

Fundamental Pathways to Change: Illuminating Old and Creating New Relational Experience¹

James L. Fosshage, New York, USA

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Drawing on developmental, cognitive, and neuroscientific research, as well as on psychoanalytic theory and clinical experience, this paper focuses on implicit/non-declarative and explicit/declarative domains and the intractability of mental models to provide additional inroads for understanding and effecting change within the psychoanalytic encounter. Inherent in “A Spirit of Inquiry” (Lichtenberg, Lachmann and Fosshage, 2002), foundational to psychoanalysis, are two processes. Analyst and patient striving to explore, understand and communicate create a “spirit” of interaction that contributes to new implicit relational knowledge. “Inquiry” more directly brings explicit/declarative processing to the foreground in the joint attempt to explore and understand. A spirit of inquiry in the psychoanalytic arena highlights both the autobiographical scenarios of the explicit memory system and the mental models of the implicit memory system as each contributes to a sense of self, other, and self with other. This process facilitates the extrication and suspension of the old models, so that new models based on current relational experience can be gradually integrated into both memory systems for lasting change. Working with both memory systems provides the two fundamental pathways to change.

Key words: implicit/non-declarative memory, explicit/declarative memory, spirit of inquiry, pathways of change, procedural knowledge, sense of self, intractability of mental models

James L. Fosshage, Ph.D. 330 West 58th Street, New York, NY 10019, USA.
E-mail: fosshage@psychoanalysis.net

For more than a hundred years psychoanalysts have puzzled over how psychoanalysis effectuates therapeutic change. Freud initially thought that rendering the unconscious conscious was central for change and, with that goal in mind, developed the technique of asking the patient to associate as freely as possible. The analyst’s principle communication became that of interpretation, to make the unconscious conscious, to engender insight. Interpretation focused principally on the revelation of intrapsychic dynamics, unconscious wishes and fantasies, emphasizing the recovery of the repressed. The analyst delivered interpretations as an objective, neutral observer without affective participation.

Freud, however, was on occasion even more convinced of the importance of the relationship as promoting psychoanalytic change (1). In 1916 Freud said, “what turns the scale is not intellectual insight, but the relationship to the doctor” (2:445); and in 1937, the analyst must be a “model” as well

as a “teacher” (3:248). In keeping with this emphasis, another lineage of psychoanalysts focused on the relational experience as central to therapeutic change. Spearheading this relational thrust, Ferenczi (4, 5) asserted that “The physician’s love heals the patient.” Emphasizing love (Suttie; Balint) (6–8), the holding environment (Winnicott) (9), new object experience (Loewald) (10), and mirroring and idealizing selfobject transferences (Kohut) (11–13) broadened the range and focus of the analyst’s responses far beyond interpretation of intrapsychic dynamics and powerfully effected the communicative exchange.

With further developments in psychoanalysis such as the emergence of intersubjective and relational theory (14–17), the content of interpretations has come to focus on past and current relational experience, expectancies, organizing schemas, and constructions that could be either repressed or never subject to conscious reflection. A relational or systems perspective views patient and analyst interacting, communicating, and mutually influencing one another (18), creating an “intersection of two subjectivities” (15). From this

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perspective, interpretation, understanding and the totality of the patient-analyst relationship become more inextricably intertwined. That is, understanding emerges within and is affected by the analyst/patient relationship; creating a full circle, the relationship is affected by understanding. In relational theory, the goal shifts to a therapeutic interaction as opposed to the singular pursuit of insight (19).

Over the past century, different psychoanalytic models of development and therapeutic action have, thus, powerfully reshaped the process and content of communicative exchanges. Mitchell (16) synthesized the various theories into three perspectives: the drive-conflict model, the deficiency-compensation model, and the relational-conflict model. Correspondingly, Stark boiled down the therapeutic action of these models respectively to "enhancement of knowledge, provision of experience, [and] engagement in relationship" (20:xv). These agents of change, in my view, are not separate processes, but are different aspects of analysts' interventions. One aspect or another comes to the foreground, affected by the analyst's models and the moment-to-moment communicative exchange. From a systems perspective, for example, to interpret and enhance knowledge provides a particular kind of experience, emerging out of a particular kind of relational engagement. To directly or indirectly acknowledge, affirm, validate, or soothe (provision) is a particular kind of relational experience that also enhances knowledge. My co-authors, Joseph Lichtenberg and Frank Lachmann, and I propose that "the spirit of inquiry" (21) embraces all three aspects of interventions as they shift from foreground to background and serves as the fundamental underpinning of the psychoanalytic process.

