“All the works in the exhibition are predicated on doubts about language….If the
Meridians deal with that which cannot be expressed, with displacement in language, then
the Descriptions deal with the futility of our attempts to describe.” (description of an
exhibit of works by Avis Newman at The Museum of Contemporary Art, Sydney,
Australia, June-August 2003)

The focus of this paper is the dilemma captured in the above quote concerning the
limitations of symbolization because of the displacement effect of language and the
futility which language meets as description of lived experience. As psychoanalysts
involved in the “talking cure,” how do we work with these limitations and still constitute
therapeutic engagement with our patients? Using a clinical illustration to build on a
perspective I have been developing based on the metaphoric value of jazz improvisation
for attending to, and participating in, a psychoanalytic interaction (Knoblauch, 2000), I
offer a strategy and theoretical perspective. This perspective shares with those of La
press), Sonntag (2006) and others (Aron and Anderson, 1998; Anderson et al. 2008) a
privileging of nonverbal embodied communication in a way that has rarely been
demonstrated in clinical practice (see my discussion of precursors to our perspectives in
Knoblauch (2000), Chapter IV, p. 51-76.) The process of improvisation in jazz requires careful attention to nonverbal embodied dimensions of communication, particularly rhythm, tone and gesture, for recognizing and expressing affect. A similar process is ongoing in the clinical exchange with rich potential for recognition and expression when words are not being used, a condition particular to communication of unspeakable trauma.

Attention to process (I am here using the term ‘process’ in a particular way to refer to the micro polyrhythmic dimensions of the interactive exchange) has traditionally been given little to no descriptive significance in narratives of clinical action. Rather, attention to structures of experience in the subjectivities of analysand and analyst has been the preferred metaphor for representation and explanation. The approach I am describing expands analytic attention with particular focus given to process or how structured experience is “formed into.” This is a dimension of meaning making concomitant with communicative experience we semantically mark with terms such as symbolization or representation, information as delineated form. Here I am additionally inviting particular attention to a sense and narration of experience in formation. This expanded view offers a way to navigate the challenge of the dilemma framed in the above passage, and to work with expressions of trauma about which analysands are often not able to give verbal representation. This perspective incorporates embodied experience in addition to verbal symbolization as a portal into unconscious meaning and its centrality to therapeutic action.

In his landmark contribution to understanding human development Daniel Stern (1985) makes an observation, similar to the quote with which this text is initiated. He
addresses the relationship between words and the experiences they are constructed to represent explaining that, “language is a double-edged sword. It…makes some parts of our experience less shareable with ourselves and with others. It drives a wedge between two simultaneous forms of interpersonal experience: as it is lived and as it is verbally represented…. Language…causes a split in the experience of the self. It…moves relatedness onto the impersonal, abstract level intrinsic to language and away from the personal immediate level intrinsic to…other domains of relatedness.” (Stern, 1985, pgs 162-3) [Stern has recently augmented this position incorporating a view that language can be part of a gestalt that is immediately intuitively grasped so that language can be abstract in its representational capacity but also an embodied lived experience for both speaker and listener (BCPSG, 2008)]. Stern’s point in 1985 was that what is lived is unable to be fully captured with its representation in words. This is a price we pay for constituting a mode whereby we can begin to both reflect on, and share experience, at least to some degree, with others.

Implicit to Stern’s observation is the point that the operation of representing experience with word symbolization “permits the child [allows the adult] to begin to construct a narrative of his own life” (Stern, pg 162). But, it also becomes the form by which experience is split across different modes of relatedness. Speaking is a different register than what we feel. Lacan has addressed this phenomenon with more pessimism. He claims, “…the symbol manifests in itself first of all as the murder of the thing, and this death constitutes in the subject the externalization of his desire.” (Lacan, 1977, p. 104) Stern addresses the cognitive aspect of the effect of symbolic representation. Lacan’s point originally made about the effect of symbolization as an abstract
representation of something lived and unable to be fully represented without important loss, has implications beyond just cognitive experience. Lacan’s observation also concerns the effect of symbolic representation on affective experience. For Lacan, the splitting that Stern describes devitalizes or “murders” the thing represented. It reduces it to an object, which by its abstraction and externalization can remove it from the immediacy of affective impact. Thus representation or symbolization constitutes a gap between what has been experienced and what is re-presented, a form of desire for that experience which has been lost. Lacan puts it this way, “…the subject is not simply mastering his privation by assuming it,…he is raising his desire to a second power. For his action [the symbolizing or objectifying of an experience with words] destroys the object that it causes to appear and disappear in the anticipating provocation of its absence and its presence. His action thus negatives the field of forces of desire in order to become its own object to itself.” (Lacan, p. 103, my addition in italics)

Another way to think about what Lacan says is to recognize that the symbolizing function of language memorializes an experience so that narrative can emerge. Narrative is requisite to memory, the process of representing an experience for storage and retrieval. But this form of memorialization, this process of representation, according to Lacan, requires a delimiting and delineating of experience such that it is frozen in time, deadened and devitalized as it is arbitrarily removed from the flow, process or polyrhythmic weave of continuous interactive experience. This splitting off and categorization of experience into a discrete non-continuous, symbolized “thing,” creates two effects; 1) loss and 2) desire for that which one had experienced but is now lost,
though capable of being “re-membered,” and thus re-experienced affectively, through the storage and retrieval functions that representation makes possible.

