

EMOTION

A COMPREHENSIVE PHENOMENOLOGY OF THEORIES AND THEIR MEANINGS FOR THERAPY

James Hillman

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PREFACE 1991

ON THE OCCASION of this new edition, I want to add some reflections in keeping with the last phrase of the subtitle of this book: "meanings for therapy " The main substance of therapeutic analysis since its inception with Freud are emotions: fear, inertia, grief and depressions, dread and anxiety, anger, shame, hatred, and of course the complexities of love, desire, lust, jealousy, need, compassion, sympathy, obsession. These states of soul, the material of any therapeutic session world-wide, were also once the subjects of deep philosophical thought. Plato, Plutarch, the Stoics, Thomas Aquinas, Descartes, Spinoza, Hume—all wrote treatises on the various emotions; and, if you look to Western theology with an eye to emotion, from Jesus and Paul on you will find that the theologians, too, have been most concerned with what to do with, about—and against—the passions of the soul.

From an archetypal perspective—by which I mean that view which holds emotions to be primary and irreducible, transhuman and ubiquitous, of major value and forcing "unconsciousness" (Chapter V) on their subject—from this archetypal perspective, emotions are the theme of earthly life They keep us all alike, give us all equal opportunity to be sane and insane, victims of our rages and hatreds, of obsessive jealousies shames, and disgusts, of our wild hopes and longings. And they do not belong only to psychology. Literature, art, crime, politics and social education are all theaters of emotion, to say nothing of the daily round of the family household. When Shakespeare's plays were performed at the Globe Theatre, royalist and commoner alike were amused: cripples, fools, scholars, monks, soldiers, and nobles all attended, wept and laughed, submitting to the same emotions. We can thank emotion for our shared humanity.

We may be less able to enact an emotion if we are handicapped, retarded, or socially deprived; we may be less willing to feel it, show it, speak from it if aged, abused, or impoverished. But the qualities of lust, grief, and fear belong to human heritage. Facial expressions of emotions studied by Theophrastus in antiquity and, more famously, by Darwin in Victorian times, still reveal the universality in human features of happy smiles, sad frowns, angry glares, shameful blushes, even if cultural meanings vary (Chapter XV). To be in the grips of an emotion makes us instantly intelligible and commonly human—and beyond human, too. After some thirty-five years of analytical practice and teaching, I am happy to return to this, my first major scholarly project, because by reintroducing this book, I may reflect on therapy as a whole from a most basic perspective, a base that is neither technical nor school-bound but simply "emotional." As well, I may turn in particular to those therapies whose method uses the expressive arts because their focus is mainly on emotion, rather than cognition, family systems, insight, recall, dream analysis, hypnosis, and so on.

What do the expressive therapies actually do?—not what do they set out to do, expect, or look for, or how they account for what goes on in a session. I am not here concerned with theoretical explanations about fathers and mothers, about transitional objects and symbolization, about abreaction and interpretation. Rather, my focus is what actually goes on when a patient begins to dance, to choreograph or paint his or her state of soul, to speak aloud freely in a dramatic tirade or a poetic soliloquy, to sculpt it in clay or lay it out in a collage. And I want to ask about the "it" that is being presented, expressed, shown, or formed by means of these various arts. Clearly, the "it" is an emotion, an emotionally tinged state of soul. For even if it is said to be a trauma, a memory, a dream scene, or a present confusion and helplessness, what we like to call a "problem," with a lover, an employer, a parent—the emotion is the content that brings the person to therapy. Only when a "problem"—a relationship, a memory, a dream—becomes suffering, when we are affected by the problem, does it enter us and we enter therapy.

As the following pages show in careful detail, most theoretical models hold that rages, fears, and passions are our personal responsibility. Somehow, somewhere, they are located inside us, and the search for location is reported in Chapters IX and X. Certainly, we feel them there inside: the sadness behind our eyes, the sob in the throat, the tight chest; the grip of fear in the bowels; the fixed, searching, paranoid, jealous stare watching the beloved's face in a restaurant. Certainly, as theories of emotion from Galen to William James have stated, emotion is an interior physiological condition. Certainly, emotion is inside the skin, deep inside the hippocampus, the hormonal system, the animal body, residing in the core of our inmost being.