How does psychological change occur? What communicative exchanges are effective in promoting change within the psychoanalytic arena? I will briefly explore change and effective communicative exchanges from the standpoint of implicit/non-declarative and explicit/declarative domains and address the intractability of pathological mental models.

Implicit/Non-Declarative and Explicit/Declarative Domains²

The recent efforts to integrate cognitive science and psychoanalytic models of development and change have significant implications for the communicative exchange (22–29). Cognitive science models differentiate between two domains of learning, knowledge and memory – implicit/non-declarative and explicit/declarative. The terms implicit and explicit refer to whether memory can be consciously recollected or not (29). The term declarative memory (30) refers to a memory system involved in the processing of information that an individual can consciously recall and "declare to remember" (29:451). The non-declarative memory systems influence experience and behavior, but cannot be explicitly or consciously recalled. Classical conditioning and skill-and-habit memory are two non-declarative memory systems (29). Skills and habits are learned either consciously or unconsciously, and through gradual incremental learning (31) become automatic procedures. LeDoux (32) distinguishes between emotional memory and the declarative memory of an emotional situation. Declarative memory entails facts of the situation; emotional memory refers to the memory of emotional responses during the event.

In their dynamic systems model of development applied to understanding psychoanalytic change, Stern, et al. differentiate between the explicit, declarative, or conscious verbal domain; and the implicit procedural or relational domain" (25:904). While declarative knowledge is gained through interpretation, implicit relational knowledge accrues through interactional processes.

Implicit (procedural) relational knowledge corresponds with "the representational world" (33), "internal working models" (34), "patterns of organization" (35–37), "RIGs or representations of interactions that are generalized" (38), "pathogenic beliefs" (39), "mental representations" (27), "interactional structures" (40), "expectancies" (41), and "themes of organization" (42). Implicit mental models develop unconsciously, what Stolorow and Atwood (43) call the prereflective unconscious, and organize and construct life experience through expectancies, selective attention, attribution of meanings, and interpersonal construction (37). Implicit mental models vary

² Portions of this section appears in our book: J. Lichtenberg, F. Lachmann, and J. Fosshage (2002), *The Spirit of Inquiry: Communication in Psychoanalysis*. Hillsdale, NJ: The Analytic Press.

along a number of dimensions, such as frequency of use, modifiability, and availability to consciousness (37). I use interchangeably the terms implicit mental models, "implicit relational knowing," patterns of organization, schemas, and expectancies.

As part of interactional processes in the psychoanalytic arena, Stern, et al., describe "now moments" as affectively "hot" moments that require "a response that is too specific and personal to be a known technical maneuver . . . They force the therapist into some kind of 'action', be it an interpretation or a response that is novel relative to the habitual framework" (25:911). A now moment therapeutically seized is a "moment of meeting" in which two persons meet in a novel way "relatively unhidden by their usual therapeutic roles, for that moment" (25:913).

Moments of meeting can occur quiet spontaneously and unexpectedly. A number of years ago, for example, I saw for the first time a young woman who had just completed social work training. She mentioned in the first session that she was going for a job interview later that afternoon. During a pause in the next session, I spontaneously inquired about her job interview. The patient immediately broke down into tears, saying with considerable pain and relief that her father, a very self-involved man, would never have asked her about her job interview. From the patient's perspective, we communicated in a new way, a "moment of meeting," that unexpectedly countered her implicit relational knowledge. Juxtaposition of her expectancies with our, to her, unexpected interaction helped to bring the implicit relational knowledge more sharply into conscious (explicit) focus.

