

The Wounded Healer

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SUMMARY: This paper deals with the emergence, elaboration, and use of the concept of “the wounded healer.” The term refers to a person whose personal experience of illness and/or trauma has left lingering effects on him—in the form of lessons learned that later served him in ministering to other sufferers, or in the form of symptoms or characteristics that usefully influenced his therapeutic endeavors. While such persons and their actions have been noted across the ages, in other cultures, and in many contexts, it was not until the early twentieth century that the patterns in the behaviors of such persons were recognized, named, explained, and categorized as “healing.” Early in the century, the concept was commonly used in the fields of pastoral counseling and analytical psychology; by the end of the century it had been vastly expanded and extended and no longer referred mainly to a healer of psychological suffering. The term *wounded healer* is now in common use in areas such as rehabilitation medicine, medical-career choice, Alcoholics Anonymous and the self-help movement, and chronic-illness support groups, as well as in the original areas of psychotherapy and pastoral care.

KEYWORDS: psychotherapy, healing, rehabilitation medicine, self-help movement, psychiatry

The most skilful physicians are those who, from their youth upwards, have combined with the knowledge of their art the greatest experience of disease; . . . and should have had all manner of diseases in their own person.

Plato, *Republic* 3.408¹

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1. Plato, *The Republic*, in *The Dialogues of Plato*, trans. B. Jowett, 2 vols. (New York: Random House, 1937), 1: 673.

Wounded oysters build out of gory wounds a pearl.
And create within the gap of pain a jewel.

May we be so wise. . . .

The pearl is the transformation of pain.

Richard Shannon, *The Peacock and the Phoenix*²

Introduction

To avoid any misunderstanding, I must first mention that the notion of the *wounded healer* does not refer to the problem of the impaired physician, nor to the impaired healer of any other stripe. Further, it does not refer to the healer who is the victim of *burnout*, burnout being a syndrome in which a person who does some kind of “people work” manifests a diminished quality of performance in response to “the chronic emotional strain of dealing extensively with other human beings, particularly when they are troubled or having problems.”³

What the *wounded healer* does refer to is the inner “woundedness” of a healer—the healer’s own suffering and vulnerability, which have been said to contribute crucially to the capacity to heal. I am thus referring to healers whose personal experiences of illness have left lingering effects on them—in the form of lessons learned that later serve constructive purposes, in the form of attitudes and sensitivities that recurrently serve them in ministering to those whom they treat, or in the form of symptoms or characteristics that stay with them and usefully influence their therapeutic endeavors. That is to say, these healers’ own experiences as sufferers may have an enhancing or useful effect on their healing capacities.

2. Richard Shannon, *The Peacock and the Phoenix: Poems, 1963–1971: Designs and Text, 1970–1975* (Millbrae, Calif.: Celestial Arts, 1976), pp. 49, 101. My attention was drawn to this work by Alastair V. Campbell, *Rediscovering Pastoral Care* (London: Darton, Longman & Todd, 1981), in which the first portion of this quotation was used as an epigraph at the beginning of a chapter titled “The Wounded Healer.”

3. Christina Maslach, *Burnout: The Cost of Caring*, prologue by Philip G. Zimbardo (Englewood Cliffs, N.J.: Prentice-Hall, 1982), pp. 3–6, quotation on p. 3. This syndrome includes (1) *emotional exhaustion*: a pattern of emotional overload, a feeling of being drained and used up; (2) *depersonalization*: in response to the stress of their work, persons in such occupations may become “not themselves,” withdrawing in self-defense and giving less of themselves, resorting to formula-bound rather than individual responses; and (3) a feeling of *reduced personal accomplishment*: a diminished level of performance, with an increasing sense of distress about this trend and decreasing satisfaction in their work.

The Myth of Chiron the Centaur

The notion of the wounded healer has frequently been associated with the Greek myth of Chiron (Cheiron) the Centaur, himself a wounded healer and both a healing god and the tutor of Asklepios (Aesculapius) the healing god. Chiron was the son of Cronus and Philyra, and his shape—half man and half horse—has been variously explained. Some have attributed it to Cronus' having transformed himself into a horse when he approached Philyra in order to escape the jealous notice of his wife Rhea. Other accounts have suggested that Cronus "assumed equine shape because Philyra had turned herself into a mare in order to elude him."⁴ In each account, Cronus succeeded in mating with Philyra. On seeing the nature of their child at the time of his birth, Philyra was so distressed that she prayed to the gods to transform her into some other shape; and so Zeus turned her into a lime tree.

In contrast to the barbarous nature of other centaurs, Chiron was just, wise, gentle, and kind; and, instructed by Apollo and Artemis, he became skilled in medicine, music, hunting, and the art of prophecy. He was a renowned healer and was reputed to be the discoverer of the healing properties of numerous herbs. Accidentally shot by a poisoned arrow from the bow of Heracles (Hercules), he suffered an incurable wound and unending pain. Eventually, wishing to live no longer, he gave up his immortal status and had it transferred to Prometheus.⁵ While a modern mind might think of Chiron as a wounded healer in view of his having been abandoned by his mother at birth and having apparently had no relationship with his father, it is Chiron wounded by Heracles that ancient sources seem to have usually had in mind.

Chiron's many fine qualities led to his being seen as "eminently fit to be the protector and instructor of children, and many of the most celebrated heroes of Greece were brought up and taught by him."⁶ Prominent among these many notable pupils were Asklepios, Achilles, and Jason. Asklepios was the child of the god Apollo and the mortal Coronis. Coronis, while pregnant with Asklepios, was unfaithful to Apollo; in retribution, she was killed by Apollo's sister, Artemis. As Coronis lay on the funeral pyre, Apollo snatched Asklepios from her womb and placed

4. Warren R. Dawson, "Chiron the Centaur," *J. Hist. Med. Allied Sci.*, 1949, 4: 267–75, on p. 267.

5. *Ibid.*; Henry E. Sigerist, *A History of Medicine*, vol. 2, *Early Greek, Hindu, and Persian Medicine* (New York: Oxford University Press, 1961), pp. 50–51.

6. Dawson, "Chiron" (n. 4), p. 268; see also Robert Graves, *The Greek Myths*, 2 vols. in 1 (New York: George Braziller, 1957), 1: 174.

him with Chiron, who reared him and instructed him in the arts of healing. Subsequently, Asklepios came to be viewed as the primary god among Greek healing deities.⁷

Shamanism and the Wounded Healer

Shamanism is a realm with a sustained tradition of “woundedness” playing a key role in a person’s becoming a healer, and of that person’s efforts as a healer being informed by a personal history of woundedness and suffering. The term *shamanism* refers to a body of beliefs and practices associated with religious life and healing activities among the peoples of Siberia and subarctic North America. These peoples were hunting/fishing groups, and significant among them were the Arctic Tungus from whose language the word *shaman* was derived. Comparison with similar words in other Asian languages indicates that these words are used to refer to an excited, restless state.

Although the earlier literature on shamanism drew on Siberian and North American sources, the distribution of shamanism has proved to be much wider. It has been primarily associated with cultures based on a hunting economy, or having hunting/fishing origins. Shamanistic practices have been identified in Central Asia, Southeast Asia, certain islands of the Pacific, South America, and among some Indian groups of Northwest America.⁸

In shamanism the various forms of good and evil are said to be brought about by spirits. The *shaman* is the key functionary in shamanism, serving as priest, healer, and prophet, and possessing magical powers that include the ability to communicate with the spirits and to influence them. Shamans’ ready access to the spirits is associated with their capacity to assume voluntarily a controlled trance state in which they entreat the spirits, and in which the spirits may possess them and speak through them.⁹ This trance, or ecstatic state, facilitates the shaman’s

7. Walter Addison Jayne, *The Healing Gods of Ancient Civilizations* (New Hyde Park, N.Y.: University Books, 1962), pp. 240–303; Graves, *Greek Myths* (n. 6), 1: 173–78.

8. M. A. Czaplicka, *Aboriginal Siberia: A Study in Social Anthropology* (Oxford: Clarendon Press, 1914), chaps. 7–12; Erwin H. Ackerknecht, “Psychopathology, Primitive Medicine, and Primitive Culture,” *Bull. Hist. Med.*, 1943, 14: 30–67, esp. pp. 40–48; Mircea Eliade, *Shamanism: Archaic Techniques of Ecstasy*, trans. Willard R. Trask (New York: Pantheon Books, 1964); Andreas Lommel, *Shamanism: The Beginnings of Art*, trans. Michael Bullock (New York: McGraw-Hill, 1967).

9. Although the majority of shamans have been men, it is clear that female shamans were not uncommon.

diagnostic and therapeutic efforts. And fundamental to these efforts is the belief that, during this state, the shaman journeys “to the upper world of spirits or to the underworld of demons to obtain information about illness or misfortune or in the quest of the kidnapped soul of the patient.”¹⁰

Used rather loosely, the term *shaman* has often referred to medicine men in general throughout a wide range of cultures. As noted above, there are a number of cultures that have medicine men of a sort similar to the Siberian shaman—that is, of an inspirational type, achieving trance states, making journeys to the spirit world, and exorcising and healing; but the majority of medicine men in other cultures are not of this type.

It is the shaman in the narrower sense for whom “woundedness” has been particularly significant. For most such healers, a serious illness has been a condition of their vocation—in our terms, a mental illness, or a physical illness, or both. Often akin to what our culture would view as a serious psychological disorder, and sometimes of a significant duration, such an illness has been a crucial early stage in the process of becoming a shaman. The illness has begun to be resolved by the recognition that the sufferer was marked for shamanhood; instruction involving ecstatic experiences (dreams, trances) and didactic teaching provided by the spirits and by older master shamans has then been part of the process; and, with recovery, the sufferer has acquired the capacity for inspiration, healing, and the exercising of other powers associated with being a shaman. Although there is more to the role of shaman than healing, healing is an essential aspect of that role: a sufferer recovers by becoming a shaman, a healer; and some authorities have observed that shamans, in addition to healing others, may be maintaining or reaffirming their own health in the process.¹¹ One author has suggested that the shamanic healer’s ecstatic trance and its concomitants could be conceived of as a condensed version of his initiatory illness and self-cure.¹²

Thus shamanizing entails a personal history of serious illness and an arduous recovery through coming to understand the spirits and learning to master them. Shamans come to be regarded as special persons in their

10. Raymond Prince, “Variations in Psychotherapeutic Procedures,” in *Handbook of Cross-Cultural Psychology*, vol. 6, ed. Harry C. Triandis and Juris G. Draguns (Boston: Allyn and Bacon, 1980), pp. 291–349; see pp. 322–31 on “Shamanic ‘Ecstasy’”; quote on p. 322.

