

## The Window Knew Best: A Response to Robert Tyminski

By Michael Vannoy Adams, D.Phil., C.S.W.

I began reading Dr. Tyminski's article "When the Therapist Must Symbolize Because the Patient Cannot" with interest but no little skepticism. Clinically, it seems to me a dubious proposition to argue that it is appropriate, under any circumstances, for an analyst to do something for a patient who cannot do it for himself—and that includes to symbolize for a patient who apparently lacks the capacity to symbolize for himself. The irony is that this article demonstrates not so much "the patient's impairment at symbolizing" as it does the analyst's. In short, Dr. Tyminski does not practice what he espouses. He consistently operates non-analytically on the level of what I would call the actual (rather than on the level of what he calls the "symbolic").

Dr. Tyminski reports that half way through the third session he became "physically warm, as though the room were heating up." Rather than immediately considering what "heat" might symbolize, he wonders whether "it had actually [my emphasis] gotten hotter in the room," perhaps because "the ther-

mostat had malfunctioned." That is, the very first thought that occurs to him is a nonsymbolic thought on the level of the actual. He then says that he ruled out that possibility. (He does not say how he ruled it out—whether he simply dismissed the thought or whether he got up from his seat, walked over to the thermostat, and looked at the temperature.) He then wonders whether his sensation of warmth is homoerotic "sexual heat" that he experiences toward his gay patient. This, again, is a nonsymbolic thought on the level of the actual. Dr. Tyminski says that toward the end of the session he "felt hotter and began to sweat." Although "the room's temperature was not elevated," he "had the sensation of extreme heat, as if there were a fire in there." Finally he says, "I felt beads of sweat on my forehead and was surprised by a lively image of flames engulfing the room." In this account there is sensation, then perspiration (somatization), then imagination (tantamount almost to hallucination)—but no symbolization (that is, no analysis of the symbolic significance of these experiences).

In a session six months later, Dr. Tyminski again "experienced a heating up of the office." This time, he does not just think nonsymbolically; he acts nonsymbolically. As he says, he "decided to do something." First, he asks his patient whether he, too, is feeling "at all warm," and when his patient says yes, Dr. Tyminski gets up from his seat, goes over to the window, and tries

---

Michael Vannoy Adams, D.Phil., C.S.W., is an analyst in training at the C.G. Jung Institute of New York and a faculty member and supervisor at the Object Relations Institute for Psychotherapy and Psychoanalysis. He is author of *The Multicultural Imagination: "Race," Color, and the Unconscious* (Routledge, 1996). He received the 1999 Gradiva Award from the National Association for the Advancement of Psychoanalysis for best article on psychoanalysis.

to open it. He says that “fortuitously, it stuck, and the two of us”—Dr. Tyminski and his patient, who also got up from his seat and went over to the window—“had to force it open together.” (They did not have to do any such thing; as Dr. Tyminski says, he decided to do something.) Clinically, it is bad enough that an analyst would act so nonsymbolically, but it is much worse that he would either enlist or welcome the help of his patient in acting nonsymbolically together. According to Dr. Tyminski, “Fresh air streamed into the office.” His patient “breathed deeply, and said he felt better: ‘We needed that.’” The two of them sat back down, but apparently they never analyzed the symbolic significance of this unconscious collusion in nonsymbolic action—much less the patient’s remark “We needed that.” Opening the window was, in fact, not only unnecessary but, worse, nonanalytic.

Dr. Tyminski interprets the heat in accordance with Kleinian-Freudian theory and practice. According to him, what he experienced was a projective identification of sexual heat from his patient, who, he says, “got me ‘hot.’” That is, his patient had projected sexual heat into him, and Dr. Tyminski had identified with it. Dr. Tyminski acknowledges that it may initially have been his responsibility simply to take the heat and “take no action,” but he concludes that eventually he had to take action. On the contrary, when he takes action and opens the window, he foregoes the opportunity (and the responsibility) to analyze the heat symbolically. When Dr. Tyminski asks his patient whether he, too, is feeling warm, one might wonder whether it is the analyst rather than the patient who is indulging in projective identification

and then inducing the patient to act out with him in opening the window. From this perspective, Dr. Tyminski would have been projecting his own intolerable “analytic heat” (and perhaps sexual heat) into his patient, who then promptly identified with it. Contrary to what Dr. Tyminski says, this heat would not have come “from inside” his patient.

According to Dr. Tyminski, “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.” But is this what opening the window demonstrated? Is this what it conveyed? What was the unconscious communication in this nonsymbolic action? It seems to me that, on the contrary, by choosing to open the window rather than keeping it closed and “taking the heat,” Dr. Tyminski demonstrated that he was overwhelmed by the heat (as he had previously imagined the room engulfed by flames) and that he could not “keep his cool” as an analyst.

Dr. Tyminski says that it was ironic “that the two of us, patient and therapist, had to work together to open the stuck window.” (Again, they did not “have” to do any such thing; Dr. Tyminski chose to do it, with his patient.) There is irony all right, but what is communicated unconsciously to the patient by this nonsymbolic action is that the analyst cannot take the heat of analysis, that he needs help, that he cannot help himself, and that his patient needs to help him. Contrary to what the patient says, opening the window together is the last thing that the two of them need clinically. It is as if Dr. Tyminski’s article ironically illustrates the adage “If you can’t stand the heat, get out of the kitchen” (which is a maxim that should give all analysts pause for reflection professionally).

The window knew best. I do not believe that it is necessary to invoke synchronicity in this instance, but after the analyst and patient had opened the window Dr. Tyminski might well have pondered—and perhaps discussed with his patient—what the symbolic significance was in a window that resisted being opened. In this respect both Freud and Jung cite F. T. Vischer’s nineteenth-century novel *Auch Einer*. Vischer emphasizes the “mischievousness of the object”<sup>1</sup> or the “perverseness of things.”<sup>2</sup> According to Vischer, there is a contrariness to objects or things, which often seem to behave in mischievous or perverse ways, against our will, as if they had a will of their own, just as this window resists being opened. If, as Dr. Tyminski says, the window stuck “fortuitously,” this was not because it provided him and his patient with an opportunity to force it open together but because, from a Vischerian perspective, the “stuckness” of the window provided them with an opportunity to ask themselves why they were operating nonanalytically on the level of the actual rather than the symbolic.

It is curious that Dr. Tyminski never mentions the *vas bene clausum*. In Jungian theory and practice, the consulting room is symbolically a vessel that needs to be kept well-sealed so that the temperature essential for what Jung calls “transmutation in the alchemical heat”<sup>3</sup> will not be dissipated. Jung says that “the idea is to protect what is within from the intrusion and admixture of what is without, as well as to prevent it from escaping.”<sup>4</sup> By opening the window, analyst and patient collude unconsciously in a *folie a deux* and, contrary to the Jungian theory and practice of the well-sealed vessel, together enable the “cool” to intrude and the “heat” to escape. When the analysis heats up (as any analysis always does), Dr. Tyminski gets “hot and bothered” and acts out with his patient in order to cool it down.

#### Notes

1. C. G. Jung, *CW* 8, p. 97.
2. Freud, *SE* 6, p. 140n.
3. Jung, *CW* 7, p. 223.
4. Jung, *CW* 12, p. 167.