This understanding of how meaning is made possible for narration is central to Freud’s method, the “talking cure.” For it is attention to forms of condensation, displacement and substitution in the construction of narrated meaning that are the basis of the analytic method. Freud’s evenly hovering attention emerged as the strategy for how the analyst could use herself to recognize, organize and respond to these particular structures of subjectivity in the patient’s experience and begin to help the patient become conscious of experiences of loss and desire that were “repressed” when language was not available for remembering such experience. Freud’s idea of trauma is central to this view as it was the affective unbearability of a particular experience, understood as an inability to manage libidinal energy, (i.e sublimate rather than discharge), that resulted in the splitting off of that experience not into a word but into some unconscious symptom. This understanding, in itself, presents an interesting problem since symptoms were generally enacted or expressed somatically. Thus experience could either be sublimated through symbolization or enacted symptomatically. In either case a splitting occurred, either into a “re-presentation” as word or a “re-presentation” as enacted or somatized symptom.

Freud believed the talking cure of free association was a way to heal the splits caused by symbolization or symptomization. But, central to his idea of this process were two assumptions: 1) the capability of the analyst to attain a neutral and objective stance in providing interpretations, and 2) the capability of the analysand to attain an attitude where associations would be produced uncensored. When this became problematic, the analysand’s difficulty was to be interpreted as defense. Recently, Hoffman (2006) has
offered a compelling review of this second assumption building on his previous review (Hoffman, 1983) of the first assumption. In his landmark 1983 paper, Hoffman carefully demonstrates the impossibility of neutrality and therefore objectivity for an analyst through an examination of the subjective biases inherent in different theoretical stances characteristic of different psychoanalytic approaches to treatment. In his 2006 paper he expands his argument to include the subjectivity of the analysand as well as analyst. He convincingly demonstrates how clinically pivotal relational influences occur as a result of critical subjective coloring of experience on the part of both analytic participants.

Building on Hoffman’s contribution, I would agree with Mitchell’s observation (Mitchell, 1997, pgs. 13-14) that expectations for free association from the analysand or neutrality and objectivity from the analyst create unattainable ideals at best, if not, illusions that could contribute to exceedingly brutal transferential or countertransferential self evaluations. Hoffman’s perspective frees us from these persecutory expectations. Here, I want to add specificity to Hoffman’s emphasis on relational dimensions of the transference/countertransference field or matrix to demonstrate how such specificity can expand analytic attention. First, let’s consider the implications of his deconstruction of the free association method.

Freud’s method of free association is critically built upon the assumption of an ideal of purifying observation, of making it free of biases, feelings or other influences that could affect what comes to mind. Hoffman describes how this assumption is built on “1) the denial of the patient’s agency, 2) the denial of the analyst’s and the patient’s interpersonal influence, and 3) the denial of the patient’s share of responsibility for coconstructing the analytic relationship.” (Hoffman, 2006, p. 43) Hoffman argues that
in fact the personal involvement of the analyst, (compare this notion to the ideal of neutrality), leads to a different emphasis in therapeutic action that “amounts to a huge difference in terms of the kinds of experiences that are promoted and the likely basis for therapeutic action.” (2006,p. 51) He does not argue for the jettisoning of insight as central to change but rather, for “a climate that encourages both imaginative construction and critical reflection on the constructive process itself.” He emphasizes, “Insight is embedded in a multifaceted relationship the whole of which offers a complex kind of corrective experience.” (2006, p. 52)

But if in relational analysis we focus, as Hoffman would have us do, on the ways that what we enact with our patients can provide the material for reflection and further imaginative construction of meanings, the question remains, how are we doing this? If free association as a method contains the assumptions of attainability of ideal states that are not attainable, and so is questionable as the central, mutative method catalyzing therapeutic action in psychoanalysis, what, then, might be?

The norm that has been emerging for a relational method has been to focus attention on what is enacted (See Aron, 1996; Bass, 2003, 2007; Black, 2003; Cooper, 2003, 2007; Davies, 1998, 2003, 2005; Hoffman, 1998; Jacobs, 1986, 1991; Ringstrom, 2001 for illustrative examples), or created, not just by the patient, but by the patient and analyst in co-constructed patterns and meanings. As Hoffman illustrates in his work, reflecting on these enactments post hoc can lead to important therapeutic movement. In Hoffman’s clinical illustrations as well as in those of several other relational analysts, (see Bromberg [1998], Stern [1997], Davies [1998]) Cooper [2003], Ringstrom [2001], Mitchell [1997], Harris [1998,2005], Dimen [2003], Lichtenberg, Lachmann and
Fosshage [2002] for illustrative examples) there has been a trend to develop meaning, that which, previously, has not been consciously articulated or recognized, out of attention not just to symbolic communication, but to what Hoffman has called noninterpretive interactions (Hoffman, 1998, p. xiii-xvi, p. 182-183). In contrast to Hoffman’s emphasis on this kind of attention and responsiveness as noninterpretive, Ogden (Ogden, 1994, p. 108-110) has described these kinds of interactions as interpretive. He explains, “By ‘interpretive action’ (or ‘interpretation-in-action’) I mean the analyst’s communication of his understanding of an aspect of the transference-countertransference to the analysand by means of activity other than that of verbal symbolization.” (Ogden, 1994, p. 108) I want to try to further unfold the implications of this trend and to give it more specific conceptual clarity for sharpening and expanding possibilities for analytic focus.