11. Authorities on shamanism have frequently commented on the shaman’s personal experience as involving themes of death and rebirth: see, e.g., Eliade, *Shamanism* (n. 8), chap. 2; Lommel, *Shamanism* (n. 8), pp. 53–59. It might also be likened to a conversion.

12. Prince, “Variations” (n. 10).

cultures, but not as sick persons. They are accorded this new status as a result of having satisfactorily coped with dangerous and disturbing spirits. They have established their credentials as persons who know firsthand about suffering, who have suffered and emerged from that experience stronger and wiser, and who now have the capacity to serve others as healers of souls. As Erwin H. Ackerknecht has observed, being a shaman does not entail suffering from a disease, but rather being healed from a disease; further, the shaman has acquired a magic with “a tremendous psycho-therapeutic power . . . not only for those for whom it is performed, but above all for the performer himself.”¹³

Finally, although modern references to the “wounded healer” have frequently harked back to Chiron the healing god, it may be just as appropriate to suggest that the roots of the notion are to be found in shamanism. Certainly, the experience of the shaman serves as an exemplar for the idea that personal illness may be the seed from which a vocation as a healer will develop.

Some “Healers” Who Were “Wounded”

Apart from the case of shamanism, the notion that a history of suffering or woundedness might be a requirement for the development of the skills of a healer is not much mentioned in the annals of the history of healing. Yet there is nothing new about learning from one’s own suffering, or about the enhancement of one’s capacity to help others as a result of such suffering, and there have certainly been those who might be termed “wounded healers” before the actual formulation of the concept in the twentieth century.

In the realm of bereavement and consolatory ministering, there does seem to have been some recognition that a healer’s own suffering might contribute to his healing capacities. Significant in the history of consolation was the *Consolatio* (now lost) of Marcus Tullius Cicero (106–43 B.C.), written to ease his own grief at the loss of his daughter Tullia; his further consolatory writings, of help to many, developed out of this earlier *Consolatio*.¹⁴ The loss of an author’s own child again led to the composition of a significant consolatory work when Plutarch (ca. 46–120 A.D.) wrote his *Consolatio ad uxorem* to comfort his wife on the death of their

13. Ackerknecht, “Psychopathology” (n. 8), p. 46.

14. Cicero, *Tusculan Disputations*, trans. J. E. King (Cambridge: Harvard University Press, 1966): themes of the developing tradition of consolation are particularly to be found in books 1 and 3; his own *Consolatio* is mentioned on pp. 77, 89, 315–17, 400.

two-year-old daughter, Timoxena.¹⁵ To some degree this seems to have been a self-consolation as well, and it too came to serve as a consolation for other bereaved persons. This tradition of coping with one's own grief through self-consolation became for some sufferers a pathway to the status of an effective consoler and a *medicus animorum*.

By the time of Petrarch—Francesco Petrarca (1304–74)—the self-consoler as an effective consoler of others was not at all a new thing, but Petrarch became a particularly notable example through his self-care and self-analysis in his *Secretum*, and his consolatory care of others in his letters and in *De remediis utriusque fortunae*.¹⁶ In *Secret, or the Soul's Conflict with Passion*, in the guise of a dialogue between Augustinus (St. Augustine) and Franciscus (Petrarch), he developed a self-consolation with a significant kinship to Boethius's *Consolation*: he referred to himself as “the victim of a terrible plague of the soul—melancholy; which the moderns call *accidie*, but which in old days used to be called *aegritudo*,”¹⁷ and he proceeded to minister to his own dejection and despair. In his letters, in which he was frequently the consoler of others suffering bereavement and various other misfortunes, he made the occasional reference to his own experience with grief as an indication that he understood and was qualified to console. In one instance, he mentioned his own self-healing and drew an analogy to the sensitivity of a physician who had himself been ill.¹⁸ For Petrarch, “[h]is concern to know and cure maladies of his own mind” was “the cornerstone for all his other efforts as a *medicus animorum*.”¹⁹

When grieving over the loss of his beloved grandson, Petrarch wrote to his good friend Donato Albanzani, whose own son had just died, endeavoring to comfort both the latter and himself. He asserted that, while it was “easy for a healthy man to comfort a sick one with words,” those who had suffered and been wretched were really the best prepared to comfort another sufferer: “No one's solace penetrates a saddened

15. Plutarch, *Consolatio ad uxorem*, in *Plutarch's Moralia*, 17 vols., trans. Frank Cole Babbitt et al. (Cambridge: Harvard University Press, 1949–76), 7: 575–605.

16. Francesco Petrarca, *Petrarch's Secret: or The Soul's Conflict with Passion*, trans. William H. Draper (London: Chatto and Windus, 1911); idem, *Petrarch's Remedies for Fortune Fair and Foul: A Modern English Translation of "De remediis utriusque fortune," with a Commentary*, 5 vols., trans. and ed. by Conrad H. Rawski (Bloomington: Indiana University Press, 1991).

17. Petrarca, *Petrarch's Secret* (n. 16), p. 84. Petrarch outlined the details of his clinical state on pp. 84–106.

18. Francesco Petrarca, *Rerum familiarium libri viii*, trans. Aldo S. Bernardo (Albany: State University of New York Press, 1975), p. 49 (*Fam.* 1.9).

19. George W. McClure, *Sorrow and Consolation in Italian Humanism* (Princeton: Princeton University Press, 1991), p. 20.

mind more than that of a fellow sufferer, and therefore the most effect[ive] words to strengthen the spirits of the bystanders are those which emerge from the actual torments."²⁰ To illustrate the timelessness of his viewpoint, he quoted from Virgil: "Being acquainted with grief, I learn to succor / The wretched [*Aen.* 2.630]."²¹

In the wake of Petrarch's extensive attention to both the consoling of self and the consoling of others, numerous humanist successors took up the role of secular *medicus animorum*, with an emphasis on comfort and counsel. Late in the fourteenth century, Coluccio Salutati (1335–1406) became a prominent example of this trend: following the death of his wife in the 1390s and of his two oldest sons in 1400, self-consolation became interwoven with and informed the nature of Salutati's efforts to console others. During the fifteenth century, the ranks of humanist purveyors of consolation and therapeutic wisdom increased considerably, with a number of these healers undertaking self-consolation after the death of a child. As had been the case with Petrarch and Salutati, these self-healing efforts were often mixed in with the consoling of others and influenced the nature of those consolations, and at times the suggestion was made that those who themselves suffered or had suffered were the most effective consolers.²²

This humanistic flowering of consolation in the Renaissance was associated with a growing recognition of sorrow, misery, and misfortune as matters for sympathetic appreciation rather than as stemming from sinfulness. A secular psychological outlook was joining the theological condemnatory view that had tended to prevail. Further, as George W. McClure has pointed out, "the humanist exploration of sorrow was often inspired by personal concerns. . . . Renaissance writers gave new depth, legitimacy, and popularity to autobiographical genres of consolation and psychological discourse."²³ Self-consolation was a significant submotif that influenced the facing of distressing emotions rather than condemning or avoiding them, and it contributed much to the consolatory developments that became important aspects of a new, more secular therapeutics.

20. Francesco Petrarca, *Letters of Old Age: Rerum senilium libri*. 2 vols. Trans. Aldo S. Bernardo, Saul Levin, and Reta A. Bernardo (Baltimore: Johns Hopkins University Press, 1992), 2: 380–81 (*Sen.* 10.4).

21. *Ibid.*, p. 381.

22. McClure, *Sorrow and Consolation* (n. 19), chap. 5.

23. *Ibid.*, p. 155.

The Wounded Healer and Pastoral Care

Further evidence of the notion of the wounded healer can be found in materials that belong in the history of pastoral care (although, as was the case in medicine, the use of the term “wounded healer” seems to have begun only in the second half of the twentieth century). One early concept was “the man of sorrows” and “the suffering servant,” which is usually viewed as having its roots in the Old Testament’s Isaiah 53, where such a person was portrayed as “a man of sorrows, and acquainted with grief,” and as “wounded.” He was noted to be God’s “servant” who suffers on behalf of the people and in atonement for their sins.

These passages came to be interpreted as a prophetic reference to the Messiah. This was the case in early rabbinic commentary, and a “similar messianic reference occurs in a talmudic legend in which Elijah tells a rabbi seeking the Messiah, ‘A man of sorrows himself, he ministers lovingly to those who suffer, and binds up their wounds.’”²⁴ Later rabbinic tradition, though, came to view “the servant as the embodiment of Israel,” and this became one of the interpretations that found a place in Christian scholarship.²⁵ Many Christian commentators, on the other hand, both in the New Testament and later, interpreted this “servant song” as having been a messianic prophecy that had been realized in the person of Jesus, and this view of Jesus as “the suffering servant” has persisted in Christian contexts: “The ministry of Christ is portrayed in the Passion narratives as the suffering servant, whose vulnerability saves others when he cannot save himself.”²⁶ In the twentieth century, Jesus is still referred to as “a wounded healer.”²⁷

Early on, the idea that a pastor’s human vulnerability and personal suffering might contribute to his healing capacities tended to go unmentioned. The Christian priest as a physician of the soul provided consolatory help, and he became associated with healing through the sacraments and serving as a confessor. No matter what a priest might experience, or struggle with in the way of an inner life, the tendency was toward a paternalistic image of God-supported strength, authority, and leadership.

24. David Lyle Jeffrey, ed., *A Dictionary of Biblical Tradition in English Literature* (Grand Rapids, Mich.: Eerdmans, 1992), p. 476.

25. *Ibid.*

26. Alastair V. Campbell, “Pastor (Normative and Traditional Images),” in *Dictionary of Pastoral Care and Counseling*, ed. Rodney J. Hunter et al. (Nashville: Abingdon Press, 1990), pp. 828–29.

