

Counter Response to Michael Adams

By Robert Tyminski, D.M.H.

Initially, out of astonishment and annoyance, I wanted to write a point-by-point rebuttal to Dr. Adams. After all, he presses his criticisms fairly hard at theoretical and technical levels, and he has challenged my professional common sense. Yet I am unsure what would be gained by a fiery defense except to introduce even more heat into the archetypal field of this case. It would be cooler, I think, to make a couple of general comments in the spirit of an evolving dialogue.

First off, it is my understanding that the *vas bene clausum* is not the only model in alchemy, that the alchemical furnace is another alternative, and there, the window is open. I think that, in a roundabout way, my patient and I were headed in this direction, and that my article tries to describe the bumps and detours along this path. Yes, I entertained a number of possible solutions to an anomalous, increasingly uncomfortable situation that were arguably not just symbolic. What I was experiencing with this patient did not easily lend itself to symbolization by him or clear formulation by me, and that feature is what led me to write about the case.

I did think at the time that the heat could be explained, on the basis of frag-

mentary instinctual material, as belonging to something primordial and early in a developmental schema. As late as when I wrote my paper, I imagined this to be infantile sexuality. If I had to interpret it today, I think I would describe it as the heat of a womb. I suppose that I could have interpreted the heat to my patient along those lines, although my guess is that he would have responded with incredulity. Further, I suppose I could have left the window closed and seen what developed next. I wonder, though, if there are not times when we are permitted to take a position in analysis or psychotherapy, perhaps guided by an intuitive security in ourselves, that enough of something is enough. In doing so, I do not imagine us as frustrated cooks storming out of our kitchens, but rather as the surgeon inducing a birth when the baby has been in the womb long enough. That is not exactly leaving the scene of an analysis; it's taking up one's authority within the transference to act appropriately. The heat was for me one example of something I had to regulate. In truth, what guided me to feel it still remains a mystery, but once I did feel it, I also had to choose how I would respond.

The notion of the window knowing best is quite interesting, but this implies that synchronicity is never a mirror of the neurotic problem, and only mirrors what the self thinks is best. It would be truer to what my patient and I experienced to say that my office had somehow created a heated microcosm which was perhaps an unconscious expression of a suffocating, negative mother. I cer-

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tainly struggled with holding this heat before I chose to act to dissipate it, and I would suggest that, on occasion, one should not just accept every heat. Certainly my patient said “we needed that” when I opened the window, i.e., my paternal action felt right to me and to my patient. It is true that I took a stand with this action, as the father must in dealing with the pre-Oedipal mother at the stage of early separation-individuation, and I felt that I was acting in my therapeutic role to do so.

On the other hand, it is wrong to claim I “knew” what I was responding to. The title of my article suggests that I did or could know, and another title would have fit better. My intention really was to describe a clinical situation that demanded something of the therapist, but it was as much about the therapist’s not knowing as about knowing what exactly he was experiencing. My therapeutic trial by fire involved

engaging with something intense and primordial that I felt but could not fully symbolize, and modeling for the patient how to act in such an emotional field where one might be tempted to wait for symbolic clarity yet feel increasingly uncomfortable in doing so. I freely confess that my opening the window on such a field is not the only model that could have been offered to my patient, but it was the one my own integrity led me to offer him, and the gift was gratefully received. I don’t think it does much to subject my behavior to a superego standard of holding or interpreting that already knows how an analyst has to act in the face of this kind of discomfort. Rather, I would expect a colleague to recognize that I was in a double bind, and that my patient was in one too.

I appreciate that the editor has offered me this opportunity to reply to Dr. Adams’s critique.