

# When the Therapist Must Symbolize Because the Patient Cannot: Therapeutic Trial by Fire

By Robert Tyminski, D.M.H.

## Introduction

What do we as therapists do when we encounter patients who bring us clinical material that is “dys-symbolic,” that is, poorly or badly symbolized? They may in fact have a psychological life full of symbols, but somehow these are disconnected from meaning and experience. At first glance then, our expectations can be rather high that psychotherapy will achieve the meanings which have been missing. Often enough, these expectations are subsequently disappointed because the patient decides—consciously or unconsciously—against doing the work. We know the litany of resistance, changing motivations, defensiveness, insufficient time or money, and acting out. Yet, what if our hypothetical patient is not able to symbolize? What if he or she cannot form meaningful connections within a psychological context? We must then examine the dilemma this poses and consider how we can be helpful. Especially for a depth psychology, this sort of predicament can test many theoretical assumptions about insight, consciousness, transformation, and healing.

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A case will be presented here in which the patient, although very verbal and intelligent overall, was limited in his capacity to symbolize. As a result, I was compelled to hold many projections and faced a therapeutic quandary: How could these psychological fragments be approached meaningfully so that the patient could begin to process them? I discovered that the patient's impairment at symbolizing greatly hindered attempts to create a therapeutic dialogue. Eventually, I found myself in the role of symbolizing the patient's material. In this particular case, that symbolism centered on fire. My task, in essence, was the creation of meaningful links and associations where there had been few or none. Again, by all initial appearances, the patient ought to have been capable of doing so himself. His inability to do this psychological task revealed much about the intersubjectivity of meaning. Throughout this discussion, it will be important to keep in mind the following question: Why couldn't the patient consider or think about his own psychological contents symbolically? Organicity and delayed development were not possible explanations. Consequently, the implications of this question define not only therapeutic conceptualization but also the methods and techniques of intervention.

## Case Example

This case was noteworthy for vivid fire imagery and my experience of heating. The patient, a thirty-six-year-

old gay man from Portugal named Mario, had discovered he was HIV sero-positive two years ago. He developed a severe depression with a loss of interest in friends, social contacts, and pleasurable activities (although he denied these symptoms meant he was depressed). He described himself as isolating and defensive toward people. He typically retreated very much into his thoughts, and had trouble saying how he felt at any moment. When feelings erupted, they were strong and frightening to him. He used much projection, describing himself as picky and choosy in regard to others. He recognized that he was overly critical, but he did not see the shadowy aspect of this. In session, Mario appeared alternately shy, macho, withdrawn, and cocky. At first, he wanted to meet every other week, since he belonged to a managed-care plan, and he expressed a wish to make the treatment “last longer.”

For the first three sessions, he dressed provocatively, despite cool weather, wearing shorts and tank tops. He made many unconscious sexual gestures, touching his crotch, flexing his muscles, and stretching out with a great deal of show. These movements felt like part of a hysterical seduction, because he truly was oblivious to what he was telegraphing. In the second session, Mario reported he'd just been in a car accident, which was his fault. He had rear-ended an expensive car. Mario had no insurance and pretended to be unconcerned. Later in this session, I wondered whether he might regard his HIV infection as an accident. He responded that he didn't know exactly how he had gotten it; talked at length about practicing safe sex; and finally concluded he contracted the virus through oral sex with a former

lover. He elaborated that he had been very accident-prone as a child. He had been bedridden for a year at age six with a mysterious case of nephritis. He conveyed a sense that he was himself an accident, and that therefore these things were destined to happen to him. As the youngest of eleven children in a poor family, it was entirely possible that his depressed mother and hyper-critical father did in fact regard him as unwelcome and burdensome. At the end of this session, he showed the first signs of a profound sadness, which I verbalized for him, as Mario appeared bewildered by his own emotional state.

Mario entered the third session in a fighting mood. He had entertained many thoughts about therapy over the intervening two weeks, particularly the idea that his HIV infection had been an accident. He launched into a series of associations about how he was hard on himself, self-critical, and likely to sabotage himself. He thought perhaps the HIV virus was the ultimate punishment. He spent a long time telling me how well he was doing, assuring me that he was healthy, both physically and psychologically. In a lecturing tone, he said he refused to give in: he would not permit himself to be depressed. Clearly, this was his aggressive answer to my comment regarding his sadness at the end of the prior session. Mario now equated depression with defeat, and believed sad feelings could make him physically ill. Throughout the session, he continued to make provocative sexual gestures.

About half way through this hour, I noticed I was becoming physically warm, as though the room were heating up. For a brief moment, I considered whether it actually had gotten hotter in the room; maybe the thermostat had

malfunctioned. Ruling that out, I then wondered about the feelings of attraction between us—my own as well as the patient's. Were we ready to tackle such a discussion? Yet, these same feelings loomed too strong, like a counterphobic rush of sexuality between two strangers. It scarcely seemed that there was sufficient therapeutic rapport to broach the topic, especially given the patient's hysterical posture. I sensed that bringing up the "sexual heat" as such would encounter a quick denial and greater projection. After all, that was what was happening right then around the issue of the patient's depression.

