Book Reviews


Daniel Stern (1985) dramatically reshaped the psychoanalytic view of the first year of life in his classic work, The Interpersonal World of the Infant. Videotaping mother–infant interactions and analyzing those interactions on a split-second basis revealed an intricate dance of mutual regulation. Stern systematically demonstrated the development of intersubjectivity in the first year of life through complex forms of nonverbal affective communication. The affective communication between mother and infant occurred largely through subtle microadjustments of facial expression, tone of voice, and physical contact. The infant developed a procedural memory of how to relate to others based on this mutual regulation. These implicit rules of interpersonal engagement function automatically and nonconsciously.

In The Present Moment in Psychotherapy and Everyday Life, Stern (2004) updates the reader on all the developmental research of the past 2 decades, including intriguing studies in which researchers searched for the neurophysiological correlates of intersubjectivity. Through the use of magnetic resonance imaging, researchers are able to observe split-second changes in brain functioning and correlate them with split-second changes in affective communication. For clinicians who wish to stay abreast of the latest research, The Present Moment is a must read.

Contemporary psychoanalysis has become more focused on the analysis of the here and now than on the analysis of the there and then. Yet contemporary psychoanalysts never actually define the term here and now. Analysts usually assume that the term here and now refers to what is occurring in the current session. However, even restricting the idea of the here and now to the current session leaves the unit of analysis somewhat vague: Is it the entire 45-min session, a 10-min chunk, a 5-min chunk, a 1-min chunk, or a meaningful interaction sequence of variable duration? Stern convincingly suggests that the present moment (i.e., the here and now) lasts between 1 and 10 s with an average duration of 4 s.

The present moment is how long it takes for a psychologically meaningful moment to transpire. The present moment is how long it takes for a microdrama,
an emotional story about a relationship, to unfold. Every present moment answers the questions who, what, where, when, why, and how. This microdrama is an intersubjectively shared experience of a relationship episode that can be grasped. This microdrama can be intuitively understood without being verbalized. It is a form of implicit relationship knowledge.

Stern quotes William Blake, who believed that it was possible to discover a world in a grain of sand. For Stern, every present moment constitutes a microcosm of the patient’s psychodynamic conflicts and internalized object relations. In the present moment, those issues are enacted in the intersubjective field so that others are nonconsciously pulled into cocreating a moment that will either sustain the patient’s preexisting psychological structure or subtly enable the patient to readjust in a new direction. On occasion, there may be a dramatic defining moment or a moment of truth that results in major personality reorganization. Therapists can constructively contribute to a moment of truth if they are willing to at least momentarily throw away the rule book and let themselves respond in a spontaneous, fresh, and personal manner.

Stern suggests that individuals experience the present moment as they experience a symphony orchestra. It is a polyphonic moment that they experience holistically, even though retrospectively they could break it into its component parts. During these moments, individuals can read others’ minds with stunning accuracy because of their intuitive capacity to emotionally resonate with the emotional vibes that others put out.

For clinicians, the question is what to do with this new perspective. The final clinical section of the book appears to be written for a more general psychotherapeutic audience that is not assumed to be psychoanalytically sophisticated. Stern mostly wants to sensitize the reader to the dynamics of the present moment without telling the reader what to do about it or converting the reader to a new theoretical perspective. Nevertheless, it is clear where his sympathies lie. He approvingly references the interpersonal work by Ehrenberg (1992) and the intersubjective work by Knoblauch (2000). Stern does not offer many new insights for the experienced clinician that have not been written before and with greater clinical sophistication by the relational authors whom Stern cites.