Freud saw association as a kind of repair or re-membering of a broken connection caused by repression. Repression would occur because of the unbearability of the affective meaning associated with whatever experience was repressed. Revisiting Freud today, we might wonder that repression is a problematic concept for trauma. I say that because our understanding of trauma has led us to recognize a major effect of trauma is that affective meaning does not get represented in words but rather split off in bodily symptoms. The split that Lacan and Stern describe is the effect of the trauma of using the word to create symbolic representation, not the effect of trauma resulting in embodied symptoms. The split pointed to by Lacan and Stern is central to Freud’s method of free association in which the goal is a repair of this split. But this method fails to address the impact of trauma when words have not been created. It is difficult to reconnect a word to
a thing when no word and no thing were ever recognized and symbolized. Attempts to do so often result in retraumatization. A close reading of Kohut’s description of his difficulty with offering verbal interpretations to Ms. F gives us a vivid example of how this repetitive retraumatization occurs and can develop into an impasse. So, now we are talking about a different kind of split than Freud’s method addresses, the split or gap caused by dissociation, what Kohut called the vertical split. This is a splitting off of experience on an affective register where affect is communicated and registered without the availability of word symbols. This recognition has led to significant pioneering work expanding analytic praxis to understand and conceptualize affect (See Spezzano, 1993, and Stein, 1998) and to account for and work with dissociative processes (See Bromberg [1998] Davies and Frawley [1994]).

Building toward a relational “method”, the innovative contributions of these clinicians and others have led to a number of revisions in understanding and approaching a patient’s experience. Central to this work has been the placing of enactment in addition to verbal association at the center of analytic attention. Here, as Hoffman emphasizes, insight is not jettisoned, but part of the interactive experience that is promoted and the basis for therapeutic action. Thus, relational treatment, consistent with Kohut’s intent following his insights about his work with Ms. F., shifts and expands the emphasis of analytic attention rather than replacing it. Within this expansion words are not just symbols, but also forms of action and thus enactment. Similarly actions are not always, and just, acting out (Jacobs, 1986) but also ways in which patients communicate affectively and construct meaning in interaction with their analysts. So, if free association can be used to access affective meanings that are being communicated
symbolically, how do we access what is being communicated through enactment but not symbolized with words?

*Part of the difficulty is most of what is enacted falls under the radar of* symbolization as Lacan and Stern observe. But, it is clear in reading the compelling clinical descriptions of those authors mentioned above and others, that important and different kinds of attention is being paid to different experience other than just the semantic meaning of what is being communicated, and this activity is critical for analytic attention.

*How can we talk about these differences? How can we describe and narrate this other form or these other forms of attention, these alternative foci to symbolizing activity?* This challenge clearly contains a paradox because in order to describe the non-symbolic activity to which one attends, one needs to find a way of representing or symbolizing it with words. Stern would have us talk about lived versus symbolized experience. But, of course, we would still have to find a way to symbolize this lived experience in a way that would not repeat the problem of splitting off important registers that symbolization erases. Lacan, more pessimistic than Stern, would have us recognize the devitalizing effect of the word and how it constitutes the tension of desires, a gap between experience and its representation that is impossible to communicate and fully “know.”

Recent attempts by relational theorists and infant researchers have not closed this “gap” so much as to begin to attempt to explore what seems to be happening in the “gap.” Bromberg has described this as *standing in the spaces*. Donnel Stern has described an attitude of curiosity that focuses the analyst on what is going on between patient and
analyst but *unformulated*. The infant researcher Alan Fogel (1993) has distinguished between the *discrete state* and the *continuous process*. The cognitive researcher, Wilma Bucci (1997) has distinguished symbolic from *subsymbolic* levels of activity. She explains,

“The categorical function, by which the continuous gradients of perceptual experience are chunked into discrete prototypical images, is the core of the symbolizing process” (Bucci, p.142) In comparing *subsymbolic* with symbolic levels of cognitive processing, she explains, “These [varieties of information processing] include representations and processes in which the elements are not discrete, organization is not categorical, processing occurs simultaneously in multiple parallel channels, high level units are not generated from discrete elements, and explicit processing rules cannot be identified.” She then points out, “Subsymbolic processing accommodates infinitely fine variation; this processing is not represented by standard metric systems or computational rules. We recognize changes in the emotional states of others based on perception of subtle shifts in their facial expression or posture, and recognize changes in our own states based on somatic or kinesthetic experience” (Bucci, p. 194). I would add to face and posture the subtle shifts in vocal tone, rhythm and turn-taking.  Fivaz-Depeursinge and Corboz-Warnery (1999) in their empirical study of family interactive patterns find similar subsymbolic or what I call non-symbolic levels of processing to the phenomena reported by Bucci. Family members “use multiple physical modalities in playing: their pelves, torsos, heads, gazes, facial expression, voice intonations, and gestures. Whereas these modalities come in ‘packages’ (for instance, leaning the torso forward, orienting the face ‘enface’ and greeting [Beebe and Stern,1977; Cohn and Tronick, 1988; Weinberg and
Tronick, 1944]), they also constitute distinct layers or levels (Fogel, 1992). Indeed, the partners can delineate different interactive domains with the pelves, torso, gazes and expressions.” (1999, p.58)