I chose instead to stick with the topic of depression. Mario had barely finished a diatribe outlining why depression was a trap that would unleash full-blown AIDS. He was insistent that all negative and depressed affects would harm his health. I interjected that perhaps in working together we could find a small, safe (and conscious) space for Mario's sadness to exist. Mario did not like this suggestion and repeated his opinion that he needed to keep believing in "miracles," which could only appear through a positive attitude or frame of mind. He had to be prepared for these miracles, and preparedness meant no depression.

As the session ended, I felt hotter and began to sweat. Of course the room's temperature was not elevated, but I had the sensation of extreme heat, as if there were a fire in there. Meanwhile, Mario worried that I would pity him. When questioned about that, Mario replied that of course I was there to help him, and that he should be totally honest with me. In a quick shift (or split), he now appeared submissive, willing to accept me as a giver of bad-tasting medicine. The preaching that

had dominated much of the session suddenly became a weak cordiality. His argumentative attitude wilted. He couldn't have been more polite or meeker in agreeing to think over carefully what we had discussed. By the fiftieth minute, I felt beads of sweat on my forehead and was surprised by a lively image of flames engulfing the room.

Three days after this session, I had the following dream:

*I was in a bombed-out cathedral, such as one sees in photos of Dresden or Cologne after World War II. Old people are gathered inside, and they ask me to consecrate the cathedral so they can pray again. Demonic figures lurk outside, and within minutes, they will attack the church. I pray in Latin, and I light many candles in the nave and side chapels. It is these flames that complete the consecration. The church and its inhabitants are protected for the time being from the evil outside. I realize that it is the fire of the candles that has saved them all.*

Later, in analyzing the dream, I came to see that it had significant meanings for my treatment of Mario.

Six months later, Mario learned that the insurance company approved twenty more visits. The treatment had progressed slowly, in part because of the every-other-week rhythm, and in part because Mario continued to defend against unwanted affect by denial, projection, and splitting. Still, he had formed a solid therapeutic alliance with me, and he was more open to the idea that his internal perspective on the world couldn't just be rosy, sweet, bright, and good. Nonetheless, his treatment was characterized by a notable absence of guiding images, symbols, and creative narrative. Most interventions were geared toward a

rudimentary development of an internally tolerated emotional vocabulary; he needed to know his feelings first before he could even begin to know how they might be bound by symbols. The news of the extra sessions made him feel “double.” He believed therapy had made a difference in his life, but he lamented that I wasn’t more directive. Couldn’t I show him a clear path forward? In this session, Mario initially saw little benefit in the additional treatment time. He felt rather that his frustration would grow because he wanted “a teacher,” “a guide,” or “a guru.” For once, he was more consciously anxious in this conversation, and I attempted to use this anxiety to address some of the longing and disappointment Mario felt. However, Mario balked at these comments; his anxiety disappeared, and he underwent another shift (split), this time saying that he’d had enough therapy. He announced that he knew his feelings well enough to realize what was good for him, and that there were other places he could seek “positive guidance.” Again I experienced a heating up of the office, but this time decided to do something. I inquired if Mario felt at all warm, to which Mario answered yes. I then went to open the window, but, fortunately, it stuck, and the two of us had to force it open together. Fresh air streamed into the office. Mario breathed deeply, and said he felt better: “We needed that.” Sitting down, he began to list the pros and cons of the extra sessions. Mario finally concluded the stability was worth it because he was too used to running away from relationships or other interests “after six months.” He put this dilemma as a desire to be “more adult and less boy.” He also wondered if I had felt hurt or

criticized by his earlier comments about wanting “a guide.” I acknowledged that I had felt the “heat.” Mario laughed, and then asked to meet weekly (instead of every other week) for the coming months.

### **Fire in Context: Theoretical Considerations**

The symbolism of fire has appeared as a topic for a range of twentieth century psychological theorists. Freud authored a 1932 paper, “The Acquisition of Power over Fire,” in which he links fire with love, passion, and sexual libido. Discussing the Prometheus legend and other fire myths, he writes:

*Primitive man could not but regard fire as something analogous to the passion of love—we could say, as a symbol of the libido. The warmth radiated by fire evokes the same kind of glow as accompanies the state of sexual excitation, and the form and motion of the flame suggest the phallus in action.<sup>1</sup>*

According to Freud, man gained power over fire by renouncing an instinctual wish to urinate on it, thereby extinguishing it. Thus, fire and water are intricately bound together as representatives of man’s struggle to control his instinctual life and move civilization forward. Erlenmeyer, in a commentary accompanying Freud’s article, supports him by citing a law of the Mongols ruled by Genghis Khan.<sup>2</sup> Anyone urinating upon fire or ashes could be put to death, and Erlenmeyer theorizes that the strength of Genghis Khan’s empire was in no small part due to his understanding that certain instincts must be renounced.