Psychotherapy is still predominantly a talking cure, despite the ubiquitous presence of all the nonverbal affective elements that Stern so beautifully discusses. Stern betrays an antipathy toward the more verbal aspects of the therapeutic situation, only to disclaim that he possesses such an antipathy. For example, Stern suggests that “psychoanalysis is so focused on the verbally reconstructed aspect of experience that the phenomenal gets lost” (p. 140). With regard to development, Stern suggests that the “comfortable, rich, implicit pre-verbal world is fractured into unrecognizable pieces by attaching language to his implicit experiences. . . . The loss is of wholeness,
felt truth, richness, and honesty” (p. 144). Language can be used defensively and destructively to stifle emotional experience. Yet language also can be used constructively and evocatively to deepen emotional experience. Stern is virtually demonizing language as the enemy of truth, richness, and honesty. In my experience, fresh and heartfelt metaphorical language or direct, straightforward, and even blunt language is often the most direct route to truth, richness, and honesty. That is a type of language that often evokes an emotional outpouring from others. Often people communicate indirectly when they are too frightened to say something openly.

Some beginning therapists might be tempted to misapply Stern’s approach by using his theory as a rationalization to avoid openly discussing sensitive issues. They might mistakenly believe it would always be more therapeutic to address highly conflictual issues implicitly through nonverbal communication. Toward the end of the book Stern does offer a disclaimer: “I am not trying to lessen the importance of language and the explicit in favor of implicit experience” (p. 222).

Stern ignores the contributions of ego psychology and Kleinian analysis to working with the here and now. Freud’s (1926/1959) concept of signal anxiety is a present-moment concept. Freud suggested that as a forbidden wish begins to enter consciousness, signal anxiety is triggered to alert the ego to a situation of danger. Signal anxiety elicits a defensive maneuver that attenuates anxiety by defending against further awareness of the forbidden wish. Freud did not specify the exact length of time during which this conflict defense sequence transpires. Nevertheless, clinicians appreciate that it can happen in a flash. As a result, ego psychologists can adopt a listening perspective in which they listen for a point of affective urgency (Fenichel, 1941) and observe how the patient defensively runs from more deeply experiencing the repudiated affect. Ego psychology suggests that overlooking present moments may be defensively motivated because it is in the present moment that a forbidden wish bubbles up and elicits the signal anxiety that triggers a defense mechanism.

Kleinian analysts in their understanding of transference as a total situation appreciate how the patient creates an affective ambience or atmosphere that induces a certain type of countertransference in the analyst. In this manner, the patient unconsciously enacts his or her internalized object relations in the clinical situation. Joseph (1989), in particular, shows how subtle and moment-to-moment shifts in the patient’s psychic equilibrium during the session are registered in the analyst’s countertransference. These shifts reflect anxiety-ridden disturbances in the patient’s object relations and defensive efforts to restore the status quo. Thus, attention to momentary shifts in the countertransference can alert the analyst to microeruptions of primitive relational anxieties from which the patient quickly escapes.
Stern does not seem to use the ideas of conflict or defense analysis, either of the Freudian or the Kleinian perspective, to analyze the dynamics of the present moment. Stern states that in his approach, “defense analysis comes second” (p. 225). The potential liability of making conflict or defense analysis a secondary concern is that the avoidance of noticing or analyzing the present moment is likely to be in part defensively motivated. The main clinical utility of Stern’s work is that he makes it clear that it is at least theoretically possible for practitioners to focus their clinical attention on moments as brief as a couple of seconds and intuitively grasp the emotional and relational essence of that present moment. Of course, if approximately 600 or more present moments occur in a typical session, it is not possible to apply focal attention to every one of them.

It might be possible to consciously note a briefly passing but emotionally salient moment of a session as it is happening and inwardly reflect on the deeper meaning of that intense moment in the immediately ensuing moments. That emotionally salient present moment may become a worthwhile object of analytic scrutiny because every present moment is a microcosm. In addition, it may facilitate a deeper meeting of minds because every emotionally salient present moment is an intersubjectively constructed event. What is emotionally salient for the analyst is likely to be emotionally salient for the patient as well. Yet it is easy for the two to defensively avoid focusing on emotionally charged present moments that come and go in an instant.

I highly recommend The Present Moment to clinicians who wish to stay abreast of the latest developmental and neuroscientific research. Stern succeeds in sensitizing clinicians to the rich complexity of the present moment. However, experienced clinicians will have to look elsewhere if they want a more sophisticated analysis of the vagaries of working with the present moment in the clinical situation.

REFERENCES


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