“A Lingering Whiff of Descartes in the Air”: From Theoretical Ideas to the Messiness of Clinical Participation

Commentary on Paper by the Boston Change Process Study Group

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From a perspective in recognition of my unconscious attachment to their theoretical conceptualizations as well as intrinsic blind spots to both their and my conceptualizing, I offer a consideration of the clinical assistance and difficulty created by the Boston Change Process Study Group’s formulation of the reflective, the implicit and the disjunction between the two as an “intention unfolding process.” I first consider how their conceptualizations can either clarify or obscure organizing experience for the analyst trying to make sense of what is going on between her and her analysand. Then I consider how these ideas might guide or mislead the analyst’s active participation in the micromoment process flow of clinical interaction. The impact of dissociation is recognized as constitutive of a messiness and uncertainty that accompanies, and often can undermine, the adoption of any theoretical “idea,” including these, for clinical organizing and intervening activity.

The mystery of life is not a problem to be solved, but a reality to be experienced.

—Zen saying

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Steven Cooper (2007) recently wrote, “Given that we have an unconscious attachment to our theory, it is axiomatic that we have intrinsic blind spot(s) as well” (p. 249). A close reading of my text The Musical Edge of Therapeutic Dialogue (Knoblauch, 2000) and subsequent papers (Knoblauch, 2005a, 2007) easily reveals how much my clinical descriptions (though rooted with a central metaphor coming from my experience with interactive improvisation of music as in the American artistic practice of jazz) are shaped by my sometimes more, and sometimes less, conscious attachment to the theoretical contributions of Daniel Stern and his Boston Change Process Study Group (BCPSG) colleagues, as well as several others who have written about how observations of interactive process in infant research can expand an understanding of psychoanalytic process (see Alvarez, 1992; Beebe, Knoblauch, Rustin, & Sorter, 2005; Beebe & Lachmann, 2002; Fogel, 1993; Fonagy, Gergely, Jurist, & Target, 2002; Meltzoff & Moore, 1998; Seligman, 1999, 2007; T revarthen, 1998; Tronick, 2005, for examples) And so I approach a consideration of this latest news coming from their collaborations with both excited, attachment-laced anticipation and a more sobering vigilance for blind spots both personal and shared.

In his concluding reflections of the same text just quoted, Cooper, agreeing with Harris (2005), wrote, “It is now time for relationalists to deal more directly with ‘process’” (p. 268). My approach to this commentary, then, is shaped by this same concern for “process.” Specifically, I am extending my recent considerations for the relevance of theory and research to clinical responsiveness (Knoblauch, 2005b). Then and now, the focus of my inquiry is

the use of language coming from research or theory to elaborate or expand how we might understand unusual or challenging clinical moments of decision or action, versus simply noting similarities or parallels between psychoanalytic terms and processes and those from cognitive, developmental or neuroscientific fields. (2005b, p. 894)

I would include the field of philosophy within this focus, and with particular attachment, the arts. Here my attachment to the creative process as metaphor for analytic interaction is shared with those analysts who have reflected similarly in recent writings (see Ringstrom, 2001, for theater; Ogden, 2001, and Pizer, 2005, for poetry; and LaBarre, 2001, for dance). I believe it is significant that the early thinking from which this current contribution of the BCPSG has come emerged, in part, around the study of a
slowed-down video of a boxing match (a martial art) and Stern’s ongoing love, careful study of, and adoption of the dance metaphor for his conceptualization of the micromoments of the interactive process. These sources can “provide metaphors and images that are useful for the analyst to the degree that they offer more than just a solipsistic justification or pseudo-validation, but rather additional perspectives for organizing and participating in the clinical exchange” (Knoblauch, 2005b, p. 894).

There are two ways, then, in which I approach this BCPSG work. First, I consider how certain conceptualizations might help the analyst with organization, how to make sense of what is going on between her and her analysand. Basically, the question is how can these ideas help with managing countertransference experience, which is an important way of thinking about, and often synonymous with, the analyst’s subjectivity in interaction with the subjectivity of the analysand. Second and related, I consider how these ideas can help an analyst with her clinical participation. Both of these inquiries go directly to questions of processes in the analyst’s subjectivity and the analytic pair’s construction and experience of intersubjectivity.

