Chapter 11

INTERWEAVING THE IMPLICIT
AND EXPLICIT IN THE
CLINICAL SITUATION

MOST PSYCHODYNAMIC and cognitive therapies use interpretation (in one form or another) and narrativizing a life story as essential techniques. To do this the implicit must be made explicit and the unconscious, conscious. The relationship between the implicit and explicit has been less studied than that between the unconscious and conscious. It poses problems and fascinating questions. The implicit and explicit intermingle at many points. In narratives, there is a two-way traffic between the implicit and explicit. Images, feelings, intuitions in the implicit domain must get rendered into the verbal explicit domain by the speaker. And in the opposite direction, words must get rendered into images, feelings, and intuitions by the listener. The implicit (the intersubjective field) also has a role in creating the “right” context to permit explicit material to emerge. And telling and listening, as acts in themselves, combine elements of both the implicit and explicit.

Where do present moments fit in here? From a phenomenological point of view, an interpretation or narrative also creates present moments in the teller and listener. So we are still working with the same subjective process units.
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INTERPRETATION AND MOMENTS OF MEETING

The moving along process leads not only to moments of meeting, but also to moments that are propitious for interpretive work, or work of verbal clarification. The same "good timing" and "readiness" that apply to present moments of meeting may equally apply to present moments when an interpretation is called for. When certain conditions flow together, the moment is ripe for an interpretation or a moment of meeting. These are: when the therapeutic relationship, in the form of transference, comes to the surface; when there has been a progression of events leading to a high point or crisis that requires some kind of action (a moment of kairos); and where this urgency calls both partners fully into the here and now.

Even when an interpretation rather than a moment of meeting is chosen as the therapeutic route to take, implicit processes are still called into play. In fact, they facilitate the effect of the interpretation. The implicit and explicit are deeply interwoven.

Suppose that an interpretation is given. Suppose further that it is an excellent interpretation offered at an ideal moment in the session and in the treatment. The patient will have a strong affective reaction. The emotional impact of the interpretation on the patient is an expected part of the clinical process when it is working well. The patient may have an "ah-ha" reaction, as in "Now I see!" But more frequently, the reaction is more affective than cognitive. The whole body and mind is gathered up in the reappraisal, which can feel something like, "Yes, I really have been like that." "That is really who they are and how they treated me." "I feel like I have to start over from scratch." "Where the hell was I all that time?" "I've been so handicapped." And then a silence follows as the patient takes it in. This silence is a charged moment. The patient is going through an important reorganization in the presence of the
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therapist—a reorganization that has been catalyzed by the remarks of the therapist. The patient’s reaction is thus an interpersonal and intersubjective event because both the patient and therapist know, more or less, what the patient is experiencing. This silence, immediately after the interpretation, is a kind of now moment. What usually happens is this: The therapist feels called upon to say something to let the patient know he or she has understood the affective impact of the interpretation. The therapist may say something very minimal, like “yes,” something indistinct like “hmm,” or something more elaborate like “Yes, sometimes life feels like that.” But the therapist says it in a special way with a special tone of voice that has overtones of empathic understanding, of dipping into their own world experience and expressing that, of standing alongside the patient in this moment of usually painful reappraisal. (Often, the therapists vocalization is elongated, falls more at the terminal pitch, and is lower in volume.) In other words, the therapist creates a moment of meeting about the reaction to the interpretation. Sometimes this takes the form of an affective attunement.

Most experienced therapists do this without thinking much about it. When it is pointed out many colleagues say, “Well, of course I do it; it’s a natural part of the interpretive process.” Yet, it is worth thinking about, because if this moment of meeting was not added to the affective events set in motion by the interpretation, the interpretation could be experienced as a technical maneuver from a neutral professional. It could have come from anywhere. It would then be sterile and only minimally interpersonal and intersubjective. It might have altered the patient’s explicit understanding of herself, but not the intersubjective field between her and the therapist.

If, on the other hand, the therapist creates a moment of meeting around the impact of the interpretation, the sharing of the impact expands their intersubjective field. A moment of
meeting around the interpretation locks in the interpretation and its impact as a joint experience. The patient can then proceed in new directions on the basis of both an altered implicit knowing and explicit knowledge of herself and the therapeutic relationship.

It is true that most experienced psychoanalysts and psychotherapists create these moments of meeting around impactive interpretations. But it is not considered a formal part of the interpretation. Some say that it is a part of the larger category of "interpretive activity," but that blurs things too much and too easily. The examination of these intersubjective moments is bypassed and they are taken for granted when mentioned at all. Nevertheless, they play an important role and require a different descriptive terminology and explanatory model than that which applies to the interpretation standing alone.