Basham, like Freud, suggests a connection between fire and urethral eroti-

cism, but his main claim is that there is a cross-cultural uniformity behind fire symbolism.<sup>3</sup> In looking at various myths and folklore, he too finds evidence that the preservation of fire is achieved through controlling passions and resisting sexual gratification. Interestingly, Basham, Freud, and Jung all comment on the trickery that shows up repeatedly in stories about man's acquisition of fire. While Freud casts this trickery in terms of a superego-id conflict, Basham approaches it from an Oedipal context: "The theft of fire is, I think, in general the theft of sexuality and more, it is in most cases the theft of life and culture from the father who attempts to retain them for himself" (p. 46). He is clearly captivated by psychoanalytic interpretations that emphasize fire and sexuality, and he extrapolates at length on fire production via rubbing and boring sticks. Still, he places these ideas within the scope of renewal and continuity of life—fire that never extinguishes and is therefore a symbol of procreation (Freud also alludes to fire as associated with the life force of sexuality; Jung directly connects fire with his concept of libido). Basham comes closest to stepping outside a purely instinctual model when he writes, "Fire is then like life itself. . . . Surely many men has [*sic*] gazed into the flame and felt that if they could understand fire they would understand life" (p. 45). Unfortunately, he carries this thought no further.

Passeron handles the symbolism of fire through what he calls comparative historical psychology.<sup>4</sup> He is interested in the evolving representations of fire, and so he studies the iconography of fire through examination of how the flame is depicted. He establishes ten categories of flames, each one of which is distinct in conveying a novel meaning

of fire. Passeron is careful to note that these meanings shift depending upon the historical and cultural epoch. He also aims for a wider view, i. e., beyond instinctual considerations, when he quotes Bachelard that fire is a social phenomenon: "Fire is rather a social being than a natural one" (p. 145). Further, he also proposes that from a linguistic standpoint, in modern society fire has disappeared from romantic dialogue. If anything, Passeron would likely take issue with Freud's (and Basham's) position about fire symbolism and sexuality. In contrast, he believes that the iconography of fire provides three conclusions: 1) that fire can represent different types of emotions depending upon the style of the flame; 2) that fire is not without context, which is created in part by the subject, in part by the artist, and in part by the patron; and 3) that artistic technique struggles constantly with representing fire because each medium has its own intrinsic limitations. In looking at the actual portrayal of fire, Passeron can not escape the creative dilemma it poses: "The artist creates in overcoming the poverty of his means" (p. 162). Fire, then, transforms in many ways—in meaning, in form, and in representation.

How might this "fire" be kindled in a clinical setting? Jung provides us with one possible answer in "The Psychology of the Transference."<sup>5</sup> In picture 4, "Immersion in the Bath," the king and queen are in the Mercurial Fountain; the dove hovers above them; and three intersecting branches define the space between. Jung interprets this picture as representing a descent into the unconscious:

*a descent into Hades and a journey to the land of ghosts somewhere beyond this*

world, beyond consciousness, hence an immersion in the unconscious. In our picture the immersion is effected by the rising up of the fiery, chthonic Mercurius, presumably the sexual libido which engulfs the pair and is the obvious counterpart to the heavenly dove (p. 246).

He leaves little doubt that the mercurial waters are hot. Earlier, he has commented on “the intense heat” characteristic of a journey into this realm (p. 245). While Jung notes the importance of sexual libido in fueling this reaction, the spirit, in the shape of the heavenly dove (also associated with fire), is likewise required for the “wholeness” of this relationship, which is in his discussion a psychotherapeutic one. Thus, fire from below (sexual attraction) is balanced by fire from above (the dove, spirit, Holy Ghost). Perhaps the two serve to prevent a contagion of one-sidedness: either an empty sexual promiscuity or a fanatical spiritual devotion.

Indeed, it would appear that, absent this balance, fire will rage out of control. Fire is inherently tricky because it always has the potential to escalate into something unexpected. This tricky nature is wonderfully portrayed by the Greek god of fire, Hephaestus. In *The Odyssey*, while visiting the Phaeacians, Odysseus hears a song about how Hephaestus avenges his betrayal by his wife Aphrodite and her lover Ares.<sup>6</sup> The fire god weaves a net of inescapable chains, which hang above his bed and subsequently ensnare Aphrodite and Ares during their love-making. The gods (goddesses discreetly stay away) enjoy a good laugh viewing “the god of fire’s subtle, cunning work” (p. 201), earlier referred to as “a masterwork of guile” (p. 200). The

greater irony rests in Hephaestus’ outwitting Ares, for while Ares possessed “stunning looks and racer’s legs” (p. 201), Hephaestus is slow, lame, a weakling. The subtext could not be any clearer: beware of fire. If it can overcome the god of war, then what might it do against mere mortals? Hephaestus plays the trickster in this story, and in doing so he underscores the fundamental unpredictability of fire, its capacity to mislead and beguile. Perhaps we can understand this as an allusion to the risk at the core of almost any transformational process, such as psychotherapy. Where will it lead? What are the risks? How will we be surprised?