My contention here, however, shall be that though they be felt deeply, and we suffer emotions physically and inwardly, this fact does not make them "ours." Rather, I believe that emotions are there to make us theirs. They want to possess us, rule us, win us over completely to their vision. In short, as the English Romantic poet William Blake said, "Some good we may do when the man is in a passion, but no good when the passion is in the man." To have a passion in me is demonic; to be in a passion, in the world of the emotion and grasped by the way it signifies all things with a specific vision or insight, may move the psyche to a deeper and epiphanic connection with the world (Chapters XI and XV). Since the main task of therapy consists in interiorizing all psychic events whatever so that they can be reflected, it tends to conceive emotions inside as "mine." This assumption leads therapy to take somewhat uncritically the feeling of affliction, thereby literalizing the heightened feelings of "me-ness" that result from emotions. This, in turn, leads to an exaggeratedly personal sense of abuse and victimization, a sense that comes from the personal way we conceive emotion, and not only from abusive persons.

Let us be quite clear: even if I never feel more "me" than when in the grip of an emotion, it is in its grip, not mine. That an emotion gives the feeling that it is my private affair does not thereby make the emotion "mine." Our cultural bias attaches a "me" to whatever happens. We own experiences before we even feel them through or know what they want. Private property, ownership, is our way of life. Were we in Haiti, set on Greenland's coast, up the river Niger, or in ancient Greece, an emotional seizure would be seen as a visitation of externalities. A mood descends, a passion strikes, an urge rises up and won't let go. These would be imagined as "gifts" (William James, Chapter XIX) of the spirit—or of what? But not mine. And, they would be treated with the respect due to guests rather than with the hostility that would attempt to get rid of invaders by tranquilizers, moral commandments, or abreaction.

But if imagined to be inside me, emotions are, of course, "too much" to contain and so become, in Blake's word, demonic, and need abreaction (exorcism). So goes our usual theory. We express emotions to get them "out." Whereas, if we follow Blake, and how emotions actually work, we begin to realize that they come to us from elsewhere, the not-me, enter our premises, and enchant us into their condition. Blake also called emotions "divine influxes," suggesting that they are the way the Gods flow into the soul, moving it to a more-than-human condition of excitement and fury, of sorrow and mourning, of folly and ecstatic desire.

So art therapy asks of each emotional condition this question: what does the emotion want? What are its features, its characteristics? How does it sound in my chest and throat? How does it move through my body, what is its dance—not how can I dance it? How does this terrible sadness over my father's death, my love for this old man now gone, the remorse over our misunderstandings, the inexcusable and stony anger I cannot accept in my memories of him—what does all this want—not only with me, and from me, but what does it all want to do and say and show? How may I serve this divine influx so that the God in the disease is served by my movements, my colors and brushes, my words and voice?

I wake in the night and the emotions are there. I am afraid of the future, alone. I am tormented by my incapacity to meet what is expected of me. It would be easier just to be dead. Whatever I do, wherever I turn is wrong. Night thoughts assail me. They sit on the edge of my bed and fill my head with cutting criticisms and my heart with despair. I toss and turn or lie rigidly awake, begging for release and sleep. Like black-winged demons, the emotions come at night for several hours. Insomnia they call it; nightmares; depression. But the clinical language only masks the faces of the emotions that are visitations from another world, the underworld, reminding me of Hades. Are they asking that I pay homage, for a few hours, perhaps, to that all-important God who is invisible in the dayworld, whose moves are made in the dark, through the dark, who is allied with hypnos and thanatos, and who, if recognized, voids life of its usual programs, offering instead the strength and fullness, and beauty too, of the invisible background of all life?

