lead to expansion. Some constrict and rigidify the individual's sense of the world, and the person's state of consciousness loses coherence and complexity. In the language of open systems, the state of consciousness dissipates (Stengers and Prigogine 1997). There is a violation of the first principle of open systems theory—to maintain organization and grow. In consequence, the individual experiences a subjective sense of loss of freedom, of chaos and anxiety. The person anticipates loss of organization and the perception of impending annihilation. However, there is another origin of anxiety predicted by open systems theory, and this origin is change itself. The process of co-creating new meaning out of messiness always threatens dissipation of the level of coherence and complexity previously achieved, with a consequent—at least temporary—loss of organization. Thus there is an experiential conflict between expansion and shrinkage that accompanies the psychodynamic conflicts that are also part of the meaning-making, and these domains of conflict influence each other.

In the case of trauma, the event may be beyond the capacity of the individual to make sense of in a manner that expands his or her state of consciousness. But since the individual must always attempt to make sense of experience, the sense may be rigid, impossible to integrate into an ongoing state of consciousness, and closed to the meaningful input of others—what clinicians would call a dissociated meaning. In order to maintain this defensive isolation—to maintain as much coherence and complexity as possible—the individual further limits communication that might allow access to the dissociated meaning and other disorganizing meanings. The result is further deterioration of the individual's meaning-making.

Although the subjective sense of the world accompanying a state of consciousness is that of stability and certitude, states of consciousness are inherently unstable and changing. They are at “criticality,” the state of a system that is highly complex and coherent, yet inherently un-

stable (Bak 1996). Criticality requires energetic input and constraint to maintain itself. Some of the input is self-organized, and much of it must come from others. By contrast, states of consciousness made up of rigid meanings are far from criticality, more stable, highly coherent, less complex, and less open to input.

### ***Clinical Use of the Model***

In the dyadic expansion model, the goal of the psychoanalyst is to help patients move their state of consciousness toward criticality so that new states of consciousness can be formed and the sense of impelling certitude can be changed. The work of the analyst of a traumatized patient is to initiate the co-creative process of meaning-making in order to change the patient's less complex, rigidly coherent state of consciousness. Since meaning exists at many levels—bodily processes and actions, affect, the dynamic unconscious, and conscious thought—implementing this change begins with establishing domains of communication where the co-creation of meaning can take place. Then the co-creating of new meanings of the trauma can occur by bringing to the meaning-making process elements of meaning both from the analyst's own states of consciousness and from the patient's.

The connection is accomplished through the use of age-possible means of communication. The concept of “age-possible” is key because it takes into account the developmentally available competencies each partner brings to the meaning-making process.<sup>1</sup> For example, body movements, including facial expressions and vocalizations, are the communicative tools of infants, and the meanings shared are intentions and affects. Language and pretend play are the communicative tools of the preschool child, and the meanings that are shared are symbolic, often action-based representations and illogical thematic play narratives. Adolescents and adults communicate with the analyst primarily in language with abstract symbols. This communication is mostly in narrative form and has, especially for adolescents, few constraints. The establishment of a domain of communication about meaning is specific not to content, but rather to what is age-possible.

<sup>1</sup>Valenstein (1973) “in the earliest phase of development object representation and self representation coalesce more around the affective correlates of experience than around its cognitive potential” (p. 374). While many analysts consider these analytic behaviors part of their repertoire, they are rarely part of an analyst's clinical theory; new concepts and techniques are required to bring them within a coherent theoretical model.

It is then that the analyst brings her own meanings into the mix as she tries to understand the patient's communications. This step is explicitly conceptualized in the dyadic expansion model, where it is seen as a universal feature of the psychoanalytic process. At the higher organizational level of spoken language the meaning-making is explicit, conscious, in awareness. By contrast, much of meaning-making—especially moment to moment—is implicit, unconscious, out of awareness. A prolonged silence, a body position, an averted gaze, a shift in the rhythm of vocal turn-taking, and many other nonverbal communications have meaning and become elements of the meanings that the dyad make together (Beebe and Lachmann 2002; Fivaz-Depeursinge 1999). In this co-creative process, both partners bring the meanings from all the many levels that make up states of consciousness into the interaction that opens up old meanings and transforms them into new ones. The new states of consciousness are not planned, nor are they predictable. Instead they emerge from repetitive exchanges of meanings that have the immediate goal of creating and maintaining a connection through making meaning (Bruner 1990).

