

THE MUSICAL EDGE OF THERAPEUTIC DIALOGUE, by Steven H. Knoblauch, Hillsdale, NJ: Analytic Press, 2000, 175 pp., \$33.50.

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The central thesis of Steven H. Knoblauch's slender new book *The Musical Edge of Therapeutic Dialogue* is that "attention to the dimensions of the musical edge gives the analyst a broadened scope for perceiving meaning: the analyst's responsiveness . . . may be critically shaped by the nonverbal dimensions of his actions" (p. 80).

Knoblauch elaborates this nonverbal dimension primarily in inter-subjectivist terms against a metaphoric backdrop of music, most particularly jazz improvisation. To Knoblauch, the jazz improviser,

using only the nonverbal contours of sound, is moved by and moves those with whom she interacts, other musicians, and listeners through attention to, and participation with, the tones and rhythms on this edge of experience. Her solo represents the shaping and reshaping of sound contours as call and response to the matching and mismatching, tension-building and resolving, space-opening and closing signals being exchanged with those around her. (p. 160)

Continuing, he writes that "similarly, therapist and patient, often unconsciously but sometimes consciously, are influencing and intersecting their subjective experience of each other with the music of their utterances" (p. 160).

Following an earlier career as a jazz performer, Knoblauch is currently a faculty and supervising analyst at The Institute for the Psychoanalytic Study of Subjectivity in New York, a clinical training program that emphasizes the systematic study and clinical applications of psycho-

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analytic self psychology and intersubjectivity and the application of the principle of sustained empathic inquiry. Some of Knoblauch's colleagues there include the eminent intersubjectivist theorists George Atwood, Beatrice Beebe, Bernard Brandchaft, Frank Lachmann, and Robert Stolorow; their works, in particular, are heavily relied on as Knoblauch discusses his understanding of how an intersubjectively cocreated analytic conversation—the musical dialogue between analyst and analysand—can be therapeutic.

The problem of differing modes of conceptualizing and explaining theoretical constructs, at the macro level, is often not far removed from the intricacies, at the micro level, of understanding patients. There are times during a session, for example, when a patient will conclude a declarative statement with an interrogative tag such as “you know?” This will of course have a significance unique to each patient and even each moment in which it occurs. For each analyst, the question can be emphasized or subordinated according to theoretic orientation and personal sensibilities, in addition to a vast array of other subtly variable factors: Do I, in fact, know? If not, will my focus shift from my patient's question (and all that might be implicit in it) to my not knowing? Might my feeling of exclusion be an induction? What constituted the miscommunication (if it could or should be characterized as that)? What might be going on for the patient today? Might the question indicate something other than or in addition to its literal meaning, or do I recognize it as an essentially innocuous phrase frequently and indiscriminately uttered and thus something which might be heard as, say, idiosyncratic punctuation equivalent to “um”?

Finding a voice with which to explain such nuanced and ephemeral correlations between theoretical notions and clinical material that is translatable into or at least understandable to adherents of theoretic models different from one's own has long been elusive. There may be no more central an issue in the recent literature than cogently articulating how the analyst derives meaning from the patient's expressions. Consistent with psychoanalysis's diverse tribal sociology, analytic writers often use what amount to intratheoretic dialects founded in theoretic assumptions and concepts understandable and meaningful only to those who practice from a similar orientational perspective.

A seemingly less exclusionary approach is the application of a language external to psychoanalysis, transliterating or transposing analytic processes by way of literary or filmic or poetic simile. This solution, although seductive, brings its own vexing dilemmas, not the least being the creation of a theoretic–linguistic hybrid. The replacement scholarly

discipline selected—music in this case—will have its own language, replete with vagaries and multivalencies of meanings particular to it. And so, in the ostensible service of more clearly explaining a psychoanalytic principle or clinical encounter, one has, instead, only differently described it. In the particular case of applying music as a descriptive leitmotif, a reader encounters an even higher order of complexity.