Psychology wants to interiorize these events and make them personal. The night terrors become that, and only that; they remain humanized and do not lead to gods. They are my problem for which I see my therapist or take my sleeping pills. That the black-winged demons may also be protective angels offering familiarity with a world the dayworld does not allow; that they have their intentions with my soul aside from my intentions with myself; that they are guests in my room and not part of me as complexes, problems, negative intuitions, rehearsals of childhood traumas—these possibilities therapy tends to ignore.

A principle intention of an emotion is to connect our animal nature with the world in which it is embedded. Emotions respond immediately to the truth of things. They are the most alert form of attention. Disgust turns away from decay, fear warns of danger, desire recognizes beauty, and pity responds to need.

Unfortunately, therapy sometimes forgets this primary aspect of emotion. Rather than letting emotion guide behavior into participation with things as they appear, therapy interiorizes strong affects, reflecting them back to the subjective "me." For example, I drive my light-weight, compact economy car on the crowded turnpike to an appointment with my analyst, a forty-five-minute drive. Traffic is intense and very fast, the roadway is impeded by potholes, accidents, narrowed lanes for

construction, metal and rubber debris—and eighteen-wheel trailer-trucks. By the time I arrive in the consulting room, I am shaky, angry, and sad. I have been scared by the trucks, outraged over the waste of long-hauled food in the summer from distant states and over the disrepair of both the trucks and their roads, and almost in despair over the destructive mess created by our energy policy, transport system, and collapsing infrastructure.

My analyst, seeing my emotional upset, says, "Tell me about it." I do: the huge semi's, my little car, the strain of the drive. He then may ask what it reminds me of, what it feels like, what it says about our relationship (his and mine). We are now on the interior path of recollection and transference. My father was like a big truck, running over everything in his way; my thin-skinned sense of myself; my insecurity over my "size" compared with "big" men like truck drivers; my underlying depression and powerlessness that milks every opportunity to be sad; my deep-seated hostility toward my analyst for making me take risks in order to come to see him....

Soon we are far away from the highway and the trucks, far from the outrage, fear, and sorrow evoked by the actual conditions I saw and thought about on the road: volatile, flammable cars and trucks, budget deficits and construction corruption, the hurried decline of the world, agribusiness, fertilizers, and eating habits. Instead, the outrage has been converted to my own hostility; the fear, to my own anxiety and insecurity; the sorrow, to my own depression. The emotions that reported on and responded to the world now have new referents: my family past and subjective present, all inside me.

There are, of course, emotions that do not seem "caused" (pp. 249- 58) by the world "out there." Emotions that suddenly come upon us when the deep purple falls—moods of lassitude, of longing, of sullen silence. These seem to spring from nowhere. They do not have the world as their reference; not even thought, memory, or dream has called them up. Here is a distinction first made by Aristotle between locomotion, or motion in space as between yourself and world, on the one hand, and, on the other, motions that are alterations. These alterations of the soul can be either qualitative (the soul going through a process of change for its own sake) or quantitative (the soul decreasing or increasing its capacity). Many of the adolescent emotions that propel our youthful follies, as well as the crazy turns of "impossible love," may be conceived as alterations in the soul increasing its capacity—"inner space" as we sometimes call it.

These alterations of the psyche initiate, accompany, and signify changes in the subjective soul. In clinical practice we see them as autochthonous depressions, deepenings of grief, manic increases of energy, as oceanic expansions of love, or flaring, all-consuming rages. These emotions without reference are what Chinese psychology calls movements of the Heart or Heaven (Chapter XII). They correlate with what Jung has called the process of individuation, the soul's disclosure through time of its organic nature.

The issue for the therapist, for each of us and for theory too, is to differentiate emotions of the first sort, which are occasioned by and refer to the truck on the highway, from emotions of the second sort, so as not to reduce every emotional condition of the patient to a purely internal, nonreferential alteration. For it is just this reduction that traps a person into a private internal life and removes emotions from the political world of the community.