The Boston Change Process Study Group has called shared discrete states, moments of meeting, and the activity in which such moments are embedded, a context of implicit relational knowing. Alexandra Harrison (2003) has described video research in child treatment illustrating a way that symbolized and nonsymbolized events can be tracked and related, at least contiguously, as a basis for making subjective judgments about the co-constructing of affective experience and its significance for therapeutic action. I and my colleagues, Beebe, Rustin and Sorter (2005) have reviewed 8 models of intersubjectivity contributed in both the literatures of adult analytic treatment and infant research. We tracked differences in what was attended to as central to therapeutic change in the interactive process that is enacted. Attempting to integrate these different approaches in a treatment, Beebe has described her use of video taping to focus in on critical details of the implicit relational context and demonstrate how mutative activity occurred in treatment, at times, without symbolization. Using our own subjective and particularly, affective participation in treatment interaction, Ehrenberg (coming from an interpersonal perspective which she calls The Intimate Edge [1992]), Ogden (coming from an object relations perspective which he calls The Primitive Edge [1989]) and I, (coming from a relational perspective which I call The Musical Edge [2000]), each working with an intersubjective frame, have offered approaches whereby we expand our attention beyond the symbolizing process of free association to attend to other nonsymbolized levels of activity where affective communication is occurring and
meaning being constructed. How can we better understand these new kinds of analytic attention and their implications for the kinds of non-interpretive interaction that Hoffman and others describe?

I believe, that Bucci’s observations in cognitive research, and those of Fogel and Fivaz-Depeursinge and Corboz-Warnery in infant/parent interaction, point to different registers of communicative experience. These registers of experience require new and different kinds of attentional strategies that can be useful in psychoanalytic practice. In this paper, I offer a clinical example in which shifts in focus of attention can be tracked to illustrate how the analyst’s rhythms of attention between formed symbolic communication and the processes of formation on acoustic and kinesthetic registers can enrich the texturing of meaning constructed in analytic interaction and improve descriptions of what is happening in the “gap” between experience and its various registrations and representations that can constitute affective “gaps” (dissociations) between as well as within interacting subjects. I want to say more about the relationship between attention to structures of formation or information, and attention to a process in-formation. In order to ground these further observations with clinical illustration, consider this narrative of a particular analytic encounter between Denise and me.

**Denise and Me**

As Denise flopped herself into the chair in front of me, her chest rose filling with air, as much as she could take in. Then when fully engorged, she suddenly and swiftly released the gas, with a deep grunt,…no growl. The trumpeter Rex Stewart would similarly punctuate the plaintive soundscape of an Ellington depression era dirge. It was a cold damp January morning, dark and lonely with cloud cover obscuring the few hours
of sunlight and relative warmth that we are sometimes allowed during these short days of deep winter. Often, and particularly recently, Denise had begun sessions with a similar intake and outflow of air, but the quality of her body resonance, the complex interaction of abdominal muscles, throat constriction and facial display had usually constructed a moan of despair. When Ornette Coleman’s alto saxophone would moan similarly in the midst of his free form jazz solos of the 1960s, I would experience a visceral resonance in the back of my head, gut and spine, a kind of internal downward spiral toward bottomlessness. Interestingly, I had never attended to Denise’s moans with analytic curiosity until this morning. But now, I was impacted noticeably by this shift to a grunt. I was startled and moved in the way that I had been by Coleman’s saxophone sounds. Denise was clearly different and her gesture cut a definite opening, a shift in my attention to her body and my body and the meanings that were being constructed kinesthetically.

My body? Well, before I could even begin to recognize the difference between now and then, or maybe, as the register in which recognition was first taking shape this morning, I found my gut swept with an indescribable sense that I can only call a soft sadness, a movement in muscles and hormones toward tears. But I did not begin to cry. Rather I too took in a deep gutful of air. I sensed how it seemed to regulate my sadness, slow down the muscular constrictions and increasing skin temperature that accompanies the onset of tears. When I had filled to capacity, I released the breath, but with a different resonance, one of a deep quiet sound that came from the chest area and was somewhere between a moan and a sigh. Here our sound shapes briefly created an area of affective space, a space made possible (at this point out of our awarenesses) for something new to
begin to emerge. We had co-constructed a pause in time, but one that immediately
seemed to plummet in space as a parachutist out of a plane.

Then, just as rapidly, our eyes met. We exchanged brief nervous smiles. But, the
tension in the muscles of our faces, clearly suggested this was not fun. I could feel it in
my response and see it in hers. Now the space was closing, as the time shifted. The
rhythms of our “eye dialogue” here were quick and nervous, starting and stopping like
the twists and turns that Bartok would command in his compositions, or Cecil Taylor
would explode in his piano improvisations. These syncopations, combined with our
earlier sound shapes, constructed feelings of uncertainty and hypervigilence.

Denise, often depleted and hopeless in these states of uncertainty and
hypervigilence, would speak of her sense of failure and inability to feel as if she were
measuring up to anything in her professional growth and personal life. She could find no
satisfaction, no vitality in anything, not in her relations with her colleagues, not in her
accomplishments, not in her intimate life. Nothing mattered. And yet, she could see
how others would tell her that she was performing effectively in her job, or that sex was
satisfying and she and her lover were getting along well and fighting with more fairness
as compared to earlier in their relationship. But no, nothing was good enough.