## Discussion

First and foremost, the heat in this case can be understood in terms of projective identification. The patient has unconsciously put an unacceptable part of himself into me, and then he waits (unconsciously) to see how I will respond. The question arises: What did the patient project into me? Starting at an instinctual level, we could conjecture that the patient projected his sexuality. After all, it had become something dangerous and even deadly, since it “caused” the “accident,” namely the HIV infection. The patient’s fear of his sexuality as lethal could have led him to seek relief, in the treatment, by ejecting it into me. Rosenfeld views this form of projective identification as “a denial of psychic reality.”<sup>7</sup> In other words, the patient rids himself of some intolerable psychic part via projection, sees it as belonging to another, and can thus entertain an almost delusional belief that none of it rests in him. Certainly, this idea is consistent with the patient’s denial of any depression

because the projection has eliminated the “cause,” i.e., his own sexual impulses that led to the accident. He does not have to mourn what has been gladly given to me. In this context, projective identification worked to relieve the threat that I could uncover reasons for him to be depressed.

Projective identification further served this patient by communicating non-verbally his distress to me. Along these lines, Odgen conceptualizes a three-step model of projective identification.<sup>8</sup> The first step proceeds as above with the projection of an unwanted part, for example, the patient’s sexuality with its lethal consequences. The second step consists in the projector’s pressuring the recipient to behave in a way that matches an unconscious fantasy, while the third step is characterized by the recipient’s emotional reactions to the material projected into him and by the possibility that the projector can successfully reinternalize the ensuing response.

Let us consider for a moment the “inducement” or second phase (and shortly turn our attention to the third). The projector seeks to elicit unconsciously fantasized responses from the therapist; in essence, this is an attempt to confirm that the unwanted part has been located in the recipient. In Mario’s case, his provocative gestures and sexualized posturing would serve to arouse and unsettle me, evoking my own sexual feelings, which might or might not be reasonably complicated by my countertransference. The inducement achieves its aim nonverbally, so the therapist would be well cautioned to question what is stirring his emotional response. In the present example, the heat then was in part a result of the patient’s forcefully pro-

jected sexual feelings. The patient thereby got me “hot,” holding his unwanted sexuality. The main psychological operation at this point was to deposit those sexual feelings in me, to watch me sweat, and unconsciously obtain confirmation that the deadly impulses were now someplace else.

Accordingly, my task may initially have been to bear it, hold onto it, and thus take no action, even an interpretive one. I had to show that I was not afraid, and that by holding the projections, I was disconfirming their lethality or ability to destroy me. Only later, in the session from the sixth month of treatment, could I act because, as the patient put it, “We needed that.” In other words, the patient was then ready to share the psychotherapeutic burden of his awful fear. By choosing to open the window, I demonstrated that I would not be overwhelmed by the heat. This action conveyed that the instinctual fires could be cooled and that there need not be another accident in the process. Could I have done this earlier, say in the third session? Probably not, because the test of the projections was first to survive them. Avoiding the heat at that point might have only confirmed a horrible danger implicit in the patient’s instinctual life. The patient’s anxiety surrounding his sexuality might have then become uncontainable, with a subsequent premature termination. In this early stage of treatment, there had not been sufficient holding by me of the projections for the patient to reintroject them (though we may wonder why this patient required such care around the introjective process). It was an ironic twist that the two of us, patient and therapist, had to work together to open the stuck window, but it also underscored that some-

thing had changed. By virtue of our joint effort, the patient had to acknowledge that he was warm: the heat came from inside him. Now it was time to permit both real and psychological fresh air into the room. This shift corresponds to Ogden's aforementioned third phase of projective identification, in which the recipient/therapist does something new, thereby creating for the projector the possibility of change. The projections have been metabolized and are thus ready to be reintegrated.

The preceding discussion is based on the premise that the patient was projecting his sexuality as an unwanted instinctual part of himself. Have we satisfactorily answered the question raised earlier, namely: What did the patient project into me? Beyond the patient's troubled relationship to his instinctual life, could there be other components to this process of projective identification? Rarely is the unconscious so tidy that we can be sure of the packaging. For example, the patient experienced much anger and rage over his HIV infection, and these feelings burned inside him too. Occasionally, he could discuss them from a perspective of injustice: Why this accident? Why him? But there was surprisingly little conscious outrage here. He may have wanted to safeguard his rage by depositing it in me. In that instance, the projective identification would have centered on my becoming hot with anger. Would I retaliate? Would I swallow it? Would I sublimate it? The patient, however, did not behave in ways to provoke or engender anger in me. He was not annoying, inviting retaliation, belittling, prone to acting out, or wallowing with exaggerated victimization. So even if anger or rage had been projected into me, there was no comparable induc-

ment phase, nor a reintroduction of metabolized parts. In the current discussion, we would thus not be thinking of projective identification.

