

SEVEN IMPLICIT CONSIDERATIONS TO BE EXPLICITLY ADDRESSED IN EMPIRICALLY BASED PSYCHOTHERAPIES

Martin J. La Roche

Harvard Medical School and Boston Children's Hospital

Hector Y. Adames

Nayeli Y. Chavez-Dueñas

The Chicago School of Professional Psychology

Abstract

The psychological literature on implicit processes (IPs), which encompasses an individual's thoughts, actions, and feelings that occur independently of conscious awareness, has expanded in the last two decades. During this same period, the proliferation of empirically based psychotherapies (EBPs), with emphasis on conscious processes, has gained momentum among many mental health practitioners. However, the literature on the role of IPs in empirically based psychotherapies (EBPs) is sparse. The main goal of this paper is to suggest IP findings that can be used to enhance EBP's efficacy and effectiveness. Seven IP findings that can have important applications for EBPs are highlighted. Within each of these seven considerations, the impact of IPs on the psychotherapeutic process is discussed.

Keywords:

implicit processes, empirically based psychotherapies, neuroscience, psychotherapy, culture

Resumen

La literatura psicológica sobre procesos implícitos (IP), que abarca los pensamientos, acciones y sentimientos de un individuo que ocurren independientemente de la conciencia, se ha expandido en las últimas dos décadas. Durante este mismo período, la proliferación de psicoterapias con base empírica (PBE), con énfasis en los procesos conscientes, ha cobrado impulso entre muchos profesionales de la salud mental. Sin embargo, la literatura sobre el papel de los IP en psicoterapias basadas empíricamente (EBP) es escasa. El objetivo principal de este documento es sugerir hallazgos de IP que puedan usarse para mejorar la eficacia y efectividad de EBP. Se destacan siete hallazgos de IP que pueden tener aplicaciones importantes para EBP. Dentro de cada una de estas siete consideraciones, se discute el impacto de los IP en el proceso psicoterapéutico.

Palabras clave:

procesos implícitos, psicoterapias basadas empíricamente, neurociencia, psicoterapia, cultura

Correspondence should be addressed to: Martin J. La Roche, Harvard Medical School, 49 Hancock Street, Suite 104, Cambridge MA 02139. E-mail: Martin.Laroche@Childrens.Harvard

**Siete consideraciones implícitas para ser explícitamente
abordado en psicoterapias basadas empíricamente**

Implicit processes (IPs), a descriptive term encompassing thoughts, actions, and feelings that occur independently of conscious awareness, intention, or control (Bargh & Morsella, 2008; Greenwald & Banaji, 1995) have been the focus of a growing body of scientific literature in psychology. IPs are defined in contrast to explicit processes (EPs) which are thoughts, actions, and feelings that are a product of conscious control and require mental resources (Bargh, 1994). Findings from multiple subfields within psychology including, social, experimental, neuroscience, cognitive, cultural and contemporary psychoanalysis are converging to highlight the importance of IPs on everyday perceptions, judgments, and actions. (Bargh & Morsella, 2008; Dijksterhuis, 2010).

Evidence that IPs are important in everyday life contrast with many psychotherapeutic models that emphasize the therapeutic relevance of conscious processes such as cognitive behavioral therapy (CBT) and most empirically based psychotherapies (EBPs). Currently, the efficacy of many types of CBTs have been supported empirically, however, there are additional EBPs that are not CBTs (e.g., interpersonal psychotherapy). With some exceptions, both CBTs and EBPs have not emphasized the powerful role that IPs can have in psychotherapy. For instance, Barlow's et al. (2011) *Unified Protocol for Transdiagnostic Treatments*, includes a module where "emotion driven behaviors" are treated. The module focuses on helping patients learn to identify and modify non-adaptive behaviors that are elicited automatically. In this paper we underscore the potential role of IPs in enhancing the efficacy and effectiveness of EBPs. To accomplish our goal, a brief overview of the literature on IPs and EBPs is offered to highlight their contribution to psychological research and practice. Special attention is paid to the socio-historical context, given that IPs are intricately interwoven within specific cultural contexts. We draw attention to seven of the most significant IP research findings that can have psychotherapeutic implications for EBPs. Although, other IP findings could also be discussed, this is a first effort to inform the EBP literature with IPs.

Empirically Based Psychotherapies

EBPs are herein broadly defined as psychotherapeutic approaches, which share the assumption that it is necessary to utilize empirical evidence to inform and improve effectiveness of mental health treatment (Weisz et al., 2013). A central principle in the development of EBPs is the idea that evidence informs the development of best psychotherapeutic practices. This principle is consistent with *evidence-based practice in psychology* (EBPP), which is "the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (APA Presidential Task Force on Evidence-Based Practice [APA], 2006, p. 273). In this paper, EBPs are underscored because they are becoming the gold standard in psychological treatment (Barlow, 2004) and are also increasingly used-and even mandated within the United States (U.S.). Furthermore, studies are consistently finding EBPs to be effective. For instance, a recent meta-analysis found that EBPs outperform treatment as usual (Weisz et al., 2013). Nevertheless, EBPs have also been questioned on numerous accounts (Westen, Novotny, & Thompson-Brenner, 2004; La Roche & Christopher, 2008; 2009). However, in this paper we will primarily focus on EBPs reliance on EPs and neglect of IPs. For example, the dominant theories of change (Ajzen, 1991; Bandura, 1998; Prochaska & DiClemente, 1983) highlight a mechanism of therapeutic action that underscores the reflective precursors of action and assumes that modifying a person's conscious cognitions (e.g., behavioral intentions, risk perceptions, enhanced awareness) leads to substantial behavioral change. However, current available meta-analyses have not supported these contentions. In fact, a medium-to-large change on "intention" produces only a small-to-medium change in behavior ($d=.36$; Webb & Sheeran, 2006), and a large change in "risk perception" has only a small effect on behavior ($d=.23$; Sheeran, Gollwitzer, & Bargh, 2013). Moreover, studies have consistently found that changing conscious thoughts leads to limited behavioral change (Sheeran, Gollwitzer, & Bargh, 2013) or other enhanced therapeutic outcomes (e.g., increased awareness and coping skills, problem solving).