Organization

There is an undeniable elegance to the way in which the BCPSG organizes the words they use on paper, not unlike a good jazz solo. A jazz solo in the voice of a gifted instrumentalist (or vocalist) begins with a theme and then unfolds a wonder-filled creation of varying phrases and choruses all building on, and offering variations to, the original theme. A good jazz solo leaves all (the soloist, the accompanist, the listener/audience) with a “feeling” that is an intuitive grasp of what the soloist is communicating, a chunking of images, body experience (tastes, smells, skin sensations, muscle tensions, etc.) and even possibly memories, associations, hopes, and dreams. In jazz, there is turn taking. Soloists become accompanists; accompanists become soloists. There is a shifting of roles that can occur in short time sequences experienced as linear or in other time sequences (short or long) as nonlinear and so complexly shifting as not able to be distinguished. In jazz, there is always a rhythmic context (implicit or explicit), a polyrhythmic weave, which shapes the feeling/meanings of notes and phrases, tonal accents, and so on.

In many ways the text of the BCPSG can be experienced as a wonderful weaving and interweaving of themes, accents, rhythms … a solo to be experienced in the context of their previous contributions and those of many of
us whose work they cite and use to fashion their own notes, phrases, cho-
ruses. We are the accompanists, audience, and even soloist as we read and experience our own embodied responses to the unfolding of their solo and begin (often) simultaneously to formulate our response(s). Their conceptualization of “implicit relational knowing” and, in particular, Stern’s concept of the “present moment” have proved helpful for numerous clinicians in expanding their thinking about and conduct of psychoanalysis. The pivotal effect of this help has been to expand analytic focus to include what is being communicated but not given semantic/symbolic representation with words.

Having completed the previous paragraph, I think it is important to add that the concluding sentence might be an oversimplification of the power of this group’s contributions. There are many subtle and important details to the implications of their ideas about implicit communication for psychoanalytic practice. But that, in fact, is a central underlying theme of their work, that is, how difficult it is to represent the complexity of lived experience with words. Their efforts to grapple with this challenge appear in the opening pages of their text, where definitions and explanations with relevant research citations are carefully and clearly unfolded for the reader to understand the underlying assumptions and previous thinking that leads to their present contribution. Here we find a new emergent idea, coming from the previous work of another member (Sander, 1995a, 1995b) the “intention unfolding process” (this issue, p. 129) in which the word intention has a broader use than is commonly assumed. The careful expanding of this key contribution with the “linking of language to physical experience,” using Braten’s (1998) idea of “altero-centric participation,” supported by recent research on “mirror neurons” (p. 132) lays the foundation for the group’s expanded view of the relations between the implicit and reflective-verbal domains. This vision is further developed with a consideration of Lakoff and Johnson’s (1999) work on primary metaphors, Sheets-Johnstone’s (1999) work leading to the idea of an “embodied cognition” … “repairing the Cartesian split between mind and body” (p. 137), McNeill’s (2005) idea of the image-gesture process emphasizing how “spoken speech is inhabited by the body moving in time, including facial expressions” and how “gestures … in real speech … become shaped by imagery and intention” (p. 138), and Merleau-Ponty’s (2000) emphasis on the familiar ways in which “the verbal is grounded in the implicit” (p. 142). Each of these contributions coming from research or philosophy, echoing and resonating with the others in a complex yet exquisite polyphony of perspectives, helps to elucidate the group’s thesis that “the reflective, the implicit, and the disjunction between
the two, make up one intuitively grasped package” (this issue, p. 143). I very much agree with their concluding point (and am quoting it in full)

that the inevitable disjunction between the implicit and the reflective-verbal….is not a lack or a problem, it is just another property of the emerging gestalt.

All three come together during a process we have called the intention unfolding process. During this process, a gestalt of all three, taken together, emerges and is captured in one intuitive grasp. It is this gestalt that gives out the multiple intentions and meanings that can shift and change over ongoing and repeated contemplation. (this issue, p. 145)

The idea of the reflective (symbolized), implicit (nonsymbolized), and the disjunction between the two (a paradox in the sense that the disjunction is an experience emerging on both registers simultaneously according to this conception) can be extremely helpful for expanding conceptions of clinical process that might valorize one or the other of these experiential registers. In my own zeal to bring attention to the clinical meanings of the nonsymbolic, I have been read as giving too little attention to words and too much value to embodied experience, a splitting of experience that is a reduction of the inevitable gestalt that might be “intuitively grasped” by analyst and/or analysand.

