On Affect, Motion, and Nonverbal Art: A Case and a Theory

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Abstract: Examining his childhood portrait over many months within the safety and resonance of psychoanalytic psychotherapy, an older patient recovered lost childhood feelings. His viewing the picture with motoric empathy points up a crucial relation of motion to affect in all nonverbal art, namely, affecto-motor sublimation. How do artist's affects become transformed and embedded in art and music to stimulate affective responses? The artist's kinesthetic somatic tension and release are personal expressive substrates of the affects that accompany the making of art. Using artistic tools to regulate the salience of perceptual features, the somatic tension and release of affect turns into the virtual implicit motion of tonal/visual gestures of music/art; thence, transformed by a receptive receiver back into the somatic tension and release appropriate to his/her own personal, kinesthetic, affective response.

Keywords: aesthetic structure, affecto-motor sublimation, kinesthetic somatic tension and release, primary and secondary processes, virtual implicit motion

The arts reflect the "motion of mind."

—leonardo

One listens to music with one's muscles.

—Nietzsche

Motion is the kinesthetic expressive substrate of both the artist's affect and one's own emotional response. This article focuses on nonverbal art and on motion as its vehicle. Why this focus if verbal and nonverbal domains are bodily and inseparable? The human need to construct cultural meanings transcends categories and triggers feelings by linguistic conceptual as well as nonverbal bodily means. Moreover, feelings and meanings interpenetrate and combine to infuse perception and cognition. The concentration on the nonverbal in this article is a device to foreground the element of motion. It is part of an ongoing project of viewing art as a model of mind-in-body (Rose [1980] 1992).

In the clinical account that follows a man's childhood portrait played a major role in his analytic psychotherapy. It remained the object of our attention for many months. It led to uncovering his early emotional alienation, illuminating his character formation, and fostering further differentiation and elaboration of his affective life. The precise role of his portrait in expediting his affective development and experience in the course of a multi-layered therapy can in no way be specified. It does serve, however, to frame a question that will be addressed in the second part of the article: How does affect become externalized, transmuted, and transmitted in the form of nonverbal art?

Motion is the connecting bridge between the two parts of this article: the patient's affective capacity including his growing responsiveness to his por-

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trait and the transmutation of affect in the creation of nonverbal art. As to the first, his increasing kinesthetic empathy in dwelling on the portrait is considered to be the primary motion—among other elements to be discussed—contained in rediscovering the lost emotion of his childhood. As to the second, the artist's activity in creating art is accompanied by continuing waves of actual somatic tension and release of affect. They become transformed into virtual implicit motion embedded in tonal or visual gestures in music or art

respectively; or into the actual explicit motion of dance, where the dancers themselves constitute visible kinesthetic sculpture. Finally, the motion of art is embodied in each recipient's own unique kinesthetic affective response.

This article does not assume (contra Freud) that the transition from thing-presentations to word-presentations is necessarily the highest stage of ego development and cognition notwithstanding that words evidence a high degree of mastery of direct drive discharge. The existence of a world of nonverbal art masterpieces is its own argument. The paper stipulates the following:

- Feelings are the subjective experience of affects; they have both affective and cognitive aspects. These involve different neural pathways but function simultaneously at many conscious and unconscious levels (Damasio 1994).
- Affects comprise the bodily processes that underlie feelings. In terms of their neurological underpinnings, affects are now considered to be related to drives as "two sides of the same coin" (Lezac 1995: 94; Panksepp 1999).
- Emotions, externalized in personal expressive styles, stand as the objectively recognizable signs of feelings. They are expressed kinesthetically by motor patterns of somatic tension and release. They may also be objectified and transmuted into art in verbal and nonverbal forms.

Clinical Vignette

Who has not had the experience of seeing an old picture of oneself and feeling/remembering how we felt at the time? Self-images convey feelings, sometimes instantly, sometimes gradually, often with a near-tangible physicality and present-ness that establishes their primacy over mere words.

In the following vignette, the uncovering of feelings took place during the eight months when a childhood portrait of a patient sat on a chair, a silent participant in his analytic psychotherapy. It thus played a significant role in the course of treatment though it would be impossible to estimate its weight relative to other elements such as transference, enactments, verbal interpretation, and the mutual emotional investment in the therapeutic alliance of patient and therapist.