The burgeoning interest in IPs has led to an increase in rigorous research examining the role of IPs on behavior and mental functioning. Important advances in experimental studies have used reaction time and sequential priming as ways to measure IPs (e.g., Bargh, Chaiken, Govender, & Pratto, 1992). More recently, the introduction of the Implicit Association Test (IAT; measures strength of association between variables based on reaction times in milliseconds) has generated significant attention (Greenwald, McGhee, & Schwartz, 1998). The principle behind the IAT suggests that the faster an individual pairs two concepts together, the more robust the implicit association between the variables. Since the initial publication of the IAT research has provided substantial evidence to support its psychometric properties (Greenwald et al., 2009). Although the research on IAT has focused on implicit social cognition and its implications to race, gender, sexual orientation, and the like, the role of IPs on the psychotherapeutic process and EBPs remains underdeveloped despite both emphasizing and valuing evidence.

Considering Implicit Processes, Context, & Culture in EBPs

Researchers posit that IPs have promising application potentials (Nosek & Riskind, 2012), particularly in outcome studies (Westen & Goddard, 2002). However, the scope of the work done in IPs has mostly been limited to basic science with very little translation of the findings into applied settings (Nosek & Riskind, 2012). For instance, as expected with any new field, the IP literature and its various segments (e.g., attribution theory, implicit memory, implicit bias) are rarely considered in the EBP theory and practice. Similarly, EBPs have yet to conceptualize its interventions within specific socio-historical context and culture (La Roche, 2013). Thus, there is a need and an opportunity for psychotherapy researchers and practitioners to capitalize on the integration of the knowledge stemming from the IPs and multicultural literature to inform EBPs. In the following section, seven implicit considerations identified as having potential important benefits for EBPs are described. For each consideration, implications for patients and psychotherapists are discussed. Of note, the list is not an exhaustive compilation.

1. Much of mental life occurs outside of conscious awareness and control.

This consideration underscores the influence of IPs on all facets of our lives. For example, psychology has traditionally identified three core features of mental life: knowing, feeling, and willingness (Hilgard, 1980). Each of these three core features is respectively translated into implicit cognition, implicit affect, and implicit motivation and have been found to have a significant influence in our lives (Bargh & Morsella, 2008; Dijksterhuis, 2010). Implicit cognition refers to knowledge (e.g., stereotypical beliefs) or cognitive processes (e.g., attention, recognition) that remain outside of peoples' awareness (Sheeran et al., 2013). Implicit affect involves affective reactions that result in associations that are activated automatically when relevant stimuli are encountered (Gawronski & Bodenhausen, 2006; Sheeran et al., 2013). Finally, implicit motivation refers to goal pursuit that operates outside of conscious intention and awareness (Sheeran et al., 2013).

Impact on the Therapeutic Process

Although IPs are an everyday occurrence their importance has been minimized in most EBPs that have traditionally emphasized conceptualizations and interventions based on EPs. For instance, CBT and motivational interviewing use the Socratic method as a central therapeutic tool, in which the rational consequences of actions are explored. Most EBPs (e.g., CBT) rely heavily on the assumption that patients make rational and conscious decisions. Nevertheless, this assumption does not consider the growing body of research on implicit cognition, which underscores that much of what we know and do is based on IPs. Thus, overlooking IPs in clinical practice can lead to treatment approaches that do not anticipate constraints of attention, intention, or control, likely contributing to poor treatment outcomes.

IPs not only influence patients, they also have a powerful influence upon therapists. For example, many practitioners now routinely use the concept of countertransference, originally developed in the psychodynamic literature, to help them attend to their thoughts and feelings about patients as they impact the type and quality of treatment provided. For example, in a rigorous study Penner's et al. (2013) found

that many health disparities in the U.S. are exacerbated by clinicians' implicit cognitions and biases, which limited the amount of time providers spent examining ethnic minorities and limited the type and quality of treatment. Despite the extensive, empirically proven and significant influence of IPs in our behavior they have yet to be underscored in the EPB literature.

2. Implicit processes and explicit processes are distinct and predict independent features of human behavior, but can overlap.

In individuals with no cognitive deficits, IPs and EPs often predict different types of behaviors. People can simultaneously and unknowingly endorse different explicit and implicit beliefs, goals and/or affects about themselves and others (Banaji, Nosek, & Greenwald, 2004). EP behaviors are filtered, selected, and deliberately controlled by individuals, whereas IP behaviors are fast, automatic, effortless, and often emotionally charged (Banaji, Nosek, & Greenwald, 2004; Kahneman, 2011). In fact, meta-analyses findings reveal that implicit measures predict some behaviors that are not explained by explicit measures (Greenwald et al., 2009). Moreover, on measures that assess socially sensitive topics (e.g., suicide, racism, interpersonal violence, heterosexism) and have high levels of face validity, implicit measures have more predictive value than explicit measures (Greenwald et al., 2009). For instance, Nock and Banaji (2007) found that assessing suicide with an implicit measure increased the probability (six times) of predicting a suicide attempt. The predictive validity of the implicit measure interestingly exceeded that of all known explicit risks factors (e.g., depression symptoms, suicide-attempt history) combined.