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Repetition and rhythm are key mechanisms in changing states of consciousness (Sander 1983; Beebe et al. 2000). At the higher level of meaning-making, repetition is necessary to ensure explicit understanding, because the meanings that words have for individuals are neither identical nor fully known, even to the speaker. At the moment-to-moment level of meaning-making, change in meaning may emerge from small variations, when the state of consciousness has reached criticality. Bak (1996) in fact demonstrates that in complex systems such as dyadically interacting minds, repetition of apparently identical forms inevitably generates change in the system. Rhythmic turn-taking functions as a carrier wave that maintains the momentum of the meaning-making process, and in doing so it also conveys meaning, such as “We are working together to find a ‘directionality’ to our meaning-making.” Once established, directionality self-amplifies and leads toward a greater coherence and complexity of shared meaning. In the moment-to-moment process of a psychoanalytic session, repetitive patterns are common. In the expansion model they are given a central role in the change process. In the videotape microanalysis of the treatment of a young child, the repetitiveness becomes observable, with its subtle shifts and eventual transformation into something new.

The co-creating of meaning is inherently messy, but the messiness is not error; rather, it is the wellspring of new meanings (Tronick 2004). In the our case illustration, Kate and her analyst interact at many levels—observable on the videotape—that convey meaning, from the nonverbal domains of body movement and facial expression to the age-possible meanings communicated in language, symbolic play, and the prosodic elements of speech. Each of these domains conveys motivations, affects, and behavioral and relational intentions, as well as unconscious (including dynamically unconscious) meanings. In this interplay there is a variability of coordination of the meanings communicated between the two partners. The variability diminishes over time as the new meanings are co-created and shared, but messiness is always present, because the rate of the exchange at the local level is so fast and complex that accurate apprehension and expression cannot be maintained and because the newly emerging meanings become the stuff of the ongoing meaning-making process.

***The Change in Kate's State of Consciousness from the Perspective of Dyadic Expansion***

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The meaning Kate made of the images on television was a traumatic meaning. Yet her state of consciousness includes far more than just her viewing the images on television. Not yet three years old, Kate has a large vocabulary, skillful actions, concern about bodily integrity, a robust memory, preoperational thinking, and some reflectivity and self-awareness. Her sense of what has happened emerges from these age-possible meaning-making processes, from the crucial context of her family experiences, and from other private meanings such as fantasies and developing psychodynamic processes. All these factors contribute to the state of consciousness and the “impelling certitude” Kate generates in response to these images. How does she come to have this impelling certitude that makes her symptomatic?

Kate's normal sense-making capacities work to create a coherent and complex sense of what she experienced, but they are not able to generate a nontoxic way of understanding the events. Her capacities have faltered under the stress of the event—the viewing, including the context in which it occurred (in other words, the whole experience)—given her normal but still limited three-year-old capacities. She cannot let her mind operate in its preoperational, unconstrained mode, because to do so would engage her overwhelming feelings. Fonagy (Fonagy et al.

2002; Fonagy and Target 1998) would argue that her *mentalization*, the capacity for reflective mental activity—at this point an emerging capacity—has been disrupted. At the same time, were she unable to make any sense at all of her experience, the disorganization would be overwhelming. Thus, the trauma includes not only the viewing, but also her diminished but still operating age-possible sense-making capacity, amplifying the negative effect.

Without the help of her mother to contain her, Kate is unprotected from thoughts such as “Even grown-ups can fall down from tall buildings and get hurt and lose their mommies forever!” With her emerging capacity to mentalize, Kate is reflecting on the feelings and thoughts of others. Perhaps she is terrified by beginning to imagine how frightened those people were to be falling down so far and to know that they would get so badly hurt. Unable to integrate her frightening sense of this experience into her usual sense of the world, she dissociates the experience in order to keep its disruptive effects isolated, which also serves to protect her from the anxiety that would come with its disorganizing effects. For similar reasons she cannot talk freely about it, further limiting opportunities for help from others.