I noted that Denise seemed hopeless as before, but now rather than depleted, as
we began to speak, her tone was strengthening and her rhythmic forward pressing flow,
felt full with anger, a different affective texture for our context. Was hopelessness
shifting to hope on some unformulated level of experience (Stern, 1997)? I couldn’t tell
at this point. I wondered about her satisfaction with me and the treatment, her inability to
find anything good enough in what we were doing, in how responsive or not I had been -
was being to her. I noted the parallel meanings to her life descriptions and our work, our relationship. She replied, slightly shifting to sadness but then regaining the forward movement of her anger, that yes, she was unhappy with what we were doing, or maybe not doing. Then, ambivalently she began to shift again. Yes we had been making some progress. There were those sessions in which we seemed to get very close and deep, in which she felt maybe for a brief moment or two, I was getting her, that she was feeling gotten. We had explored these moments when they occurred earlier, and found them to be shot through with erotic and destructive feelings constructing a kind of mutual devouring, mutually engorging emotional experience of each other. As part of this experience, Denise noted that our week of sessions seemed to have a rhythm marked by a dissociated, devitalizing start which then moved toward a last session of the week climax, fraught with complex somatic and semantic encounters, stimulating, if not overstimulating, but never enough, only to be drained of feeling and meaning into some dissociated space again by the beginning of the next week.

I had wondered with her in the past about how much she was experiencing me transferentially as some version or versions of her father, to whom she had been very close and whose death had only exponentially potentiated her eating disorder and self mutiliating which took her through a series of hospitalizations. Maybe in the weekly rhythm, we were re-enacting the loss of her father resonated by the death of my affective responsiveness to her, as recreated in the unfolding affective patterning, consisting of the unbearable sense of her inability to continue to vitalize him or me for which she either punished herself as previously recreated in her starving and bleeding, or dissociated.
While, her previous treatments had been a path back to relative satisfaction and relatedness as she pursued a somewhat successful athletic career and then higher education for the current professional activity in which she was clearly excelling and developing status and recognition, nothing had ever been enough. She could never hold onto, in fact, even *ever feel*, a sense of fulfillment, of having enough. It was never enough. Nothing could ever be enough. We both sat in the silence of the long pause of despair that this emptiness, this absence of presence had created between and within us. Again, we were constructing, though with significant pain, a space expanding time warp, an opening for some new melody or syncopation to come forth and begin to constitute a new meaning between us.

Suddenly it occurred to me that either I had never asked about or had dissociated the time in her development when her eating disorder and self-mutilation had begun. We had always focused on the difficulty she had accepting the death of her father and never attempted to wonder about the fact that her difficulties had begun much earlier in life, as I now began to remember. My question was tentative, but clear. Denise responded to my query with a shift in body, rhythm and tone. Her face and posture, relaxed. Her tone shifted from the punishing whine of adolescent anger to a lower register of sophisticated curiosity and collaboration. She began to recall how close she had been with Dad as a child. In fact, she had almost been his little boy. They had done so much athletically together. She would do things with him like biking, swimming, mountain climbing and running. She became her father’s number one companion in these activities with which they both filled themselves as much as possible.
But, now she remembered. It was when she began to grow breasts and her body shifted from that hermaphroditic phase that can be achieved in pre-puberty but rarely sustained with the onset of menses, that she began to despair and self-destruct. I wondered whether her enacted symptoms were not a crying out into the world by the “boy” companion she had been to her father and longed to be forever, of that young “boy’s” sense of annihilation. That self version of Denise was disappearing and would be extinguished by her awful body which refused to obey her desire. The only thing to do was to punish her body and so she did.

Her eyes widened and her voice shifted to a rhythmic vitality which I could recognize from the past, but never really see and hear as I was hearing now, the voice of that young boy, that subjective experience of being father’s special companion that had been sequestered to the ghost realms by the curse of genetic physiology and against which Denise had battled with alcohol, drugs, food and blade to no avail. Now we could be two close collaborating companions.

Denise spoke more of her relationship with her father, of how wonderful those days were, and of how her father withdrew from her after puberty. It was as if their relationship had died. My body was suddenly filled with a different set of sensations than I was used to in responding to Denise. Previously, such emotional closeness had catalyzed powerful feelings of erotic desire or strange dystonic feelings of aggressiveness or fear. We had spoken about an early childhood experience she had had with boys in which they would play a game of holding someone’s head under water until that person was almost close to drowning and then at the last minute letting him up for air. I think I had sometimes felt as if she were pushing my head under water forcing me into confusion
and self doubt as to whether or how I could ever be good enough for her as an analyst. As we talked about this, she noted that she had similar feelings as a patient, as you would expect in line with the self-doubt and denigrating feelings with which she was constantly haunted. We had observed how much analysis could feel at times to both of us as if we are masochistally holding our heads under water too long. Now, as I write this narrative, I can see how we constructed a sado-masochistic pattern when we found ourselves repeatedly enacting in our interaction, the dynamics of her internal struggle with her sequestered “boy” self whom she unconsciously rarely allowed up for air, but whose presence kept popping up in the rhythms and tones between us until now, when I finally could recognize and name him, and begin to sense what it might have felt like to be him.