Similarly, explicit conceptions of the self often differ from implicit ones (Greenwald & Banaji, 1995). Furthermore, implicit self-measures have shown to predict symptoms of mental health conditions such as depression, suicide attempts, or anxiety independent of explicit measures (Greenwald & Banaji, 1995; Klavina, Schröder-Abé, & Schütz, 2012). These findings suggest that the most complete picture of the self requires both implicit and explicit measures. Unfortunately, implicit self-measures or other IP measures have rarely been systematically used in EBP's outcome studies and their development is an urgent need for EBPs to advance. Nevertheless, the issue is not only the lack of IP measures but also the need to develop conceptual models to integrate IPs and EPs in the psychotherapeutic process.

Many IPs are believed to be generated in the brain's right hemisphere with their development beginning early in life and impacting human experiences throughout the lifespan (Schore, 2005, 2011). This assertion is supported by Heilman, Nadeau, & Beversdorf (2003) who contend, "the right and left hemisphere store different forms of knowledge and mediate different forms of cognitive activity. Thus, different neuronal architectures probably exist within the association cortices of the hemispheres" (p. 374). Although, IPs and EPs seem to have qualitatively different forms of cognition as well as different states of consciousness (Schore, 2011) other researchers posit that implicit process such as nondeclarative learning and memories do not have a general learning system, which mirrors the explicit/declarative memory system (i.e., medial temporal lobe; Reber, 2013; Vidoni & Boyd, 2007). Instead, implicit learning and memory are "represented in the brain as general principals of plasticity rather than specific coherent parallel memory systems" (Reber, 2013, p. 2027).

Impact on the Therapeutic Process

The main therapeutic implication is that both IPs and EPs are necessary for therapy to succeed which involve different processes. While EPs are often easily verbalized (e.g., self-reports, ideas of reference, irrational ideas) and quickly addressed in treatment, IPs often involve complex interpersonal patterns (e.g., tone of voice, gestures, closeness) and emotions that take time to be identified (Dijksterhuis, 2010 & Kahneman, 2011). Once some basic understandings of patients' EPs have been established, therapists may begin to implement psychotherapeutic interventions that emphasize EPs. For instance, interventions highly influenced by EPs include: self-awareness techniques (e.g., cognitive insights, recognition of schemas, identification of environmental triggers), enhancement of psychological flexibility (e.g., learning alternative behaviors to respond to situations), motivational interviewing, and rehearsing new coping styles (e.g., relaxation, mindfulness strategies). An advantage of interventions that

focus on EPs is that they often have an immediate therapeutic impact and can be observed from the onset of treatment. EBPs that underscore EPs also more easily tested empirically and are often of shorter duration (e.g., 8-12 sessions) than those that emphasize IPs.

On the contrary, many IPs are not easily recognizable; they are gradually suggested as the therapist becomes familiar with the patient's interpersonal style of communication. IPs are not particularly susceptible to change by implementing techniques solely designed to address conscious processes (e.g., cognitive restructuring, interpretations, psycho-education). Instead, IPs are often changed through other means such as nonverbal demonstration of attunement, empathy, mirroring, and other relational processes or experiences (Boston Change Process Study Group, 2010; Fonagy & Gergely, 2005). Given the challenges in identifying IPs, more sessions may be required to change them. Nonetheless, more research that supports effective strategies to help identify and change IPs in EBPs are needed.

3. Many implicit processes are adaptive.

In this paper the term unconscious or IPs refers to mental processes that quickly and efficiently manage large amounts of data, which are necessary to keep human beings functioning (Wilson, 2002). From an evolutionary perspective, unconscious processes precede conscious reflection as the former evolved first (Dawkins, 1976). Clearly, many organisms effectively survive and adapt without consciousness. For example, IPs allow humans to quickly and automatically assess information, recognize and react to danger. IPs influence fears, preferences, goals, actions and even decisions before people are aware of them (Wilson, 2002). Thus, IPs continue to serve important adaptive functions in humans.

In contrast, EPs allow patients to self-reflect, reason, and make decisions that transcend feelings in some situations. Thus, one of the advantages of EPs is that they are malleable which facilitates creative solutions to patients' problem(s). A disadvantage is that EPs tend to be slow and cumbersome (Kahneman, 2011). Although, emotions are a helpful tool to quickly organize information and provide meaning to patients' experience, they can be inaccurate and difficult to change. However, research is developing strategies to change IPs (Gawronski & Bodenhausen, 2006) underscoring brain's neuroplasticity throughout the lifespan (Doidge, 2007; Wilson, 2002).

Impact on the Therapeutic Process

This neuroscientific (e.g., Wilson, 2002) conceptualization of IPs leads to different therapeutic implications than those endorsed by classical psychoanalysis where the main goal of psychotherapy is to make what is unconscious conscious (Freud, 1915/1974), or to make what is implicit explicit. For the traditional psychoanalyst, the unconscious is often viewed as part of the mind that is primitive and rigid, where aggressive and sexual drives are stored. Perhaps biased by this negative and empirically untestable view, EBPs have minimized or overlooked IPs' adaptive possibilities within the psychotherapeutic process. In contrast to traditional psychoanalytic conceptualizations, neuroscientific research underscores the adaptive and health promoting potential of IPs (Wilson, 2002). In fact, research on complex judgments indicates that some unconscious decisions are better than deliberate ones (Dijksterhuis & Nordgren, 2006). A clinical illustration of this potential is exemplified in the work of Nakash & Alegria (2012) who found that implicit clinical judgments are prevalent in the mental health intake process as they allow vast amounts of information (e.g., tone of voice, relational styles, affect) to be organized and weighted very quickly. EBPs have traditionally ignored or attempted to minimize IPs. We suggest that practitioners and researchers can also explore and develop therapeutic strategies to enhance IPs adaptive power in EBPs.

