Episodes of meeting in psychotherapy: an empirical exploration of patients' experiences of subjective change during their psychotherapy process

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ABSTRACT

This study aims to assess moments of meeting in psychotherapy -understood as moments of intense connectedness and intimacy, shared between patient and therapist during any therapeutic encounter that enable a spin in the therapy process- using a qualitative interview with patients who were undergoing or had finished psychological treatment. Micro-pehenomenological interviews were conducted with nine patients who were undergoing or had finished psychological treatment. Transcriptions of the interviews were subject to micro-phenomenological analysis. A general structure of episodes of meeting showing their temporal evolution was identified and divided into six consecutive phases. These findings suggest that episodes of meeting in psychotherapy are lived and remembered by patients in a significant way; they are emotionally charged and have a meaning for each participant. Also, emotional and nonverbal cues seem to be highly relevant features. Moments of meeting could be understood as implicit mechanisms that allow changes in the implicit relational domain.

Key words: Episodes of meeting; microphenomenological interview; subjective experience; implicit relational knowing; process research.

Introduction

Moments of meeting in psychotherapy can be understood as moments of intense connectedness, of openness,

vulnerability, intimacy and shared humanity between patient and therapist during any therapeutic encounter that enable a spin in the therapy process (Boston Change Process Study Group, 2002; BCPSG, 2005; BCPSG, 2008; BCPSG, 2010). They are described as unanticipated moments in which both therapist and patient are deeply moved and transformed (Lord, 2017). Stern (2004) points out that these moments of meeting in psychotherapy are essentially intersubjective, because they are constructed both by therapist and patient, with the contribution of something unique and particular of each of their subjectivities.

According to Stern et al. (1998), change in psychotherapy -or at least part of it- is a relational and interactional phenomenon that takes place between patient and therapist. Therefore, change would reside that is, in these moments of meeting between patient and therapist. For the authors, moments of significant connection during the psychotherapy process would have the potential to modify the relationship between patient and therapist, allowing a transformation and reconfiguration of the patient's implicit relational knowing[1] (Lyons-Ruth, 1998) and consequently of this sense of self and their way of "being with others". The assumption that underlies this comprehension of change is that meaning systems are organized to include

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[1] Implicit relational knowing is the interpersonal knowledge procedurally acquired in relationships with others since the earliest childhood. This knowledge operates outside the attentional focus and the conscious verbal experience of the self. (Lyons-Ruth, 1999; Stern et al., 1998).

implicit or procedural forms of knowing -knowing how to do something and how to behave adaptively for example; but the organization of memory and meaning in the implicit domain only become visible during the doing (action). The 'knowing how to do' develops and changes by processes that are intrinsic to the representation system, and do not necessarily need to be translated into reflective or symbolized knowledge. However, procedural systems are influenced by, and influence, symbolic systems through multiple cross-system connections (Lyons- Ruth, 1999). As Morgan (1998) states, "When people change in therapy, they change their ways of doing and being with others as well as their conceptualization" (p. 328).

Therefore, change in psychotherapy could be accomplished through two fundamental and interrelated pathways: explicit and reflexive exploratory work as well as new relational experiences, both implicit and explicit. Both courses would work sequentially, and their relative balance would vary moment by moment. When implicit procedural knowledge and explicit attitudes are accessible to the reflective consciousness of the patient, both exploratory work and new relational experiences in psychotherapy would facilitate psychological transformation. On the other hand, when implicit procedural knowledge and explicit attitudes are inaccessible to the patient's reflective awareness, the main path to psychotherapeutic change would be through new relational experiences (Fossage, 2011). In other words, the therapist-patient relation would facilitate change, by constructing new possibilities for intersubjective experiences. The therapist must then be able to deconstruct already established but unsatisfying ways of "being with", while simultaneously helping the patient move towards new and satisfying ways (Lyons-Ruth, 1999). "Human interaction is a dramatic narrative and we are always trying to make connection when we are together", so the significant connection that takes place during moments of meeting in therapy could help this process ensue.

Even though the concept of moments of meeting has been theoretically described and analyzed in detail by the authors, little empirical work has been done to understand how it is that these moments take place in the subjective experience of its participants and how they impact or contribute to the relationship and the process of change. One possible reason for this gap may lie in the methodological difficulties of accessing implicit processes and internal experiences and enabling them to become explicit. This difficulty has also been a problem for other fields and disciplines, creating the need for developing methodologies that study experiences from a first-person perspective in a rigorous and systematic way (Valenzuela-Moguillansky & Vasquez-Rosati, 2018). Micro-phenomenology has made an important attempt in this direction, by developing a methodology that stems from a phenomenological approach. The micro-phenomenological interview was first introduced by Pierre Vermersch (1994) and later devel-

oped by Claire Petitmengin (1999, 2006) for cognitive science studies. Originally designed to study the cognitive processes involved in learning, this technique was then incorporated into the neurophenomenological program proposed by Francisco Varela (1996) and has been used since then in a growing number of studies in cognitive (*e.g.*, Lutz, Lachaux, Martinerie, & Varela, 2002), clinical (Petitmengin, Navarro & Le Van Quyen, 2007), therapeutic (Katz, 2011) and managerial (Remillieux, 2009) fields.