The patient, a late middle-aged academic man, was in intensive (two to three times weekly) analytic psychotherapy. He would customarily enter the consultation room with a note pad and a scribbled memo of items to bring up during the session. He was an only child and had entered treatment when he reached the same age his father was when he died. He had never mourned his father though he loved him dearly and surely far more than his mother, even though he "bawled" at her death. He married but chose to remain childless.

His first dream in treatment: "On my way to a session here and I realized I'd already missed our meeting. I felt, 'So what?'" Only writing makes him feel more alive. So much is dead for him and always has been. He is like a stillborn. Always dreams of it being too late. Has been play-acting all his life—forcing feelings he does not have.

Another early dream in treatment: "I'm painting a picture of past family and friends in a dark room." He muses, "It's a metaphor of treatment."

Well along into treatment, he mentioned that a painting of himself at age six had always hung in his home and still did so. He had no memories of having posed for it—or for much else in his childhood. He knew his father brought him to the artist's studio. Later in life a friend told him he should get it out of his home because he found it to be so sad. The patient, himself, characteristically, felt neutral.

He brought it into our next session. It was a pastel about two feet wide and three feet in height. For the next eight months I would place it on a chair before each session, the three of us thus forming a more or less equilateral triangle. The portrait became a silent "participant" in the treatment process, not unlike play. I might allude to it or address it directly as in, for example, "How would Junior here feel about this?"

At first the patient saw the painting as of some little stranger. Later, as perhaps a waif or orphan "about to cry and let it out." It never dawned on him how unhappy it was. His parents loved it. Now he saw the kid as "closed off and having to tough it out." "Home is where they have to take you in. It was a

refuge if you need it. But most of the time I couldn't wait to get out of there." He would imagine a homey home that he could call a home, but the actual experience would always fall short. It would feel real only when he was not there.

He now began to see the figure as "a trapped kid." Much later, as a determined, even angry little boy. Thus, his awareness of early feelings continued to broaden in time

In contrast was another picture that he brought in to show me on one occasion. It had long sat on his bedroom dresser—a photograph of himself at three or four, described as a "cute, Buster Brown," shy, in a formal shirt and tie, well-groomed, an obviously well-behaved little grown-up. Adding to its status as a childhood ideal, a bedtime prayer was attached to it in his father's handwriting. This comprised a potent mix: the child's image, father's handwritten words, and an invocation to God's invisible presence. The silent message? Perhaps, "Act grown-up, for God's sake."

The patient's father was a public figure, apparently revered by his followers and totally devoted to them in turn. He was not home very much. He was a more formal gentleman than the patient. The only time he had played "catch" with him in the back yard—a treasured memory—he had worn his customary long-sleeved shirt with cuff links.

There was little to say of his mother. She was a good person, gave good care, but emotionally she was dead. "She gave nothing." She was probably a good teacher. The home atmosphere was unremittingly mild and bland. Never a display of anger or affection, with or between parents; never being held, touched, or scolded. He preferred to hang out at a friend's house where it was lively and loud. There were some affectionate memories of his mother's household helper.

He blamed himself for not being able to give more of himself, or more genuinely, to his marriage—or, for that matter, to his relationships in general. Like his father, he was also a public personage beloved by his students. He was devoted to them beyond the strict call of duty but often felt that what he did was pro forma. He was good at his role but, privately, felt inauthentic—frozen inside. He felt most true to himself when writing alone in his study. And, more and more, during his therapy sessions.

Though not an orphan himself, father was brought up in an orphanage for about ten years. The patient did not remember ever having been told of his father's "orphanhood." He dismissed it as a "non-event." Maybe he heard about it from distant relatives. He was quite sure his father never told him, let alone ever having discussed it.

Once he spent the greater part of the day on the beach of my village, walking, napping. Afterward, he developed the habit of going there for a run before sessions and eating among the locals at the diner. He began to feel more comOnce, when he was late for an appointment—a rare event—I realized that his car was parked outside. I found him asleep behind the wheel. Though potentiated by medication for a somatic condition, it seemed to me to be another expressive enactment in line with bringing in his childhood portrait.