How the implicit/non-declarative and explicit/declarative cognitive domains interact is centrally important in the consideration of effecting change within the psychoanalytic arena. Stern, et al., declare that long-lasting change occurs in the domain of implicit relational knowledge. They suggest that in "the course of analysis some of the implicit relational knowledge will get slowly and painstakingly transcribed into conscious explicit knowledge. How much is an open question" (25:918). I view the implicit and explicit domains as intricately intertwined in an interactive dance within a psychoanalytic process. While the dance between these two domains is not clear, additional

findings about memory, integrating cognitive and neuroscientific research are becoming available.

In the broadest definition "memory is the way past events affect future function" (44:24). The firing of a neural circuitry, a "neural net profile," increases the probability of it being reactivated in the future. Hebb's law is: Neurons that fire together wire together. "The increased probability of firing a similar pattern is how the network 'remembers'" (45:24). (Neural net profiles are also called neural memory networks or maps, Nelson, 46; Edelman, 47; Leven, 48.) Whereas transient metabolic changes are involved in short-term memory, more stable structural changes are involved in long-term memory. Importantly, repetition of firings and the involvement of affect increase the probability that the neural net profile will become engrained circuits of the brain and will enter long-term memory storage.

The implicit memory system is devoid of a subjective experience of recalling and does not require focal attention for encoding. Registration of information subliminally and procedural memories are part of the implicit memory system. In contrast, the explicit memory system is understood to require conscious focal attention for encoding and has a subjective sense of recollection. While the implicit memory system is operative at birth; the explicit memory system develops during the second year of life. Implicit mental models shape the explicit autobiography (in other language, organizing patterns affect our conscious perceptions).

Our sense of self is derived from both memory systems. Explicit memory cues evoke implicit memories, and implicit mental models affect explicit memory (44). When explicit and implicit autobiographical memories are consonant, a person experiences an increased sense of self-cohesion (independent of negative or positive valence).

When guided by *a spirit of inquiry*, verbal and nonverbal psychoanalytic exchanges gradually highlight both the autobiographical scenarios of explicit memory and the mental models of implicit memory as each memory system contributes to a sense of self, other, and self with other. Working with both memory systems provides the two fundamental pathways to change. An analyst's and patient's affective co-participation in the striving to explore, understand and communicate understanding creates an interaction that contri-

butes, through gradual incremental learning, to new implicit relational knowledge. The spirit of inquiry that guides this implicit relational interaction, is a cornerstone of an analytic process, as well as a crucial component of other vital human relationships. The "inquiry" brings explicit/declarative processing to the foreground and tends to highlight the old mental models while simultaneously creating new implicit relational knowledge. Focused attention on new procedural interactive experience may not be necessary or possible, but tends to facilitate integration of the experience and the establishment of new corresponding models in both memory systems.

In the ordinary course of analytic work a current perceptual/affective experience is assimilated into previously established networks for categorization and further attribution of meaning. New experience for which no category or neural memory network exists is registered in immediate memory, but tends to have difficulty entering long-term memory. Explicit highlighting of an old implicit mental model that stands out in relief when juxtaposed with new contrasting experience creates a conscious perspective that aids in the deactivation of the old. Deactivation of a previously established mental model facilitates integration of new implicit relational knowledge and corresponding explicit knowledge into long-term memory, gradually consolidated in permanent memory. When an old traumatic theme (implicit relational knowledge) is replicated in the analytic relationship, focused attention enables analyst and analysand to observe, understand, and extricate themselves from its replication, creating new implicit relational experience.

Intractability of Mental Models

Why are mental models so immutable? This is of particular concern to psychoanalysts when negative mental models, involving, for example, negative (devaluing) self percepts, persist despite contrary relational experience. Cogent psychoanalytic explanations have included that aspects of an unconscious conflict have not yet become conscious (drive/conflict model), that the patient is holding onto a bad object (object relations theory), that the patient is maintaining a needed self-object tie (self psychology), and that the patient is