The central notion underlying this approach is that all experience is initially grounded in the body's direct sense and can consequently be brought to the mind's attention (Aron, 1998; Cozolino, 2002; Katz, 2011; Siegel, 2007; Wallace 2006). This bodily sense is the heart of a subjective experience, so to truly understand it as it unfolds, it is essential to access the pre-reflective dimension of human experience. However, felt bodily experience often remains pre-reflective and so does the possibility of ascribing meaning to it. Knowledge of this aspect of our experience may remain hidden and unavailable for us to use in making sense of it.

The micro-phenomenological interview was developed to access this kind of experience and its objective is to obtain a detailed description of a single experience, focusing on the procedural dimension from an embodied perspective (Vermersch, 1994; Petitmengin, 2006). In this way, aspects of the experience that are implicit, or that unfold in a pre-reflective dimension, are unveiled. Psychotherapy itself can be understood as a lived experience[2] which takes place both in an explicit and implicit level. This is done through verbal cognition and reflective processes (explicit level) as well as through affect regulation and non-verbal communication (implicit level). Moments of meeting in psychotherapy could be approached with this methodology.

Thus, the aim of this study was to assess moments of meeting in psychotherapy, of patients who were undergoing or had finished psychological treatment, through the micro-phenomenological interview. The data obtained will be analyzed according to the micro-phenological interview analysis procedure, so as to identify the main characteristics of the moments, as well as their effects and relevance for the psychotherapy and its outcome.

Method

Design

A first-person methodology stemming from a phenomenological approach called the micro-phenomenolog-

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2   Lived experience is understood in qualitative research as a representation and understanding of a research or research subject`s human experience, choices and options and how those factors influence one's perception of knowledge (Given, 2008, p.489).

ical interview was conducted for nine psychotherapy patients, in order to study moments of meeting in psychotherapy as a lived experience. The data was analyzed according to the micro-phenomenological interview analysis procedure (Vermersch, 1994; Valenzuela- Moguillansky, O' Regan, & Petitmengin, 2013).

Participants and recruitment

Participants were selected from a sample of convenience and identified by acquainted therapists as possible interviewees. A criterion of heterogeneity was also used regarding the following aspects: gender and age of the participants; consulting reasons; duration of therapy and ongoing versus completed psychotherapy processes (Table1).

The interviews lasted between 40 to 80 minutes; they were audiotaped and subsequently transcribed, verbatim, for analysis. Interviews were conducted in Spanish and all the extracts reported in this article were translated into English by the authors. The interviewees were asked to concentrate on a specific re-lived event that they could re-call as a moment of special connection or feeling identified by their therapist. Once the interviewees were able to evocate a particular moment, they were initially asked for a general description of that moment. To help the interviewee complete the evocation[3] task, different techniques offered by the micro-phenomenological interview method were used to situate the person in time, space and sensorial memories of the event. If evocation was interrupted, the interviewee was led gently back to the event. Once the event was described, it was reviewed in detail to clearly understand its´ sequence of actions and how it occurred in terms of emotional and physical sensations or thoughts that emerged.

The ethical protocol for this research was approved by the ethics board of the faculty of Medicine of Universidad de Chile; informed consent forms were signed by all the participants of the study before the interview was conducted, giving their permission for the use of the interview transcripts for research purposes and related publications.

Data Analysis

The information obtained was analyzed by the three authors using the micro- phenomenological analysis procedure (Valenzuela-Moguillansky et al., 2013; Valenzuela- Moguillansky & Vasquez, 2018) which suggests an intra-case and inter-case analysis of both the temporal organization of the experience and the properties and characteristics of specific moments of the experience. In both cases, the units of analysis were the segments of the interview that corresponded to the patient's evoked experience. These segments were selected by identifying: linguistic indicators of evocation -such as speaking in first person singular in a present tense-; para-linguistic indicators -such as congruence between the rhythm of the voice and the described contents and sensorial vocabulary- and non-verbal signs -such as unfocused gaze and postures and gestures that mimic the evoked contents.

The analysis was conducted by the first author through following steps:
i) Each interview was read completely from beginning to end. The purpose of this step was to separate general anecdotal descriptions from evocated segments regarding the experience itself.
ii) The evocated segments were then analyzed looking for events corresponding to different aspects that could resemble the concept of moments of meeting. The purpose of this step was to clearly identify all the descriptions of the event that could configure the experience.

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3   Evocation is understood in this paper as the act of bringing or re-calling a feeling, memory, or image to the conscious mind.

Table 1. Interviewees Demographics.