4. Implicit Processes are Contextual

IPs are embedded within specific cultural contexts. From birth the socio-cultural context is critical in shaping IPs. Early on infants learn language, values, social norms, and roles that stem from their cultural contexts (Bargh & Morsella, 2008). Research is increasingly finding that many decisions and behaviors are significantly more influenced by social networks and cultural contexts than individual

reasoning and decision making (Bargh & Morsella, 2008; Dijksterhuis, 2010; Pentland, 2014). Individuals within specific social groups are more likely to share some experiences (e.g., cultural values, discrimination, community violence) than others. Common experiences are the roots from which cultural values and experiences emerge. Additionally, these commonalities are what allow individuals to interact with members of their groups with ease and familiarity (Pentland, 2014). The basis of the IAT's measure of strength of association between variables reflects this level of familiarity.

Although a growing number of psychosocial processes are specifying the relationships between contexts and IPs (e.g., the repeated exposure paradigm), only contextual priming is herein described to illustrate this link, which according to Bargh (2014) is a process through which IPs are activated in response to specific social situations. The mere presence of some stimuli (e.g., advertisements) in some contexts makes people behave (e.g., smoke, purchase, eat) in particular ways. In other words, certain events may automatically activate peoples' IPs of previously stored implicit information (Higgins & Bargh, 1987).

Impact on the Therapeutic Process

The strong link between IPs and context emphasizes the need to understand patients within their own socio-cultural context. Patients' behaviors, feeling and cognitions have meaning within specific contexts. Therapists are encouraged to be mindful of how the results of different psychological measures are influenced by the context in which they were developed (Steele & Aronson, 1995) or how specific socio-historical events may affect the psychotherapeutic process (Adames & Chavez-Dueñas, 2017; La Roche, 2013). Overall, not taking patients' cultural context into consideration can decrease psychotherapy's effectiveness. Unfortunately, most studies on EBPs have yet to underscore and include the influence of patients' socio-cultural context in psychological interventions (La Roche, 2013).

Given the significance of cultural contexts on the development of IPs, clinicians are encouraged to develop an awareness of how individuals within different cultural groups (e.g., ethnic minorities, sexual orientation, religious groups) relate to others, cope with discrimination, experience emotions, express feelings, and self-regulate. We posit that as clinicians become increasingly aware of differences it is less likely that they will construe such differences as deficiencies. Without this cultural awareness, clinicians are more prone to stigmatize, and devalue their patients' unique cultural ways of being. We postulate that cultural differences in IPs could be more pronounced in some areas as well as more challenging for clinicians to recognize and address when compared to EPs. Thus, clinicians should not only be cognizant of different cultural meanings (Sue & Sue, 2008) but also explore alternative meanings with their patients, as there is much variation and complexity within cultural groups. For instance, gradation in skin-color and phenotype among individuals of Latino/a descent often lead to different experiences of discrimination and racism in the U.S. (Adames, Chavez-Dueñas, & Organista, 2016; Chavez-Dueñas, Adames, & Organista, 2014). Similarly, it is important for clinicians to be cognizant of what is taking place within the contexts (e.g., communities) where their patients live by exploring how socio-historical events may be reenacted in the psychotherapeutic process (Adames & Chavez-Dueñas, 2017; La Roche, 2013). For example, the racial climate in the U.S., following the recent escalation in police brutality or the 2016 presidential campaign marked with racism may have impacted people of color's feeling towards their white therapist. Thus, it is of critical importance that EBPs begin to address and investigate the role of socio-cultural context in patients' lives.

Given these findings, Heine and Norenzayan (2006) highlight the need to incorporate IPs variables in cultural studies. In addition, we underscore the need to systematically include IPs and culture in the EBPs and the multicultural psychotherapy literature. Unfortunately, most studies on culturally informed or adapted psychotherapies do not integrate implicit measures into their methods. Notable exceptions include the work on microaggressions by Franklin (2004), Pierce (1988), and Sue et al., (2007) which have been a focus of increasing research during recent years. It is possible that as EBPs and multicultural studies start including IPs that a conceptual bridge between both is created and knowledge in this area is advanced.

5. Emotions are a vital component of implicit processes.

Emotions are herein understood as a collection of chemical, neural and behavioral responses to different experiences that play a pivotal role in an individual's emotional regulation (Wallin, 2007). Emotions bridge what is happening within individuals to what they experience in their cultural contexts (Damasio, 2000). Thus, emotions may convey internal and external signals that indicate needs, threats or other information that allows people to regulate their internal states so they can respond to them. Some behavioral aspects of emotions are publicly observed (e.g., muscle tone, facial expression). However, only those experiencing them know their internal states or feelings. When individuals become aware of their emotions, they become feelings; thus, feelings are used to describe an individual's private mental experience (Damasio, 2000). Most emotions remain unconscious, never becoming feelings. Since every person has a distinct set of individual perceptions of their sensory experience, from which they interpret and label emotions, feelings are therefore episodic, private, and biographical. Although individuals are often unaware of their emotions, these internal psychophysiological arousal states impact their feelings, judgments, and goals (Damasio, 2000).