employing whatever strategy he or she formed to adhere to a secure base (attachment theory). Any one of these dynamic formulations might lend explanatory value to a particular experience. Why negative mental models are so resistant to change, however, emerges, in my view, out of the function of the implicit/non-declarative memory system. That is, *implicit mental models serve a primary adaptive function*. Lived experience establishes expectancies that enable us to anticipate, interpret and interact with the world for purposes of negotiation and survival (see attachment theorists, 49). Experience of the world that is discrepant with expectancies is disruptive and challenges current views of reality. These disruptions jeopardize self-cohesion, self-regulation and capacity to negotiate. While organizing activity is infinitely complex so that many patterns remain flexible and acceptable to accommodation, primary organizing patterns can become relatively "invariant" (15). Their invariance is related psychologically to their adaptive value, that is, the continued relative cogency of the strategy being employed, cognitively to their long-term or permanent implicit and explicit memory status, and neurologically to the establishment of primary (increased probability of firing) neural memory networks.

A clinical illustration follows that involves inquiry, reflection, and recollection of a declarative and non-declarative (emotional) memory. Furthermore, the repetition of new implicit and explicit relational experience is described. These experiences, involving heightened affect, were used to overcome the iron grip of negative self and self-with-other percepts.

Susan, in her mid 40's, was the first-born of seven children. The core trauma was captured in a model scene (50) in which Susan, as a little girl, stands at the doorway, wanting and hoping but afraid to ask for attention from her father who is sitting and reading the newspaper. She recalled moments of intense closeness with her father, sitting and cuddling on his lap; yet, her father, more often, was experienced as self-preoccupied and non-communicative. In addition, he had an unpredictably explosive temper. The birth of her first sibling, a sister, when she was 6, apparently captivated her father's attention, leaving her feeling "displaced" from her father's lap and rendered invisible. Susan's mother was not experienced as emotionally "present." As her other

siblings arrived, Susan found her mother to be increasingly unavailable and unrelated to her children, frequently confusing their names. In contrast, she experienced her grandmother who spoke in a language foreign to her to be the one consistently affirming and comforting person. Her grandmother would express her love and caring through facial expressions and physical touch. Susan valiantly fought to establish and maintain self-esteem, against easily triggered devastating feelings of rejection and humiliation. She became a caretaker of her siblings, a model student, excelled academically, and was personally well liked. As an adult, with the same battle waging in her, she expressed and maintained her vitality through her efforts as a wife, mother, friend, and professional. Despite considerable success in her endeavors, the trauma of devaluation, rejection and humiliation was always close at hand.

Prior to the current analysis, Susan had experienced a long analytic treatment with an analyst who had precipitously terminated her analysis. He claimed that she was impossible to help and, thereby, replicated the trauma of her parents' rejection of her once again. Six months later she began analysis with me on a face-to-face, three-times-a-week basis. The focus for the first year of analysis was to understand and find a way through the trauma that was created by the termination of the first analysis. Gradually as she reemerged from the trauma, she was able to focus more directly on her current analytic experience. She risked allowing mirroring and idealizing self-object needs to emerge once again in an analytic relationship. In the third year of the analysis Susan joined an analytic group that I led.

Susan longed for my affirmation and wanted to feel "special," in the sense of feeling valued, unique, and important in my eyes. Yet, she was convinced that she was not special or valued and, though she felt I liked her, she felt that I did not really see or respond to her as special. I was aware of my increasing fondness for her. Yet, to the degree that she remained protectively hidden (in response to her expectation of rejection), I felt that I could not see or respond to her sufficiently for us to be able to establish a sense of feeling valued. This relational configuration tended to confirm, yet again, her negative percepts. Exploration and interpretive understanding of this relational scenario helped us to begin to extricate ourselves from

it. She began, on occasion, to express herself with fuller affect that fostered reciprocally increased affective intensity in my responses. I, in turn, became more active in my inquiry – for example, shortening the length of silences between us, increasing my affective expression. My increased activity reciprocally increased Susan's expressiveness. Thus, our engagement gradually deepened, including an emergent mutually reciprocal feeling that I "knew" her and valued her.