27. Alastair V. Campbell, *Rediscovering Pastoral Care*, 2d ed. (London: Darton, Longman & Todd, 1986), chap. 4.

Following the Reformation, though, in Protestant writings we find accounts of pastors whose personal stories suggest that they might well be termed “wounded healers.” Several such instances are to be found in the written evidence left by seventeenth-century English clergymen. These were men who were deeply troubled and disturbed, who suffered through a period of severe travail, and who eventually transformed their sufferings into the basis for a life in which those experiences became significant in their efforts to minister to others, including being pastoral healers. One such person was George Fox (1624–91), who ultimately established the Society of Friends (the Quakers). In his late teens and early twenties, he was much troubled for several years and traveled about England in an effort to resolve his many questions about God and man and to find a meaningful plan for his own life. An eminently moral boy who had pondered such matters from an early age, he was disturbed by the rough talk and rough ways of other young men. In his famous *Journal* he told of experiencing “a strong temptation to despair”: “temptations grew more and more and I was almost tempted to despair”; for “some years I continued in that condition, in great trouble.”²⁸ As he traveled to various English towns, he sought out clergymen and other religious persons in his search for enlightenment, but he seems to have been most dissatisfied with them and their views. He found no help for his struggles with despair and temptations. He wrote of making his way to London and of being “under great misery and trouble there.”²⁹ He eventually returned to his home area in Leicestershire, but was still “in great sorrow and troubles, and walked many nights by myself.”³⁰ His body was, “as it were, dried up with sorrows, griefs, and troubles, which were so great upon me that I could have wished I had never been born to see vanity and wickedness,”³¹ and he could find no relief:

my troubles continued, and I was often under great temptations; and I fasted much, and walked about in solitary places many days, and often took my Bible and went and sat in hollow trees and lonesome places till night came on; and frequently in the night walked mournfully about by myself, for I was a man of sorrows in the times of the first workings of the Lord in me.³²

28. George Fox, *The Journal of George Fox*, rev. ed., ed. John L. Nickalls (Cambridge: Cambridge University Press, 1952), chap. 1, p. 4. This edition also includes extracts from William Penn’s preface to the original edition in 1694.

29. *Ibid.*, p. 4.

30. *Ibid.*, p. 5.

31. *Ibid.*, p. 6.

32. *Ibid.*, pp. 9–10. Biblical scholar that he was, Fox was surely aware of the historical use of this term, “man of sorrows,” noted above.

After many ups and downs, after periods of great encouragement and further dejection, Fox concluded that God spoke to him, that the voice of Christ was within him and was the soul guide that he had sought for so long. By 1647 he had begun to profess to others, working to help them to find God as a voice within and to cure their souls. At first he preached in the counties near his own roots—Leicestershire, Warwickshire, Nottinghamshire, and Derbyshire. His Nonconformist views upset many, and he was variously threatened, hounded, and beaten, and frequently jailed, throughout much of the rest of his life. Yet despite all this and his occasional times of discouragement and illness, he persisted. This remarkable man was revered by many who agreed with him, and he came to be respected by many others who did not. He continued to carry his message throughout England and abroad, including a lengthy sojourn in the West Indies and the British colonies of mainland America.

During the years of his ministry it was quite usual for Fox to visit the sick as an aspect of his sense of pastoral service, and he left evidence of a good number of healings—both in his *Journal* and in his *Book of Miracles*, which dealt largely with matters of disease and health.³³ There was controversy at the time as to whether or not such incidents should have been called “miracles”; today, they might well be explained as the outcome of faith, hope, and suggestion. Viewed either way, it is clear that healing was a significant aspect of this once-wounded clergyman’s ministry. Fox made knowledgeable use of the curative properties of herbs and other medications, and he had a compelling psychological influence on many people. As Henry J. Cadbury has commented, “the incidents verge on the one hand upon naturalistic and medical cures, on the other upon purely spiritual services of sympathy and encouragement.”³⁴ It seems that many of these healing episodes were hardly miracles, but that Fox possessed some competence in the use of medicines and had a salutary effect as a spiritual or psychological healer.

George Trosse (1631–1713) was another Nonconformist clergyman of seventeenth-century England who left a relevant autobiographical account. He too suffered through severe psychological disturbances—in fact, he experienced three psychotic breakdowns from which he eventually

33. George Fox, *George Fox’s “Book of Miracles,”* ed. and intro. Henry J. Cadbury (Cambridge: Cambridge University Press, 1948). Twelve healing episodes are mentioned in the *Journal*; these were carefully discussed by Cadbury in his introduction to the “*Book of Miracles*,” where he pointed out that they had been indexed as “*Miracles wrought by the Power of God*,” with some of them cross-referenced as “*Troubles of Mind spoken to*” (p. 43). In the “*Book of Miracles*” more than 150 cases were recorded.

34. *Ibid.*, p. 45.

recovered. Following these, he gradually became a distinctly religious man, spent seven years studying at Oxford, and then established himself as a Nonconformist minister in his hometown of Exeter in Devonshire. In 1692–93 he wrote an account of his life that dealt, often in excruciating detail, with his sinful ways, his episodes of psychotic upheaval, his rehabilitation and recovery, his spiritual searchings and conversion, his years at Oxford, and the outline of his career as a Dissenting clergyman during a time in England when religious controversies were epidemic and severe. This book was a spiritual autobiography intended to serve as an exemplum for sinful souls who were in need of hope, guidance, and a mending of their ways. He traced his own course as a sufferer who had been seriously soul-sick, and who eventually recovered and came to serve others as a pastor dedicated to the cure of souls. Trosse left this account with instructions to his wife that it be published after his death, which was done in 1714.³⁵

Trosse was born and raised in Exeter. His father died in 1642 when George was eleven years old. In his late teens he was apprenticed to a merchant, and this led to lengthy sojourns in France and Portugal. Throughout these years, as he described it, he was irreligious and sinful, drank heavily, and generally lived a lecherous and wicked life. Returning to Exeter in his mid-twenties, he continued in this way of life. Then, in 1656, on awakening the morning after one of his drunken nights, Trosse was severely agitated and experienced visual and auditory hallucinations, including a voice that repeatedly ordered him to humble himself. He categorized himself as suffering from a “cracked Brain, imposed upon by a deceitful and lying Devil,”³⁶ and he ceaselessly ruminated in religious terms. Severely distraught about his own sinfulness, “with great Anxiety and sinking Despair,” he struggled with the impulse to take his own life.³⁷

As this severe disturbance continued, Trosse’s friends and relatives were so concerned that they sent for a physician “dwelling in *Glastonbury*, who was esteemed very skilful and successful in such Cases.”³⁸ The physician visited with him, and then arranged for the friends to transport Trosse to a private madhouse in Glastonbury, although this was accomplished only with considerable difficulty and a vigorous use of restraints. He continued agitated, depressed, delusional, and hallucinating; he

35. George Trosse, *The Life of the Reverend Mr. Geo. Trosse*, pref. J. Hallett (Exeter: Richard White and Hen. White, 1714).

36. George Trosse, *The Life of the Reverend Mr. George Trosse*, ed. and intro. A. W. Brink (Montreal: McGill-Queen’s University Press, 1974), p. 87.

37. *Ibid.*, p. 89.

38. *Ibid.*, p. 92.

frequently had to be restrained, and a regular “Guardian” had to be assigned to him. Over several months, “thro’ the *Goodness of God*, and by His *Blessing* upon *Physick*, a *low Diet* and *hard Keeping*, I began to be somewhat *quiet* and *compos’d* in my *Spirits*; to be *orderly* and *civil* in my *Carriage* and *Converse*, and *gradually* to regain the use of my *Reason* and to be a fit *Companion* for my *Fellow Creatures*.”³⁹ Trosse credited Mrs. Gollop, “[t]he Gentlewoman of the House,” with being “more *eminently Instrumental*” than anyone else in his recovery: she was “a very *religious Woman*. . . . She had great *Compassion* upon me; would many times sit and discourse with me, would give me good *Directions*, and offer me considerable *Encouragements*.”⁴⁰

Much improved, Trosse returned to Exeter, but he soon drifted back into his former way of life. Before long, he was again “fill’d with Anguish and Horror” and troubled by “Grief of Heart, and Hurries of Soul.”⁴¹ Eventually, over his strenuous objections, he had to be bound and transported back to the madhouse in Glastonbury. After another period of severe disturbance, he once again recovered and returned to Exeter. Soon he “began to be foolish and licentious as before,” and he again became “greatly troubl’d in Mind, terrified in Conscience, and was brought under turbulent Hurries, etc.”⁴² Noting these trends, his friends persuaded him to return to Glastonbury “to the *Same House* where I had been *twice before*. There I was again as *outrageous* and *furiosus*, as *despairing* and *desperate*, as formerly.”⁴³ Improving yet again, he returned home to Exeter for a third time. This time, though, he began “seeking after God, and a Continuance in that Search ’till I found Him,” referring to himself as having been converted.⁴⁴ In 1657 he moved to Oxford and began his studies at the University. Through the next seven years, he became devoutly religious and carefully prepared himself as a future clergyman.

Due to the religious controversies of the time, Trosse left Oxford in 1664 without the degrees that he had qualified for, concluding that he could not take the required oath and that Nonconformism was the way for him. During those years he had experienced various limited hallucinatory episodes that he interpreted as temptations by the Devil, and he had coped with them without a further breakdown. He returned to Exeter, continued in his newfound way of life, began preaching privately

39. *Ibid.*, p. 100.

40. *Ibid.*, p. 96.

41. *Ibid.*, p. 104.

42. *Ibid.*, p. 110.

43. *Ibid.*, p. 111.

44. *Ibid.*, p. 112.

despite dangers due to the Parliamentary acts to suppress dissent, and was ordained in Somerset in 1666 by six Nonconformist ministers. He continued steadfast in his beliefs and practices, in spite of recurrent periods of intolerance and six months of imprisonment for his dissenting ways. As he put it in his autobiography, “For the Space of about 25 or 26 Years, I liv’d in a State of Nature, in a Course of Sin and Folly; . . . [b]ut now, ever since, for the Space of about 37 or 38 Years, . . . I have kept on *steadily* in the *Ways* of God . . . notwithstanding all *Oppositions* from *without* and more dangerous *Discouragements* from *within*.”⁴⁵ Of his marriage in 1680, he says nothing in his autobiography.

In a biography published in 1715, Isaac Gilling (1662?–1725) provided considerable further detail on Trosse’s life as a clergyman. He described him as an excellent scholar and as a diligent, extremely busy preacher and pastor who had “an excellent Faculty in resolving Doubts, and comforting Afflicted Consciences, *by the Comfort wherewith he himself had been Comforted of God*.”⁴⁶ He was frequently consulted by people “when they were under Temptations, or great Trouble of Mind,” helping them to mend their sinful ways and bringing them peace of mind.⁴⁷ “He was a skilful, and compassionate Spiritual Physician, of long Experience,” and “God was pleas’d to make him an Instrument of satisfying and comforting many Melancholy, Dejected, and Tempted People.”⁴⁸ He was especially helpful in comforting those who were dying, through prayers, reassurance, and consolation. A selection of letters appended to Gilling’s biography provides much evidence of Trosse’s helpfulness.