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It is important to appreciate that the event occurred within a rich context that further amplifies its effects. The state of her grandfather during the television broadcast is not fully known. We do know that he was frightened and unable to be adequately responsive to her; she had to confront his anxiety. Moreover, her mother’s going to the hospital may have evoked Kate’s experience of her mother’s vulnerability, as well as images of hospitals as big buildings, provoking the threat of loss of her mother. Also, her brother—an object of admiration and envy—was being taken to his first day of “big boy school” by their father. Finally, in addition to what was going on at the time of the viewing, her current and past relationships with her family members and their characteristic ways of managing stress in general and whatever meaning the 9/11 attack had for them in particular form a crucial part of the context.

Kate *must* try to make meaning of this assemblage of events and previously created elements of meaning, connecting her experience of the external world with her inner world, to create her state of consciousness. If she does not, her state will dissipate and give way to overwhelming anxiety. In her inner world, symbolic representations are continually being put together with other elements of meaning in the local context— affective configurations, memories, and body sensa-

tions. Or they are moved from one level of the mind to another, in an evolving synthesis, by implicit mental processes. All these elements of meaning, and the mental processes that act to create the meanings, are influenced by these multiple factors—Kate’s developmental capacities, her unique personal capacities, her past experience with others and of events, her culture, and her fantasies. And all are governed by the inescapable requirement to maintain and expand complexity and coherence.

Fantasy, as well as other meaning, is co-created in a continuously evolving communicative/interactive process. The co-creation of meaning with another, and also of one’s own meanings, functions as an operator on (a modifier of) meaning. Both self-awareness and communication alter an individual’s state of consciousness. It is only those fantasies that are fixed—because they have become isolated from self-organized processes or from the communicative process—that result in distortions of reality and symptom formation. These fixed fantasies, both the meanings that are the symbolic elements of fantasy and the ways of putting those meaning together, normally part of the co-creative process, end up causing problems.

Kate may be able to put the frightening events of 9/11 behind her and carry on with her everyday life. Yet images of airplanes, or the unresponsiveness of an important adult, for example, could trigger the set of old images and affective reactions, as well as the old illogical brain operations. For example, one important triggering context was bedtime, not only because of the intrinsic theme of separation in the experience, but also because the different mental processes during the state changes involved in going to sleep likely had a role in the recreation of the frightening meanings.

Whatever Kate’s state of consciousness, we can appreciate the complexity of her meaning-making. Kate’s meaning is not that of an infant or an older child, but it is also not that of another child the same age. It is unique, much of it unknown and unknowable, messy, illogical, and constantly changing. However, because of her traumatic experience, elements of her meaning are relatively more fixed, less messy, and isolated from her own meaning-making processes and from the meaning she makes with others. Using this formulation derived from dyadic expansion to complement psychoanalytic formulations, and without knowing what the future will bring, how is the analyst to understand what happened in this first session with Kate?

***Using the Model to Understand the Videotape***

At the beginning of the session the video demonstrates the first step in the implementation of change—the establishment of domains of communication where the co-creation of meaning can take place. In three steps Kate and her analyst make a connection, using their bodies, language, playacting, and affect.<sup>2</sup> The first step is Kate's, and it is implicit: a slight turn of her body in the analyst's direction, and a pause in her activity, as if ask, "Would you like a turn?" These nonverbal communications of meaning directly precede the analyst's initial verbal communication to Kate, and were not in the analyst's conscious awareness at the time they were made. It was only in viewing the videotape after the session that she could see them, but in the moment she acted on them they were in her implicit awareness, much like the intuitive knowing that parents have for their infant's communication (Papousek and Papousek 1986). After the analyst's first request for gas, Kate turns toward her without a smile, and silently gives her car some gas. In the second step, the analyst repeats her request, this time with a different car and with a different pretend voice. Kate turns toward her with a small smile, says "Yes?" quietly, and gives her some gas. In the third step, Kate turns toward the analyst and herself initiates the question, "Do you want some gas?" The turn-taking and rhythm convey the message that they are doing something together. But what it is are they doing together?