This emergent bond intensified through an interplay of empathic understanding and my more direct communication of affirmation through words, vocal tonality, facial expressions. Despite this intense mirroring and idealizing self-object bond, the negative percepts of her devalued sense of self and of the analyst as insufficiently valuing of her were readily triggered by my inadvertent contributions and Susan's constructions. When her traumatic self-with-other configuration, riveted with shame and deflation, was activated, Susan, we learned, needed me to stay with her in the trauma, to make certain that I heard and understood her traumatic feelings of rejection. She needed desperately not to be left alone in her traumatic state, as she had experienced in the past with her parents. She also needed me to acknowledge my contribution to her experience. Otherwise, how could she know that I understood my contribution, could possibly change, and not repeat it again? I gradually learned that when I moved too quickly from focusing on my contribution to her constructions (including both when I was defensive or simply overly ambitious analytically), Susan would experience me as not "getting it" and "blaming her." This, in turn, intensified her hopelessness about impacting me. When she felt that I really "got it," she would gradually become more aware of her particular constructions and how they resonated with traumatic themes of the past. Thus, we moved from the old percepts to the new, and back again.

In analytic group therapy, Susan not infrequently complained that I did not attend to her as much as to the other members in the group. As Susan and I carefully tracked these occasions, we realized that Susan's hesitancy to speak in the group was not always clear to me. At times she would meaningfully comment, but without sending a clear enough message for the group members or me to understand that she wanted to be invited to

say more. Misreading her, the group and I would not pursue her and she would end up feeling devalued and unimportant. Susan was like the little girl at the door wanting her analyst's (and group's) attention and hesitant to express it for fear of rejection, and I was "too busy with the newspaper to notice." Her complaint to me was an instance of speaking out, of expressing and asserting herself more fully. I emphasized that we needed to work together to be able to create the needed experience. That is, I needed to listen more carefully and she needed to let me know, as best she could, that she wanted to say more or wanted more from me, or was having difficulty doing either.

In the individual session just prior to a crucial incident in the analytic group, Susan was feeling particularly pleased and alive, partially because I had spontaneously made what turned out to be a facilitative suggestion for her in dealing with a work situation. She felt valued and cared for. Later that evening in analytic group, another member spoke. I could see deflation in Susan setting in and inquired about what was happening. Together, and with the group, we were able to identify that the member getting "air time" was triggering in Susan the old negative percepts that she did not count. She anticipated that I, as her mother, could not see the children as individuals and recognize each in his or her own right and that I, as her father, was "taken" with her sibling, leaving her feeling invisible. With a powerful gravitational pull, the old percepts were taking over and an explicit/declarative analytic focus was proving to be of no help. This was not the emergence of the repressed, for Susan was all too familiar with it. Rather it was the reactivation of repetitive, devitalizing percepts (implicit mental models). Exploration and interpretation were ineffective. Although I was attentive and engaged with Susan, I could do nothing to stop the deteriorating process. I then spontaneously asked if she could remember what she had been feeling in the previous individual session and if she could tell the group about it. As Susan was able gradually to remember how she had felt valued and cared for and expressed it in the group, with the group serving as a fortifying witness, the process strikingly enabled Susan to reclaim her new percepts and to deactivate the old. As she spoke, her vitality returned. She was able to focus on and regain contact with her more recent declarative and emotional memories (32) invol-

ving a vitalizing connection between her and her analyst. At the interactional level of implicit relational knowing, my question, I believe, implicitly reconfirmed, now within the group, her new vitalizing percepts and facilitated her reconnecting with them. At that moment, Susan and I had achieved a way of being together in the group that enabled her to feel valued and special. While these new percepts were initially momentary and episodic, alternating with the older configurations, gradually they began to be expanded with deepened emotional conviction in time and memory.

Concluding Remarks

Drawing on developmental, cognitive, and neuroscientific research, as well as on psychoanalytic theory and clinical experience, I have focused on implicit/non-declarative and explicit/declarative domains and the intractability of mental models to provide additional inroads for understanding and effecting change within the psychoanalytic encounter.