Yet again, a once-wounded healer had transformed his suffering into the basis for a useful career as a pastoral healer. As A. W. Brink put it in his introduction to the twentieth-century edition of Trosse’s autobiography, his “main interest . . . was in soul-cure, beginning within where the roots of religious discontent lay. He became an astute pastoral psychologist and devotional preacher, committed to the truth of his experience of regeneration and its application in the lives of all who had need.”⁴⁹ Trosse’s work reflects the fact that “an exacting psychology of heart-searching sprang up, and techniques for dealing with pathological states, attributed to Satanic influence, followed.”⁵⁰

45. *Ibid.*, p. 131.

46. Isaac Gilling, *The Life of the Reverend Mr. George Trosse* (London: John Clarke, 1715), p. 61.

47. *Ibid.*, pp. 60–62, quotation on p. 61.

48. *Ibid.*, p. 61.

49. Trosse, *Life* (n. 36), p. 13.

50. *Ibid.*, p. 15.

Still another Nonconformist seventeenth-century English clergyman who drew usefully on a history of personal suffering was Timothy Rogers (1658–1728). Rogers was from Yorkshire and was educated at Glasgow University. In the late 1680s, some years after his entrance into the ministry, he experienced a severe melancholic episode that lasted nearly two years. Recovering in 1690, he returned to his life as a clergyman and wrote two books that were based on his own experience with illness. Rogers's *Practical Discourses on Sickness and Recovery* recorded sermons "lately preached in a Congregation in London," which reflected his sense of being under an obligation both to give thanks to God for his deliverance from his sickness and to serve God through serving other sufferers.⁵¹ The themes of hope, comfort, and consolation were prominent. *A Discourse Concerning Trouble of Mind, and the Disease of Melancholly* was "Written for the Use of such as are, or have been Exercised" by that disease; Rogers expressly indicated that he also intended it for the comfort and instruction of the families and friends of such sufferers.⁵²

While Rogers only infrequently referred to his own melancholia in the first person, he made it very clear that his knowledge and advice derived from his own experience. As he put it, "wherever I speak of inward distress, as by a third person, I there speak of what I myself have felt."⁵³ In a lengthy section, "from the Author's own Experience," he described himself as having wept bitterly, having bemoaned his lot, having castigated himself, and having lived in fear of punishment for his sins from a wrathful God.⁵⁴ Themes of anguish, terror, guilt, bitterness, sadness, desolation, and suffering run through this section, and often he referred to a sense of loss in terms of a soul under desertion by God. After his recovery, Rogers took considerable pains to turn his own experience to advantage for those who suffered as he had. He continued to serve as a clergyman in the London area for many years, but his melancholia eventually recurred; in 1707 he left the ministry and retired.

These several personal stories were left to us by pastors who may reasonably be viewed as having been wounded healers. Further, it is

51. Timothy Rogers, *Practical Discourses on Sickness & Recovery* (London: Thomas Parkhurst, Johnathan Robinson, and John Dunton, 1691).

52. Timothy Rogers, *A Discourse Concerning Trouble of Mind, and the Disease of Melancholly* (London: Thomas Parkhurst and Thomas Cockerill, 1691), title page, pp. i–xxxiii. This work came out in a second edition in 1706 and a third edition in 1808 with a "Life of the Author" by Walter Wilson. See also Stanley W. Jackson, "Two Sufferers' Perspectives on Melancholia: 1690s to 1790s," in *Essays in the History of Psychiatry*, ed. Edwin R. Wallace IV and Lucius C. Pressley (Columbia, S.C.: Wm. S. Hall Psychiatric Institute, 1980), pp. 58–71.

53. Rogers, *Discourse* (n. 52), p. xxxii.

54. *Ibid.*, pp. 352–69.

noteworthy that all three of these men struggled with melancholy and despair; all three found comfort and peace of mind in a religious faith that brought them a sense of connection with God and relieved their sense of isolation and despair; and all three found deep meaning in a way of life that included a ministry of healing. Each of them suffered from what was often referred to in those times as “religious melancholy.” Each of these stories belongs to what might be termed a flowering of spiritual autobiography in the seventeenth century. As did numerous other seventeenth-century autobiographers, each man offered his personal story as an exemplum and strove to use it for instructional purposes.⁵⁵ In the case of Fox and Trosse, they appear to provide examples of conversion as a contributor to healing.

The Eighteenth Century

Thus, by the time the eighteenth century was under way, there was nothing novel in the view that a person’s own suffering or woundedness might be a source of understanding of the suffering of others and the basis for a capacity to minister to their woundedness. A further example from early in the century was an English physician, George Cheyne (1671–1743), whose own experience with illness was integral to the therapeutic practices he developed for others. Cheyne suffered from a complex of symptoms common in that era that was referred to by many as the English Malady, and he gave that name to a book he wrote on the subject.⁵⁶ This condition entailed various ailments associated with the digestive system, hypochondriacal tendencies, often excessive indulgence at the table, and sometimes lowness of spirits or even melancholy. Attributing this disorder to excesses in living and a sedentary way of life, Cheyne advocated a regimen of fresh air, exercise, and a rigorously controlled diet, sometimes restricted to milk and vegetables. He included a forty-page report on “The Case of the Author” at the end of the book.

Later in the eighteenth century, two particularly significant German authors contributed to this story. Neither of them was a physician, nor a healer of any other type, but each was a man of considerable sensitivity and wisdom. One was the great German writer Johann Wolfgang von

55. Paul Delany, *British Autobiography in the Seventeenth Century* (London: Routledge & Kegan Paul, 1969).

56. George Cheyne, *The English Malady: or, a Treatise of Nervous Diseases of All Kinds, as Spleen, Vapours, Lowness of Spirits, Hypochondriacal, and Hysterical Distempers, etc.* (London: G. Strahan and J. Leake, 1733).

Goethe (1749–1832), who wrote in a poem in 1785: “our own pain teaches us to share in the sufferings of others.”⁵⁷

The other German author was a younger contemporary of Goethe—the poet-philosopher Friedrich Philipp von Hardenberg (1772–1801), usually known by his pen name Novalis. Though not a healer, he was clearly a wounded person; and while he did not formulate the notion of a wounded healer, he clearly provided the basis for such a formulation. Like Goethe, he suggested that there was much to be learned from one’s own sufferings and misfortunes. A man whose beloved fiancée became severely ill and died very young, and who himself sickened with consumption and died at twenty-nine, Novalis lived a remarkably productive literary life that was profoundly influenced by those events. Not surprisingly, he thought much about sickness and its effects on a person, and those thoughts are scattered throughout his *Fragments of Existence* (a collection of musings, notes, observations, and aphorisms). He concluded that “sicknesses are certainly a very useful lot of humanity, since there are so many kinds of illness and each man has his own battle with them. . . . It appears that they are the most interesting goads and grounds of our reflections and reactions.”⁵⁸

Novalis commented in various of his *Fragments* to the effect that sickness or disease may well play a significant role in creativity—for example, “All sickness is like sin in the sense that it is a transcendancy. Our sicknesses are all phenomena of a heightened sensation that is seeking to pass over into higher powers”⁵⁹—and this view became reflected in German thought in the nineteenth century.⁶⁰ Further, Novalis commented that “sicknesses, especially the lingering ones, are years of training in the art of living and the science of sympathy. One must learn to make use of them through daily annotations.”⁶¹ He asked, “How can a

57. Johann Wolfgang von Goethe, *Antiker Form sich nähernd, Unglück bildet den Menschen . . .*, in *Goethes Werke*, ed. Herman Grimm et al., 63 vols. (Weimar: Hermann Böhlau, 1887–1918), 4: 120. My attention was drawn to this poem by Philip Sandblom in his *Creativity and Disease: How Illness Affects Literature, Art and Music*, 2d ed. (Philadelphia: Stickleby, 1983), p. 21.

58. Novalis, *Spiritual Saturnalia: Fragments of Existence*, trans. and intro. John N. Ritter (New York: Exposition Press, 1971), p. 48.

59. Novalis, *Hymns to the Night and Other Selected Writings*, trans. and intro. Charles E. Passage (Indianapolis: Bobbs-Merrill, 1960), p. 71.

60. This view and Novalis’s contributions to it have been dealt with in Hermann J. Weigand, *The Magic Mountain: A Study of Thomas Mann’s Novel, Der Zauberberg* (1933; Chapel Hill: University of North Carolina Press, 1964), pp. 39–45; and Henri F. Ellenberger began his essay “The Concept of Creative Illness,” *Psychoanal. Rev.*, 1968, 55: 442–56, with mention of Novalis’s views.

61. Novalis, *Spiritual Saturnalia* (n. 58), p. 48.

man have a sense of something if he does not have the seed of it in himself? What I am supposed to understand must develop organically within me, and what I seem to be learning is only nourishment—life-giving substance for the organism.”⁶²

Wounded Healers and the Emergence of Dynamic Psychiatry

By the late nineteenth century, the potential for a notion of the wounded healer certainly existed, but nothing systematic had yet been made of it and the term had not yet been introduced. There is much to suggest that it was the emergence of psychotherapeutics late in the century, and of psychoanalysis and analytic psychology in the early twentieth century, that paved the way for the notion to be articulated and named.

In particular, the personal and professional lives of both Sigmund Freud (1856–1939) and Carl Jung (1875–1961) have a relevance here. Each of them experienced a period of personal anguish. Each struggled through this difficulty and emerged much influenced by the experience. Each evolved a mode of psychological healing that was profoundly influenced by the ways in which he ministered to himself and resolved his own psychological disorder. Each developed theories shaped by his personal experience, and approached other sufferers as a healer informed about the sufferings of others through his own experience as a sufferer.

In Freud’s case, we have his many surviving letters, autobiographical data interwoven through his psychoanalytic writings, and a plethora of biographical accounts, some detailed and some brief, that provide information on his personal psychological troubles and how he coped with them.⁶³ From these various sources, we learn that by the mid-1890s Freud had been troubled with an array of complaints through most of his adult years: among them, various intestinal complaints, recurrent migraine headaches, and recurrent moods of a depressive nature in which he “would lose all capacity for enjoyment and have an extraordinary feeling

62. *Ibid.*, p. 31.