Yet I can’t keep from my mind that brilliant quote the group introduces early in their text (which I reproduce here in part), noting Barrico’s (2002) point that

clear and distinct ideas are an invention of Descartes, are a fraud, clear ideas do not exist, ideas are obscure by definition. … When you express an idea you give it a coherence that it did not originally possess … When you decide to express it (in words) you begin to discard one thing, to summarize something else, to simplify this and cut that, to put it in order by imposing a certain logic.” (p. 202)

Clearly I (in this commentary as well as earlier texts) and the BCPSG, to the degree that we construct ideas in print in this Cartesian way, encounter and cannot overcome this very problem that Barrico illuminates for us.

Massey (1996), in her discussion of Perez Foster’s (1996) clinical illustration of working bilingually, used an important distinction introduced by Swiss linguist de Saussure (1959). Using de Saussure’s terms, Massey ex-
plained that the term *la langue* means to treat “language as a definable product of the mind, which manifests or reflects intrapsychic contents and structures, representations, schemata, unconscious ideas and the like” (p. 125). Languages are conceived as “codes—as static, rule governed, systems” (p. 125). The term *la parole* means to treat “language as a lived phenomenon” having “music, mood, and meaning” (p. 125). *La parole* seems very much like the gestalt of the reflective, the implicit and the disjunction that the BCPSG describe, an embodied experience of speech. *La langue* seems very much like the clear and distinct coherence that their text represents.

Why is this distinction of more importance than just as an intellectual observation? How do ideas help or hinder the analyst as she organizes her experience of self and other in the ongoing unfolding of the interactive process characterizing any present moment in psychoanalysis? There is both a specific and general response to these questions. My sense of using different ideas/concepts to “fraudulently, obscure and falsely cohere” clinical experience (when in fact it is much more uncertain and ambiguous than represented with words) is that such ideas/concepts provide a useful organization or structure to the messiness, disorientation, and/or dissociation that uncertainty and ambiguity constitute in the midst of the action of a clinical encounter. This may be illusion. But this use of illusion can be helpful if, as the analyst organizes experiences with such idea/concepts, she simultaneously exercises what Cooper (2007) termed “the pluralistic third” (p. 247) in what Harris (2005) and Thelen and Smith (1994) described as a “softly assembled” or lightly held way. I am suggesting (consistent with Cooper’s thinking) that such concepts as implicit relational knowing, present moment, and intention unfolding process can be very helpful to the analyst’s subjectivity in helping to create organization, particularly in the face of uncertainty, ambiguity, and/or dissociation, to the degree that these ideas are held tentatively by the analyst, simultaneously and paradoxically, as fraudulent, obscuring, but temporarily necessary illusions.

As a specific example in this text, my use of the term *necessary* in this last sentence is a fraudulent cohering usage. But what if I suggest that we hold the meaning I am trying to represent with the term *necessary* in a lightly, softly assembled way? With the term *softly assembled* in the analyst’s subjective organization of experience, I am meaning that to create a fraudulent coherence serves to pragmatically give me a working hypothesis of what might be happening in me, in my patient, or between the two of us, which I may hold until something new occurs (which could occur momentarily or weeks, months, years later in the unfolding of the treatment relationship).
This something new then will reorganize my softly assembled organization. Such a perturbation might very well lead me to abandon the term I have been previously using to help me organize meaning and relationship. In that sense, the term is no longer “necessary.” Of course, the argument continues to be that my new organization, with new “necessary” terms and representations, is similarly fraudulent and creating a false sense of coherence. Here, the paradox is that each set of ideas/words an analyst adapts to create coherence and meaning out of clinical experience as temporarily “necessary” for coherence and clarity of narrative, may become not only “unnecessary” but obscuring and misleading as the clinical interactive process unfolds and new experience emerges.

Clearly working clinically or theroretically with the challenge that the BCPSG sets for us (including themselves) is a difficult ideal to achieve (particularly in the clinical interaction) because of the power of dissociation as an obstacle to the unfolding process of recognizing the analytic meaning of the experience of any enactment. Hence, an idea such as “the meaning of the total communication, and its intention” may have “phenomenological” value but could become a subtle intellectual avoidance of the messiness of clinical interaction serving a dissociative process in the analyst’s organization of what is occurring interactively, to which the BCPSG intends to help us bring an expanded and more detailed coherence.