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The second step in the implementation of change is bringing elements from the analyst's own experience and from Kate's to a co-creative meaning-making process, with the goal of changing Kate's traumatic meaning. What meanings are conveyed by each of the steps in the gas station play? The first step has meaning, though it is communicated by nonverbal displays. The meaning might be something like, "I must pretend the powerless (out of gas) and the powerful (supplier of gas) all by myself. I have no one." Yet Kate still has the capacity to imagine that the analyst might be a good partner. She turns toward her and pauses in invitation. By step three, the meaning might be understood as, "Together, we can create new ways to deal with not-having, or loss. We can use symbolic play to represent a situation in which a powerless person asks for what she needs and gets what she needs from

<sup>2</sup>While many analysts consider these analytic behaviors part of their repertoire, they are rarely part of an analyst's clinical theory; new concepts and techniques are required to bring them within a coherent theoretical model.

the powerful person.” This expanded meaning allows Kate and the analyst to “play with” the affective experiences of powerlessness and powerfulness.

The analyst then repeats the same request for gas with one car after another, each time giving another reason for needing gas. The co-creative process is facilitated by repetition; each repetition is the same, though each contains something new. The new part is unpredictable, perhaps unknown. Not only does the analyst vary her question slightly each time, offering unpredictability to Kate, but Kate is herself unpredictable in her responses. For example, she might have said, “No,” or “You can have a little bit.” She actually responds by giving the gas each time, but each time with different affective communication, body movement, and speech. Patient and analyst have engaged in a co-creative process, and Kate has been able, through the regulating connection with the analyst, to deal with the stress of unpredictability and the messiness of the meaning-making process.

When Kate initiates a car race between a girl doll and the “mommy,” the analyst uses her analytic experience with little girls Kate’s age, particularly her knowledge of the fantasy meanings they typically use to make sense of their worlds. She thinks about the oedipal competition between Kate and her mother, but she does not know how or even if this will play out. Using the dyadic expansion model, she does not privilege oedipal (or any other) symbolic material, but she keeps it in mind. She does not worry that she might choose the “wrong” intervention, because she knows the meaning-making can proceed in an infinite number of ways. Instead she focuses on the flow of the co-creative meaning-making process and on supporting Kate’s initiative both to introduce new elements and to accept or decline elements introduced into the play by the analyst. The therapeutic technique is to open up the messiness of meaning-making and to allow Kate to tolerate that messiness, even if the content is not the content of her trauma.

After the race, Kate announces the “winner” and the “loser” positions, and the therapist expresses her acceptance of “loser” feelings. Kate responds with her invitation to the circus. This is a further elaboration of “doing something together,” something special like the circus. “Going to the circus” was one of the explanations the analyst had given for a driver’s needing gas at Kate’s station, and it is clear that Kate has chosen to use a motif introduced by the analyst earlier in their play together, but now in a new context—a form of repetition in which an

element of meaning is assimilated by Kate and put to a new use. Kate then takes the initiative to introduce a new theme into the play. It is a risk because she cannot predict where it will go, but it conveys her sense that they will go there together. She invites the analyst's dolls to join her dolls inside the building, where they are "lookin' out the window." It is here that the analyst recognizes an image that resembles the traumatic images of the World Trade Center, but she does not know what Kate is really thinking. From the point of view of dyadic expansion this might be seen as a bifurcation point, something similar to a "now moment," a moment that says something is about to happen (Stengers and Prigogine 1997; Stern et al. 1998). This is a point in the therapeutic activity when there is a choice between a direction that leads toward a new state of consciousness and one that maintains the old. While it seems obvious that the path toward a new state of consciousness is preferable, the actual choice is made up of multiple responses to complex issues including therapeutic perspective, technique, clinical experience, the analyst's evaluation of where Kate is at that moment, and the anxiety that always comes with moving toward the unknown. In addition, even if the path toward the new state of consciousness is taken, there is no assurance that the opportunity will be realized, due to the messiness of the moment-by-moment creative process and its threat of dissipation.

