

selected writings by

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A Blue Fire



*Introduced and edited by Thomas Moore,
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"James Hillman is the most lively and original psychologist we have had in America since William James. I honor him, and read something in his work almost every day."

—ROBERT BLY

choosing one or the other. The opposite impulses present themselves as indistinguishable. At this border, one side is the same as the other. Fantasy here transcends the opposites as a problem. Images are merely themselves, not arraigned for judgments, positions and oppositions. There is nothing to affirm or deny.

("Negative Senex," 98-99)

WOUNDS

By recognizing a basic cry we may evoke this child in the pathology; it is as if there were a basic cry in persons that gives direct voice to the abandoned content. For some persons it is: "Help, please help me"; others say, "take me, just as I am, take me, all of me without choice among my traits, no judgment, no questions asked"; or "take me, without my having to do something, to be someone." Another cry may be "hold me," or "don't go away; never leave me alone." We may also hear the content saying simply, "Love me." Or we can hear, "teach me, show me what to do, tell me how." Or, "carry me, keep me." Or the cry from the bottom may say, "Let me alone, all alone; just let me be."

Generally the basic cry speaks in the receptive voice of the infant, where the subject is an object, a *me* in the hands of others, incapable of action yet poignantly enunciating its knowledge of its subjectivity, knowing how it wishes to be handled. Its subjectivity is in the crying by means of which it organizes its existence. So, as well, we hear it in the basic cry a person addresses to his environment, turning his entourage into helpers, or lovers, or constant companions (a *thiasos*) who will nurse, dance attendance, or teach, or accept all blindly, who will never let him alone, or the reverse, from whom he flees in continual rejection. And the cry says how a person is unable to meet his needs himself, unable to help himself, or let himself alone.

It is worth insisting here that the cry is never cured. By giving voice to the abandoned child it is always there, and must be there

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inhibition, enclosure, lethargy, or that sense of depth that presses on us as depression, oppression, suppression. Our downward imagination has entered the earth. Bottom's dream.

(*Dream and the Underworld*, 139-140)

Crucial to this move into internal space is realizing that it must be black and must be empty, otherwise the antidote cannot appear in the poison. Rigid self-centered focusing without escape into future hopes is precisely the melancholy method, a process of archetypal self-correction.

The very agitation and circling thoughts that accompany the narrowing solitude and interior imaginal monologue are the peripheral activities that go along with every centering. The contradictions of center and circumference appear in the paradox of *agitated depression*—handwringing, pacing, insomnia. The intensely focused desert saint is assailed by chattering distractions; the old king wanting to be left alone to his books at the same time is out busily defending his far-flung borders. (It's only when we are in a centering fantasy that we worry about "the ten thousand things.") The structure obsessively works at its inner opposition. The body symbol is still the head. . . .

When a psychotherapist finds it beneficial for a person depressed to "go into the depression," or for older people to occupy themselves with thoughts, visions, and the strange otherness in their dreams he is expressing what Ficino, child of Saturn that he was, presented as a cogent method. Senex consciousness is finally at rest in the imaginal realm of the *archai*, which are *dei ambigui* of endless complications and contradictions. Melancholy drives us to where we can think and imagine no further, to the inmost void which is also the furthest limits of the mind. These are the borderlands, a borderline condition of emotional ambivalence which, as Freud wrote, is a root factor in melancholia. But now, from what we gather of Ficino's approach to what might be regarded as the psychotic bottom of depression, there is no rage to end the internal contradictions by

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as an archetypal necessity. We know well enough that some things we never learn, cannot help, fall back to and cry from again and again. These inaccessible places where we are always exposed and afraid, where we cannot learn, cannot love, and cannot help by transforming, repressing or accepting are the wildernesses, the caves where the abandoned child lies hidden. That we go on regressing to these places states something fundamental about human nature: we come back to an incurable psychopathology again and again through the course of life yet which apparently does go through many changes before and after contact with the unchanging child.

Here we strike upon the psychological relationship between what philosophy calls becoming and being, or the changing and the changeless, the different and the same, and what psychology calls growth on the one hand and on the other psychopathy: that which cannot by definition reverse or alter but remains as a more or less constant lacuna of character throughout life. In the language of our theme we have the eternal vulnerability of the abandoned child, and this same child's evolving futurity.

In this conundrum we usually pick up one side or the other, feeling ourselves different, changing, evolving, only to be smashed back by the shattering recurrence of a basic cry which in turn leads to the belief of being hopelessly stuck, nothing moving, just the same as always. The history of psychotherapy has also been driven back and forth by this apparent dilemma. At times degeneration theory (inheritance and constitution, or an idea of predestination) declare character is fate and that we can but move within predetermined patterns. At other times, such as today in American humanistic developmental psychology, the category of growth through transformation covers all psychic events.