63. Data on Freud’s experiences in the 1890s, his relationship with Wilhelm Fliess, and his self-analysis are found in Sigmund Freud, *The Origins of Psychoanalysis: Letters to Wilhelm Fliess, Drafts and Notes, 1887–1902*, ed. Marie Bonaparte, Anna Freud, and Ernest Kris, trans. Eric Mosbacher and James Strachey (New York: Basic Books, 1954); *idem*, *The Complete Letters of Sigmund Freud to Wilhelm Fliess, 1887–1904*, trans. and ed. Jeffrey Moussaieff Masson (Cambridge: Belknap Press of Harvard University Press, 1985); Ernest Jones, *The Life and Work of Sigmund Freud*, 3 vols. (New York: Basic Books, 1953–57), vol. 1; Didier Anzieu, *Freud’s Self-Analysis*, trans. Peter Graham (Madison, Conn.: International Universities Press, 1986).

of tiredness.”⁶⁴ He referred to himself as “grumpy” at times and as having “a great talent for complaining.”⁶⁵ He came to refer to all this as his “neurasthenia.”

Between 1894 and 1900, a number of crucial events occurred for Freud. In 1895, he cowrote, with Josef Breuer, *Studies on Hysteria*, following which his relationship with Breuer gradually deteriorated.⁶⁶ His friendship with Wilhelm Fliess (1858–1928) intensified, and his letters indicate that Fliess became his intimate confidant, a person upon whom he was very dependent. His psychological symptoms worsened, and it is generally thought that he came to suffer from a significantly neurotic condition that involved frequent moments of depression and self-doubt. On 23 October 1896 his father died, which appears to have been a crucial event in this difficult period. In 1897 he began his self-analysis, which continued through the remainder of the decade. Although he testified to times of difficulty in pursuing these efforts, and spells of inhibition that interfered with his writing, it was out of this period of distress and self-analysis that Freud produced his *Interpretation of Dreams* and developed most of the basic concepts of his psychoanalysis.⁶⁷ As his self-analysis proceeded, he became much less dependent on Fliess, and by the end of the decade they had quarreled and their friendship was coming to an end. By then, Freud was essentially transformed and more at peace with himself, though he continued his self-analysis in a modified form.

Turning now to the case of Carl Jung, Freud’s erstwhile colleague, we find a story that is clearly different and yet has some very significant similarities. After Jung came to the parting of the ways with Freud in 1913, he suffered an extended period of severe psychological disturbance. In his autobiography, he went into some detail about this troubling time in a chapter titled “Confrontation with the Unconscious.” He referred to it as “a state of disorientation,”⁶⁸ and said that he “lived as if under constant inner pressure. At times this became so strong that I suspected there was some psychic disturbance in myself.”⁶⁹ At one point

64. Jones, *Life and Work* (n. 63), 1: 169–70, quotation on p. 170.

65. *Ibid.*

66. Josef Breuer and Sigmund Freud, *Studies on Hysteria* (1895), vol. 2 of *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, trans. and ed. James Strachey, Anna Freud, et al., 24 vols. (London: Hogarth Press, 1955–74).

67. Sigmund Freud, *The Interpretation of Dreams* (1900), in *Standard Edition* (n. 66), vols. 4 and 5.

68. Carl G. Jung, *Memories, Dreams, Reflections*, recorded and ed. Aniela Jaffé, trans. Richard and Clara Winston (New York: Pantheon Books, 1963), p. 170.

69. *Ibid.*, p. 173.

he decided that he “was menaced by psychosis.”⁷⁰ He painstakingly explored the details of his life, systematically strove to analyze his dreams and fantasies, and actively dredged up and examined the images that underlay his many disturbing emotions. He commented:

I was living in a constant state of tension; often I felt as if gigantic blocks of stone were tumbling down upon me. One thunderstorm followed another. My enduring these storms was a question of brute strength. Others have been shattered by them—Nietzsche, Hölderlin, and many others. . . .

I was frequently so wrought up that I had to do certain yoga exercises in order to hold my emotions in check.⁷¹

Jung felt that, if he had not managed to control his emotions and then to uncover the “images hidden in the emotions,” he “might have been torn to pieces by them,”⁷² and he cited a particularly disturbing dream that entailed seriously fearful moments and suicidal thoughts.⁷³

In summary, Jung seems to have carried out a somewhat heroic self-analysis over a period of several years, and this experience left him with firsthand knowledge about the notion of “the wounded physician.” Out of the fantasies and dreams of those difficult times came some of the concepts that were crucial to Jung’s analytical psychology and some of the techniques that were important in his subsequent clinical practice. In tandem with his keen interest in mythology, these experiences contributed to his eventual theory of archetypes, and his struggle to cope with his turbulent emotions led to the development of his technique of active imagination.

Freud and Jung can each be reasonably said to have been a “wounded healer.” In each instance, a serious personal illness played a crucial role in the reshaping of a professional career and in the emergence of a mode of psychological healing and its associated theories. A healer who suffered transmuted his own experience into a form of healing to be employed on behalf of other sufferers. And, in each case, the healer eventually concluded that personal foibles, neuroses, or other psychopathology were likely to be present in any candidate for training in his approach to psychological healing. From such a conclusion, Freud came to urge that a prospective psychoanalyst should be required to “begin his activity with a self-analysis and continually carry it deeper while he is

70. *Ibid.*, p. 176.

71. *Ibid.*, p. 177.

72. *Ibid.*

73. *Ibid.*, p. 180.

making observations on his patients.”⁷⁴ Soon afterward, he went further and strongly recommended that “everyone who wishes to carry out analyses on other people [should] first himself undergo an analysis by someone with expert knowledge.”⁷⁵ In doing so, he credited Carl Jung (“the Zurich school”) with having emphasized this as a training requirement. Eventually this led to the requirement that a training analysis be part of the professional preparation of every psychoanalyst. Not surprisingly, this also became a requirement for training in analytical psychology after Jung had broken with Freud and developed his own mode of psychological healing under that name.

The term *wounded healer* has evolved into a term of special significance for many influenced by Jung’s work, and this influence appears to date back to Jung’s use in 1951 of “the wounded physician” in his “Fundamental Questions of Psychotherapy.” In that work, in a discussion of the importance of psychotherapists’ being prepared to take into account their own foibles and biases in their psychotherapeutic work, Jung reiterated his long-held conviction that each should undergo a training analysis in order to come to grips with those biases and the personal psychological problems in which they were rooted. Further, he argued that each treatment undertaking is “an individual *dialectical* process, in which the doctor, as a person, participates just as much as the patient,” and thus his or her self-understanding and capacity to take into account and allow for personal foibles is crucial.⁷⁶ Because each case is unique, “the analyst must go on learning endlessly” with a self-critical eye toward his or her own difficulties and inclinations.⁷⁷ Jung concluded that,

without too much exaggeration, . . . a good half of every treatment that probes at all deeply consists in the doctor examining himself, for only what he can put right in himself can he hope to put right in the patient. . . . it is his own hurt that gives the measure of his power to heal. This, and nothing else, is the meaning of the Greek myth of the wounded physician.⁷⁸

74. Sigmund Freud, “The Future Prospects of Psycho-analytic Therapy,” in *Standard Edition* (n. 66), 11: 139–51, on p. 145.

75. Sigmund Freud, “Recommendations to Physicians Practising Psycho-analysis,” in *Standard Edition* (n. 66), 12: 111–20, on p. 116.

76. Carl G. Jung, “Fundamental Questions of Psychotherapy,” in *The Collected Works of C. G. Jung*, trans. R. F. C. Hull, ed. Herbert Read, Michael Fordham, Gerhard Adler, and William McGuire, 20 vols. in 21 (Princeton: Princeton University Press, 1953–79), 16: 111–25, on p. 116.

77. *Ibid.*

78. *Ibid.*

In this comment there were reflections of both his strong interest in mythology and his theory of archetypes.

In referring to “the Greek myth,” Jung cited a work titled *Asklepios: Archetypal Image of the Physician’s Existence* (1947) by Carl Kerényi, an authority on Greek mythology and ancient religion with whom he wrote a work on mythology.⁷⁹ In his *Asklepios*, Kerényi had discussed the myth of the wounded healer. What Jung did not cite, though, was his own experience, which would readily have justified a claim that he knew about “the wounded healer” firsthand; although he had drawn on his disturbing experiences of 1913–16 in a seminar in 1925,⁸⁰ it was only much later that he prepared an account of those experiences for publication. That account was a part of his autobiography, begun in 1957 and just about completed by the time of his death on 6 June 1961; in it, he argued that the physician must be truly engaged in the treatment and affected by the patient in order to be effective, and he stated that “only the wounded physician heals.”⁸¹

Jung came to subscribe to the notion of the collective unconscious, which he differentiated from the personal unconscious: while the latter has been individually acquired and is unique in each person, he conceived of the former as inherited and as a “psychic system of a collective, universal, and impersonal nature which is identical in all individuals.”⁸² The collective unconscious “consists of pre-existent forms, the archetypes, which . . . give definite form to certain psychic contents.”⁸³ These archetypes are inherited patterns of and dispositions to behavior associated with “universal images that have existed since the remotest times.”⁸⁴ He commented that “the concept of the archetype . . . is derived from the repeated observation that, for instance, the myths and fairytales of world

79. Carl Kerényi, *Asklepios: Archetypal Image of the Physician’s Existence*, trans. Ralph Manheim (New York: Pantheon Books, 1959); Carl G. Jung and Carl Kerényi, *Essays on a Science of Mythology: The Myth of the Divine Child and the Mysteries of Eleusis*, trans. R. F. C. Hull (New York: Pantheon Books, 1949).

80. C. G. Jung, *Notes on the Seminar on Analytical Psychology*, given in Zurich, 23 March–6 July 1925, compiled by members of the seminar, revised by C. G. Jung (multigraphed typescript). This work has now been published as C. G. Jung, *Analytical Psychology: Notes of the Seminar Given in 1925 by C. G. Jung*, ed. William McGuire (Princeton: Princeton University Press, 1989).

81. Jung, *Memories, Dreams, Reflections* (n. 68), p. 134.

82. Carl G. Jung, “The Concept of the Collective Unconscious,” in *Collected Works* (n. 76), 9 (1): 42–53, on pp. 42–43, quotation on p. 43.

83. *Ibid.*

84. Carl G. Jung, “Archetypes of the Collective Unconscious,” in *Collected Works* (n. 76), 9 (1): 3–41, on p. 5.

literature contain definite motifs which crop up everywhere. We meet these same motifs in fantasies, dreams, deliriums, and delusions of individuals living today.”⁸⁵

Although there is no limit to the potential number of archetypes, for Jung some central examples were the shadow, the anima, the animus, the hero, the good mother, the bad mother, and the wise old man or wise old woman. These archetypes were reflected in images that became elements in myths. In the wake of Jung’s reference to “the wounded physician,” later Jungian analysts began to refer to “the archetype of the wounded healer” and “the myth of the wounded healer.”