This shift into vital lively rhythm and tone was suddenly perturbated again. Was Denise about to hold my head under? Her verbal stream had decelerated. The boyish enthusiasm had left her face and voice. But now, there was something touchingly little girlish and sad in her expression, and her voice came from the throat constrictions that construct higher frequencies, the tonal realm of childhood discourse, again a different version of self. She looked directly into my eyes, her eyes wide with wonder and questioning. She noted that when she thinks of her father in her reveries, it is not the lively companion of her “boyhood.” But rather she sees the dying father gasping for his last breath on his hospital bed. As she spoke, my body filled with feelings that were not erotic, aggressive or fearful. Rather I found myself, now unable to use breath to regulate my sadness. A deep and initially indecipherable grief flowed up from within. Then, I experienced a brief internal memory fragment of my father lying in his death as I viewed him before his funeral. My eyes began to fill with tears. Sensing this palpable shift in
me, Denise queried, “What’s the matter?” There was a tender tone of motherly comfort in the delivery and flow of her utterance suggesting still another self state. I wondered if her inability to hold onto feelings of satisfaction with and relatedness to her achievements, colleagues, partner and me were not colored by the unconscious and until this moment, dissociated internal tie with her dead father. Stunned she dropped her gaze to the floor and attempted to self-regulate. She looked up to say she never had considered this, but that it felt true. This time her voice shifted from a soft maternality, to a deeper firmer strength, should I risk saying, paternality. But, no, this was a different sense of authority or agency than Lacan would attribute to the paternal. Rather this voice seemed to combine the resonance of a child’s wonder, a mother’s capacity to hold and absorb, and a father’s capacity for delineation. In fact, these generational and gender stereotypic distinctions fail to discretely capture what more accurately seemed to wash and blur in the unparsed continuous sense of her hermaphroditic voice and body as I sat in my chair still trying to regulate my own flow of teary awe at the depth of connection and companionship that was momentarily filling our space together. Maybe for a moment we were both vulnerable little boys. Or maybe we were just both vulnerable in a heightened momentary flowing sense of self and other and loss, unfettered by discrete categorical distinctions of gender or age.

I close this description still wondering about how this unfolding patterning of tone and rhythm on kinesthetic and affective edges of shifting self states affected my own countertransferentially dissociated potential for multiplicity, of how much I was experiencing my mournful little boy crying with the little boy/girl whose loving father had also died and who couldn’t be a little boy anymore, at the same time that I was
holding a soft, safe place in time and space, at the same time that I was recognizing, reflecting and delineating in words the significance of the internal presences of an annihilated little boy/girl and dead father which had become black holes of emptiness in Denise’s self experience. In subsequent sessions Denise has begun to talk more about how “masculine” she feels and how confusing it is as she feels good about herself in this way but also feels that others become threatened or upset if she does not hide this aspect of herself.

**Discussion**

In my opening comments I emphasized that *relational treatment shifts, and I now would add expands, the scope of analytic attention rather than replacing it*. Let’s look at the different attentional foci that I employed in my narrative of the clinical sequence with Denise and how these interacted in the process of forming meaning. I will briefly review 31 points of foci for attention occurring on both symbolic and non-symbolic registers, 3 of which marked nodal points where the registers intermingled to construct meaning. Note here that I am using the term nodal point to designate a moment in which attention to non-symbolic communication facilitates a symbolic representation of affective experience.

But first, an important cautionary note. This highly discrete, symbolic analysis constructed *post hoc*, should not be taken as a model or prescription for analytic attention. Rather, it is a writing practice, an exercise in reflection which can allow us to consider previous processes which occurred often without reflection or verbal articulation. While many of the events I have selected for attention were conscious and intentional on the part of the analyst or analysand, the important point to be illustrated is the way in which
spontaneously improvised, unconsciously enacted phenomena, at times, can be recognized and responded to for their mutative potential as they interweave with reflected upon activity in psychoanalytic interactions.

Point #1 occurs as Denise growls, a non-symbolic registration. Point #2 occurs as I experience a soft sadness in my gut, a non-symbolic registration. Point #3 occurs as I release breath between a moan and a sigh, a non-symbolic registration. Point #4 occurs with the exchange of our eyes and nervous smiles, a non-symbolic registration. Point #5 occurs as I reflect on Denise’s pattern of negating her thoughts and actions, “nothing was good enough,” a symbolic registration. Point #6 occurs as Denise’s tone and rhythm strengthen, a non-symbolic registration. Point #7 occurs when I articulate the parallel between her hopelessness in herself and in me, a symbolic registration in response to her non-symbolic registration. This is the first of 3 nodal points.

Point #8 occurs as Denise reflects on her anger and our work, a symbolic registration. Point #9 occurs as we sit in the silence of despair over Denise’s never feeling fulfilled, a non-symbolic registration. Point #10 occurs when I reflect in reverie that I had never inquired about the time her eating disorder began, a symbolic registration. Point #11 occurs when I give this question verbal articulation for Denise, a symbolic registration. Point #12 occurs as Denise’s tone shifts from an adolescent whine to a lower register, a non-symbolic registration. Point #13 occurs as Denise recalls her closeness with her father, a symbolic registration. Point #14 occurs when Denise’s voice shifts to the rhythmic vitality of a young boy, a non-symbolic registration. Point #15 occurs when I reflect in reverie that we could be two close companions, a symbolic registration. Point #16 occurs when Denise reflects how the relationship with her father
“died” at the onset of her puberty, a symbolic registration. Point #17 occurs when I feel my body respond with vitality to Denise’s reflection, a non-symbolic registration. Point #18 occurs as we revisit in words her early childhood experience of holding another’s head under water, a symbolic registration. Point #19 occurs as we articulate in words the similarity between the feeling of her early childhood experience and what we do to each other in treatment, a symbolic registration. Point #20 occurs as I reflect in posthoc reverie on the possible transference and countertransference meanings of her childhood experience as the sadomasochistic dynamics of that experience are reenacted in treatment, a symbolic registration. This is the second nodal point marking the culmination of transducing the non-symbolic registrations of Denise’s impact on me and my impact on her into transference and countertransference symbolization.