Despite its use of music as *überleitmotif*, Knoblauch's book is troublingly devoid of discussion of music itself. Musical terminology such as tone, rhythm, harmony, melody, among others, are used without meaningful elaboration as to the significance of their application in a psychoanalytic context. Most notably absent is any address of the complex philosophical questions regarding the attribution of meaning to music. Because music is so closely tied with primary process experience, that is, one simply feels music without having to think about what it means (Stein, 1999, p. 401), conceptualizing analytic moments in musical terms can be an important point of entry for gleaning insight into a patient's unconscious process, fantasy, and unfettered imaginings underlying or constituting his or her affective expressions. But the overly reductive categorization of abstract nonverbal expressions and comprehensibly articulated expressions similarly classified by virtue of an inherent linguistic–aural musicality (such as timbre, pace, intensity, or semiotic recognizability) as “music” will otherwise have merit only as a descriptive analog. Little is ultimately communicated unless the analyst's underlying assumptions about the dynamic interplay of perception and response, interpretation and meaning, and thought and feeling as between analyst and analysand are contextualized and correlated with the idea of music and the analyst's theoretic frame of reference. If musical metaphor is being used to better understand a patient's expressions—in other words, if meaning is being ascribed to the “music” of the affective discursive exchange between analyst and analysand—how is that meaning being derived? Of what is it constituted? In what ways are the semiotically ambiguous abstractions called “music” interpretively germane to the clinical material? In the main, Knoblauch does not address such questions nor satisfactorily develop his primary musical theme. In light of Knoblauch's stated aim of enlisting the musical edge to help broaden the analyst's scope for perceiving meaning, I would have liked him to more probingly investigate the conceptual edges of perception and meaning. Those edges are of the utmost importance to all analysts, not just intersubjectivists. Absent any cross-orientational consensus on precisely how the emotional reactions of the analyst are supposed to serve as a reliable indicator of what the patient is feeling

(Boesky, 2000, p. 259), descriptions of analytic interpretations, most particularly those derived from nonverbal expressions, are of constricted pedagogic value unless the theoretic assumptions on which they are founded have been clearly articulated.

The book is abundantly illustrated with detailed and carefully wrought clinical vignettes that seem to faithfully capture Knoblauch's attention to the subtle and ever-shifting exchanges between his patients and him. As a writer, Knoblauch is at his best in such passages. They portray him as a sensitive, thoughtful, and attuned clinician, whose knowledge and experience of jazz meaningfully inform his analytic work. But as these skills and qualities are articulated theoretically, his book does not, to my ears, advance our understanding of the psychoanalytic process generally or, more specifically, contribute to the thorny debate regarding the role of the analyst's subjectivity in the discovery or coconstruction of the analysand's psychical narrative. By dint of its abstraction and nonrepresentationality, music is an especially nettlesome domain in which to contemplate iatrogenic elements in intrapsychic and intersubjective (or interpersonal) interactions.

One of the chief frustrations of reading this book is that Knoblauch's articulation of his analytic expertise is frequently diluted by what feels to me like the synthetic application of a para-analytic construct; his proposal of a fundamental necessity for linking psychoanalytic theory and music never coalesces, and the metaphor thus wears thin. Eventually, I began to wonder, Why music? Phillips (1988), a psychiatrist who, like Knoblauch, draws on his experience as a jazz performer, has succinctly described the prevalence of "extratherapeutic models" in psychotherapists' conceiving of the creativity of their work with patients. He lists "Asian martial arts, dancing, painting, sculpturing, gardening, playing tennis or basketball, understanding fine literature, acting and learning a spiritual discipline" (Phillips, 1988, p. 189) as some of the other oft-used metaphors. Implicit in Phillips's article is the caution that such personal metaphor not be overzealously applied in the therapeutic encounter itself. It is important to distinguish between musical associations—meaning when a piece of music or musical refrain rather than a thought, sentence, or image is reported by a patient (or internally noted by the analyst, or both) as an association, such as described with musical as well as analytic sophistication by Goodin (1998) and Payne (1974)—and an artificially imposed emphasis on the "musicality" of the dialogue (verbal or otherwise) in the analytic situation. In his near comprehensive accounting of the diverse, multifaceted components of analytic listening, Meissner (2000) speaks of the

bidirectionality of listening, as between the analyst's attention to the patient and his or her own internal state—the latter being what he calls “self-listening”—noting the importance of generally prioritizing listening to the patient, unless some shift in focus is called for in a given moment.

Certainly, I imagine few analysts would disagree with Knoblauch's contention that the practice of analysis is a highly creative activity that calls on the analyst to be flexible and improvisatory in ways akin to a jazz musician responding to a musical riff. But I found this correspondence ultimately insufficient to the task of elaborating the gnarled philosophical conceptualizations underlying the communication and interpretation of affect in the analytic situation.

References

- Boesky, D. (2000). Affect, language and communication. *International Journal of Psychoanalysis*, 81, 257–262.
- Goodin, T. (1998, December). *Point-counterpoint: Music associations and the interplay of transference and countertransference in the analysis of a visual artist*. Paper presented as a part of the panel on Psychoanalysis and Music at the IPA Conference, Jerusalem, Israel.
- Meissner, W. W. (2000). On analytic listening. *Psychoanalytic Quarterly*, 69, 317–367.
- Payne, S. B. (1974). Musical associations in psychotherapy. *American Journal of Psychotherapy*, 28, 288–291.
- Phillips, R. E. (1988). *The creative moment: Improvising in jazz and psychotherapy*. *Adolescent Psychiatry*, 15, 182–193.
- Stein, A. (1999). Well-tempered bagatelles—a meditation on listening in psychoanalysis & music. *American Imago*, 56, 387–416.