Nonetheless, despite this distinction between emotions signifying the world and offering information about it, and those that seem wholly interior—that is, those movements of the Heart or Heaven—neither sort of emotions is mine, subjective. In both sorts, the origin lies outside the proprium of the owning person (Chapter XI). In both sorts the patient works with the emotion for its sake, allowing it to shape and express what it asks for. Both sorts, in other words, recognize that an emotion is a divine influx, its gestures a mimesis of divine archetypal images. The therapist's task in dealing with both sorts is one of epistrophe, as the Neoplatonists called the therapeutic move: leading human phenomena to a source beyond the human. For all emotions of whatever sort are not only human: they are in the world as intelligible landscapes of moods (Chapter XII); they are shared with animals as autonomic responses and are manifested by the divinities of all religions. As much as they lead us into ourselves, they lead us away from ourselves and back to the Gods. When we get to a certain age and so much emotion seems to have been burned away or dissipated into thin air, we thank God and the Gods for the occasional rare affection that seizes the heart.

You may, then, well ask: if the emotions belong to the Gods, why dance your desire, paint your fear, or let your grief borrow your voice to find its words? Why not just let the "divine influx" have its way: fiat mihi. Here we must be quite clear: is the task of art therapy to abreact the emotion, freeing the patient from what has gripped him or her? Or is it to sublimate the emotion by making art of it? Or is it to put emotions to use—that is, to gain energy from them in order to become more vital, activated, filled? What do we expect will happen (a) to the patient and (Å) to the emotion when we are engaged in art therapy? My answer to this question is rather simple. Although many aims are possible, and different therapists and schools will have different intentions, I engage in art therapy neither directly for art, nor directly for the patient, nor directly for the emotion.

What else is there besides the art product, the patient, and the emotion? Imagination. Since art therapy activates imagination and allows it to materialize—that is, enter the world via the emotions of the patient—therapy by means of the arts must take precedence over all other kinds.

The patient is patient because he is the recipient, the channel—shall we say victim?—of the divine influxes that are more than feeling states, affective tones, and physical alterations. They are always, as well, imaginations (Chapter XIV). Imaginations of behavior, imaginations of fantasy, imaginations of process and intention and desire. The patient is patient not simply because of past, family, church and education, sexuality, economic hardships, afflictions of accident and disease that have brought handicaps— I do not underestimate these events, but they remain contingencies of the second order.

Primary is the disordered imagination, its incapacity to encompass the past and its traumas. Restrictions of imagination appear as excessive emotion. For when an emotion is not held aesthetically within its images—when the images have been reduced in quality, captured by collective commercialism, harnessed to political exploitation, voided by rationalism—then emotion runs rampant and we have to damp it down with drugs or exorcise it through therapies of release and expression. Instead, I am suggesting that restoration of the imagination is the fundamental cure of disordered emotion, and especially the imagination that welcomes and gives place to the more-than-human.

I might carry this suggestion one step further, into the heart of therapy today. In every school of psychotherapy the archetype of the child has come more and more to dominate theory and practice. The patient's fundamental problem is that of still being a child, as if eternally, and the task is to

overcome the fixations caused by the inner child of the past. Abuse, victimization, incest, inadequate parenting, dysfunctional family, together with hope for empowerment, development, and growth—these are now the key terms, term much less in vogue when this book first appeared. New decades, new fashions, and new disorders—and new concepts for explaining the disorders. Yet, we also know from Jung that the child and the childhood which have us so in their sway refer not merely to the actual past child or the immaturities of childishness. "Child" also refers to and evokes the archetypal divine child, the figure who, especially for the Romantics, was the carrier of imagination.

Therefore, when therapy attempts to put the patient in touch again with his or her inner child and to repair the damaged child, release the true child from the false child, therapy is speaking of an imaginal figure compacted with more than personal emotions. This figure and these emotions are not the literal ones only of the past, even if wearing the clothes and moving in the rooms of the past. This figure and its emotions are the true interior of the inner child of the past. This deep interior is the imagination that has never escaped from childhood, and that now, finally, has its great opportunity, through the expressive arts' therapy, to present itself, freed from entrapment in what psychological theory insists are the childish remnants of actual childhood.