The following week he fantasized taking the picture of himself back to his new house to welcome him whenever he enters—the heat already turned on, a fire burning in the fireplace. (There happens to be a fireplace in my office though it was never lit during office hours.) These data together with the enactments suggest the development of an intimacy he had never before felt with a male figure. They attest to his feeling more at home with himself and in my village. Several months later he brought the painting home.

Let us focus on this portrait. What are we to make of it, frozen in time and at first disconnected from the affective colors of his episodic memory? How are we to understand its significance in his treatment?

First we must mention that, though a gifted speaker and writer, his deeper feelings were not easily accessible to words. He considered himself a "wordsmith." It would be fair to say that he was adept at using words to convey ideas rather than discover feelings in himself—except in the solitude of creative writing, which he cherished. He was also a lively storyteller.

As an amateur photographer, too, he allowed himself freer access to his world of feelings. His photographs "had no agenda—just what speaks to me." A favorite subject of his photography would be a lone window seen during foreign travel. It was typically set in an ancient stonewall and either boarded up or empty. A self-image? Its effect was often powerfully evocative—the dead content set within an eloquence of formal details.

Experiencing his portrait within the safety of the treatment relationship allowed it to impact on him so he could really see and better understand how alone he had felt in his childhood, instead of being an absentee or even dead to that part of his history and especially so in relation to his mother whom he largely dismissed.

What aspect of himself was lost to himself? He was lost to himself in the form of his self-image as the orphan son of an orphan father and an emotionally absent mother. He was lost in this aspect of his own past because it had never become past; he had not mourned his father's death and himself identified in these terms with his father. Nor had he allowed himself fully to experience his own sense of solitude and alienation from both parents.

In addition, the blind spot of his childhood seemed to have destroyed any hopeful expectation that his life would ever be anything other than devoid of intimate relationships. He spoke with feeling about Henry James's personal life and his short story about the man who forever postponed living an affec-

tive life out of dread of having a fatal flaw—that turned out to be his fear of having an affective life. Yet, he dared hope: "Perhaps, in five years . . . ?"

His dreams provided intense pictures of feelings. A year after he took the portrait home he dreamed: "My father was being buried above ground in a mausoleum. I was crying and crying." It was father who was dead and being buried. The patient, alive, above ground, but still far from fully, Later, he dreamed that he was on top of a pile of ruins that he was excavating and realized he could not stay on top of his own excavations and got off. Much later he discovered the feeling that "I don't want to let go of my father—whom I never had "

Much later he dreamed: "A woman returned to her home after having been away overnight and found that her kids had trashed it as soon as she had temporarily relinquished control. [Rage at emotional abandonment?] Then I was in your office but you were off with a colleague [probably the one who had originally referred him]. It was not as if I felt left. [Denial?] I had come back but you had already left. As my father was always off with his followers. You must have been my father who left again."

Next dream: "Some mafiosi were putting a body into cement. They had never been caught before. They treated it like it had never happened or mattered. What's the big deal? But this time the police had found out. I had already left, but eventually they would come after me as an accomplice. [Displaced hostile identification?]" His childhood, he interpreted, had been placed into cement. "I have so few memories. How could I have let them do this to me?"

He came in for an extra session. "The frame of that portrait of me was like a block of cement. I never realized how unhappy the kid was. They [the parents] loved the picture. I was a trapped kid. How do we free that child? How do I get out of the cement?" Would I like him to bring the painting back? I did not reply. Because? He knew he was now capable and free to choose—by implication, live his own life. By not answering was I myself "enacting" the answer? Was I trying to hurry him toward becoming his own adult? Telling him I did not need him to be a kid again—frozen or otherwise—nor he me as a parent?

A few minutes after each of the last few sessions he phoned to confirm some details about the time of the next session. Enacting and asserting that he could return any time? Undo my dreamed absence? Use me as he felt he needed to? Grow up in his own good time? All of the above? Something else?

It became apparent to both of us that a background of unaccustomed anger waited to seize on any excuse. At the same time he was much freer in his working relationships and in having access to his own feelings.