Often, this response to the impact of the interpretation is overlooked, as it falls in the turbulent aftermath of the verbal interpretation. But it occurs anyway and accomplishes its work. An example provided by Margherita Spagnuolo-Lobb (personal communication, January 22, 2000) serves best. She was in treatment with Isadore From, a well-known Gestalt therapist. He was ill with cancer and did not have a long life expectancy. This was public knowledge in the therapeutic community of which Spagnuolo-Lobb was also a member. However, she and her therapist had never brought it up, though each had to have known that the other knew. One day, she had a telephone session with him after a disturbing dream in which she saw a poster typical of those printed to announce a death and pasted on the walls in Sicily. It had fallen from the wall and was lying in the road and had her name on it. Cars were running over it. After she recounted the dream, her therapist said, "It should have had my name on it." The subject of his imminent death thus sprang up with some force. It had never been mentioned before. His interpretation deeply moved
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her. She mentioned this to me as an example of the power of an interpretation.

I agreed, but asked what happened right after he said that. She said, "Well, after a moment or so we hung up." Being curious if there had been a moment of meeting about this powerful intervention, I questioned her using a shorthand version of the micro-analytic interview technique. I asked her what exactly happened to her when he had made the statement. She said that she took a very big breath in and held it, then let it out in progressive heavy exhales. There was a silence over the phone. I asked if she had been crying. She said "no." I suggested that she was breathing as if she were crying. She said, "Yes, that was true." I then asked what he did to break the silence. She described that he said something not very unusual or memorable. In fact, she did not remember what it was. But she remembered his tone of voice. It was unusually soft, not a voice that she had heard from him before. It felt like a caress carried to her across the telephone. That was a moment of meeting. They had accomplished an implicit contact beyond words. And this implicit contact became joined to his verbal intervention to make a whole experience.

Just as an interpretation can give rise to a moment of meeting, a moment of meeting can give rise to an interpretation. But it doesn't have to. For example, recall the anecdote where the therapist responded to the patient who sat up from the couch to look at her by saying "hello." No interpretation followed this but one can readily imagine one. I suggested earlier that an attempt to make this moment of meeting explicit, especially immediately after it occurred, could undo some of its effect. But other times an interpretation can be helpful. It is a question of clinical judgement, but one must be aware of both the advantages and disadvantages. If the therapist had asked the patient after she laid back down how she felt about what just happened and the patient responded by saying that for the
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first time she felt that the therapist was open to her and on her side, it might have been an excellent opening for a broader interpretation on the part of the therapist. She might have suggested that the patient felt that her parents were not on her side or open to her, how she had come to expect that of others, how she had missed several life opportunities because of what had become a defensive stance, how that had happened at the office last week, and how she had viewed her therapist in that light and had thus put some limitation on the therapeutic work. Such an interpretation may have advanced the therapeutic work, but it also could have slowed it. Apparently it was not necessary in this case.

The point is that verbal interpretations and implicit expansions of the intersubjective field are complementary acts. In practice they serve one another. However, they require different explanatory models.

NARRATIVE-MAKING, NARRATIVE-TELLING, AND LISTENING TO NARRATIVES

Language is the vehicle for putting experience into a told narrative. This is mostly true even in therapies that are referred to as “beyond talk” therapies (Wiener, 1999). What is “beyond talk” is the means to coax and pull the implicit experiences into the explicit open. But once they are there, the problem of putting them into some kind of form that is meaningful remains a linguistic task of narrative-making. But there, too, the implicit and explicit keep close company.

Narrative-telling is the main, common, final path for data in both talking therapies and those that use other techniques to create explicit experiences. But making narratives involves not only words, but also direct experiences that are in the implicit domain. It is these direct implicit experiences that interest us.
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Three parallel present moments are involved: (1) the present moment of getting the original experience into verbal narrative form; (2) the present moment created in the teller during the telling it to someone; and (3) the present moment evoked in the listener during the telling. First, the patient must (re)live (now) the experience to be verbalized and forge it into a narrative form. This is not automatic. Thinking at this stage is largely in the form of visual, sensorimotor, visceral images, and feelings—not language. There is an effortful matching of the verbal account to the experience. This process creates its own present moments with its own intentions, vitality affects, and so on. The listener (the therapist) observes the mental and physical acts of transposition in the teller. This is a performance. Ease, difficulty, groping, hesitating, blocking, frustration, effort, changes in flow, speed, volume, and force, and a sense of relief, surprise, or inevitability make up the performance. Each of these implicit experiences, in itself, could be a productive focus for a therapeutic intervention. In addition to the words that come out, and even the paralinguistics, there is the entire performance, which, like any other performance, evokes in the teller and listener a constant stream of implicit experiences, including other-centered participation about the act of transposition. In brief, there is an implicit intersubjective sharing about the experience of transposing the implicit material into an explicit narrative form. Even while we are heavily focused on the words that come out and their meaning as it forms, we remain exquisitely sensitive to the implicit (partially shared) experience of transposition as it is occurring.