In other words, if therapy (and the culture as well) is to move from its current fascination with the child archetype, it must cure itself, not by becoming more ego-heroic, or masculine, or feminine, or physical, or spiritual—all attempts to convert itself into another and different archetype. Rather, it would stay in and work through the symptom—the child—into its inner depth, which is at the same time the imagination. Only imagination can release us from obsession with the child and the emotions we consider immature, uncontrolled, unrelated, inappropriate. And this is precisely what art therapy concerns itself with. For this reason, art therapy is fundamentally primary therapy, not only for the patient—to release him or her from the child of the past—but for therapy itself—to release it from the model of thought that prevents it from moving into the fullness of its imaginative possibilities.

Finally, to this claim that art therapy is the preferred mode, the therapy of choice for every patient, I would add another claim. This is about the arts and their relation with therapy.

The field of art therapy has always imagined the use of the arts to be therapeutic either for the expressive release of the blocked psyche or for symbolization, sublimation, and communication, which thereby allow the patient to give creative formulations to the disordered soul. I want to reverse this relation between art and therapy of emotion. I want now, finally as a last thought, to suggest that therapy is useful for the arts.

Let us assume that the arts in our Western world are in as much disarray as the patients we encounter. The arts themselves are suffering from exploitation, commercialism, delusions of grandeur, low self-esteem, dried-out rationalism, addictive careerism, fascination with success, vulnerability to criticism, loss of direction and intention, personalism and so on. What seems lost to the arts is precisely what therapy deals with each day: soul. Through art therapy soul returns to dance and painting, to poems and sculpture. Each gesture the patient makes attempts to place into defined form the emotional influxes that assail a human life. Each gesture is made for the sake of the gesture and not for anything external to the gesture itself. I dance my woe as fully as I can and paint my wild madness with as rich a palette as I can attain, not for reviewers of the product, not for recognition, not for the increase in size of the letters of my name. I do it for the soul's sake, and this gesture,

encouraged by the art therapist in studios, practices, and clinics in city after city, town after town, may be more than a therapy of the patient. It may also be a therapy of the arts themselves, restoring to them the archetypal gestures of the soul.

THIS BOOK PROVIDES these reflections on the dilemmas of therapy, the arts, and culture with the widest possible theoretical ground. The chapters that follow truly extend all through the vast phenomenology of theories, going back and down into older history and deeper thought. Here are basic texts in original words that are not out of date, since those cited are "representative men" (and women) of theoretical positions that echo through the centuries and will echo in the next. Emotion theory is like a skeletal structure; it does not fit the myth of progress. The job is not to choose which theory is right with the facts, more inclusive and elegant, or more rationally in accord with the theory one prefers, but rather to recognize that depth psychology begins where reason gives up, where mind is at the end of its tether and the irrational cannot be held at bay regardless how tight the theory. It is at this point that we are left with the multiplicity of phenomenal reality that demands from us ever more gathering of evidence, hard thought, and imaginative speculation. This book promises the reader all of that.

However, technical progress does indeed occur. Pages formal, research reports, and proceedings of specialized conferences exfoliate; printed leaves lie in the millions on library shelves. Fortunately, library retrieval systems make up-to-the-minute bibliographies superfluous, and so no extension of the current references cited in this book is necessary to its aim, which remains not only to etch a careful critical discernment of theories and their implications for therapy but, even more, to vitalize a standard topic of academic psychology by making the theory of emotion as crucial in our lives as is emotion itself. I TURNED OVER to Mr. A. K. Donoghue the task of checking the quotations in my text against the originals. I wish to thank him here for his tireless efforts and help with many fine points, especially with my shaky Latin. Although this task of preparing the book for the press was largely in his hands, I must assume the ultimate responsibility for any errors which might appear.

In particular, I am responsible for rendering into English those quotations from foreign languages which were not available to me in authorized translations. J.H.

Thompson, Connecticut

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