A summarizing hypothesis: Having given up on his emotionally distant mother, he had unconsciously been seeking communion with his less distant, but buttoned-up, "orphan" father. In therapy he had experienced and enacted

These enactments of emotional intimacy with the therapist might qualify as new experiences, perhaps trial runs foretelling new growth—live experiments in the course of work and love in everyday life. At first the enactments were not verbalized. They were implicit. More and more they became self-interpreted: "the father I never had," "You . . . my father who left again," how

could they have kidnapped him, put his childhood in cement and treated it as "so what's the big deal?" I as a merged bad/good father, kidnapper/rescuer, historical/real.

How can we better understand the therapeutic role played by repeatedly viewing his portrait in the context of treatment? Recall that heretofore he had always been indifferent to the picture. Unquestionably, it had helped bring his emotional history to life. If we look at all the described actions, from looking at the portrait to the various described en-

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actments, as single frames making up in their totality a "moving picture," it brings out the central importance of motion—in an unconsciously self-directed "movie" of his life.

First, his continued acts of really looking at the picture over time. It has generally been supposed that an intuitive, empathic understanding of others may be based on the imperceptible mirroring of another's movement patterns as a kind of "feeling into" another's mind. In like manner, one might speculate that, intensely looking at the pictures, the patient attuned himself to the child he had been and, without awareness, mirrored him (via "mirror neurons"?) in invisible postural and kinesthetic enactment. Such motoric empathy opened the door to body memories and feelings.

This motor element happens to be precisely what Ernst Kris (1952) considered a key in the response to pictorial art in general. He believed that in looking at an image of the human figure one experiences a slight muscular reaction. This signifies that "we 'imitate' the strokes and lines with which it was produced . . ." (1952: 56).

Second, he was no longer isolated and alone under the "cement" of a prematurely imposed adulthood. We were together in the unfolding knowledge of his history and in the ongoing acts of looking at himself as a child. Thus feeling fully contained in the safe holding environment of the therapy, he could rejoin himself in his emotionally abandoned childhood and reintegrate his lost affects as they awakened.

And so they did. Much later in treatment he reported that when he again looked at his portrait now in his own home alone, "I saw something that did not look like me—a puckering around the mouth even more drawn-in than the rest of my face. It makes it not-the-me I have grown so used to during all those years." And he acted on it, uncharacteristically. For the first time in his life—on an impulse—he treated himself to a "ridiculously expensive \$263 shirt." Childhood compliance and over-responsibility no longer mandatory, he added, "Now, at least, I won't have to wear it if I don't really want to!" (We laugh together.)

Third, such novel enactment in therapy reflects significant intrapsychic mobility. It has been noted that a "derailment" of mental play is a post-traumatic phenomenon (on this see Herzog, 2001); it is associated with a reduced mobility of self-representations. Most significantly for our purpose, increased mobility of self-representations may be favorably "enabled" by the constant action and interaction that characterizes child treatment especially but also takes place in adult treatment (ibid., 178).

"The openness of the analysand must be matched by the availability of the analyst. The analyst must speak, feel, play. The interaction is then represented ... and new representations facilitated. A self, seeking an encounter with another self, finds someone home. There is an encounter, the representational door re-opens, and intrapsychic change is possible" (ibid., 163–164). In short, the mobility of such experimental "play" within the safe holding environment of treatment helps replace the pseudo-safety of neurotic rigidity.

It would be fair to describe the quality of this patient-therapist interaction as a special kind of play in which the portrait entered as a third party. It was not simply seeing the portrait that stirred memories since he had previously been indifferent to it. By giving a voice to the portrait it provided patient and therapist access to the child's world at the same time as allowing feelingful exchange and the possibility for growth to resume.

Did the patient seek and receive the fulfillment of his wish to find and be recognized by the "real" parents who would take him in (partly in the form of the adopted portrait) and include the emotionally absent mother? (Recall the dream of a woman who returned after having been away.) Did the patient's experience with the therapist as a new object make new growth possible as he "unpacked" the childhood that was previously "packed in cement"?

The quality of the patient-therapist relationship fell in the domain of the motion in emotion in that it was interactive. The therapist was emotionally responsive and neither "abstinent" nor anonymous. The patient knew some introductory facts about the therapist from the referring analyst and could probably infer much more from the location and decor of the home-office and the art on the walls. When deemed appropriate, the therapist shared anecdotal information. The theoretical goal of "neutrality" (equidistance from ego,

id, and superego) was considered to be an impracticable aim. The therapist did, however, consistently follow rather than lead.