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The analyst, recognizing that something more than her moment-to-moment responsiveness is needed to help Kate in her meaning-making at this critical point, draws on both analytic theory and clinical experience. She also uses the dyadic expansion model, because Kate is offering her play elements to use in what might result in co-creating a new meaning for the traumatic experience. To prepare for this type of play, the analyst takes three dolls to "the circus." The choice of three dolls is explicitly made, whereas other actions—such as the initiation of the gas station game—are more implicit, though all become part of the meaning-making. The analyst intends to use the technique of repetition to prepare for the opening up of Kate's traumatic meanings. Even if she does not yet know how or when her dolls will take action in the play, she knows that three dolls will not obey the constraints of the all-or-nothing pattern of a traumatic meaning.

Kate invites the three dolls to join hers inside the doll house, saying, "We're up here!" The analyst then asks, "How should I come up?" She wonders whether Kate will elaborate the traumatic image of jump-

ing, but she does not know she will or, if she does, when or how she will do it. Kate responds, "You could jump up." At this point the idea of opening up a rigid all-or-nothing pattern organized around the meaning of jumping occurs to the analyst. She would like to create something other than the two extremes that could be represented by *losing Mommy forever and therefore self-annihilation*, or *clinging to Mommy and refusing to separate from her*. Based on the dyadic expansion model and on her experience with the technique of repetition, she consciously prepares to assist Kate's opening up of the meaning of "jump." She wants to be able to *put into action* multiple possibilities of jumping, so that they will be able to introduce at least some tiny change in its meaning and in that way co-create a new meaning together. Although she has as her goal the co-creation of a more adaptive meaning, she does not know what that new meaning will be or when it will emerge in the play.

The analyst makes one doll jump up ("Jump!"), the second doll jump up ("Jump!"), and the third doll jump up ("Jump!"). Repetition is an important technique of this model. It maintains the exchange, and the messiness of the exchange, and opens up possibilities for something new. In this case the something new is the presence of three dolls who have jumped up and who now are in a position to jump down. Maybe Kate will choose to make them jump down, and maybe she will not. The model's concepts of unpredictability and messiness support the analyst in not knowing what will happen in this clinical situation.

At Kate's invitation to join her dolls on the first floor, a modest distance from the second floor location of the other dolls, her analyst detects another bifurcation point, a point at which something new may happen. When asked whether this means another jump, Kate suggests, "You could jump . . . or you could slide." Kate's analyst is pleased at what she sees as a sign of the potential opening up of the meaning of "jump" that is introduced by the new alternative of "slide," an alternative generated by Kate. The analyst makes one of her three dolls "jump" down, the second doll "slide" down, and—in collaboration with Kate—the third doll "jump-slide." At the articulation of "jump-slide," patient and analyst laugh together. There is a warm sense of connection that marks a successful expansion of shared meaning. The new meaning is more complex. The experiences of affect, connection, and expanded meaning are inseparable. Kate took a chance by initiating a new possibility and trusting her analyst with it. And yet there is nothing certain

about where they will go with this expanded meaning of jump. The new, co-created meaning of the word may bring them too close to its traumatic meaning, and Kate could withdraw. Or it may be discovered that Kate's meaning has less to do with jumping than she had initially thought. The path they take will become manifest only in the next moments of engagement.

Kate suggests that they "build" a playground, expressing agency in a new way as she states cheerfully, "Follow me!" and scampers across the floor to a new part of the room. Kate specifies that the analyst should make a line of red blocks, while she makes one of blue blocks, both starting from a common point. In their play, the analyst consciously attempts to establish a turn-taking rhythm, choosing blocks and laying them in a line as Kate is doing across from her, following each of the patient's moves with a comparable move of her own. She places each block with a definitive gesture to accent the end of her turn. As the rhythmic turn-taking proceeds, each lays her blocks in what has become an arc, establishing both a physical and a psychical direction. The rhythmic turn-taking establishes a directionality, moving the interactive meaning-making forward (Sander 1983). The momentum of rhythmic turn-taking helps prevent the process from being derailed by mismatches and stumbles.