Emotions are not byproducts of cognition; however, Damasio (2000) explains that thinking and emotions influence each other since they use the same physiological pathways. However, emotions have their own unique temporal and physiological characteristics that define and give meaning to an individual's experience. The role and importance of emotions on IPs is one of the main characteristics that differentiate IPs from EPs. Hence, this consideration centers on emotions as essential characteristics of IPs.

Impact on the Therapeutic Process

Emotions are reflective of people's IPs; consequently, clinicians need to pay close attention to the ways in which patients express them. Expanding patients' awareness of feelings and emotions is a central task of most psychotherapeutic models (Damasio, 2000). It is particularly important for clinicians to examine discrepancies between patients' expressed emotions and stated feelings. Such discrepancies may hold meaningful information that needs to be addressed in EBPs. As therapists engage in this exploration, it is pivotal to remember that the expression of feelings is not universal (Heine, 2010). Feelings acquire meaning through the cultural socialization of individuals, which is embedded in a socio-cultural, and socio-historical context (Heine, 2010; Kleinman, 1988). The complexities inherent in the cross-cultural expression of feelings may cloud clinicians' ability to detect discrepancies between emotions, feelings, and affect, particularly when working with patients across cultures (Kleinman, 1988). Clinicians will need to learn the idiosyncratic and cultural ways in which their patients express feelings and emotions. As therapists help patients identify incongruences between their IPs and EPs, which may be impacting their emotions, feelings, and goals, they may learn how to more effectively manage and cope with their lives.

6. Implicit Processes are Reflective of Relational Processes.

A consistent finding across literatures is that IPs are shaped during early socialization experiences and have ongoing interpersonal functions (Gawronski & LeBel, 2008). Infants are born with brains that are not fully developed; thus, they are dependent on others (e.g., caregivers) to have their basic needs met. Bowlby (1988) described the emotional connection between the infant and the individuals meeting their basic needs (e.g., love, safety, attention, shelter, food) as attachment. Attachment serves as motivational and behavioral systems that direct infants to seek and maintain proximity with caregivers as means to survive. Bowlby (1988) posits that attachment styles are the summations of thousands of interactions with their caregiver(s) and these styles serve as the blueprint for future interpersonal relationships. These blueprints are IPs. Given that most experiences children have prior to the age of four are coded implicitly and nonverbally, they may not be able to verbally express them; nonetheless, they have an ongoing and powerful impact on their interpersonal styles (Cortina & Liotti, 2007; Cozolino, 2014).

Consistent with IPs' interpersonal quality is the presence of mirror neurons throughout the brain that are believed to help people empathize, socialize, and connect with others (Fogassi & Ferrari, 2007). Mirror neurons both fire when the person engages in an action and observes the same action performed by another person. Thus, the neuron "mirrors" the behavior of the other, as though the observer were himself or herself acting. The existence of mirror neurons in different parts of the brain suggests that people are hard-wired to interact and connect with others. In the psychotherapeutic process the influence of mirror neurons is often evidenced as therapists and patients automatically and inadvertently replicate each other's gestures and facial expressions, which can enhance the strength of the therapeutic relationship.

Impact on the Therapeutic Process

Although IPs are embedded within interpersonal relations, only during the last two decades have the importance of interpersonal relationships and the therapeutic relationship been significantly researched in the EBP literature. For example, current neuroscience findings suggest that the psychotherapeutic relationship be viewed as a medium by which therapists infer their patients' attachment style and ultimately disconfirm dysfunctional and implicit working models and attachment patterns (Cozolino, 2014). Therapy can function in a way that replicates the optimal conditions of early development by providing a supportive environment in which new IPs and EPs can be learned (Cozolino, 2014). Consistent with this explanation, studies are finding that therapeutic relationships are one of the most—if not the most—significant predictor of therapeutic outcome (Wampold, 2010). These findings underscore the potential healing nature of relationships and the need to systematically include them in EBPs. Nonetheless, research is still needed to explore the types of relationships that are more effective with particular patient/clinician dyads, disorder(s), stage of treatment, and the role that IPs play in those relationships.

7. Exposure to information is sufficient for it to be encoded in memory.

Individuals learn and encode information with and without conscious awareness. To understand these distinct ways of encoding and learning, it is necessary to define implicit memory and implicit learning. Implicit learning entails acquiring information independently of awareness of both the process and the product of the acquisition (Reber, 1993). Learning occurs outside awareness through the passive, incidental, and repeated exposure, which leads to the automatic acquisition of knowledge (Reber, 1993). No conscious effort is necessary to absorb the information provided by the cultural context. In other words, exposure is sufficient for information to be learned. This can include knowledge about cultural values, ways of relating to others, self-construals, as well as biases, prejudices, and racial attitudes. In contrast, explicit learning requires the deliberate observation, selection, understanding, and manipulation of information.

Implicit memory refers to memories that cannot be consciously brought to mind but may be behaviorally observed (Schacter, 1992, 1995, 1998). In contrast, explicit memory is observed when individuals can consciously and actively recall experiences, skills or information and remember how such knowledge was acquired. Hence, explicit and implicit memories are distinct and do not necessarily correlate; instead they function as parallel systems (Barry, Naus, & Rehm, 2006). Moreover, studies indicate that there is a relative degree of functional and neuroanatomical independence between implicit and explicit systems (Schacter, 1995, 1998), although given the brain's neuroplasticity there is overlap between both systems (Reber, 2013).