Theory: Affecto-Motor Sublimation in Nonverbal Art

For Freud, affects could find their way into consciousness primarily by becoming attached to word-presentations. Words offer the chief means of entry from the unconscious to the system Perceptual-Consciousness. Hence, their presumed pre-eminence as the highest form of thought.

Freud ([1923] 1961) allowed that affects might also become conscious by way of thinking in pictures. "Thinking in pictures is . . . a very incomplete form of becoming conscious. . . . In some way . . . it stands nearer to unconscious processes than does thinking in words, and it is unquestionably older than the latter" (ibid., 21).

This proximity to the unconscious may account for the significance of thinking in pictures and, indeed, the nonverbal realm in general as a source for creative thought. Einstein (1934), for example, noted that words played no role in his productive thought. Rather, he pointed to "psychical entities" consisting of visual images and muscular elements engaged in a "combinatory" or "associative play." Only then, when these were sufficiently established, could he reproduce them at will, would he struggle to discover how to communicate his thinking by means of words or signs.²

Creative workers in nonverbal realms, whether of art or science, cultivate the close relation of pictures to the unconscious for their creative inspiration and elaboration (Freedberg, 1989). In addition, thinking in pictures taps into the body—and its affects—across a range of sensory modes. For Einstein these were visual and muscular. His use of the word "play" implies that their being in motion is an important element. In art, too, something comes alive—a shape, an image, a rhythm, or a movement. I refer to this as attaining "implicit motion." It is significant that words are often the last elements in writing a poem.

How do affects become woven into making as well as responding to non-verbal art forms? First of all, affects are of the body and its motion. As James stated, "movement is [its] natural immediate effect" (1892, 426). Schilder (1950) explicitly elaborated on bodily motion.

Schur's (1955) concept of psychosomatic "affect equivalents" is helpful. He viewed the normal maturational process as fundamentally one of "desomatization" and psychosomatic phenomena as "resomatizing" regressions toward primary process discharge and away from secondary process thinking.

Now consider the artist in the active to-and-fro "dance" of painting. Each of the countless actions that go into making art is experimental like thought. Together, they represent small quanta of kinesthetic expressive and thoughtful motions. They constitute resomatizing enactments, and somato-psychic

affect-equivalents but not regressive. Why? Because the artist's task is to abstract rather than repress, thus externalize flowing patterns of actual somatic tension and release of affect into the virtual implicit motion of forms on canvas

To clarify: The bodily-ness—the corporeality—of affect in the form of particular patterns of tension and release is an unformatted kinesthetic experience. That is to say, not having achieved the means of being expressible.

Virtual "implicit motion" is a more abstract psychic experience than somatic tension and release of bodily affect. More important, it is transmissible, meaning receivable by an appropriately receptive receiver. The recipient responds to it in bodily terms—organized in accord with body-image schemata with the kinesthetic patterns of somatic tension and release appropriate to the affects one is experiencing.

A working artist, likewise experiencing bodily image patterns of tension and release, attempts to objectify and convey them through artistic media in the light of knowledge of the craft—and reaction to its history. Each art form—music, painting, dance—provides its own tools for heightening the salience of perceptual features, enhancing the play of tension and release. In pictorial art and music, it is virtual motion. Certain shapes in art increase tension, others reduce it. In music, inducing delayed closure increases tension (modulating in different keys, the minor mode, elaboration, and dissonance).³

In dance, affect is transmitted through the explicit expressive motions themselves. Martha Graham built her choreography on the tension between balance and fall, Doris Humphrey on the duality of fall and recovery. Whether in the explicit form of expressive motion or in the implicit form of virtual motion, art represents a creative leap from kinesthetic somatic tension and release into the realm of imaginative meaning and conscious affect.