It would appear then that with this patient the primary projective processes defended against more primitively disorganized instinctual material rather than affect-laden or emotional states of greater coherence. Gordon makes a somewhat similar observation in her analysis of projective identification.<sup>9</sup> She distinguishes between "ex-nuclear" and "ex-orbital" projections, the former referring to projected parts of the self, and the latter to projected internal-object representations. She suggests that ex-orbital projective identification is indicative of greater ego strength, whereas ex-nuclear projective identification is less so. In the case under discussion here, we would be speaking of ex-nuclear projective identification. Given that, were there other purposes to this patient's way of using projective identification?

My dream, vision of an office in flames, and authorship of this paper provide a framework within which to begin answering this question. It is my belief that the patient had only limited capacity to symbolize his experience in a way that connected image, emotion, meaning, and prior experience. While it may be tempting to describe this patient as "symbolically challenged," that is actually inaccurate. He was full of symbols. The problem consisted in their lack of meaning and connection with himself. Bion explicitly documents this condition with his idea of "attacks on linking."<sup>10</sup> He notes that projective identification helps developmentally to build links between emotions, language and internal objects, but when this process is disturbed, projective identification con-

tinues like a broken machine trying to handle destroyed bits of the psyche. It is Bion's idea that such a patient's internal destructiveness can produce a psychological disaster zone, one typical of the paranoid-schizoid position. Without links, the symbols are nearly meaningless, or the symbolic function of "throwing together" the known and the unknown is severely disrupted.<sup>11</sup> Perhaps though, in contrast to the foregoing discussion of projective identification as ridding one of unwanted or ruined parts, it may be possible to conceptualize the same operation as beginning with wanted parts. In the case at hand, the patient used projective identification as a means to symbolize his experience—the main difference being that the symbolization occurred in me. Rather than functioning purely as a defense, projective identification instead had a constructive, synthesizing, and even creative aim.

In asserting this, one must admit that my dream, along with the images of fire I saw, underscore the complexity of sorting projections and perceptions. Why did fire wind its way so convincingly into the consulting room and ultimately my dream world? Were these manifestations simply defensive maneuvers on my part to sublimate the force of the projections? The issue of my countertransference, in the classical and interfering sense, should not be sidestepped. After all, imagining one's office to be on fire and sweating visibly are not ordinary or routine reactions to a therapeutic encounter. Was I immobilized by anxiety and unable to respond to my patient? Was I caught in the throes of powerful affect (sexual attraction, anger) and feeling a loss of self-control? These unflattering but human possibilities have to be borne in mind. Perhaps more important-

ly, I considered these things at the time; my observing ego did not take a bow and leave the stage. Gordon states that projective identification has to be experienced in the countertransference, and that it goes beyond fantasy: "Rather, it is probably a process which, if it is sufficiently primitive and elemental, may really break down the boundaries and separateness between persons and lead to truly shared experiences."<sup>12</sup> Thus, I strongly felt my patient's nearly unfathomable process, and my dream helped to establish its meanings.

The dream reveals a tale about fire's two-sidedness, delineated on the one hand by the destruction of bombs (cathedral), and on the other by the illumination of sacred space (candles). It therefore can be interpreted as providing clinical information about the patient's dilemma, specifically that he would be lost without some fire inside himself (consecration), and that there was an untenable split within his psyche (the approaching demons). The patient was devoting so much psychological energy to projection that his psyche had come to resemble the bombed-out cathedral. He had been compelled to a one-dimensional solution, throwing the "bad" out of himself and unfortunately quite a bit of the good too. Referring back to Jung's commentary on "Immersion in the Bath" we find out why the two opposing sides are so vitally important. He writes:

*These constitute the link—in other words, they are the soul. Thus the underlying idea of the psyche proves it to be a half bodily, half spiritual substance, an anima media natura, as the alchemists call it, an hermaphroditic being capable of uniting the opposites, but who is never complete in the individual unless related to another individual.<sup>13</sup>*

The patient, defending against both depression and awareness of the HIV infection, had become socially isolated and very much a loner in his internal war. The demons in the dream can be construed as standard bearers for the virus and for his depression. They pose an imminent threat and cannot be put off any longer. To achieve some resolution, there has to be a consecration inside what is already devastated: the infected body. The old people, wise with years, know that it is impossible to do this alone (they ask for help), that a relationship is required to accomplish any hope of restoration. In this sense, they are Jung's alchemists urging me to create a sacred space in which my patient can work on "uniting the opposites." The dream could scarcely be clearer about the deep split within the patient. While the demonic figures outside the cathedral have been stopped in the dream, eventually they will have to be dealt with.

At this point, we might wonder: Why was I having this dream and not the patient? There is a hint of this puzzle in the dream. Although I have only the vaguest familiarity of Latin, I am speaking this language, but it is the patient's mother tongue that derives from Latin. I am truly using a "foreign" language. I have become my patient's voice. Why? Because the patient did not have a well-developed internal symbolic language himself and could not have dreamed this dream (in fact, he reported hardly ever dreaming and insisted that all he could recollect were "meaningless bits"). Projective identification in this case involved the work of symbolization, in which I created meaningful products (dream, vision, this article) out of the disconnected projected parts of the patient.