Interviewee id code	Gender	Age	Therapist orientation	Length of psychotherapy	Status of therapy	Reasons for consulting
Pe1	Female	26y	Cognitive	6 months	Ongoing	Normative crisis
Pe2	Female	25y	Humanistic	3 months	Finished	Eating disorder
Pe3	Male	39y	Gestalt	96 months (8y)	Ongoing	Relationship difficulties
Pe4	Female	37y	Psychodynamic	24 months (2y)	Finished	Relationship difficulties
Pe5	Female	30y	Psychodynamic	12 months (1y)	Finished	Relationship difficulties
Pe6	Female	23y	Post rationalist	4 months	Ongoing	Sexual problems
Pe7	Female	36y	Eclectic	60 months (5y)	Finished	Normative crisis
Pe8	Female	40y	Eclectic/ DBT	12 months (1y)	Ongoing	Substance abuse
Pe9	Female	41y	Relational/psychodynamic	72 months (6y)	Finished	Anxiety disorder and depression

iii) The segments were organized in a sequence that provided information about the temporal evolution of the experience. This sequence was composed mainly of interviewees' or therapists' actions, that marked different stages or phases of the experience.

iv) Each of the identified phases was depicted in terms of their characteristics and properties. The purpose of this step was to identify and organize different aspects that make up the experience in each phase and their main components.

These four steps were repeated for each of the nine interviews, allowing the construction of nine individual representations and characterizations of the experience of meeting. Afterwards, two additional steps were carried out by the three authors, in regular meetings, to develop an integrated inter-case description of the experience of meeting:

v) In this step, the individual structures of each interview were compared, looking for invariants across the different experiences. Based on these common aspects, a generic temporal organization of the experience of moments of meeting was constructed as well as a generic characterization of each of its phases.

vi) Simultaneously, the quality of the intra and inter-case analysis was ensured by the triangulation of the results (Krause, 1995; Flick, 2002). This triangulation was guided by the criterion of thick description (Ponterotto, 2006) that allows the understanding and interpretation of each of the interviews and its generic structure in a contextualized way, in order to plausibly describe the different elements that shape the experience of meeting.

Finally, the structure of the patients' experience of moments of meeting was created by integrating both the temporal evolution of the experience and the qualitative characterization of the different phases. Five phases were identified, which were named: The Preparatory Phase, the Event Phase, the Syncopation Phase, the Moment of Meeting Phase, the Denouement, and the Aftermath.

Results

In this section the results of the micro-phenomenological analysis of the experience of meeting are presented.

Five phases were identified for the generic temporal structure of episodes of meeting in which the third phase corresponds to the moment of meeting itself. An extra phase of retrospective reflection and analysis regarding possible effects of this experience in themselves or their therapy process was identified as phase six (Figure 1). The description of each phase is generic for all nine interviews and includes the main characteristics and properties identified by all interviewees. The main aspects of the individual temporal structure for each of the nine interviews are synthesized in Table 2; however, for a better compre-
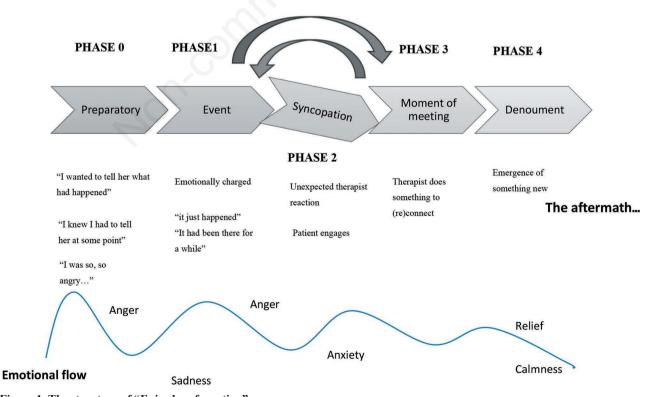

Figure 1. The structure of "Episodes of meeting".

Table 2. Individual temporal structure of episodes of meeting.