By the 1970s, certain themes that had been introduced by Jung—and mentioned in his 1951 remarks about “the wounded physician”—were taken up and developed further by Jungian analysts. In 1971 Adolf Guggenbühl-Craig, in discussing the view that the physician was both healer and sufferer and that both aspects were significant in the healing role, associated these matters with the myth of Chiron and the archetype of the wounded healer: “The image of the wounded healer symbolizes an acute and painful awareness of sickness as the counterpole to the physician’s health. . . . This sort of experience makes of the doctor the patient’s brother rather than his master.”⁸⁶ Further, this author also argued for the idea that the *patient* was also both sufferer and healer. The “inner healer” in the patient—also referred to as “intrapsychic healer” or “healing factor”—was what an effective physician strove to activate or mobilize in order for the patient to contribute to his or her own recovery.⁸⁷ Guggenbühl-Craig and other analytical psychologists conceived of this healing capacity in a sufferer as also contributing to healing the sufferer aspect of the healer. They evolved a complex system of healers striving to help sufferers and to heal themselves at the same time, and sufferers striving both to be healed and to help the healers’ need to be healed. As Jung himself had emphasized, this interactive engagement of analyst and patient was a mutually transformative process.

In 1975, Jess Groesbeck discussed the same issues and referred to “the archetypal image of the wounded healer,” remarking that both Chiron and Asclepius were wounded healers, and portraying healers as recurrently striving to heal sufferers and to find healing for themselves in the

85. Carl G. Jung, “A Psychological View of Conscience,” in *Collected Works* (n. 76), 10: 437–55, on p. 449.

86. Adolf Guggenbühl-Craig, *Power in the Helping Professions* (Zürich: Spring Publications, 1976), p. 97.

87. *Ibid.*, pp. 90–93.

process.⁸⁸ More recently, another analytical psychologist, David Sedgwick, took these same ideas somewhat further in an extensive discussion of countertransference and suggested that one might speak of a “wounded healer” school of countertransference.⁸⁹

In ways quite distinct from Freud and Jung, and coming along somewhat later, Viktor E. Frankl (1905–97) was another wounded healer of special significance who made his own quite distinct contributions to twentieth-century dynamic psychiatry. An Austrian psychiatrist, Frankl developed a mode of psychotherapy that he named *logotherapy* (from Greek *logos* = meaning). This approach has been described as a form of existential psychotherapy that emphasized man’s freedom to transcend suffering and find meaning in life.

Already trained as a psychiatrist by the time of World War II, Frankl added the personal experience of three terrible years as a prisoner in Nazi concentration camps at Auschwitz, Dachau, and elsewhere. In the process of coping with his own suffering, and surviving, he developed a philosophy of life and suffering that served him well and that became the basis for helping others—both fellow sufferers in the camps, and many others whom he knew as patients later. In the concentration camps Frankl’s interest in meaning developed into a life-long devotion to the search for meaning in life. He became convinced that “if there is a meaning in life at all, then there must be a meaning in suffering. Suffering is an ineradicable part of life, even as fate and death. . . . The way in which a man accepts his fate and all the suffering it entails . . . [adds] a deeper meaning to his life.”⁹⁰

Twentieth-Century Pastoral Care

Against this background of developments in twentieth-century dynamic psychiatry, the notion of the wounded healer gradually found a place in modern pastoral writings as a way of portraying a member of the clergy, especially in regard to activities such as pastoral care and counseling. As one author stated it,

88. C. Jess Groesbeck, “The Archetypal Image of the Wounded Healer,” *J. Analyt. Psychol.*, 1975, 20: 122–45.

89. David Sedgwick, *The Wounded Healer: Countertransference from a Jungian Perspective* (London: Routledge, 1994).

90. Viktor E. Frankl, *Man’s Search for Meaning*, rev. ed. (New York: Washington Square Press, 1984), p. 88 (orig. pub. in German, 1946). See also idem, *The Doctor and the Soul: From Psychotherapy to Logotherapy*, trans. Richard and Clara Winston, 2d ed., rev. (New York: Vintage Books, 1973) (orig. pub. in German, 1946).

the authority with which we offer help to others derives from our own acquaintance with grief. . . . The wounded healer heals, because he or she is able to convey, as much by presence as by the words used, both an awareness and a transcendence of loss. . . . Wounded healers heal because they, to some degree at least, have entered the depths of their own experiences of loss and in those depths found hope again.⁹¹

Significant in the developments that led up to such comments was Anton T. Boisen (1876–1965), a pastor whose own sufferings were a source of his capacity to help others and who became a pioneer chaplain to the mentally ill.⁹² Boisen took his bachelor's degree at Indiana University, completed a three-year program in the Forest School of Yale University, graduated from Union Theological Seminary in 1911, and was ordained in the Presbyterian Church. After being without a parish for some time, he served as a rural pastor for five years and then overseas with the YMCA in World War I. A crucial turning point in his life came in 1920 when, after twenty-two years of intermittent emotional problems, he suffered an acute psychotic episode that was diagnosed as “dementia praecox, catatonic type.”⁹³; as he expressed it in his autobiography, this breakdown had “broken an opening in the wall which separated religion and medicine.”⁹⁴ Out of this experience and the lengthy hospitalization associated with it, at the age of forty-four Boisen began preparing himself for the career that was to absorb him for the rest of his life.

Drawing on his long-standing interest in “the psychology of religion as interpreted by William James,”⁹⁵ Boisen came to the conclusion that “sickness of soul” had “religious significance.”⁹⁶ As he struggled his way out of his psychotic experience, he argued that “there is no line of separation between valid religious experience and the abnormal mental

91. Campbell, *Rediscovering Pastoral Care* (n. 27), pp. 42–43.

92. This account draws upon Anton T. Boisen, *The Exploration of the Inner World: A Study of Mental Disorder and Religious Experience* (New York: Harper, 1936); idem, *Out of the Depths* (New York: Harper, 1960); Charles E. Hall, Jr., “Some Contributions of Anton T. Boisen (1876–1965) to Understanding Psychiatry and Religion,” *Pastor. Psychol.*, 1968, 19: 40–48; Henri J. M. Nouwen, “Anton T. Boisen and Theology through Living Human Documents,” *ibid.*, pp. 49–63; Robert Charles Powell, “Anton T. Boisen (1876–1965): ‘Breaking an Opening in the Wall between Religion and Medicine,’” *AMHC Forum*, 1976, 29: 5–47 (special suppl.); and the special issue, “Boisen and Pastoral Care,” *J. Psychol. & Christianity*, 1988, 7 (2).

93. Powell, “Boisen” (n. 92), p. 8.

94. Boisen, *Out of the Depths* (n. 92), p. 91.

95. *Ibid.*, p. 60. Boisen had long been influenced by William James, *The Varieties of Religious Experience: A Study in Human Nature* (New York: Longmans, Green, 1902).

96. Powell, “Boisen” (n. 92), p. 7.

states which the alienist calls 'insanity.' The distinguishing feature, as I see it, is not the presence or absence of the abnormal and erroneous, but the direction of change which may be taking place."⁹⁷ He was in the process of transmuting his own "woundedness" into the basis for his emerging career as a pastoral healer. From his experience with his own illness, his observation of other patients, and considerable study, he shaped what he conceived of as a contribution toward understanding insanity and providing care for the sort of patients whom he had come to know so well.⁹⁸

In July 1924, Boisen began his long career as a chaplain to the mentally ill, first at Worcester State Hospital in Massachusetts and later at Elgin State Hospital in Illinois. Integrating his ministerial vocation and his own psychotic experiences, he developed a valuable version of being a chaplain and providing pastoral care. And, in the process, he made critical contributions to what would become the disciplines of clinical pastoral education and clinical pastoral care. He coped effectively with two further, very brief, psychotic episodes without much serious interruption of his active career—a career that would seem to be an example supporting the statement that "it is precisely because of their woundedness that many clergy, like others in the helping professions, have chosen to live lives of compassionate service to others."⁹⁹

In the years that followed Jung's 1951 use of "the wounded physician," as analytical psychologists took up the use of the concept and the term *the wounded healer*, both concept and term gradually found a place in the realm of modern pastoral care. In 1967 the analytical psychologist James Hillman brought together materials from lectures originally given to "ministers concerned with analytical psychology and pastoral counseling."¹⁰⁰ He suggested that "the wounded child" within the pastoral counselor or healer was a crucial factor in pastoral care—that the healer is recurrently striving to heal that "wounded child" in the course of endeavoring to heal others.¹⁰¹ He addressed "the idea of the wounded healer, who heals through his own wounds—or needs or call,"¹⁰² and he rea-

97. Boisen, *Out of the Depths* (n. 92), p. 135. This passage comes from chap. 4, which is a remarkable account of experiencing a psychotic episode.

98. Powell, "Boisen" (n. 92), p. 9.

99. Stephen Muse and Edwin Chase, "Healing the Wounded Healers: 'Soul' Food for Clergy," *J. Psychol. & Christianity*, 1993, 12: 141–50, on p. 142.

100. James Hillman, *Insearch: Psychology and Religion* (New York: Scribner, 1967), p. 5.

101. *Ibid.*, p. 17.

102. *Ibid.*, p. 22.

soned that “I will be forced to pay attention to my own sufferings and needs, if I am to be of service to anyone else.”¹⁰³

A few years later, Henri Nouwen, priest and clinical psychologist, brought out *The Wounded Healer*, a slim and influential volume in which one of the chapters was titled “Ministry by a Lonely Minister: The Wounded Healer.” Drawing on Hillman, among others, and having written about Boisen, Nouwen explored the depths of the person who ministers to others, considering in the process how “this personal interrelationship will affect the life of the minister himself, the lonely man, wounded so that he can help others.”¹⁰⁴ After addressing “the condition of a suffering world,” “the condition of a suffering generation,” and “the condition of a suffering man,” he turned to “the condition of a suffering minister.”¹⁰⁵ Here “one image slowly arose as the focus of all considerations: the image of the wounded healer,” this image being associated with the following viewpoint:

For the minister is called to recognize the sufferings of his time in his own heart and make that recognition the starting point of his service. Whether he tries to enter into a dislocated world, relate to a convulsive generation, or speak to a dying man, his service will not be perceived as authentic unless it comes from a heart wounded by the suffering about which he speaks. Thus nothing can be written about ministry without a deeper understanding of the ways in which the minister can make his own wounds available as a source of healing. Therefore this book is called *The Wounded Healer*.¹⁰⁶

In speaking thus about a wounded condition, Nouwen has in mind terms such as “alienation,” “separation,” “isolation,” and “loneliness”; for him, “‘loneliness’ best expresses our immediate experience and therefore most fittingly enables us to understand our brokenness.”¹⁰⁷ This loneliness, says Nouwen, is the common human condition. For the minister, “a deep understanding of his own pain makes it possible for him to convert his weakness into strength and to offer his own experience as a source of healing to those who are often lost in the darkness of their own misunderstood sufferings.”¹⁰⁸

103. *Ibid.*, p. 23.