Unpredictability is again illustrated in the fact that Kate and her analyst both know that something will be created over time—a playground made of blocks—but the size and shape it will take, how elaborated the meanings will become, and when they will have to "back off" are all unknown. As the two lines of blocks approach each other, Kate says, "We're getting closer to each other." In this statement she brings together elements of meaning in language, body movement, affect, and intention. The analyst repeats, in a softer voice, "We're getting closer to each other," and waits for Kate to lay the last block and complete the connection. Once the circle is completed, Kate stands up and surveys their creation. "Now we have a playground," she remarks.

Kate indicates that the dolls should enter the playground, declaring, "Another jump!" Here the analyst decides to take the risk of linking, for the first time, the act of jumping with the idea of being hurt (and potentially with the associated traumatic affect). She makes her doll say "Ow!" after jumping into the playground. This contribution might be considered in more traditional models to "close off" other alternatives. Yet in the expansion model this introduction of an element of meaning

by the analyst is viewed as leading to messiness, and this messiness makes possible an enhancement of alternatives in the meaning-making process. Remaining silent would itself have contributed another element of meaning to the process. The analyst is watching for Kate's reaction, and when Kate hesitates she wonders if she has gone too far. She decides to make the second and third doll jump into the playground without the "Ow!" After her hesitation, however, Kate walks over and crouches down beside the doll who said "Ow," asking, "Do you know why you said 'Ow!'? You said 'Ow' because you took too big a jump. You were supposed to take a little jump." The analyst has her doll ask Kate if he should "practice little jumps" and when Kate nods in assent makes him do so. Kate then repeats the practicing with another doll. The analyst is delighted to recognize that now she and Kate have accumulated a large repertoire of jumps—big, terrible jumps *down* (from the World Trade Towers), jumps up, modest jumps down (from the second floor of the doll house), slides down, jump-slides, and now little jumps. Finally Kate tells her, "You can jump [even] big jumps when you're inside the playground!"

"Oh," the analyst says, "because it's safer inside the playground?"

"Yes," Kate says. "And softer."

The analyst repeats, "And softer."

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### IMPLICATIONS FOR FUTURE INVESTIGATIONS OF THERAPEUTIC CHANGE

Considering how to integrate theory and observation in order to provide insights to clinicians is itself an interactive process. Conceptual formulations allow one to view clinical material in a new light, and the detailed analysis made possible by videotape allows one to see new interactions, both in turn leading to enrichments in the theory. The session with Kate provides an example of this mutually reinforcing process.

The dyadic expansion of consciousness model has two features that support the integration of knowledge from infant research and psychoanalysis and make this knowledge useful to the clinician. The first is the inclusiveness that derives from the model's adherence to the general principles of open systems theory. The second is the factor of specificity—in terms of age-possible meaning-making capacities and uniquely co-created meanings. Both features of the model—the

inclusiveness and the specificity—are realized in the concept of “state of consciousness.” States of consciousness result from meaning-making activity and encompass a multitude of meanings. These arise from sensory, perceptual, motoric, and affective systems, and include both conscious thoughts and meanings from the dynamic unconscious. Thus, the model does not privilege one or another form of meaning-making. Rather, it recognizes that meanings come in many forms and are made in many ways at many levels.