Interviewee id code	Phase 0: Preparation	Phase 1: The event	Phase 2: The Syncopation	Phase 3: Moment of meeting	Phase 4: The denouement	Phase 5: The aftermath
Pe1	Recent previous event that wa troubling the patient	Patient recalls the situation that was troubling her, exactly how it happened, using a swear word	Therapist has a fit of laughter (patient feels surprised and confused) and understands	Therapist says she is sorry, and patient starts to laugh as well (she feels understood herself)	Patient understands her reaction was exaggerated, that she takes things too personally	Patient recalls feeling more spontaneous and relaxed in therapy after that
Pe2		She is concentrated on a task her therapist asks her to do (a drawing)	Therapist makes an observation about her drawing and tells her it looks like a boy (patient feels surprised and angry)	Therapist sees her anger but patiently waits. Patient is slowly starts connecting with her own feelings (patient feels something in her is unblocked)	Patient understands she drew what she saw, and that was how she saw herself	Patient recalls that moment allowed her to reflect upon what it means to be a woman, not only physically
Pe3		Therapist asks him about a crafts project he is working on		Therapist show genuine interest and curiosity in his project and says he has never seen something like that before (patient feels encouraged)	Patient feels he is important and motivated to pursue his goals	Patient recalls this event helped him feel more valuable for others
Pe4		Patient and therapist talk about the mother roll and her own mother, and how she doesn`t want to be like her		Therapist tells her not to worry, she won`t be like her mother (patient feels relief and validated, she feels seen)	Patient understands she really is different, that she could do better because she is asking for help, unlike her mother did	Patient recalls that after this moment her relationship with her therapist changed, she felt closer
Pe5		Patient and therapist talk about her need to always be doing something, because her mother was always busy and dragging her along		Therapist asks her if she liked tagging along and patient connects with a deep sense of sadness (patient feels the therapist was able to connect so many things about her with that question)	Patient understands that doing nothing is also something she enjoys	Patient is able to talk about a chapter in her life she had voluntarily closed
Pe6		Patient tells her therapist she recently visited her father who she hadn't seen for nearly two years		Therapists tells the patient she had been abandoned, not the other way around (patient feels hugged)	Patient understand that her rejectment issues are related to a deep sensation of being abandoned	Patient recalls her therapist's validation made her feel understood, accepted without judgement and unconditionally
Pe7		Patient talks about her mother in-law who has Alzheimer and can be very unpleasant		Therapists explains very technically what Alzheimer is and how it affects people's behavior (patient feels the therapist knew just what she needed to hear to feel relief)	Patient understands an empathizes with her mother in law. She feels she can see her differently after that	Patient reflects on how her therapist knew her so well and was able to anticipate her needs
Pe8	Patient feels the need to reveal in therapy something that happened to her in her past	Patient discloses to her therapist that she had been raped in her teen years		Therapist listens and feels she is present with all her senses (patient feels relief and connected with her therapist)	Patient understands her drinking, her loneliness and her difficulties with partners had been triggered by that event	Patient recalls feeling much more comfortable after that event, she is able to express herself more freely and relate better
Pe9		Patient and therapist return their therapy after a holiday pause	Therapist greets patient with a kiss* (patient feels startled and awkward)	They look at each other and silently agree to let it pass (patient feels complicity and closer to her therapist)	Patient understands that physical contact and feeling important for others is important for her	Patient recalls that this "mistake" made her see her therapist in a more human way

*In Latin-American culture greeting someone with a kiss on the cheek is very common. However, in psychotherapeutic context this familiarity is usually suspended, and greetings tend to be more formal.

hension of the results, quotations of only one interview were selected to illustrate in detail how the experience of meeting takes place during each of the six stages. For this reason, a general context regarding the patient and her psychotherapy process is provided below.

General background of Patient PE1

PE1 was a 26-year-old female patient, at the time of the interview. She had been in therapy for approximately six months of weekly sessions and the therapy process was still ongoing when interviewed. The therapy took place in a private setting and her therapist was a woman with 10 years of experience with a cognitive orientation. The main reasons for seeking psychological treatment were because she was unhappy with her current life decisions, frustrated with her work and low income. She had gone to college and got an acting degree but had not been able to find a stable job and was currently working in an acting company that was producing a play. She was in charge of communications. Her brother recommended she look for counselling and paid her therapy.

During the interview, the patient was very collaborative and initially had difficulties of finding a specific moment of meeting, looking for something 'big' and 'important'. Finally, she settled for a 'smaller' moment, which was described by her in the following way:

> *Ok it's something stupid… very stupid… once I told my therapist something I did to a co-worker… we had a fight and I was a little violent [verbally] and said some swearwords to him… so I commented this phrase to [therapist's name], I told her how the situation had been, exactly, and she started laughing, but not a little… she had a fit of laughter and eventually so did I… it was very funny. So, it was a moment of something stupid, that doesn't have so much importance, but it was very beautiful…*

Phase 0. "The Preparatory phase"

This phase contains the patients' descriptions of what they were experiencing prior to the evoked moment of meeting and describes how they prepared themselves to tell something to their therapists or to talk about a specific subject. Some patients describe feeling troubled by some matter, feeling very strongly about a certain subject or thinking about sharing something with the therapist, before they decide to act on it. This phase was named 0 or preparatory because it provides a context or background of the patients' emotional disposition that allows the emergence of an episode of meeting, and because unlike the following phases, it does not have a clear temporal delimitation. In some cases, this phase took place just before phase 1; while in others its extension could go back to several weeks before phase 1 actually took place. This phase generates contents and the first condi-

tions for meeting. The phase is clearly identified in only two of the nine cases, but in all of the other cases, the content of the event had been present in previous sessions, even if they did not describe this phase at the beginning of their evocation.

For patient one (PE1) the moment of meeting was a result of something that had recently happened to her. She was very eager to share it with her therapist:

> *I got there that day and was very stuck with what had happened, and I was very angry… I was very angry, angry, angry, angry… and I got there [to the session] and the first thing I wanted to do was tell her what had happened.*

This excerpt shows the content and context that will enable the experience of meeting to take place and displays the idea of needing to communicate something to their therapist and needing in some way to feel their presence.

Phase 1. "The event"

This phase refers to the specific moment of meeting or special connectedness with their therapists, evoked by the patients. The narratives concentrated on the description of the interaction between patient and therapist that took place during the moment of meeting. This phase was mentioned in all the interviews and described in a very detailed way. In some cases, "the event" was regarding something the patient was telling the therapist and in others it was about something that was happening between them. This moment is described by all interviewees as emotionally charged, due to the content of the event, the atmosphere of the session, or both. Even though this phase did not turn out to be the moment of meeting itself, it was very important because it was around this particular content and/or interaction that the meeting took place and therefore articulated the episode as such.