And finally the narrative must be fashioned for an audience, real or imagined. Telling a narrative is a constant task of intersubjective searching, testing, and adjusting to the listener. There are many implicit goings-on during this aspect of the performance. Ultimately, the performance of arriving at a narrative and telling it is a special kind of enactment, where the
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content is made explicit but the process remains implicit. These constitute the several parallel present moments.

In psychotherapy, narratives are told or enacted, not read, so the performance as performance is paramount. A told narrative in psychotherapy is not just a coherent story but also an expressed emotional experience. Both the story and its expression are valuable clinical material.

Ricoeur (1984–88) has commented on the time of telling a narrative, in contrast to the time of, or in, the story. By thinking of the acts of narrative-making and telling in terms of present moments, I am adding an internal temporal dynamic as part of the telling—and listening.

The central point is that even in considering therapeutic narratives, we have not escaped beyond the world of present moments. Of course the narrative, once constructed, can be viewed objectively and be deconstructed. But not while it is being told and heard. And even after it is told, when it is laid out and viewed objectively, its wholeness, including its central meaning, will be grasped in yet another present moment of capture.

The phenomenology of telling and listening to narratives requires far more attention than it has received or that can be given here.

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A sentence with a clear explicit meaning also makes up a present moment while the sentence is unfolding. When the sentence is considered from the point of view of the listener, recall that an average spoke phrase takes 3–4 seconds to say (the duration of the present moment). Also recall that the meaning of the spoken phrase is constructed as it is heard over time. Its whole meaning only falls into place when the last word is said. This construction in time is not simply a matter of progressively
understanding the syntax. It is also a matter of tracing the course of the syntax falling into its cognitive and affective place. As an illustration, consider a simple phrase such as “Would you like to go to the movies tonight?” As the listener rides the crest of the sentence as it unfolds, he first hears, “Would you.” It is immediately clear that something is about to be asked of him. There is a rise in his interest and alertness. The next subgrouping he hears is “like to go.” This maintains and perhaps raises his interest and alertness as things begin to become more specific. Then comes “to the movies.” Depending on the context and history, this could add pleasure to the feeling mix or it could make what went before fall flat, with an attendant loss of interest and surge of negative feelings as in “That is all you ever want to do.” Finally, the “tonight” arrives. It was probably understood implicitly by the context and adds little. Yet it steadies the emotional tone before the response and thus the next present moment must begin.

In this phrase, then, there is a syntactic journey, a journey of explicit meaning making, and a journey of contoured affective experience. When the phrase is over one forgets the syntactic journey that took place outside awareness. One remembers primarily the gestalt of the meaning journey and, importantly, how it has been colored by the affective journey.

Here is another example provided by Patel (2003). He suggests that there is a surprising overlap, neuroanatomically, between the processes of chunking and organizing sequential elements in both language and music. They are not as separate as previously conceived. The sentence is “The girl who kissed the boy opened the door.” Once again, we will follow the affective journey. “The girl,“ the first subgroup encountered, creates its own affective charge. The comes “who kissed the boy.” With this, interest, curiosity, and affective charge rise rapidly. Then comes “opened the door.” There is a fall off in affective charge that is replaced by an arousal due to a potential cognitive prob-
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lem. Who opened the door? It says "the boy opened the door," but we know, following the syntax, that the girl did it. This is a curious journey. Now, using the same words, suppose the phrase had read "The girl who opened the door kissed the boy." We would have been lead along a quite different micro-affective journey. The order and timing of the arrival of meaning also determines the implicitly felt affective experience. (We need not enter further into questions of style.)

In brief, the intricate interdependence of explicit meaning and implicit affective experience is clear at the local level of the present moment.

Still there is an important difference between the two parsings (meaning and affect) within the present moment. The difference is their respective time frames. The affective journey and the spoken journey have the same duration, a few seconds. However, the event to which the words refer took much longer. There is a discrepancy in timing, level of abstraction, and, necessarily, in closeness to the original experience. Feeling the affective contouring, hearing the words and having their meaning fall into place are direct, original experiences. What the words refer to is an indirect experience, once removed. We will return to this important difference in Chapter 13.