Point #21 occurs as Denise’s verbal stream decelerates and her tone shifts to childlike high frequencies, a non-symbolic registration. Point #22 occurs as Denise articulates with words the shift in her reverie from her “boyhood companion” father to her dying father, a symbolic registration. Point #23 occurs as I find myself unable to regulate my feeling of sadness with breath, a non-symbolic registration. Point #24 occurs as I experience a memory of viewing my father just prior to his funeral, a symbolic registration. Point #25 occurs as my eyes fill with tears, a non-symbolic registration. Point #26 occurs as Denise inquires about my state, a symbolic registration. Point #27 occurs simultaneous to #26 in which I sense the maternal tone of Denise’s utterance, a non-symbolic registration. Point #28 occurs as I suggest that Denise’s feelings of not being good enough are related to an unconscious and, until this moment, dissociated tie with her dead father, a symbolic registration. Point #29 occurs as Denise stunned, drops
her gaze to the floor, clearly attempting to self-regulate, a non-symbolic registration.

Point #30 occurs as Denise confirms my interpretation, a symbolic registration. Point #31 occurs simultaneous to #30 in which I sense the tone of Denise’s voice to combine a kind of hermaphroditic synthesis in voice and body, a non-symbolic registration. *This is the third nodal point marking a culmination intermingling symbolic and non-symbolic registrations, a recognition of this polyrhythmic weave, a process forming into a structured point of interpretation and a shift in Denise’s capacity to symbolize her internal experience and to regulate and express her grief.*

With this analysis, I have tracked 16 points of non-symbolic registration and 15 points of symbolic registration. It would be interesting to analyze the clinical narratives of those reporting on the impact of symbolic associations or those who include descriptions of enactments. I would guess that the first group would reveal a scarcity of attention to non-symbolic registrations, overlooking the significant, in-process micro-moment *forming-into* of meaning occurring with those registrations. I would guess that the second group would be impacted by non-symbolic registrations, but rarely reporting the bi-directional influence of these registrations and their pivotal impact on mutative moments in treatment. I would guess this because enactments are only infrequently attended to with descriptions of *micro-moment detail* where in-process construction of meaning is being carried along affectively significant registers of voice and body movement.

At points in an analysis where the patient brings an analyst to the edge of what might be comprehended or communicated with words, indications of meaning are often being communicated on embodied registers of experience. At such points, the analyst is
often affectively flooded or anesthetized, confused, if not uncertain and/or caught in a frozen moment of fright. Attempts to regain psychic equilibrium for the analyst’s self-regulation/organization can be facilitated by the kind of expanded focus to include non-symbolic embodied registrations of experience/communication. But, at this point in the discussion I want to use the post hoc perspective made possible in this writing exercise to think about how an analyst’s attention comes to include any particular dimension of the clinical exchange, symbolic or otherwise. I do this with a consideration of the theory or metaphor of mind implicit to the analyst’s scope of attention. How an analyst conceptualizes mind is central to how an analyst represents her own or her analysand’s subjective experience. The capacity of an analyst to represent in narrative, the impact of particular dimensions of subjective experience, (both structural and process dimensions) can contribute significantly to the delineation of the scope and boundary of what is cognitively recognizable and/or affectively bearable at any moment in a particular analysis for both analyst and analysand. What is not represented or unbearable is often dissociated. With this in mind, I have offered three ways with which mind can be conceptualized, each of which has been associated with particular clinical approaches. We can see the potential of each of these conceptualizations for creating particular openings in the clinical activity in my encounter with Denise.

First, lets consider a conceptualization of mind I have called the hydraulic model of mind (Knoblauch, 2000, p.91) a kind of algebraic metaphor in which a finite amount of libidinal energy is distributed within a closed system of three structures. Too much energy in any place in this closed system can be experienced as unbearable, causing
structural fragmentation as in the kind of ego splitting earlier described by Freud and further elaborated by Fairbairn (1958) and Kohut (1971).

This conceptualization of internal splitting effectively captures the way that neither Denise nor I would be able to hold onto the intensity of the erotic sadomasochistic exchanges that would characterize the final sessions of our weekly meetings, when we would begin the following Monday. Rather Denise described the initial moments of our encounter in the first weekly session as devitalized and dead. This conceptualization then helps to organize how dissociation can disorganize/reorganize both reflective and affective registrations of experience. Our encounter was once again given breath and rhythm with the emergence of a focus of attention on our embodied experiences that shaped the present moments unfolding in the new week. For both of us, in the opening moments of each set of weekly sessions, feelings of aliveness and connectedness to our own embodied experience as well as to the other’s, were unavailable, and conceptualized as fragments split off from awareness.

A second conceptualization recognizes organizations of identifications and counter-identifications, complementary and concordant (Racker, 1968), volleying back and forth between patient and analyst which can precipitate transference/counter-transference enactments. This metaphor constitutes an elaboration of the hydraulic mind. With such a representation, the scope of analytic attention is expanded to recognize the interaction between two subjectivities to be the field within which mind is being constituted. (This is a view developed by the various intersubjectivity theorists writing over the past 2 decades. See our work acknowledging these contributions,[Beebe et al., 2005, pp. 2-3]). This view is further augmented with the recognition that subjectivities
are always constituted within cultural contexts, often multiple and complex in their impact such that the subjective experience of having a mind is always constructed within, and constricted by a network of shared beliefs and practices. This contextual cultural matrix makes certain kinds of experiences visible and certain kinds of experiences invisible on the basis of a hierarchy of power gradients of value. Mind differentiates into an increasingly complex kaleidoscope (Davies, 1998) of possible patterning. I have called this the plastic model of mind, a kind of geometric metaphor in which an increasing number of systemic arrangements of representations with affective valence are emerging out of the experience of interaction with others. (2000, p. 92)

This conceptualization of kaleidoscopic patterning shaped within a field of intersubjective experience captures the way that Denise and I eventually came to recognize how we constituted a particular enactment of the traumatizing loss of mutual recognition and desire as experienced with her father, in the patterning across our weekly rhythms of interaction. Once we were able to recognize this patterning we could begin to reflect further about past and present patterns as meanings were emerging and remerging in the rhythms of our interaction.