Impact on the Therapeutic Process

Specifically defining and empirically testing the constructs of implicit learning and memory are significant advances in understanding the mechanisms through which psychotherapy works. As clinicians and researchers use empirically tested concepts they will more clearly know how and when to intervene in treatment. For example, the concepts of implicit learning and memory are useful in explaining how experiences are encoded and learned throughout the lifespan and in specific cultural contexts that are still influencing patients' decision-making processes. To illustrate, many relational patterns or their typical

ways to relate with others are often acquired early on and individuals continue to reenact these patterns throughout their lives without questioning them. An enhanced awareness of these implicit memories may allow patients to understand the contexts in which these are effective and how to improve them when necessary. For example, depressed patients may learn in treatment that their tendency to avoid closeness and intimacy with others can be traced to infancy. During treatment patients can gradually learn that despite their parents not being emotionally available, not all individuals in their life will do the same.

Conclusions

The literature on IPs has experienced an unprecedented growth as a result of innovative research methodologies (e.g., IAT) as well as their recognized importance on everyday perceptions, judgments, and actions. Similarly, EBPs have proven the benefits of psychotherapy through rigorous research strategies. Despite a shared reliance on empirical evidence, EBPs and IPs have not benefited much from the advances of each other's contributions to the sciences. This paper has presented some IP findings that could begin to enhance the efficacy and effectiveness of EBPs by developing an interpersonal, developmental, contextual, cultural and empirically grounded understanding of human behavior that moves beyond explicit awareness. This expanded framework not only has the potential to bridge some of the divisions amongst different fields (e.g., social, economy, neuropsychology) but also within the international psychotherapeutic literature. For example, as EBPs examine behaviors within cultural contexts a conceptual link between EBPs and multicultural psychotherapies could be fostered. Similarly, the systematic inclusion of IPs in EBPs models can have multiple therapeutic applications. For instance, as IPs are included more accurate assessments tools that include both IPs and EPs can be refined. Second, studies analyzing the effect of IPs on EBP treatment outcomes can be developed. Third, it could also lead to investigating the ways in which IPs are exhibited across cultural, racial, and ethnic groups. Fourth, it may first refine our understanding of the mechanisms of therapeutic action which in turn may strengthen treatment outcome. Five, it may offer new targets for treatment (e.g., implicit self-conceptions). Six, it may allow the development of a host of intervention strategies that may complement current EBPs interventions (e.g., automatic habits).

References

Adames, H. Y., & Chavez-Dueñas, N. Y. (2017). *Cultural foundations and interventions in Latino/a mental health: History, theory, and within group differences*. New York, NY: Routledge.

Adames, H. Y., Chavez-Dueñas, N. Y., & Organista, K. C. (2016). Skin color matters in Latino/a communities: Identifying, understanding, and addressing Mestizaje Racial Ideologies in clinical practice. *Professional Psychology: Research and Practice*.

doi: <http://dx.doi.org/10.1037/pro0000062>

Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179-211. doi:10.1016/0749-5978(91)90020-T

APA Presidential Task Force on Evidence-Based Practice. (2006). Evidence-based practice in psychology. *American Psychologist*, 61(4), 271-285. doi:10.1037/0003-066X.61.4.271

Banaji, M. R., Nosek, B. A., & Greenwald, A. G. (2004). No place for nostalgia in science: A response to Arkes and Tetlock. *Psychological Inquiry*, 15(4), 279-310.

doi:10.1207/s15327965pli1504_02

Bandura, A. (1998). Health promotion from the perspective of social cognitive theory. *Psychology & Health*, 13, 623-649. doi:10.1080/08870449808407422

Bargh, J. (2014). The historical origins of priming as the preparation of behavioral responses: Unconscious carryover and contextual influences of real-world importance. In D.C., Molden (Ed.), *Understanding priming effects in social psychology* (pp. 218-233). New York, NY: Guilford Press.

Bargh, J.A. (1994). The four horsemen of automaticity: Awareness, intention, efficiency and control in social cognition. In R.S. Wyer Jr. and T.K. Srull (Eds.), *The handbook of social cognition* (Vol. 2, pp.1-40). Hillsdale, NJ: Erlbaum.

Bargh, J. A., Chaiken, S., Govender, R., & Pratto, F. (1992). The generality of the automatic attitude activation effect. *Journal of Personality and Social Psychology*, 62(6), 893- 912. doi:10.1037/0022-3514.62.6.893

Bargh, J. & Morsella, E. (2008). The unconscious mind. *Perspectives on Psychological Science*, 3, 73-79. doi:10.1111/j.1745-6916.2008.00064.x

Barlow, D. H. (2004). Psychological treatments. *American Psychologist*, 59, 869-879.

doi:10.1037/0003-066X.59.9.869

Barlow, D., Farchione, T., Fairholme, C., Ellard, K., Boisseau, C., Allen, L., & Ehrenreich-May, J. (2011). *Unified protocol for transdiagnostic treatment of emotional disorders*. Oxford University Press: NY.

Barry, E., Naus, M., & Rehm, L. (2006). Depression, implicit memory, and self: A revised memory model of emotion. *Clinical Psychology Review*, 26(6), 719-745.

doi:10.1016/j.cpr.2005.06.003

Boston Change Process Study Group (BCPSG). (2010). *Change in psychotherapy: A unifying paradigm*. New York, NY: Norton.

Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York, NY: Basic Books.