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The open system psychoanalytic description of the creative process that I have proposed (Rose [1980] 1992; [1987] 1996) views art as a magnified and slowed-down version of mind enhanced and in action. It replaces the mantra that primary process as a whole gives way in time to secondary process. Instead, it centers on an interplay and recombina-

tion of primary and secondary processes. Specifically, the structure of aesthetic form de-links primary process forms (condensation and displacement) from primary process fast discharge and joins them to the slow discharge of conscious secondary process. Entering perceptual consciousness thus stimulated by a fertile ambiguity and with fresh affect, there is now the possibility of elaborating and re-differentiating an aesthetic product anew. An example of this in art is Picasso's multiple, simultaneous, spatial perspectives. The slow secondary process discharge enables us to see in the light of full perceptual

The subjective experience of such novel perception does not fit Freud's libidinal formulation of sublimation, described as a discharge of energy. On the contrary, it is more like feeling recharged with the energy of fresh affect—Picasso's *Guernica*, a kick in the belly, awakening one to see and feel as if for the first time

Affect in music is related to the sense of motion (Epstein 1993). In Ludwig van Beethoven's later compositions one finds a special example that has brought more than one listener to tears. It could be described as an otherworldly tranquil vitality. It consists of a (primary process) coexistence of opposites: a paradoxical combination of a sense of motion superimposed on stasis. It leads to a blurring between motion and stasis. It has been ascribed to a particular musical structure—accelerated motion (speed) along with rhythmic diminution (smaller and smaller values of notes) and minimal harmonic action (Solomon 2003).

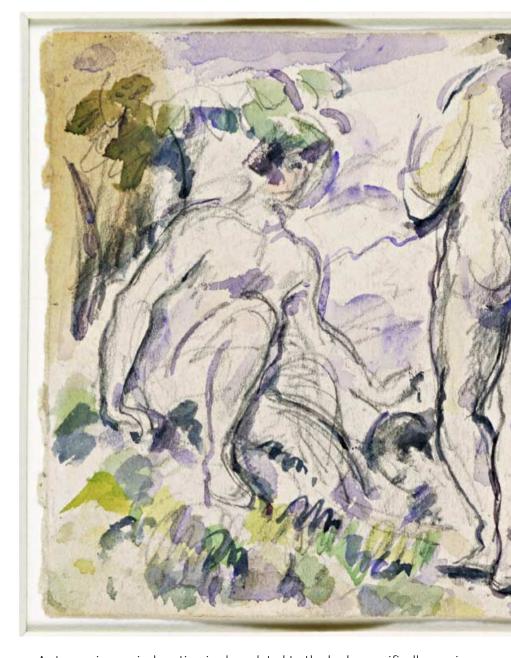
The neuroscience of music clarifies the neural basis for why motion and affect are joined. Neural projections from the ear go not only to the auditory cortex for analysis and comprehension but also to the cerebellum—where motion and emotion are regulated. Moreover, raising tension in music—as by altering the sense of motion—triggers the brain's non-specific pleasure/reward system. It transmits opioids and releases dopamine (Levitin 2006).

From a psychological point of view, the primary process coexistence of opposites such as motion and stasis, manifestly irrational in the field of logic, presents one with perceptual properties that are normally at play only in preconscious perception. They are now seen in the light of full secondary process consciousness as each and both. This raises tension and, accordingly, stimulates affect.⁴

Before concluding let us now look briefly at some empirical descriptions of virtual motion implicitly embedded in nonverbal art. Seeing and hearing virtual motion are dynamic phenomena. In painting, Matisse reminded his students that mimesis counts for little; instead, they should see directions in colors and lines, "One must always search for the desire of the line, where it wishes to enter and where to die away" (quoted in Spurling 1998: 408).

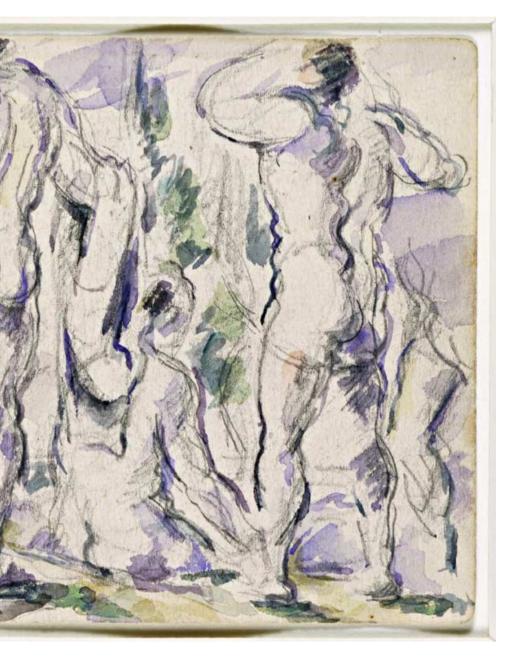
Rainer Maria Rilke ([1952] 1985) described implicit virtual motion in Paul Cézanne's oeuvre: "It's as if every place were aware of all the other places—[sic] . . . each daub plays its part in maintaining equilibrium and in producing it. . . . Everything . . . has become an affair that's settled among the colors themselves: a color will come into its own in response to another, or assert itself, or recollect itself. . . . In this hither and back of mutual and manifold influence, the interior of the picture vibrates, rises and falls back into itself, and does not have a single unmoving part. . . . " (80–82; see also Figure 1).