Clinical Participation

The last paragraph of my discussion of organization helps to make clear (at least temporarily I hope) how language as la langue, although effective in its representational capacity for theoretical ideas, can confuse in its distance from clinical lived experience, the music, mood, and embodied experience of meaning to which the BCPSG points us. One consideration for why this might occur in the action of a clinical exchange has to do with the additional consideration that I introduced within that paragraph, a consideration not taken up by the BCPSG within their phenomenological thesis, and that is the powerful action of dissociation. Dissociation brings a messiness to meaning making not accounted for with a conception of “the reflective, the implicit and the disjunction between the two” as “one intuitively grasped package” (this issue, p. 143). Important questions arise regarding how we move from theoretical ideas about different registers of experience to managing the unconscious processes of our own subjectivities as analysts within the complex and ambiguous layers of micromoment shifting interac-
tions with analysands. Who is intuiting what and from what level of abstraction or participation? How does the experience/“feeling” of unbearable, become part of what is intuitively grasped as “whole,” when dissociation (splitting as opposed to wholeness), however defensive or self-protective, serves as an obstacle to such an intuitive connection or association? Or put another way, how does such a dissociative process impact on the analysand’s capacity to intuit a connection between the reflective, the implicit, and the disjunction between the two? How does dissociation in the analyst impact on her capacity to know, to grasp, to intuit?

When we move from a register of conceptual meaning, in which the total communication and its intention “is the phenomenological center” (this issue, p. 145) as the BCPSG conclude in their text, to a register of lived experience in which the messiness of clinical participation is characterized by the many blind spots in both analyst and analysand that dissociation can constitute, we shift from \textit{la langue} to \textit{la parole}. Attempts to narrate \textit{la parole} in the register of \textit{la langue}, while at times providing a necessary illusion for the analyst’s organization of experience, inevitably come up against paradox and limitation, which can cause confusion and false or inadequate representation, the very problem about which Barrico warns.

For example, in my introductory comments to this commentary, I note my preference for a musical metaphor (with particular use of jazz improvisation) as a way to attempt to create within the code of words (\textit{la langue}), the action and feel (\textit{la parole}) of the present moment of the clinical encounter. The BCPSG recognizes the value of my approach to representing the micromoments of the clinical exchange in this way but notes that my ideas and metaphors still suffer from “a lingering whiff of Descartes” (this issue, p. 142), to which I can only agree. I have grappled with this limitation by including a similar explanation with my clinical narratives (see Knoblauch, 2000, pp. 77–82, 149–152; 2005a, p. 822) lest the work and my conclusions be read and adapted in a Cartesian formulaic way.

In particular the group questions my use of the term \textit{gap} as a representation of a “distortion or fracture” (this issue, p. 143). I do not question their argument (as developed from the contributions of Lakoff & Johnson, 1999; McNeill, 2005; Merleau-Ponty, 2000; Sheets-Johnstone, 1999) that phenomenologically the reflective and the implicit constitute an interpenetrating context of experience such that the disjunction constituted by these “two different modes of expression not translatable one into the other” (this issue, p. 143) are part of an intuitively grasped package of embodied spontaneous communication and that a process of embodied com-
municative exchange is an ongoing emergent property of any clinical encounter. In that sense, to speak of a “gap” is an idea that misleads the reader/listener, constituted on a register of *la langue*. But a closer look at the group’s play with the musical metaphor reveals a different representational strategy than I use.

For example, they recognize my emphasis on how the verbal/symbolic and the nonverbal (which could be nonsymbolic or symbolic; see Bucci, 2005, and Fosshage, 2005) create an immediate context for each other. I see no significant difference here between their implicitly grasped package and my thinking. But their representational imagery takes a turn immediately after their use of the term *context*. They attribute to me a view of the reflective and the implicit as in a “duet, in two different voices, interact[ing] to help make meanings of clinical pertinence more whole” (this issue, p. 141). They go on to critique this representation of a duet as “viewed as two separate players in distinct domains” (ibid).