Neither position is adequate. Like the metaphorical child of Plato's *Sophist* who, when asked to choose, opts for "both," the abandoned child is both that which *never grows*, remaining as permanent as psychopathy, and also that futurity springing from vulnerability itself. The complex remains, and the lacunae; that which becomes different are our connections with these places and our reflections through them. It is as if to change we must keep in touch with the changeless, which also implies taking change for what it is, rather than in terms of development. Evolution tends to become a "means of disowning the past" (T. S. Eliot); what we want to change we wish to be rid of.

("Abandoning," 19-20)

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Building the psychic vessel of containment, which is another way of speaking of soul-making, seems to require bleeding and leaking as its precondition. Why else go through that work unless we are driven by the despair of our unstoppered condition? The shift from anima-mess to anima-vessel shows in various ways: as a shift from weakness and suffering to humility and sensitivity; from bitterness and complaint to a taste for salt and blood; from focus upon the emotional pain of a wound—its causes, perimeters, cures—to its imaginal depths; from displacements of the womb onto women and “femininity” to its locus in one’s own bodily rhythm. . . .

We have said that each symptom brings the archetypal condition of woundedness. Although the wound may be experienced through a symptom, they are not the same. A symptom belongs to diagnosis, pointing to something else underlying. But the wound, as we have been imagining it, takes one into the archetypal condition of woundedness and gives even the smallest symptoms their transcending importance. Every symptom would turn us into its fantasy, so that skin spots make us lepers, diarrhea makes us little babies, and a sprain turns us into old derelicts on the bench. The *magnificatio* that wounding brings is a way of entering archetypal consciousness, that is the awareness that more is going on than my reason can hold. One becomes an open wound, hurting all over, as consciousness is transfigured into the wounded condition. We experience affliction in general, afflictedness as a way of being-in-the-world. The wound announces impossibility and impotence. It says: “I am unable.” It brutally brings awareness to the fact of limitation. The limitation is not imposed from without by external powers, but this anatomical gap is an inherent part of me, concomitant with every step I take, every reach I make.

Because limitation is so difficult and painful for the puer structure, its statement, “I am unable,” is exhibited by the painfulness of the wound. He stands before you, still radiant and cheery, as innocent as ever, all the while grossly demonstrating his incapacity by the thick plaster cast on his leg. A puer-man, psychologically, hides his wound, since it reveals the secret that weakens this mode of consciousness. It fears feeling its own inability. For, when the wound is revealed at the end of the story, it kills one as a puer. The wound is one’s mortality. Each complex has its symptom, its Achilles’ heel,

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its opening into humanity through a vulnerable and excruciatingly painful spot, be it Samson's hair or Siegfried's heart.

Therapy must touch this spot; it must move from the beautiful wounded condition into the actual present hurt. The archetype, remember, generalizes, because archetypes are universals. So drive the nail home! Go into the crippling, maiming, bleeding; probe the specific organ—liver, shoulder, foot or heart. Each organ has a potential spark of consciousness, and afflictions release this consciousness, bringing to awareness the organ's archetypal background, which, until wounded, had simply functioned physiologically as part of unconscious nature. But now nature is wounded. The organ is now inferior. Deprivation of natural functioning gives awareness of the function. We realize for the first time its feeling, its value, its realm of operations. Limitation through the wound brings the organ to consciousness—as if we know something only as we lose it, in its limitation and decay; as if the knowledge death gives is the knowledge of what a psychic thing *is* in itself, its true meaning and importance for the soul. A "dying" consciousness is released by the wound.

This dying awareness, or awareness of dying, may heal the wound, for the wound is no longer so necessary. In this sense, a wound is the healing of puer consciousness and, as healing takes place, the wounded healer may begin to constellate. We must admit, after all, to a curious connection in fact between puer persons and the vocation to therapy.

The *wounded healer* does not mean merely that a person has been hurt and can empathize, which is too obvious and never enough to heal. Nor does it mean that a person can heal because he or she has been through an identical process, for this would not help unless the process had utterly altered consciousness. Let us remember that the *wounded healer* is not any human person, but a personification presenting a kind of consciousness. This kind of consciousness refers to mutilations and afflictions of the body organs that release the sparks of consciousness in these organs, resulting in an *organ- or body-consciousness*. Healing comes then not because one is whole, integrated, and all together, but from a consciousness breaking through dismemberment.

("Ulysses' Scar," 115-117)

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