104. Henri J. M. Nouwen, *The Wounded Healer: Ministry in Contemporary Society* (Garden City, N.Y.: Doubleday, 1972), dust jacket. See also *idem*, “Boisen” (n. 92).

105. Nouwen, *Wounded Healer* (n. 104), p. xiii.

106. *Ibid.*, p. xiv.

107. *Ibid.*, pp. 84–85.

108. *Ibid.*, p. 89.

Although not using such terms, Nouwen seems to be talking about a healer's own painful experiences as serving to facilitate his or her empathic capacities in efforts to be helpful to others. He goes on to say: "Making one's own wounds a source of healing . . . does not call for a sharing of superficial personal pains but for a constant willingness to see one's own pain and suffering as rising from the depth of the human condition which all men share."¹⁰⁹ As Nouwen sees it, with "loneliness . . . among the chief wounds of the minister," efforts to serve others "can convert that wound into a source of healing"; the healer's wounds can serve "as helpful teachers of his own and his neighbor's condition."¹¹⁰

Subsequent to Hillman and Nouwen, the wounded healer has become a familiar notion in the literature of pastoral care. In particular, Alastair V. Campbell has dealt with the concept in some detail, devoting a chapter to the subject in his book *Rediscovering Pastoral Care* and mentioning it in a dictionary article.¹¹¹

Alcoholics Anonymous

The theme of the wounded healer (if not the term) emerged in quite another context in the 1930s—namely, in the movement that became known as Alcoholics Anonymous (AA). This occurred without any apparent influence from the trends in dynamic psychiatry or pastoral care. AA's very essence is the notion of ill or wounded people playing a crucial role in the healing of other ill or wounded people. It is a mutual-aid therapeutic movement and program begun and developed by alcoholics, composed of alcoholics, and designed and carried out for the purpose of helping alcoholics achieve and maintain sobriety. Further, it is a recovery program in which the sufferers are all alcoholics and the healers are all alcoholics. Of course, these healers do not stand alone: they are individuals in a small-group context who have been supported by individuals and by their group in achieving sobriety themselves, and who continue to be so supported as they reach out in an effort to help other alcoholics. The larger movement, with its tenets, philosophy, and social structure, provides further support—for the local groups, and for the individuals.¹¹²

109. *Ibid.*, p. 90.

110. *Ibid.*, p. 96.

111. Campbell, *Rediscovering Pastoral Care* (n. 27), chap. 4; *idem*, "Pastor" (n. 26), pp. 828–29.

112. *Alcoholics Anonymous: The Story of How Many Thousands of Men and Women Have Recovered from Alcoholism*, 3d ed. (New York: Alcoholics Anonymous World Services, 1976). This work is popularly known in AA as "The Big Book."

Within this context, AA members are guided by the conviction that achieving sobriety is crucial. They strive to achieve and maintain that sobriety “by associating with one another, by sharing their common problems, by trying to help other alcoholics to recover and by following a program called ‘the Twelve Suggested Steps.’”¹¹³ These Twelve Steps are a series of guideline statements that describe what successful members have done to achieve sobriety and to reorganize their lives in the interest of remaining sober. Along with prescribed ways of attending to one’s self and one’s way of life, the twelve steps include the helping of other alcoholics toward recovery.¹¹⁴

To serve these purposes, AA has developed a social milieu that serves therapeutic ends, and has incorporated much in the way of formal and informal teaching into its programs. In a complex way this milieu is composed of both group and individual activities aimed at serving the alcoholic. In and out of the various groups there is significant individual interaction in the way of opportunities to tell one’s story and to listen to others, to share problems and solutions, to make social connections, and to develop friendships. Further, the relationship with a sponsor is a crucial element in the individual aspects of the program, especially in the early stages of an alcoholic’s connections with AA. Although non-AA literature has commonly categorized AA among the self-help programs, like many such programs, it is essentially a mutual-aid system.

Of special interest to this study are the therapeutic endeavors that come under the rubric of “Twelfth Step Work,” and the thought about such work. The term refers to those activities that an AA member undertakes in response to an alcoholic reaching out to AA for help; these activities are conceived of as the implementation of a phrase in the Twelfth Step—“carrying this message to alcoholics”:

Broadly, Twelfth Step work refers not only to helping prospects get started in AA, but includes all action in helping another alcoholic in his recovery, including the longer-term role of sponsorship. A Twelfth Step *call*, however, refers specifically to calling on an alcoholic who has asked for help. The “Twelfth Stepper” may or may not become the new person’s sponsor, but usually does serve as a temporary sponsor.¹¹⁵

113. Herbert S. Ripley and Joan K. Jackson, “Therapeutic Factors in Alcoholics Anonymous,” *Amer. J. Psychiat.*, 1959, 116: 45–50, on p. 44.

114. *Twelve Steps and Twelve Traditions* (New York: Alcoholics Anonymous World Services, 1953); Ripley and Jackson, “Therapeutic Factors” (n. 113); Joan K. Jackson, “A Second Look at Alcoholics Anonymous” (unpub. MS).

115. Milton A. Maxwell, *The Alcoholics Anonymous Experience: A Close-Up View for Professionals* (New York: McGraw-Hill, 1984), p. 98.

The sponsor is an AA member who has “been through it” and who becomes a supportive figure or coach for the newcomer as the latter strives to become sober and “work” the Twelve Steps. The newcomer exercises a choice in acquiring a sponsor. AA emphasizes, with justification, that the person who has been there, has suffered from the same problem, is more readily perceived as knowing what he is talking about, and the alcoholic in distress is more likely to have confidence in such a person.¹¹⁶ Accordingly, as the AA “Twelfth Stepper” attempts to be supportive, provides information, advises, tells his own story, and outlines his own path to recovery, he usually has a more receptive listener than a nonalcoholic would have. And the fact of his own experience as an alcoholic—his own experience as a sufferer, his own “woundedness,” as it were—enhances the likelihood that he will understand and be helpful to the alcoholic sufferer.

While these efforts to help another alcoholic are recognized as potentially helpful (and often are helpful), such “alcoholic work” has also been termed “an avocation,”¹¹⁷ and it has been said that “nothing will so much insure immunity from drinking as intensive work with other alcoholics.”¹¹⁸ In the very beginnings of AA, its early members concluded that “they had to give to others what they had found, or be sunk”;¹¹⁹ “they knew they must help other alcoholics if they would remain sober.”¹²⁰ By now, it is a widely accepted view among AA members that this Twelfth Step work brings significant gains to the “Twelfth Stepper”—in fact, it is considered part of his own rehabilitation. As he endeavors to help still-drinking alcoholics, the AA member finds that the liabilities of his alcoholic past can now be turned into assets and serve him in helping others in their efforts toward recovery. The “woundedness”—the past suffering and the now-inherent sense of such experience—serves the would-be healer in being helpful to another sufferer. And the very ministering to others has health-enhancing effects on the healer.

Parenthetically, it is of interest to note that Bill W., a cofounder of AA, credited Carl Jung with a significant influence in the emergence of AA as a healing program in the 1930s. He alluded to this in 1939 in the now-famous “Big Book,” referring to how Jung had influenced Rowland H. to seek a spiritual experience.¹²¹ Then, at a time of reflection in 1961, Bill

116. *Alcoholics Anonymous* (n. 112), p. 8.

117. *Ibid.*, p. xiii.

118. *Ibid.*, p. 89.

119. *Ibid.*, p. 158.

120. *Ibid.*, p. 159.

121. *Ibid.*, pp. 26–27.

was moved to write Jung to express appreciation for the role that he had played in causing Rowland to seek the spiritual experience that he ultimately found in the Oxford Group; that had led Rowland's and Bill's mutual friend, Ebby, to join the Oxford Group in his own pursuit of sobriety, and Ebby, in turn, brought that group's influence to bear on Bill and on the emerging principles and practices that became the AA program.¹²²

In this correspondence, Bill W. also made it clear that the Oxford Group had been crucial to AA in its development of a program of "witnessing" (confession), seeking forgiveness, making amends, and finding crucial support in the group. Although the notion of the wounded healer was articulated by Jung, there is no mention of any such idea in the Bill W.-Jung correspondence, and there is no indication that such thinking was part of Jung's contribution to the emergence of AA. AA seems to have derived the idea of mutual aid, and mutual benefit, from the Oxford Group.

Self-Help Groups

Another context with a relevance for the idea of the wounded healer is that of self-help groups. My focus here is on "affliction-centered" groups with therapeutic and supportive purposes. That is to say, I am considering healing or ameliorative self-help groups rather than consciousness-raising or social advocacy groups. Thus the groups of Alcoholics Anonymous are included, along with those of twelve-step programs for other addictions, as well as the growing number of groups of fellow sufferers who focus on a variety of other diseases or disorders.¹²³

In such self-help groups, each member is a sufferer seeking help; and each is also, in some way, a wounded healer. Each member, *as an individual* and to varying extents, contributes understanding and empathy, as well as practical advice and guidance as to how to cope. Also, *as a group member*, each individual is part of a group or small community that has a considerable potential for providing sustaining and healing contributions

122. The *AA Grapevine* published the exchange of letters between Bill W. and Jung in its January 1963 issue, and it was reprinted in the January 1968, November 1974, and June 1994 issues. (Incidentally, Rowland's name was misspelled "Roland" in those letters.)

123. Some examples of the latter from a now lengthy list are groups composed of sufferers from cancer, from HIV-related illnesses, and from other chronic illnesses. Some groups have focused on chronic illness in general. Some have focused on mental illness. And some have focused on one or another condition that tends to be acute, such as bereavement.

to each member. While individuals may receive a varying amount of therapeutic and supportive help, each contributes to his or her own improved health in the process of being a helper—achieving meaningful satisfaction as a helper of others, enhancing self-confidence and self-esteem, improving or strengthening both social and psychological functioning, and gaining protection against slipping backward into illness. There is a self-enhancement through improving skills as a helper, and the experience of being a helper provides each member with “booster shots” for his or her own “immunity” against further illness (or at least against a worsening of illness).