This use of “ideas” is a good example of the confusion that can be created when moving from phenomenological theory in the register of *la langue* to clinical experience in the register of *la parole*. Consider an image taken from the process of improvising music as in jazz. When we listen to jazz we listen to the notes being articulated but also *how* the notes are articulated. There are significant tonal and rhythmic qualities to the articulation of any musical note or phrase that communicate powerful affective meaning and the stylistic qualities that make the soloist’s voice immediately recognizable. Listen to the two different recorded versions of Thelonious Monk’s composition “Ruby My Dear,” first with Coleman Hawkins as the tenor saxophone soloist and then with John Coltrane as the tenor saxophone soloist (Riverside Records, RCD 822–2). There is an immediately identifiable difference in the voice of each soloist constituted by the interaction between the notes played, the emergent phrasing, and the tonal and rhythmic articulations that constitute this difference. But this interaction between the explicit notes and phrases and the implicit qualities of tone and rhythm do not constitute the duet. The duet is between the soloist (Hawkins or Coltrane on sax) and the accompanist (Monk on piano). Similarly, I find the usage by the BPCSG of the idea of “duet” to represent the interaction between two “distinct domains” as a misleading representation constituted from a phenomenological perspective that is not consistent with my clinical experience. The duet in jazz and in the psychoanalytic encounter is not between two domains of communicating (reflective and implicit). It is between two persons each
bringing their own subjective organization to the present moment of engagement.

If you, the reader as audience and/or accompanist, read the usage of “duet” as creating a “gap” between two distinct domains, you may then move to a soloist position in which you create a particular representation in your own subjective process with the musical metaphor. This representation or idea will be very different in its clinical applicability than if you used the term gap as between two subjective organizations of embodied experience (often shaped by unconscious processes of dissociation). For example, does the analyst attend to how words from the analysand communicate a feeling of calm at the same time that the tone and rhythm of articulation communicate agitation? Or will the analyst dissociate the tension building in her jaw as the rate of the patient’s articulations accelerates? The idea, in the first example, of “duet” between implicit and the explicit domains can help to organize the analyst’s sense of the patient’s conflict as communicated bodily without reflection. The idea of “duet” in the second example can help the analyst identify possible meanings emerging intersubjectively (if and when she can bring the connection between her tension and the patient’s rate of speech production into awareness).

When I use the term gap I am trying to represent the embodied experience of inevitable dissociations emerging in the interaction of the clinical encounter (not just the difference between two different registers of communication, but this “gap,” although not a “duet,” is how a dissociation is often constituted, and I have discussed this previously; see Knoblauch, 2005a, pp. 812–816, as the BCPSG point out). My usage of the term duet is an “idea” inclusive of the confusion constituted by the limits of an analyst’s attention to interactively emergent unconscious processes. It is not used “to help make meanings of clinical pertinence more whole” (this issue, p. 141). To attempt to “make meanings … more whole” would be to commit the kind of Cartesian error that the group uses Barrio’s quote to define and warn us about. I heed their warning not to try to make meanings whole, so much as to attempt to narrate the tension among multiple meanings, recognized and/or dissociated, as a way to expand my countertransference attention within a relationally oriented psychoanalytic approach to treatment. I find that the considerations offered by the BCPSG help me in my clinical narratives to the extent that I hold all terms and ideas—theirs, mine, and those of others—as softly assembled constituents of a pluralistic third. In this way I find their contributions helpful to me as I organize my experiences within the micromoments of clinical participation.
Summary

In the unfolding style of a jazz musician, a creative process occurs over time, such that ideas become increasingly elaborated and more powerful in their affective impact as they become contextualized within the interactions made possible by musicians improvising together. From early theoretical formulations (BCPSG, 2002, 2005) to their contextualizaton in clinical narrative (see my illustrations [Knoblauch, 2000] and Stern, 2004, for some examples), the contributions of the BCPSG toward a psychoanalytic understanding of the relationship between the reflective, the implicit and disjunctions between the two domains of experiencing, follow a similar unfolding pattern. This new work is an elegant theoretical organization, a mobilization of multiple perspectives bringing additional and important considerations, elaborations to the theme(s) originally introduced. I look forward to the further emergence of ways to organize and attend to the significances of these new ideas in subsequent attempts to theorize the implications of the “intention unfolding process” concept. But I particularly look forward to analysts’ clinical reports of their own embodied experience (la parole) as shaped by these new possibilities for subjective and intersubjective organizing in clinical narration (la langue), as we attempt to expand our analytic attention with the contributions of the BCPSG.

REFERENCES


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