BOOK REVIEWS


In my twenties, I studied jazz piano with saxophonist Lee Konitz. I so admired his playing I even attempted the alto sax, and while it quickly became clear that this was not to be my instrument—I will never forget our first lessons. He instructed me to focus only on playing a “G” note on the saxophone, holding it for several beats. There is something solid and achievable about the “G” note, so you get an early sense of satisfaction and competency. After weeks of playing that note, he told me to try and reproduce the quality of that sound with all the other, more difficult notes on the saxophone keyboard. Although this sounds simple, it was one of those inexplicable things—you know it when you hear it; you know it when you feel it. Then you have an experience with which to measure all others.

Analyst and musician Steven Knoblauch’s work is steeped in the language of jazz and blues—solos, improvisations, dissonance, harmony, rhythm. While the music of psychotherapy has been acknowledged throughout a variety of theoretical orientations, the very notion of a mutually created composition remains a far cry from the old paradigm of the analyst always being right and having “the correct interpretation” that the patient is forever “resisting.” Knoblauch’s book explores how non-verbal dimensions of communication can enhance and vitalize our understanding of both the patient and the clinical process. In detailed clinical vignettes, he describes his receptive stance (it is important to know how to follow, as well as lead), as he tracks interactions, paying close attention to the processes of mutual regulating activity (his work is very informed by the ideas of infant researchers Beebe, Lachmann, and Jaffe). He discusses verbal attunement, the match of rhythm, time and volume, and the slowing down and softening of tone when needed to modulate the levels of distress and arousal that occur during inevitable disruptions and repair. In shamanic and primitive cultures, there is a strong correlation and connection between rhythm and healing. Jesse Geller (1994) describes “rhythmically coordinated conversation” (when the intimacy can be tolerated by the patient) as a form of mirroring that reassures and increases the holding aspects of the therapeutic environment (p. 13).

In The Talking Cure (1997), analyst Susan Vaughan says, “The tone of voice with which I ask a question or make a comment, my rhythm and melodies and the way I try to mirror what I am hearing from the patient can be so important that they even overshadow what I am saying—because during psychotherapy with me, the patient is learning a new way of having a relationship, and that means learning novel ways of relating and connecting” (pp. 93–94).

Like Vaughan, Knoblauch emphasizes attending to form as well as content and works with his patients to change devitalized and dysfunctional patterning through improvisation on both a nonverbal and verbal level of exchange. He respects and explores all the available data in a given session and by so doing
contributes admirably to a fundamental aspect of therapy too often ignored—that of technique.

Students have for decades complained of lack of instruction in technique and are hungry for supervisors and teachers who are willing and interested in being detailed and specific about what actually goes on in a session. Although psychoanalytic and other traditions provide the bedrock of our theoretical understanding, they do not precisely define what one should do ‘responsively’ in the therapeutic situation. So much of treatment involves shifts in attention, movement, and tone, and the issue of whether and when to speak, as Knoblauch points out, is related to how much interaction the relationship needs. He suggests that by attending to the musical edge of dialogue, we can also better access and affect levels of unconscious interactive process.

Knoblauch’s work can also be seen as a continuation of the psychoanalytic dialogue about self-disclosure, particularly from an intersubjective approach. Paying attention to how much interaction the relationship needs requires a flexible, creative therapist who recognizes that, as Paul Wachtel says in *Therapeutic Communication* (1993), “children need to know their parents, even as they need to be known by them . . . No matter how attentive the parent is to the moods and qualities of the child, if the light shown on the child is entirely reflected light, if no independent input originating in the parent’s views and interests enters the interaction, an essential nutrient for growth will be missing” (p. 213).

The term “nutrient” is congruent with concepts concerning the power of the human voice. Psychologist Stephen Silverman says, “From a developmental standpoint, the spoken work itself is a biological phenomenon. It is so powerful, in fact, that the sound of the mother’s voice can induce an altered state of consciousness, specifically, sleep. The spoken word can also induce an altered state of consciousness with marked changes in the autonomic nervous system under the condition of hypnosis . . . the spoken word is further, a psychobiological event in the most profound sense, through the intervention process within the psychoanalytical relationship” (1985). In a similar vein, Knoblauch suggests that the therapeutic environment is “an acoustic field in which words always have somatic impact both pre- and post-verbally” (p. 7).

Knoblauch’s most ambitious chapter is “Mind Metaphors,” in which he outlines three different ‘models of mind,’ examining how each model conceptualizes the nonverbal, musical dimensions of analytic exchange. The first model is based on “a hydraulic metaphor,” in which the mind is a closed system (filled with ego, id, and superego) that affords the analyst “an objective observational stance from outside” (p. 91). It is an “algebra of mind” which defines operations like cathexes and defenses. All kinds of non-verbal, pre-conscious, and unconscious processes need to be transformed through words in order to give them meaning and form. The “transference of energy is the mutative activity” (p. 93).

The second model, the “plastic mind,” is a closed system as well, but one that can open up to a new object relation in the treatment, through an architecture of objects and part objects. Thus the plastic mind can have a “vast array of possible relationships among its objects.” Knoblauch calls this a “geometry of mind,” which activates and shuffles defenses and object relations, creating new experiences and meanings (p. 93).

The analyst becomes a critical interpersonal influence in this system, and “reorganization of the structures and the relationships” between analyst and patient becomes the curative activity. Here, the mind does not exist in isolation, and enactments can be observed, but Knoblauch feels this approach does not direct enough attention to the microdimensions of “tone, rhythm, and turn-taking that infant researchers have used” (p. 85). The third model is “resonant minding.” Here the metaphor shifts from place