Theoretically, we might expect that there would be a group of patients whose development along the line of symbol formation and symbolic thinking would be impaired. For example, this condition is quite true for individuals with autism. It has been suggested that the primary deficit in autism is a failure to "mentalize," by which is meant the ability to recognize that one has a mind along with all its components such as thoughts, feeling states, and symbols.<sup>14</sup> The capacity to mentalize is usually attained by age three to four, but it typically eludes the great majority of autistic children. This metacognitive deficit is thus believed to underlie the significant social impairments associated with autism. If we understand mentalization as occurring on a continuum of development, then surely there would be individuals of greater and lesser capacity, though not necessarily so extreme as to be considered autistic. Ritvo et al. make this point with a sample of subclinical cases of autism.<sup>15</sup> In patients with a borderline character structure, for whom object constancy is not consolidated, there may be a degree of metacognitive deficit resulting in a loss of symbolic function (and mentalization). We are talking here of partial impairments, since there is as yet no reason to believe that mentalization is an all-or-none phenomenon. Borderline patients do encounter trouble in their misreading the internal states of others, which may be attributed to problems mentalizing the thoughts, motivations, and symbolic life of another. The metacognitive deficits being postulated are seen as arising from very early psychosocial trauma, a not uncommon finding in the developmental histories of these patients.<sup>16</sup> Those who cannot think with symbols may then be disposed to a greater reliance on projective identification.

In the case example, one could envision this unfolding as follows. The patient projects unwanted or wanted but meaningless parts of himself into me. This more chaotic and primitive material immediately occasions a strong somatic reaction which I organize and translate symbolically into a vision of flames. Isaacs would tend to support the sequence we are describing: first, the phantasies will be about bodies and sensations (e.g., heat and sweat), and only secondly do they become images and representations.<sup>17</sup> Once I had been left with these parts, more unconscious and archetypal patterns evolved and created the dream. While the dream is useful in understanding the patient, it is not in a form to be communicated to him. What then was I to do once he had worked the symbol? How can it be presented to the patient for reintroduction? The stuck window became a quasi-symbolic event with which the patient could identify. It allowed him to feel his own heat, to not experience it as deadly, and to move psychologically into a position of understanding, if not insight. He said, "We needed that," implying that he symbolically understood that the heat could be controlled and that the stuck window meant similar things to both of us. A crucial step in symbol formation is the recognition that meaning is shared and created out of mutual exchange. Seeing the humor in the situation, the patient was organizing his experience in a more sophisticated way, one which also enabled him to make a greater commitment to his treatment. Obviously, the stuck window was a chance event, and perhaps this is what a therapist must wait for in similar situations. A premature symbolic presentation would be meaningless, yet while waiting, the therapist must engage in his

quest to symbolize as closely to the patient as possible.

Plaut describes four cases in which the capacity to imagine was either partially or completely missing.<sup>18</sup> To account for this condition, he postulates a developmental sequence in which there is a breakdown in maternal empathy, and as a result, the infant's ego is continually flooded by overstimulating bodily experiences. The infant is unable then to develop links between experience and image. The maturing ego cannot under these circumstances form the proper stitching for imaginative processes. Plaut recommends that the therapist facing such a patient should fulfill two functions: "to provide a setting which is suitable for experiences of excitement to be felt and shared through 'holding' in the transference", and "to help in finding imagery which is appropriate and can eventually—if not always to start with—be expressed in words and thus linked with the conscious part of the ego" (p.116). While Plaut is not, in this article, addressing the issue of projective identification, his technical advice is compelling in light of my experience with Mario.

### **Fire and Heat as Symbols**

Perhaps the question yet remains why fire and heat represented my symbolization of Mario's projections. For example, why fire, and not water, with its rich meanings of flooding, the unconscious, depth, the maternal, currents, waves, tides, and so forth? We might argue again that it was my personal unconscious associations that formed this choice. On the other hand, this case may reveal something about the interplay between archetypal elements and projective identification. The nature of the patient's projections

may have dictated to a large extent how I would reformulate them. In *The Psychology of the Unconscious: A Study of the Transformations and Symbolisms of the Libido* (1912), Jung outlines a detailed argument for the close link between fire and sexuality at the earliest (and oldest) levels of the human mind. He writes:

*These examples, which allow us to recognize a clear sexual symbolism in the generation of fire, prove, therefore, since they originate from different times and different peoples, the existence of a universal tendency to credit fire production not only a magical but also a sexual significance. This ceremonial or magic repetition of this very ancient, long-outlived observance shows how insistently the human mind clings to the old forms, and how deeply rooted is this very ancient reminiscence of fire boring.<sup>19</sup>*

Based on this idea, it is then understandable and even likely that I would symbolize the patient's sexual projections as I did. Other patients would certainly not need me to complete this process; this one did. Jung is clearly writing of an archetypal connection. Later in the same work, he refers to "a remarkably archaic and at the same time generally applicable character . . . to infantile phantasy" (p. 396). The result of this particular example of symbolization by means of projective identification was strongly suggestive of an archetypal experience of fire. Significantly then, when projective identification is used by a patient to achieve symbolization, reference to the archetypes may assist in clarifying the experiences of both the patient and therapist. A brief (and by necessity, somewhat superficial) overview may help us to better understand the foundations of this idea.