Figure 1. Implicit virtual motion in Paul Cézanne's The Bathers (1885–1890), (Art Resources, New York).



As to music, musical motion is also related to the body–specifically, respiration. Each musical phrase is that portion of music that must be performed in a single breath. Musical tones, unlike acoustic sounds, tend to move from unbalance to balance. They convey forces. When we hear music what we hear above all are motions. Right or wrong in music is not a matter of pitch as such but pitch in relation to the direction of motion. The acoustically wrong tone can be musically right if the deviation is right in the sense of the movement (see Zuckerkandl 1956, 1973). In jazz, it is said, there is no wrong note—if it moves and breathes and, especially, is ever so slightly off.

Finally, as any therapist knows, in therapy one listens with mind and body—one's self is one's own instrument—for the verbal manifest and latent



content, of course, plus the nonverbal "musical" forms of feeling: rests and rhythms; what has been left out yet implicit, or absent, or empty. The quality of silence: heavy, light, pregnant, sexy, dead, menacing. One's own affective tuning in—or out. Also, one's breathing. A tune—which tune?—in one's head. The patient likewise—knowingly or not—is a tacit partner in the virtual motion of an unspoken duo.

Conclusion

Probably when approaching termination of treatment, it occurred to my patient that his self-criticism of not giving enough of himself in his relationships was probably unjustified. Perhaps it was closer to the truth that he did not let

himself receive all that was out there later in life because it had never been "out there" in the past due to his parents' insufficiency, not his own. He related this to a recent dream: finding his father's cell phone buried under a rock and, of course, given this anachronism, the battery was dead. "Because it was never out there to be received in the first place!"

He then disclosed that the painting of himself as a child had been sitting at home—facing the wall. He continued, heatedly: "This is unfair. It needs to be hung up again. As if I'm punishing him [the child] for something that could not be helped. It was out of his hands. I would like to tell him [himself in the portrait]: 'I need to accept you as part of me for things you could not control. Maybe if you are out there you will come along on the journey you could never undertake through no fault of your own.' He does not have to feel insufficient. Why should he have to suffer for means that were beyond his control? The past becomes irrelevant."

He repeated, now including his mother: "They could not give in the way we have here. Father and I would never have talked even had he remained alive. In a recent dream, he and I hugged but I felt nothing."

Having informed the patient that I was writing up pertinent aspects of the case as part of a contribution about the therapeutic relevance of art, I had asked for his permission to publish. He had readily agreed. He then spontaneously volunteered to collaborate: "Maybe I will write the story, and call it 'From Within the Frame.'"

He repeated: "It gives the kid another chance."

It was the end of the session. Probably in the back of my mind was the contrast between the developmentally impoverished dead end between the patient and his father and our own rich mutual experience. I heard myself say: "Give the kid my regards."

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Notes

The author gratefully acknowledges the helpful comments of Graciela Abelin-Sas, M.D. and anonymous readers of earlier versions of this paper.

- ¹ In neuroscience terms, it would appear that, finding the ingredients of procedural memories, he was progressing to episodic memories—the self in the context of personal relational history.
- ² Visual thinking is held to be a prime characteristic of higher order autism and its possible relation to genius (Grandin 1995).
- ³ Music can be shown to embody all the perceptual configurations associated with the primary process (Fisher 1954, 1956; Friedman 1960).
- ⁴ The involuntary flow of affect that accompanies music may also signal an evolutionary significance: the organism is alerted to pay attention to an alteration in the customary patterns of affect tension-release that breach prosaic expectations.

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