Despite the potential complementarity of psychoanalysis and the dyadic expansion model, it is evident that integrating theories that derive from different kinds of data—psychoanalytic practice and the direct observation of infant and caregivers—remains a challenge. The dyadic expansion model supplements the analyst’s tools by offering a means to understand the moment-to-moment interactive process, but what about the intrapsychic? Is there a place in the model for analytic concepts such as insight, conflict, and working through? One answer is obtained by referring to dynamic systems theory’s general principle of levels of organization; accordingly, the co-creative activities of change may be viewed as occurring at different levels of organization within a complex system. That system may comprise two individuals, or two parts of the same individual. The concept of dyadic expansion includes the idea of the conscious mind and the dynamic unconscious co-creating meaning, as happens with insight. In this co-creative process there can also be conflict between conscious and unconscious meanings. Kate experiences anxiety from two sources related to the traumatic event—unconscious conflict about aggression (psychoanalytic theory) and the fear that her psychic organization will be dissipated if she opens it up to change (dyadic expansion). The expansion model sees conflicts between messy meanings at a single level, as well as between meanings at different levels. Similarly, what psychoanalysis describes as working through could be seen as a macroscopic version of the microscopic repetitive interactions we have stressed as a central part of the meaning-making process.

However, the concepts from these two theoretical sources cannot be integrated without shared overarching principles governing the process of change. Referring to the general principles of open systems theory, dyadic expansion sees change as taking place in a continuously evolving interactive process of messy, disorganizing meaning-making, in which meanings are never fixed or fully formed, but exist

only in process. To the extent that contemporary psychoanalytic theories are in agreement with this perspective, the two conceptual models may be integrated. Still, a comprehensive integration is a project for the future.

Harrison used both psychoanalytic theory and dyadic expansion in complementary ways to make sense of her clinical experience with Kate. At two years, nine months, Kate's conflicts about her hostility and aggression in the dependent relationship with her mother were catapulted into a new category of traumatic meaning when she witnessed the World Trade Center attack on television in her mother's absence. Because she lacked the comforting presence of her mother, the sense Kate made of the television images terrified her and resulted in symptoms of trauma. In her first analytic session, months after the traumatic event, no real insight into her intrapsychic conflicts could be achieved, nor could these conflicts be worked through. However, the dyadic expansion model gives us a way to understand the microscopic process of change, because it was that "local-level" process that brought about an emergence of creative play and even significant symptomatic relief after the session. Nevertheless, the local-level process was at all times inseparable from meaning-making processes at other levels of organization; it was essential that this microscopic process always be framed, in both background and foreground, by an analytic sense of what meanings were possible and available to work on.

In this case new meaning is created as a shared state of consciousness for Kate and her analyst, and from this dyadic state of consciousness a changed state of consciousness for each of them emerges. Their new states of consciousness will carry a different "impelling certitude" about the world. In the old world, three-year-olds have to cling to mother and resist sleep for fear of terrible jumps. In the new world, there are places where children are free to jump safely and softly. In the old world the danger of dissipation is too great. In the new world, danger is modulated by dyadic meaning-making. At the time of the session, the analyst had focused on Kate's remark about being able to jump "big" when "inside the playground." To her, Kate's remark had meant hope for the future, of changing the terrifying meaning of jump to allow more flexible and adaptive approaches to life. Yet, in looking back, her attention was caught by Kate's use of the word "softer." In response to the remark, "Oh, because the playground is safer," Kate says, "Yes, and softer." From the standpoint of dyadic

expansion, the co-creative process of making meaning with Kate can now be appreciated in a different way. At three years of age, Kate's sense of "safer" is expressed well by the word "softer." "Softer" captures the sense of a soft landing. Of course, if one is jumping from a great height, no "softer" will make the landing safe, but Kate's thinking is age-appropriately illogical on this point. In contributing her word "softer," Kate is actively participating in opening up her problematic but familiar meaning, and her limited but familiar way of making meaning, to an uncertain process between her analyst and herself. "Softer" as safer is a new meaning. Both contributors find value in it, though neither exactly understands the other's contribution. This new meaning is a work in progress, a step out of one position and toward a future position as yet unknown.

Thus, the dyadic expansion model holds that change occurs in psychoanalysis, as it does in development, when states of consciousness are communicated and shared, causing the states of consciousness in each individual to open up to the messy and unpredictable process of making new meaning and increasing each individual's coherence and complexity. The challenge for the expansion model is to make its terms psychologically meaningful and the framework technically useful in the psychoanalytic setting. As we progress toward these goals, we will be creating the connections necessary for a more effective integration of the two models.

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