The warning "Don't play with fire or you'll get burnt!" is a familiar echo for virtually all of us. The childhood fascination with fire stems largely from what appears to be its magical properties. Strike a match, and suddenly there is heat and light; darkness and cold are driven away by a secure fire. Yet its destructive potential looms, since fire can rapidly turn into conflagration. This archetypal duality about fire has no doubt added to the imaginative power it stirs in us. Looking at four religious and mythic perspectives will help define the tension between fire's creative and destructive poles.

In Western tradition, the religious significance of fire abounds from the burning bush to the flame of the Holy Ghost to the hell fires of Hieronymus Bosch and Alighieri Dante. The right panel of Bosch's famous triptych "The Garden of Earthly Delights" (ca. 1500) shows the perverse furnace of hell that awaits condemned sinners. Janson notes that Bosch's depiction of hell represented a belief that man was ultimately beyond redemption, corrupted by the flesh, as so vividly illustrated in the triptych's center panel.<sup>20</sup> Dante's topography of hell likewise relies on fire and burning to convey eternal damnation, and hence suffering, of lost souls. In *Canto XIV* of the *Inferno*, Dante describes the burning sands:

*Upon them all the great sand, falling slowly, Rained down dilated flakes of fire, just as in the mountains snow falls without end.<sup>21</sup>*

Sisson, in a footnote, explains that Dante's view of hell is based on "retaliation" or "contrapasso" (p. 561). This use of fire, therefore, calls to mind, as with Bosch, sins of the flesh, of passion,

of rage—all when human nature is overheated by impulse. Dante's damned souls burn for eternity to compensate for how the body and mind burned in life. These late medieval and late Gothic representations of fire as punishment underscored the purging, cleansing, and destroying aspects of fire.

In contrast, the Greeks gave us a tale in which fire becomes the creative centerpiece. Prometheus, creator of man in Greek mythology, stole fire from Olympus and gave it to humanity. He incurred the wrath of Zeus for this and other acts of defiance, and Zeus had him punished by chaining him to a mountain. The gift of fire greatly advanced the cause of mankind:

*And now, though feeble and short-lived,  
Mankind has flaming fire and therefrom  
Learns many crafts.*<sup>22</sup>

Fire offered not only protection but also a means for man to overcome his innate vulnerability. It heated the forges of the bronze and iron ages and thus heralded a new epoch of warfare and commerce. Prometheus elevated mankind through fire, and with this step a dramatic shift in civilization occurred: man now moved onto center stage as a force in his own right.

In Indian mythology of the Vedic age (ca. 1500-500 B.C.), Agni was the god of fire, who both protected man and transformed his sacrifices on the altar. The hymns to Agni in the Veda celebrate “a confidence in the capacity of aggressive fire to make way everywhere for its own victory over darkness.”<sup>23</sup> Both the power and transformational quality of fire are captured here, much as in the Promethean myth. Agni represented the actual fire of the altar, one which then consumed the individual on the funeral

pyre. Symbolically, as Campbell puts it, “immortality poured forever into the fire of time” (p.210). In this Eastern religious motif, fire is more complex and less associated with punishment and retaliation than in Christianity. Instead, one might venture that fire assumes a more evident role for its opposing capacities to protect, to destroy, and to transcend this world. It is here that one can glimpse the unity of the archetype.

As a final example, Egyptian mythology (ca. 2000-1800 B.C.) offers the figure of a fire goddess, Sekhmet, who formed a link between divine power and its earthly representation. Depicted with the head of a lioness on a human body, Sekhmet was the consort of Ptah, the god regarded as creator.<sup>24</sup> Once more, fire and creation were entwined. Sekhmet was a conduit for the “fierce destroying heat of the sun’s rays” (p. 147). Religiously, her task was to link heaven and earth, and so, symbolically, she connected two opposite realms. Therefore, with Sekhmet, fire represented something of a bridge, albeit a hazardous one: the polarity of the two sides could barely be tolerated by human beings, save one—the pharaoh.

These have been but a few of the countless ways that fire has been used to portray human religious experience and myth. Each example demonstrates how fire symbolism accents either a creative (Prometheus) or destructive (medieval Christianity) transformation, or varying degrees of both (Sekhmet, Agni). One can scarcely separate the archetypal experience of fire from that of heat. We experience fire through multiple senses—the smell of burning, the crack of wood on fire, the warmth on our skin, and the sight of hypnotic flames. Preceding those flames, however, the

object has undergone considerable *internal* heating. We can think of heating as the precursor to fire, accumulating the energy necessary for ignition. In the case example, there were components of heating and fire, and for that reason it may be helpful to look at both.