While these groups are commonly termed self-help in nature, they might well be termed mutual-aid groups, as they sometimes have been. As one pair of authors has stated it, “In some literature, self-help and mutual aid seem virtually synonymous—an equation of ‘people helping themselves’ with ‘people helping each other.’”¹²⁴ In the growing literature on self-help or mutual-aid groups, for a long time there was little explicit recognition of the therapeutic gains that might accrue to participants through the process of being helpful to each other.¹²⁵ The main exception to this was the conviction in Alcoholics Anonymous that “Twelfth Step” work was crucial to the maintenance of one’s own sobriety—but even then, AA did not tend to couch its views in terms of treatment or therapeutic activities.

In 1965 Frank Riessman wrote about “The ‘Helper’ Therapy Principle,” and his article has come to be regarded as a landmark in self-help group literature. He referred to “the use of people with a problem to help other people who have the same problem” as “an age-old therapeutic approach,” citing Alcoholics Anonymous as a cardinal example.¹²⁶ He particularly commented on the improvement of self-esteem through being helpful to others; he also mentioned the resultant encouragement regarding one’s progress with one’s own problems, the gains in understanding those problems, the experience of being diverted from preoccupation with them, and the “self-persuasion through persuading

124. Judith A. B. Lee and Carol R. Swenson, “The Concept of Mutual Aid,” in *Mutual Aid Groups, Vulnerable Populations, and the Life Cycle*, ed. Alex Gitterman and Lawrence Shulman, 2d ed. (New York: Columbia University Press, 1994), pp. 413–29, on p. 421.

125. For a window on this evolving literature, see *J. Appl. & Behav. Sci.*, 1976, 12 (3), a special issue containing fifteen articles, an introduction, and an epilogue; Martin Lakin, *The Helping Group: Therapeutic Principles and Issues* (Reading, Mass.: Addison-Wesley, 1985), chap. 8, “Self-Help Groups”; and Lee and Swenson, “Mutual Aid” (n. 124), pp. 413–29.

126. Frank Riessman, “The ‘Helper’ Therapy Principle,” *Soc. Work* (New York), 1965, 10: 27–32, on p. 27.

others.”¹²⁷ But Riessman cautioned against the danger of a routinized and mechanical application of the helper therapy principle, which might even do harm.¹²⁸

Since Riessman’s article, there has been a gradual increase in attention to “the helper principle,” associated with an increasing prevalence of self-help groups. Indeed, some such groups began to use the notions of mutual aid and helper therapy as part of an ideology that emphasized “people’s need for each other”¹²⁹—a realization that was already clearly at work in Alcoholics Anonymous.

Discussion

We have journeyed along the path of an idea as it became manifest in a variety of practical applications. We have considered its emergence in its modern form, and we have taken note of how it came to have the name “the wounded healer.” We have seen how the idea and the term found fertile ground, took root, and flourished in analytical psychology and in modern pastoral care. But it has been clear that the processes of organizing the concept and naming it were not essential for its crucial elements to be operative in the world of healing, whether in the forms cited from the distant past or in the modern examples of Alcoholics Anonymous and the variety of self-help groups.

Since the emergence of the terms *wounded healer* and *wounded physician*, the last several decades have seen those terms used in a good number of instances beyond the contexts already mentioned. Physicians used them in writing about “the need to be a doctor” and the doctor “receiving personal sustenance from his work and surroundings,”¹³⁰ and about one’s wounds becoming spectacles, helping the healer to see what he or she encounters “with empathy and a grateful sense of privilege.”¹³¹ Two authors, discussing “the use of the self in therapy” and its relation to “the paradigm of the wounded healer,” argued that “deep within each healer lies an inner wound which may not only play an important role in vocational choice, but constitute a significant if not essential factor

127. *Ibid.*, pp. 30–31.

128. *Ibid.*, pp. 31–32.

129. Lee and Swenson, “Mutual Aid” (n. 124), p. 421.

130. Glin Bennet, *Patients and Their Doctors: The Journey through Medical Care* (London: Baillière Tindall, 1979), chap. 14, p. 177.

131. Martin R. Lipp, *The Bitter Pill: Doctors, Patients, and Failed Expectations* (New York: Harper & Row, 1980), p. 167.

contributing to healing in the patient.”¹³² Still another wrote about “the need to be of use,”¹³³ and said: “To be wounded himself, the healer knows what suffering is like. There is no better training in the experience of illness.”¹³⁴ Mental health professionals have written that psychological woundedness was crucial for many clinicians in their choice of a career, that it seemed they were motivated to heal themselves through their clinical work, and that they became more sensitive and more effective with their own patients.¹³⁵ One historian drew on the experience of woundedness in the careers of various pioneers in depth psychology, and discussed those experiences as instances of “creative illness.”¹³⁶

As to what conclusions might be drawn from this centuries-old story, there are some interesting possibilities. Perhaps significant personal experience of woundedness is essential to becoming a healer—the shamanistic traditions would suggest as much, and others have held that opinion. But this would seem to be too strong a conclusion: whether we consider the history of medicine or carefully examine the world of some particular group of healers, it appears highly unlikely that all healers are or need to be wounded healers. Nevertheless, it is clear that there are usually some who could reasonably be so classified.

Having stopped short of the conclusion that all healers must have been somehow wounded, we are confronted with the fact that the twentieth-century’s Jungian tradition says exactly that. But analytical psychologists do not argue that woundedness is a prerequisite to becoming a healer; rather, they maintain that it is unavoidable, as everyone has been wounded in some way or other. From that position, they reason that the purpose of analysis is to help persons identify and come to terms with their own wounding and with the compensatory stratagems that have been developed as a result. Analytical psychologists are therefore required to undertake a personal analysis in order to understand the nature of their wounds and their compensations, lest those factors inter-

132. Grant D. Miller and DeWitt C. Baldwin, Jr., “Implications of the Wounded-Healer Paradigm for the Use of the Self in Therapy,” *J. Psychother. & Fam.*, 1987, 3: 139–51, on p. 139.

133. Arthur Kleinman, *The Illness Narratives: Suffering, Healing, and the Human Condition* (New York: Basic Books, 1988), pp. 211–13, quotation on p. 211.

134. *Ibid.*, p. 212.

135. Hallie Frank and Joel Paris, “Psychological Factors in the Choice of Psychiatry as a Career,” *Can. J. Psychiatry*, 1987, 32: 118–22; Vicky Rippere and Ruth Williams, eds., *Wounded Healers: Mental Health Workers’ Experiences of Depression* (New York: Wiley, 1985).

136. Marvin Goldwert, *The Wounded Healers: Creative Illness in the Pioneers of Depth Psychology* (Lanham, Md.: University Press of America, 1992). See also Ellenberger, “Concept” (n. 60).

fere in their therapeutic endeavors.¹³⁷ For them, there is nothing unusual about being a wounded healer—it is just a question of whether or not woundedness is allowed to interfere in the healer’s clinical work.

Others, though, would stop short of the view that woundedness is of the essence in becoming a healer, but would argue rather that such experiences have had a significant sensitizing effect for some healers—that significant experience of suffering is merely highly conducive to becoming an effective healer. Plato suggested as much. Petrarch, too, reasoned that those who had suffered were the best prepared to comfort other sufferers. Goethe wrote that our own suffering prepares us to appreciate the suffering of others. The idea that has taken shape over the centuries is that a person’s own woundedness can be the root of an appreciative understanding of the sufferings of another person—that illness might be a source of an enhanced capacity to minister to other sick persons. So stated, we have what would be one basis for what the twentieth century has come to call “empathy.”

When considering just how significant personal woundedness might be in developing healing skills, one is confronted with the recurrent evidence that melancholic or depressive experience has been significant in the personal history of a healer. In instances such as Petrarch, and various consolers before and after him, there has been the consoler’s personal history of bereavement and dejection; and the personal experiences of a series of Dissenting English clergymen raises the question of whether a serious degree of melancholy sensitized them and influenced them toward becoming pastoral healers. Might there not be a generative effect of melancholy, dejection, and sadness that enhances the appreciation of another person’s anguish and distress?

Relevant to this question is the work of Kay Jamison. In her writings on the connections between personal woundedness and creativity, she made a series of comments that could be equally pertinent to possible connections between melancholic states and a healer’s healing capacities. She observed that “the extreme pain of the deeper melancholias, and the gentle, more reflective and solitary sides of the milder ones, can be extremely important in the creative process.”¹³⁸ She took note of “the sensitivity and compassion afforded by depression” and “the tendency to gaze inward, to ask why and of what avail,” and she concluded that “the

137. James Hollis, “The Wounded Vision: The Myth of the Tragic Flaw,” *Quadrant*, 1989, 22: 25–36, on p. 34.

138. Kay Redfield Jamison, *Touched with Fire: Manic-Depressive Illness and the Artistic Temperament* (New York: Free Press, 1993), p. 118.

use of the mild melancholic states to recall earlier and more painful times, but at a distance, can allow a measured tapping into deeper emotional pools, as well as a more controlled access to the back rooms of the unconscious mind."¹³⁹ Just as some have drawn upon psychopathological wellsprings in producing artistic and literary end-products, so have others drawn upon their experiences of suffering in facilitating the amelioration or cure of sickness in suffering persons. And, just as some have said that "art first heals the artist and subsequently helps heal others,"¹⁴⁰ the many instances of melancholic episodes in the lives of healers could serve as the basis for reasoning that their own suffering and self-healing sensitized them to the suffering of others, and shaped their empathic capacities to the benefit of their efforts as healers.

Having reasoned down this path, we are faced with the fact that, while melancholic or depressive disorders have been rather common among healers, the evidence is clear that there has been quite a range of other forms of suffering or woundedness that have led to a person's being a wounded healer. Yet whatever the form of the personal suffering, there has been a transmutation of that experience into a sensitivity to the suffering of others, and that sensitivity has enhanced the capacity to be useful to others in a healing role.

So, having stepped back from a commitment to several tempting hypotheses, perhaps I may close with a more general statement: For a healer it could be said that it is crucial to come to live with what he or she is. The value of exploring and coming to terms with what one is is particularly significant, and an aspect of this is becoming acquainted with one's liabilities, as well as one's assets—with one's past and present wounds and sufferings, as well as one's strengths. Then the healer may turn those sufferings to account as sources of knowledge, as bases for understanding, appreciating, and empathizing with the wounds and sufferings of others. As some authors have suggested, an afflicted person's drive to resolve his or her own problems may well ameliorate or cure his or her own illness. This effort has turned some sufferers toward being of use to others, toward finding meaning and meaningful activity in healing careers.

139. *Ibid.*, p. 120.

140. *Ibid.*, p. 121.