It is just this subtle and difficult-to-represent fluidity of interaction on which meaning is in formation that constitutes a third way to conceptualize mind. *This is not a model of a space or place, but rather a model of movement and interactivity. We can speak of minding or giving attention to the polyrhythmic weave on embodied (acoustic and kinesthetic) dimensions of the interaction from which faintly sensed meanings are not yet emergent, but possibly beginning to gain a degree of representation, not yet fully symbolized. Minding is a lively interactive process not a structure.* I have called this
process a resonant model of minding, a kind of calculus metaphor, a sense of movement in attention that shapes the conceptualizing process, a movement that happens in the gaps between, and accounts for the breakdown and coalescence of the experience of discrete symbolic representations as structure. (2000, p. 95)

This conceptualization of a process of minding can provide analyst and analysand with a compass for navigating the uncertain and sometimes frightening interacting currents constituting the fluidity of meaning that is still in formation and not yet structured. It is an experience of resonance, an embodied dimension of the interaction within which faintly sensed indications of meaning come as form, intensity and timing [see Trevarthan (1993, p.126), and Jaffe et al. (Jaffe, et al. 2001)]. Attention to these dimensions, what Bucci calls the subsymbolic and I am here calling the non-symbolic, were the indications from which Denise and I were able to create articulation for particular self states of varying affective bearability and give eventual symbolic meaning to our experience. For example, the emergence of the adolescent self, the childlike self, the maternal-like self and the paternal-like self, each were heralded by a shifting patterning in voice tone and rhythm, facial expression, eye focus, or body movement. Attention to these registrations opened up the opportunity for recognition and reflection, thus, enriching the meaning making exchanges occurring on a symbolic register for both of us. Note, that such recognition of registration was sometimes bi-directional and sometimes self-reflective, as both Denise and I attended to different registrations in ourselves and each other.

The polythythmic weave of movement back and forth between symbolic and non-symbolic registers (as well as within and across embodied modalities) allowed for the
construction of more finely tuned and complexly intertwined meanings for different
discrete states experienced subjectively by analyst and analysand, initially emerging, or
coming into, a recognizable and representable form out of the flow of affective currents
generated intersubjectively. This made possible nodal point #1 in which I was able to
interpret the resonance between Denise’s pattern of recurring hopelessness throughout
her life experience and now within our relational patterning, nodal point #2 in which I
was able to articulate our previously enacted transferential/countertransferential sadomasochistic patterning which was the way that hopelessness was sustained in our relating
for further attention and generation of meaning, and nodal point #3 in which I, and then
Denise, was able to both symbolize and affectively experience the splitting off of a loving
tie between father and child to protect against the pain of grief which Denise was then
able to begin to feel and express, and finally how much the meaning of that loss had to do
with Denise’s gender spectrum of self experience, which, as reflected in the rhythms and
meanings of the session’s weave, were constricted by conflict and ambivalence over
expressing certain forms of strength.

Nodal point #3 demonstrates a critical benefit that a resonant minding scope of
attention can afford. Working with this particular conceptual lens can help the analyst to
expect the kind of uncertainty, multiplicity and vulnerability that can trigger self-
protective moves by the analyst, experiences of victimization leading to retreat and/or
retaliation, or in the most unbearable moments, dissociation. Attention to embodied
experience of one’s own or of another, provides the analyst, not with a theoretical life
preserver, but rather an expanded navigational strategy for negotiating the complexity
and blind spots of the psychoanalytic interaction. Such a strategy involves attention to
often subtly registered signals, enacted communications in the analytic exchange, which can help the analyst in her struggle to regain equilibrium and focus in the face of disequilibrating experience and loss of cognitive organizational capacity. Feelings in one’s gut, muscular constricting or collapse, facial configurations, melodic or syncopated dimensions of speech flow and or hand or foot movement, i.e. pauses, punctuations or cross modal “phrasing” in concert with other embodied cues construct intuitive bridges across the gaps within and between subjectivities. For the analyst, these intuitive bridges become important registrations of experience in the face of vulnerability, struggle and bearing the affective weight of not knowing. In my moment to moment struggle to bear the hopelessness that Denise frequently brought me in touch with, both concerning her experience of her life and our experiences of the analysis, attention to registrations in Denise’s body from her groans and growl, to her eye movement, to her vocal tonal/rhythmic shifts, and also to registrations in my body including muscular constrictions, the rhythms of my visual and vocal activity in interaction with Denise, as well as my tearing up, helped me to navigate and work with Denise to create more nuanced meanings out of the powerful symbolic and non-symbolic weave that we constituted.

These points of consideration contribute to an emphasis on the significance of expanded forms of analytic attention as a way to elaborate our narrations of what is happening in the “gaps” that emerge in our work. While these gaps can ultimately never be closed, the approach I am illustrating emphasizes attention to subtle embodied micro-exchanges occurring in any analytic interaction as a way to expand our participation and reflection. This expansion in analytic attention can make possible a broader and richer
range of meaning and affect available for both analyst and patient to construct and inhabit.

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