Edinger, in his discussion of *calcinatio* (intense heating to drive off all water), mentions that it is through this heating that one develops "an ability to see the archetypal aspect of existence."<sup>25</sup> He believes that psychotherapy can dry out the "water-logged unconscious complexes" (p. 42). For this to occur, there must be adequate rapport between therapist and patient to tolerate and hold the ensuing frustrations, and the patient must have a strong enough ego to withstand the "inward heat" generated during the *calcinatio*. Part and parcel of this development is the denial of desire (or as Edinger, in citing Jung, puts it, the denial of animus or anima energies). Essentially, the ego gains control over affects, and thus develops a capacity to work with the archetypes symbolically, rather than being driven by them. In Mario's case, I was the one who, through my experience of heating, was propelled to this archetypal recognition. Because of the patient's extensive reliance on projective identification, I first had to gain control over his desires, which had been put into me. Under different conditions, I would be expected to frustrate the patient's desires sufficiently so that he could achieve his own *calcinatio*. The patient described above, however, had a markedly limited capacity for this, and it was only with the episode of the stuck window, six months into the treatment, that he began to acknowledge his own "heat." Edinger is writing mainly about patients for whom the symbolic func-

tion is whole and intact. For them, *calcinatio* results in a greater capacity for symbolization, especially with a connection to archetypal roots. Where, however, the symbolic function is impaired, the therapist himself has to tolerate "calcining" until the patient is ready, almost at a developmental level, to reintroject and begin his own cumbersome work of symbolization. Critical to this change is the therapist's not acting upon the patient's powerfully projected affects and impulses.

Similarly, Bachelard, in his book *The Psychoanalysis of Fire*, claims that human awareness of fire opened the door to our internal life. He argues that the reverie one experiences when beholding fire compelled primitive man to ponder his own inner warmth and heat. Through fire, man learned to symbolize:

*We are almost certain that fire is precisely the first object, the first phenomenon, on which the human mind reflected; among all phenomena, fire alone is sufficiently prized by prehistoric man to wake in him the desire for knowledge, and this mainly because it accompanies the desire for love.*<sup>26</sup>

Bachelard bases this conclusion about the desire for love on fire's intricate symbolic proximity to sexuality. For him, fire awakens the inner world and drives one to discover the heat of the other. Moreover, he believes that human symbolization originates with fire: "Sexualized fire is preeminently the connecting link for all symbols. It unites matter and spirit, vice and virtue. It idealizes materialistic knowledge; it materializes idealistic knowledge."<sup>27</sup> Thus, fire is historically the "ur-polarity," the fundamental and first opposite which man sought to transcend. In doing so, he established a symbolic

fantasy life as well as the longing to find the same (or similar) in others. Much more could be written here about Bachelard's rich work, but suffice it to say that he might not have been at all surprised by the ideas advanced in this article. He very much considered the viewing of fire as a door into the oven of psychological heat, from which symbolic thinking could emerge.

## Conclusion

We have examined projective identification as a complicated and multipurposed psychological operation. Since Melanie Klein, we have known that, from a defense perspective, it serves to transform and to a certain extent metabolize troublesome affects and impulses. But it can also have other uses. As discussed in the case example, projective identification took on a bridging function, intimately linking the patient's unconscious with mine for the purpose of symbolization. This dimension is reminiscent of Winnicott's transitional phenomena<sup>28</sup>, and it is likewise consistent with Gordon's ideas about projective identification.<sup>29</sup> The key point to keep in mind here is that while transitional and intersubjective space was created, my patient had a limited capacity to enter it. Thus, I had to look for offerings to present themselves on the bridge, so to speak, things that would encourage him to step forward. The stuck window became one of these therapeutic opportunities.

Finally, returning once again to fire, in *Memories, Dreams, Reflections*, Jung writes:

*I also recall from this period (seven to nine) that I was fond of playing with fire. In our garden there was an old wall built of large blocks of stone, the interstices of which*

*made interesting caves. I used to tend a little fire in one of these caves, with other children helping me; a fire that had to burn forever and therefore had to be constantly maintained by our united efforts, which consisted in gathering the necessary wood. No one but myself was allowed to tend this fire. Others could light other fires in other caves, but these fires were profane and did not concern me. My fire alone was living and had an unmistakable aura of sanctity.<sup>30</sup>*

We might wonder then about other children than Jung, who not only cannot tend Jung's fire but who cannot be captivated by fire at all. Jung describes a personal relationship to this particular sacred fire that in childhood held a symbolic liveliness and endurance for him. The transformational qualities are clear in his references to the eternal, the elemental (wood as fuel), and the sacred. A hint of his future interest in alchemy is already to be discerned in this image of an archaic furnace and maybe even a foreshadowing of his theory of libido. But what makes this memory so apt here is that it demonstrates the symbolic richness that his young human mind could potentially bring to the world. We are left then imagining how empty and evacuated that same world might have looked if the symbolic function had been impaired. Perhaps the bombed cathedral of my dream is a good image for this other condition, and the lighting of a few candles here and there can begin to repair it.

## Notes

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