Chavez-Dueñas, N.Y., Adames, H.Y. & Organista, K.C. (2014). Skin-color prejudice and within group racial discrimination: Historical and current impact on Latino/a populations. *Hispanic Journal of Behavioral Sciences*, 36(1), 3-26. doi: 10.1177/0739986313511306

Cortina, M., & Liotti, G. (2007). New approaches to understanding unconscious process: Implicit and explicit memory systems. *International forum of psychoanalyses*, 16, 204- 212. doi:10.1080/08037060701676326

Cozolino, L. (2014). *The neuroscience of human relationships: Attachment and the developing social brain* (2nd Ed). New York, NY: Norton.

Damasio, A. (2000). *The feeling of what happens: Body and emotion in the making of consciousness*. Fort Worth, TX: Harcourt College Publishers.

Dawkins, R. (1976). *The selfish gene*. New York, NY: Oxford University Press.

Dijksterhuis, A. (2010). Automaticity and the unconscious. In S. Fiske, D., Gilbert, and G., Lindzey (Eds.), *Handbook of Social Psychology* (pp. 228– 266). Hoboken, NJ: John Wiley & Sons.

Dijksterhuis, A., & Nordgren, L. F. (2006). A theory of unconscious thought. *Perspectives on Psychological Science*, 1(2), 95-109. doi:10.1111/j.1745-6916.2006.00007.x

Doidge, N. (2007). *The brain that changes itself: Stories of personal triumph from the frontiers of brain science*. New York, NY: Viking/Penguin.

Fogassi, L., & Ferrari, P. (2007). Mirror neurons and the evolution of embodied language. *Current Directions in Psychological Science*, 16(3). 136-141. doi:10.1111/j.1467-8721.2007.00491.x

Fonagy, P. & Gergely, G. (2005). Affect regulation, mentalization and the development of the self. New York: NY: OtherPress

Franklin, A.J. (2004). *From brotherhood to manhood: How Black men rescue their relationships and dreams from the invisibility syndrome*. Hoboken, NJ: Wiley.

Freud, S. (1915/1974). *Repression*. In *Standard edition* (Vol. 14, pp. 143–158). Newark, DE: Hogarth Press.

Gawronski, B., & Bodenhausen, G. V. (2006). Associative and propositional processes in evaluation: An integrative review of implicit and explicit attitude change. *Psychological Bulletin*, 132(5), 692-731. doi:10.1037/0033-2909.132.5.692

Gawronski, B., & LeBel, E. P. (2008). Understanding patterns of attitude change: When implicit measures show change, but explicit measures do not. *Journal of Experimental Social Psychology*, 44(5), 1355-1361. doi:10.1016/j.jesp.2008.04.005

Greenwald, A.G., & Banaji, M.R. (1995). Implicit social cognition: Attitudes, self-esteem and stereotypes. *Psychological Review*, 102, 4-27. doi:10.1037/0033-295X.102.1.4

Greenwald, A. G., Poehlman, T. A., Uhlmann, E. L., & Banaji, M. R. (2009). Understanding and using the Implicit Association Test: III. Meta-analysis of predictive validity. *Journal of Personality and Social Psychology*, 97(1), 17-41. doi:10.1037/a0015575

Greenwald, A. G., McGhee, D. E., & Schwartz, J. K. (1998). Measuring individual differences in implicit cognition: The implicit association test. *Journal of Personality and Social Psychology*, 74(6), 1464-1480. doi:10.1037/0022-3514.74.6.1464

Heilman, K. M., Nadeau, S. E., & Beversdorf, D. O. (2003). Creative innovation: Possible brain mechanisms. *Neurocase*, 9(5), 369-379. doi:10.1076/neur.9.5.369.16553

Heine, S.J. (2010) Cultural Psychology. In S.T. Fiske, D.T. Gilbert, & G. Lindzey (Eds.), *Handbook of social psychology*, (5th ed.) (pp. 1423-1464). Hoboken, NJ: John Wiley & Sons Inc.

Heine, S.J., & Norenzayan, A. (2006). Towards a psychological science for a cultural species. *Perspectives on Psychological Science*, 1(3), 251-269. doi:10.1111/j.1745-6916.2006.00015.x

Higgins, E. T., & Bargh, J. A. (1987). Social cognition and social perception. *Annual Review Of Psychology*, 38369-425. doi:10.1146/annurev.ps.38.020187.002101

Hilgard, E.R. (1980). The trilogy of the mind: Cognition, affection and conation. *Journal of History of Behavioral Sciences*, 16, 107-117. doi:10.1002/1520-6696(198004)16:2<107

Kahneman, D. (2011). *Thinking, fast and slow*. New York, NY: Farrar, Straus & Giroux.

Klavina, E., Schröder-Abé, M., & Schütz, A. (2012). Facets of self-esteem at an implicit level? Investigation of implicit–explicit correlations and development of four IATs. *Personality And Individual Differences*, 53(5), 693-698. doi:10.1016/j.paid.2012.05.028

Kleinman, A. (1988). *The illness narratives: Suffering, healing & the human condition*. New York, NY: Basic Books.

La Roche, M.J. (2013). *Cultural Psychotherapy: Theory, methods and practice*. Los Angeles, CA: Sage.