The psychoanalytic encounter involves a patient and analyst complexly interacting and mutually influencing one another. In the view of my co-authors, Lichtenberg and Lachmann, and myself, *the spirit of inquiry* serves as the foundation of the psychoanalytic process. The analyst and patient striving to explore, understand and communicate creates a "spirit" of interaction that contributes, through gradual incremental learning, to new implicit relational knowledge. This spirit, as part of the implicit relational interaction, is a cornerstone of the analytic relationship and a crucial component of vital human relationships. The "inquiry" more directly brings explicit/declarative processing to the foreground in the joint attempt to explore and understand. The spirit of inquiry in the psychoanalytic arena highlights both the autobiographical scenarios of the explicit memory system and the mental models of the implicit memory system as each contributes to a sense of self, other, and self with other. This process facilitates the extrication and suspension of the old models, so that new models based on current relational experience can be gradually integrated into both memory systems for lasting change. Working with both memory systems provides the two fundamental pathways to change.

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Summaries in German and Spanish

Fosshage JL. Fundamentale Wege zum Wandel: Beleuchtung alter und Kreation neuer Beziehungserfahrung

Indem diese Arbeit Forschung aus der Entwicklungspsychologie und kognitiver und neurowissenschaftlicher Herkunft aufzeichnet, ebenso wie aus psychoanalytischer Theorie und klinischer Erfahrung, fokussiert sie auf implizite/nicht-deklarative und explizite/deklarative Bereiche sowie auf die erhebliche Schwierigkeit mentaler Modelle, zusätzliche Einfälle dafür zur Verfügung zu stellen, Wandel innerhalb der psychoanalytischen Begegnung zu verstehen und zu bewirken. Inhärent einem "Spirit of Inquiry" sind für Psychoanalyse zwei Prozesse grundlegend. Analytiker und Patient kreieren in ihrem Bestreben zu erkunden, zu verstehen und zu kommunizieren einen "Geist" (spirit) der Interaktion, der zu neuem impliziten Beziehungswissen beiträgt. "Untersuchung" (inquiry) bringt in dem gemeinsamen Versuch zu erkunden und zu verstehen direkter explizit/deklaratives Geschehen in den Vordergrund. Ein Geist der Untersuchung in der psychoanalytischen Arena hebt sowohl die autobiographischen Szenarios des expliziten Erinnerungssystems hervor wie auch die mentalen Modelle des impliziten Erinnerungssystems wie sie jeder zu einem Empfinden des Selbst, des anderen und des "Selbst mit dem anderen" beiträgt. Dieser Prozess erleichtert die Befreiung und Aussetzung alter Modelle, so daß neue Modelle, basierend auf gegenwärtiger Beziehungserfahrung schrittweise in beide Erinnerungssysteme für einen dauerhaften Wandel integriert werden können. Das Arbeiten mit beiden Erinnerungssystemen schafft die zwei fundamentalen Wege zum Wandel.

Fosshage JL: Caminos fundamentales para el cambio. Iluminando antiguas y creando nuevas experiencias relacionales

Basado en la investigación del desarrollo, cognitivo y en la neurociencia así como en la teoría psicoanalítica y la experiencia clínica, este trabajo se centra en los dominios implícito/ no declaratorio y explícito/ declarativo y los intratables modelos mentales para mantener incursiones adicionales para la comprensión del cambio efectivo desde el encuentro psicoanalítico. Inherente al "espíritu de investigación" fundacional del psicoanálisis, son dos procesos. Analista y paciente se esfuerzan por explorar, entender y crear un espíritu de interacción que contribuya al nuevo conocimiento implícito relacional. La "Investigación" trae más directamente en primer plano el proceso explícito/declarativo en el intento de unión de explorar y comprender. El espíritu de investigación en el campo psicoanalítico subraya ambos, el escenario autobiográfico de sistema de memoria explícita y los modelos mentales del sistema de memoria implícita, como contribuyen en el sentido del self, otro, y el self con el otro. Este proceso facilita la liberación y suspensión de viejos modelos, para que los nuevos modelos basados en una experiencia relacional actual pueda integrarse gradualmente en ambos sistemas de memoria para el cambio duradero. Trabajando con ambos sistemas de memoria se propocionan los dos caminos fundamentales para cambiar.