As it reads in the following vignette, the patients' recall of these special moments of meeting with their therapists can initially sound like any given moment of psychotherapy.

> *Yes, it had been like three days ago… and I was very very angry [her tone of voice goes up, her words are marked, and she looks angry while recalling the event] … So, I got there and it was the first thing I wanted to tell her, we sat down and well she always asks me how I am, and so I said "fine but I'm a little angry, something happened with one of my coworkers" ok? So she starts asking me ok, but what happened and so I explain the context "we were leaving rehearsal and we had a radio interview to promote our play and I was going to go and my colleague said "hey!.. don't mess up the interview!" This is literally what I told her... "Hey! Don't mess up the interview!" and I was… we were leaving rehearsal and I was like ssss… and I got so angry! that he said*

that to me… I felt prejudged… because… how was I going to mess it up? How am I going to screw it up if I had been working there for almost two years and had never done it? And… I got angry… and I said… I turned around and said "well why don't you go, you F**?… just like that…

If we only draw our attention to what is being said, these moments may not reveal themselves as moments of meeting. However, the chosen theme refers to a difficult subject for the patients and is communicated with emotionally charged paralinguistic features. As we will see further on, it seems that these moments are held in memory as moments of meeting due to what happens next, rather than because of the characteristics of the moment in itself and can be recognized as such when we look at all the phases altogether.

Phase 2. "The Syncopation[4] phase"

The predominant feature of this phase was that the therapists did or said something that took the patients by surprise or confused them. Something happened that the patient was not expecting: a spontaneous gesture from the therapist such as laughter or a non-verbal reaction such as a pause, silence, or a gesture of support. In some cases, the syncopation was the product of a technical move on the therapist's behalf that the patient was not expecting, but in others it seems to be less premeditated.

As shown in the following example, the patient is surprised by the therapist's reaction and recognizes her own bewilderment

so, I explained the situation to her, just like it had happened and she [the therapist] had a fit of laughter… but really… a fit of laughter… I think I was a little thrown off by her reaction, I wasn't expecting that.

This unexpected action generated a shift in the rhythm and synchrony of the session, as well as an emotional arousal in the patient who didn't seem to understand what was going on. The emotions that arose from this moment were different for the interviewees -confusion, anger or astonishment- but were very strongly felt, even if they were not immediately communicated to the therapist.

This phase is described by the interviewees as a moment of misattunement with their therapists, that they don't know how to process nor how to proceed with the session. Even though this phase is short and happens quickly, many thoughts and emotions simultaneously take place. The initial feeling is mainly of disorientation, while trying to make sense of what was happening. It was described as a confusing moment where the patient tried to organize this flood of information into something more manageable. This phase was mentioned in three of the nine the interviews.

Phase 3. "The moment of meeting"

This phase was present in all nine interviews and represents the moment when the patient felt emotionally connected and in sync with their therapist. This phase was described as emotionally intense, with different positive emotions such as feeling met, supported, comforted, understood or even metaphorically feeling hugged by their therapist, while others reported that these moments led to sensations of relief, calmness and peace. These emotions and sensations are produced by the therapist's move - something the therapist says or does- and have an impact that goes beyond words, as they feel these actions as bodily sensations.

Patients that reported having experienced phase two described this phase as the moment when the previous misattunement was resolved. Here it seems to be that therapists noticed the change in the rhythm of the interaction and specifically did or said something that is interpreted by the interviewees as an attempt to reconnect with them. These actions took patients out of their self-absorption and moved them back into the relationship, providing them the possibility to recouple and resynchronize. These actions make the patients feel seen, understood and connected to their therapists; the initial negative emotions faded, turning their disorientation into a strong feeling of connection. In the case of PE1, this phase is related to her previous misattunement with her therapist and the therapist's laughter:

She noticed I was disoriented, and she said something like "I'm sorry, sorry for laughing" … and I said no, it's fine… it is actually very funny… she insisted "Really, I'm sorry… I'm not laughing at you" … but I understood that she wasn't laughing at me but at the situation I was telling her (…) so I started laughing too… and we both laughed for a while.

PE1 recognizes the therapist's intention to resolve the situation and they seem to have a tacit understanding of what is happening even it is not fully explained or talked about.

In both cases -with or without misattunement- patients described, in a very precise way, certain actions, gestures and attitudes their therapists had in this phase, that made them feel their therapist really understood them and was connected with their emotions. The importance of this phase is that the patients' descriptions not only allude to

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4   Syncopation in music is defined as a variety of unexpected rhythms that make part or all of a piece of music off-beat. More simply, syncopation is "a disturbance or interruption of the regular flow of rhythm": a "placement of rhythmic stresses or accents where they wouldn't normally occur" (Hoffman, 1997).

feeling understood in a rational way, but also show how their therapists' words and actions can cause a physical sensation of warmth, being seen, being contained and being held by their therapists. It seems that this phase is actually the moment of meeting.

Phase 4. "The denouement"

This phase took place after the moment of meeting and was lived by the patients in different ways. Its main characteristic is that patients reflect upon what happened and understand something about themselves that was not accessible before. In other words, a new understanding and new emotions emerged. Some of the interviewed patients described that this reflection took place right after the moment of meeting while still in session, while others described it as something that occurred much later in the process, where they connect that episode with something else in their therapy. Furthermore, some of the interviewees described this phase as a personal reflection that took place privately and was not necessarily shared with their therapists, while others elaborated and reflected on the experience of meeting together with the therapist. This phase was described by all the patients but with different levels of deepness. For some patients, this phase was very important for them due to the new understanding, while for others it is very brief and trivial.

When PE1 reflects on her experience of meeting, she refers to what she learned about herself:

In fact, after that, I understood a lot about why he [the person that had offended her] had said that to me…and I realized in that session that I couldn't stay in bed for two days because I was having trouble with someone at work… I also understood, through her laughter, that the situation wasn't so serious and that I was violent... my reaction was exaggerated…way over the top.

After the moment fades, interviewees are able to reflect upon their reactions, their thoughts and how these moments made them feel.

Phase 5. "The aftermath"

During the analysis of the interview material it was also found that patients tended to reflect on how the experience they were describing could have affected their psychotherapy process. This was a byproduct of the interview as it was a new and current reflection elaborated during the interview regarding their recollection of that event. This provided a good understanding regarding how the patients perceived that experience impacted them. Most of the interviewees related that experience of meeting with a shift in the way the relation with the therapist

was developing until that moment and/or as a catalyst for the development of a new perspective about how they related with others or themselves.

For example, when PE1 reflects on this experience, she comments on how she feels her relationship with her therapist has changed.

I felt much more freedom, in fact, I feel that since that moment I can say things to her more freely, more spontaneously (…) I also feel that she has also relaxed more after that…

In this phase it seems that interviewees understand that the relevance of these moments has to do with the possibility of redirecting the way in which the therapy was unfolding and generating new ways of relating, which can modify itself over time.

Discussion and Conclusions

The aim of this study was to explore and understand moments of meeting in psychotherapy as patients lived experiences, and to identify their main characteristics, effects and relevance for the psychotherapy process and its outcome. It allowed us to deepen and better understand how these moments unfold, what triggers them, and what characteristics make patients perceive them as special moments of meeting.

In this way, an important contribution of this research was the empirical identification of what, until now, had only been theoretically described; furthermore, this study suggests that patients, who do not have theoretical knowledge regarding moments of meeting, are also able to identify and give meaning to these experiences.

One of the first findings of this work was that the experience of meeting was better understood by its participants as an episode of meeting rather than a single and isolated moment, due to the temporal extension in which the moment of meeting was contained. As shown in the results, moments of meeting are described by the interviewees as a part of a larger event during the psychotherapy session, in which moments of meeting correspond specifically to phase 3 of the whole episode. It also seems that episodes of meeting during therapy unfold, like most of our experience, as a part of a continuum and as such do not have a clear beginning or ending, nor can be easily divided in a clear-cut fashion into different "phases" (Valenzuela-Moguillansky et al., 2013). The identified phases are temporal delimitations of the experience in order to allow a more didactic comprehension and a formulation of its general structure. These findings are consistent with the work of Duarte, Tomicic and Martinez (2019) where therapists also tended to identify moments of meeting as part of a bigger interaction during the therapy session.

Another finding of this research was the similarity between the interviewees' description and Stern's definition

of moments of meeting, where they are described as shared moments that are implicitly understood by both parties simultaneously, that create an implicit knowledge about their relationship (2004). They were also described as emotionally charged, having the potential to expand the intersubjective field, so that the relationship is suddenly perceived to be different than before the moment of meeting. This change in the intersubjective field does not require verbalizations to be effective and enduring in time (Stern, 2004).

We also found that all analyzed episodes of meeting developed in a particular relational history, specific to each participant. This relational history (the patient's, the therapist's and a new relational history developed by both of them during the therapeutic interaction) seems to be relevant for the making of the conditions for a seemingly random event to become important and meaningful, generating unpredicted implications.

In spite of their uniqueness, a common feature of episodes of meeting for all the participants was the enhancing of emotional and nonverbal cues, which could be viewed as important markers of the emergence of episodes of meeting. Even though nonverbal communication between two people usually goes unnoticed unless it is absent or out of sync (Lieberman, 2000), in this case, it was the presence of non-verbal cues that gave us access to this kind of experience. And even though the experience of meeting can probably never be fully represented, its evocation is possible because they are embodied in the patient, and it is in this level (pre-reflective and non-verbal) where the experience takes place and furthermore, it is in this same level that it is shared.

In this way, patients as well as therapists (Duarte et al., 2019) tend to recall episodes of meeting as moments when not only do they feel connected, but also feel each other's connection. This finding is consistent with Lyons-Ruth's (1998) notion of shared relational knowledge, which is constructed in the context of psychotherapy and seems to be crucial for the process of moving forward. This knowledge is grounded on tacit and procedural knowing that is initially part of the dyad's own relational histories, but through the process of psychotherapy and its affectively charged moments opens a space for the patient to develop now forms of shared experiences (Duarte, Fischersworring, Martínez, & Tomicic, 2019).

In the same way, being able to feel each other's connection also relates to Stern's concept of inter-affectivity or what Zeedyk (2006) calls intimate engagement in the mother-infant relationship, in the context of psychotherapy. As in mother-infant interaction, this connection between patient and therapist seems to be relevant for the development of emotional intimacy and a new relational way of being with others, allowing certain individual capacities to emerge or strengthen, such as self-consciousness.

In methodological terms, the micro-phenomenological interview provides the necessary configuration for study-ing less reflective and less conscious events such as episodes of meeting, because it allows the interviewee to focus on a particular moment and relive it. As this interview directs the attention to the experience instead of its representation, it operates at a pre-reflective, implicit level, connecting the implicit memories with their emotions and allowing them to become conscious as they are put it into words. This is consistent with work done in the field of cognitive science regarding episodic memory, which is understood as the literal "re-experiencing" of past events this is the bringing back to awareness of previous experiential episodes. In this way, experiences are not mere traces of past stimuli, but they are the experience of the re-living of an event and are essential tissue for autobiographical memory, due to their personal significance (Solms & Turnbull, 2003; Fivush & Haden, 2003).

This methodology seems to be very coherent for the study of the psychotherapy process, as it takes the form of a particular experience that can only be understood from the perspective of its participants. As Petitmengin (2006) states, in order to study pre-reflective experiences, we cannot limit research to observable data; it is essential to take into account their subjective dimensions as they are lived from the inside.

Regarding limitations of the methodology used, even though all patients were eventually able to recall a moment of meeting, we found that interviewees who had already finished their therapeutic processes initially had a harder time evoking one, in comparison to those who were still in an ongoing process. Patients who were still in therapy were able to describe with better detail and precision specific moments of meeting or connection to their therapists and seemed to have more clarity of how and when they occurred, the emotional impact it had on them and how the sequence of events unfolded. On the other hand, patients who had finished therapy had more difficulty isolating a single event and tended to go back to general descriptions or mix different events. We think that a possible explanation for this is that as we move further away from the experience, the memories of details becomes much thinner, and the experience of meeting is either organized in a pre-reflective state or combined with a better understanding of the process and how it fits into different aspects of the patients' lives (Midgley, Ansaldo, & Target, 2014).Therefore a bigger evocative effort is required to find a single event. In this sense, what is remembered seems to be more of a general idea of feeling seen and what makes sense up until the present. It is important then to decide on an appropriate time frame to perform the study, that should be based on the primary research question and what we need to know

As for clinical implications, we consider this study to be a contribution to Stern et al. (1998), Lyons-Ruth (1999) and the Boston Group's thinking, as it reinforces the idea that the course of psychotherapy not only occurs in explicit forms but also through implicit mechanisms. As

Lyons- Ruth (1999) states, implicit procedural forms of relational knowing may come about through different mechanisms other than changes in conscious declarative forms of knowing. In our study, these implicit mechanisms were clearly perceived by the patients and reported during the interviews even if they did not refer to it in a spontaneous way to their therapists when these moments took place

Although these results are not generalizable to every psychotherapy patient, given the small sample, and due to the singularity of the experience and the study object, these results provide interesting insight into how these moments can be depicted during a psychotherapy process; and furthermore they show the capacity the patients have for detecting and describing episodes of meeting in such a clear and distinct way. These results also provide useful information on the importance of these episodes for the psychotherapy process, as lived by the patients, and how patients feel that those episodes affect their change processes; the results also provide an empirical view for a theory that has been enlightening in the comprehension of the process of change in psychotherapy.

References

Aron, L. (1998). The clinical body and the reflexive mind. Aron, L. and Anderson, F. S. (ed.). *Relational Perspectives on the Body*. Hillsdale, N.J. The Analytic Press, pp 3-38.

Boston Change Process Study Group. (2002). Explicating the implicit: The local level and the micro process of change in the analytic situation. *Int J Psychoanal 83*:1051-62.

Boston Change Process Study Group. (2005). The "something more" than interpretation revisited: Sloppiness and co-creativity in the psychoanalytic encounter. *Japa* 693-729.

Boston Change Process Study Group. (2008). Forms of relational meaning: Issues in the relations between the implicit and reflective- verbal domains *Psychoanal Dialog 18:*125-48. doi:10.1080/10481880801909351.

Boston Change Process Study Group. (2010) *Change in Psychotherapy: A unifying paradigm.* New York: Norton.

Cozolino, L. J. (2002). *The Neuroscience of Psychotherapy: Building and Rebuilding the Human Brain*. New York: W.W. Norton and Company.

Duarte, J., Tomicic, A. & Martínez, C. (2019). Moments of meeting in psychotherapy from therapists' perspective: Understanding therapeutic change through implicit relational knowledge. *Unpublished Manuscript.*

Duarte, J., Fischersworring, M., Martínez, C., & Tomicic, A. (2019): "I couldn't change the past; the answer wasn't there": A case study on the subjective construction of psychotherapeutic change of a patient with a Borderline Personality Disorder diagnosis and her therapist, *Psychother Res 29:*445-62. doi: 10.1080/10503307.2017.1359426.

Fivush, R., & Haden, C. (2003). *Autobiographical memory and the construction of a narrative self: developmental and cultural perspectives.* Mahwah: Lawrence Erlbaum Associates.

Flick, U. (2002) *An introduction to qualitative research.* (2nd ed.). London: Sage.

Given, L. M. (2008). *The sage encyclopedia of qualitative research methods.* Vol 1 & 2. Thousand Oaks California: Sage

Hoffman, M. (1997). *Syncopation*. National Symphony Orchestra. NPR. Retrieved 13 July 2009.

Katz E. (2011). *Attending to clinical practice: A phenomenological study exploring the structure of clinical attention and its relationship with holistic competence* (Doctoral thesis, University of Toronto, Toronto, Canada).

Krause, M. (1995). [La investigación cualitativa: Un campo de posibilidades y desafíos.] (Qualitative research: A field of possibilities and challenges). *Revista Temas de Educación, 7:*19-40. [Article in Spanish].

Lieberman, M (2000). Intuition: A social-cognitive neuroscience approach. *Psychological Bull 126*; 109–37.

Lord, S. (2017) *Moments of meeting in psychoanalysis. Interaction and Change in the Therapeutic Encounter. Relational Perspectives Book Series*. London: Routledge.

Lutz A., Lachaux J. P., Martinerie J. & Varela F. J. (2002) Guiding the study of brain dynamics using first person data: Synchrony patterns correlate with on-going conscious states during a simple visual task. *Proceedings of the National Academy of Sciences United States of America 99*:1586–91

Lyons- Ruth, K. (1998). Implicit relational knowing: Its role in development and psychoanalytic treatment. *Infant Ment Health 19*(3):282-9.

Lyons-Ruth, K. (1999). The two-person unconscious: Intersubjective dialogue, enactive relational representation, and the emergence of new forms of relational organization. *Psychoanal Inq 19*:576-617.

Midgley, N., Ansaldo, F., & Target, M. (2014). The Meaningful Assessment of Therapy Outcomes: Incorporating a Qualitative Study into a Randomized Controlled Trial

Evaluating the Treatment of Adolescent Depression. *Psychother* 51:128-37.

doi: 10.1037/a0034179

Morgan, A. (1998). Moving along to things left undone. *Infant Ment Health J 19*(3):324-32.

Petitmengin C. (1999) The intuitive experience. *J Consciousness Stud 6*(2–3):43–7.

Petitmengin C. (2006) Describing one's subjective experience in the second person. An interview method for the science of consciousness. P*henomenol Cognitive Sci 5*:229–69.

Ponterotto, J. G. (2006). Brief note on the origins, evolution, and meaning of the qualitative research concept "thick description". *The Qualitative Report* 11:538-49. Available from: http://www.nova.edu/ssss/QR/QR11-3/ponterotto.pdf

Remillieux, A. (2009). [Explicitation et modélisation des connaissances de conduite dechangement à la SNCF: Vers une gestion des connaissances pré-réfléchies.] (Doctoral Thesis. Institut national des telecommunications d'Evry, Évry, France). [Manuscript in French)

Siegel, D.J. (2007). *The Mindful Brain: Reflection and Attunement in the Cultivation of Well-Being*. New York: W.W. Norton & Company.

Solms, M., & Turnbull, O. (2003). *The brain and the inner world: An introduction to the neuroscience of subjective experience*. New York: Other press

Stern, D. (2004). *The present moment in psychotherapy and everyday life*. New York: Norton.

Stern, D., Sander, L., Nahum, J., Harrison, A., Lyons- Ruth, K., Morgan, B, (…) & Tronick, E. (1998). Non-Interpretative Mechanisms in Psychoanalytic Therapy. The "something more" than interpretation.*Int. J. Psycho-Anal 79*:903-21.

Valenzuela- Moguillansky, C., O' Regan, K., & Petitmengin, C.

(2013). Exploring the subjective experience of the "rubber hand" illusion. *Frontiers in Human Neurosci 7* Art 659. doi: 10.3389/fnhum.2013.00659

Valenzuela- Moguillansky, C. & Vásquez- Rosati, A. (2018) An analysis procedure for the micro-phenomenological inter-view. *Constructivist Foundations 14*(2):123-45.

Varela F. J. (1996) Neurophenomenology: A methodological remedy for the hard problem, *Journal of Consciousness Studies 3(*4): 330–49.

Vermersch P. (1994). [*L'entretien d'explicitation*. The elicitation interview.] (7th ed.). ESF éditeur, Issy-les-Moulineaux. [Book in French].

Wallace, B.A. (2006). *The Attention Revolution: Unlocking the Power of the Focused Mind*. Boston: Wisdom Press.

Zeedyk, S. (2006). From Intersubjectivity to Subjectivity: The transformative roles of emotional intimacy and imitation. *Infant and Child Development 15*:321–44.