La Roche, M. J., & Christopher, M. S. (2008). Culture and empirically supported treatments: On the road to a collision? *Culture & Psychology*, 14(3), 333-356. doi:10.1177/1354067X08092637

La Roche, M. J., & Christopher, M. S. (2009). Changing paradigms from empirically supported treatment to evidence-based practice: A cultural perspective. *Professional Psychology: Research and Practice*, 40(4), 396-402. doi:10.1037/a0015240

Nakash, O., & Alegria, M. (2012). Examination of the role of implicit clinical judgment during the mental health intake. *Qualitative Health Research*, 23(5), 645-654. doi:10.1177/1049732312471732

Nock, M. K., & Banaji, M. R. (2007). Prediction of suicide ideation and attempts among adolescents using a brief performance-based test. *Journal of Consulting and Clinical Psychology*, 75(5), 707-715. doi:10.1037/0022-006X.75.5.707

Nosek, B. A., & Riskind, R. G. (2012). Policy implications of implicit social cognition. *Social Issues and Policy Review*, 6(1), 113-147. doi:10.1111/j.1751-2409.2011.01037.x

Penner, L. A., Hagiwara, N., Eggly, S., Gaertner, S. L., Albrecht, T. L., & Dovidio, J. F. (2013). Racial healthcare disparities: A social psychological analysis. *European Review of Social Psychology*, 24(1), 70-122. doi:10.1080/10463283.2013.840973

Pierce, C. M. (1988). Stress in the workplace. In A.F. Coner-Edwards, J. Spurlock, A.F. Coner-Edwards, J. Spurlock (Eds.), *Black families in crisis: The middle class* (pp. 27-34). Philadelphia, PA: Brunner/Mazel.

Pentland, A. (2014). *Social Physics: How social networks can make us smarter*. New York: NY: Penguin Press.

Prochaska, J.O., & DiClemente, C.C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 51(3), 390-395. doi:10.1037/0022-006X.51.3.390

Reber, A.S. (1993). *Implicit learning and tacit knowledge: An essay on the cognitive unconscious*. New York, NY: Oxford University Press.

Reber, P. J. (2013). The neural basis of implicit learning and memory: A review of neuropsychological and neuroimaging research. *Neuropsychologia*, 51(10), 2026-2042. doi:10.1016/j.neuropsychologia.2013.06.019

Schore, A. N. (2005). A neuropsychoanalytic viewpoint: Commentary on paper by Steven H. Knoblauch. *Psychoanalytic Dialogues*, 15(6), 829-854. doi:10.2513/s10481885pd1506_3

Schore, A.N. (2011). The right brain implicit self lies at the core. *Psychoanalytic Dialogue*, 21, 75-100. doi:10.1080/10481885.2011.545329

Schacter, D. L. (1992). Understanding implicit memory: A cognitive neuroscience approach. *American Psychologist*, 47, 559-569. doi:10.1037/0003-066X.47.4.559

Schacter, D. L. (1995). Implicit memory: A new frontier for cognitive science. In M. S. Gazzaniga (Ed.), *In the cognitive neurosciences*. Cambridge, MA: MIT Press.

Schacter, D. L. (1998). Memory and awareness. *Science*, 280(5360), 59-60. doi:10.1126/science.280.5360.59

Steele, C. M., & Aronson, J. (1995). Stereotype threat and the intellectual test performance of African Americans. *Journal of Personality and Social Psychology*, 69(5), 797-811. doi:10.1037/0022-3514.69.5.797

Sheeran, P., Gollwitzer, P. M., & Bargh, J. A. (2013). Nonconscious processes and health. *Health Psychology*, 32(5), 460-473. doi:10.1037/a0029203

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist*, 62(4), 271-286. doi:10.1037/0003-066X.62.4.271

Sue, D.W., & Sue, D.S. (2008). *Counseling the Culturally Diverse: Theory and Practice*, (5th ed.). Hoboken, NJ: John Wiley and Sons.

Tronick, E., & Beeghly, M. (2011). Infants' meaning-making and development of mental health problems. *American Psychologist*, 66(2), 107-119. doi:10.1037/a0021631

Vidoni, E.D., & Boyd, L.A. (2007). Achieving enlightenment: What do we know about the implicit learning system and its interaction with explicit knowledge? *Journal of Neurologic Physical Therapy*, 31, 145- 154. doi: 10.1097/NPT.0b013e31814b148e

Wallin, D.J. (2007). *Attachment in psychotherapy*. New York, NY: Guilford Press.

Wampold, B. (2010). The research evidence for the common factors models: A historically situated perspective. In B. Duncan, S. Miller, B. Wampold & M. Hubble (Eds.), *The heart and soul of change: Delivering what works in therapy*. Washington D.C.: American Psychological Press.

Webb, T. L., & Sheeran, P. (2006). Does changing behavioral intentions engender behavior change? A meta-analysis of the experimental evidence. *Psychological Bulletin*, 132(2), 249-268. doi:10.1037/0033-2909.132.2.249

Weisz, J. R., Kippers, S., Eckstain, D., Ugueto, A. M., Hawley, K. M., & Jensen-Doss, A. (2013). Performance of evidence-based youth psychotherapies compared with usual clinical care: A multilevel meta-analysis. *JAMA Psychiatry*, 70(7), 750-761. doi:10.1001/jamapsychiatry.2013.1176

Westen, D., & Gabbard, G. O. (2002). Developments in cognitive neuroscience: I. Conflict, compromise, and connectionism. *Journal of The American Psychoanalytic Association*, 50(1), 53-98. doi:10.1177/00030651020500011501

Westen, D., Novotny, C. M., & Thompson-Brenner, H. (2004). The Empirical Status of Empirically Supported Psychotherapies: Assumptions, Findings, and Reporting in Controlled Clinical Trials. *Psychological Bulletin*, 130(4), 631-663. doi:10.1037/0033-2909.130.4.631

Wilson, T. (2002). *Strangers to ourselves: Discovering the adaptive unconscious*. Cambridge, MA: Harvard University Press.

Received:
Accepted: