Introduction

Learn, strive, to know thyself.

Physician, heal thyself.

Aeschylus (*c.*525 to *c.*456 BC): *Prometheus Bound*, verses 309 and 473–475

Our own pain teaches us to share in the sufferings of others.

Johann Wolfgang von Goethe: *Goethes Werke*, quoted by Stanley W. Jackson (2001)

This book is about some of the most courageous and innovative clinicians and thinkers to lead the way in our exploration of the human mind. It grew out of my life-long search for ways to understand and help myself and others. Over a half-century of seeking and reading, I have come to realize that the theories and practices of many of these remarkable forerunners of ours are best appreciated in the context of their life experiences and the ethos of their time. Putting their life stories together, the theme "wounded healer" emerged as an important but hitherto neglected concept: We cannot fully understand a theory without understanding from whence it arose. This perspective has become an important cornerstone for my view on what we do and who we are, how our understanding of human nature has developed, and where we go from here.

The term "wounded healer" may be polarizing or confusing to many modern healthcare professionals who consider themselves neither as healers nor wounded. Ever since Europe emerged from the Dark Ages, Western professionals sanctioned by society as experts on matters of health and illness have progressively distanced themselves from terms like "healers" and "healing." In the late nineteenth century, major breakthroughs in biomedicine enticed the medical establishment to shift its attention from a person-centered to a disease-focused model, with technological fixes as the primary, if not exclusive, goal. In an effort to distinguish themselves from traditional healers, modern health professionals became detached from the original concept of healing, viewing it with suspicion. *But by minimizing their role*

as healers, health professionals distance themselves from the part of them that is most essential and effective. This disconnect has been one of the major challenges for modern healthcare (Kleinman, 1988, 1991).

In addition, for the past century, the term "wounded healer" has been prominently associated with Carl Jung and his followers (Dunne, 2000; Merchant, 2012; Sedgwick, 1994), who developed and elaborated on the concept of the wounded healer archetype from an exclusively Jungian perspective. In this book, the term is used in its broader sense: knowing oneself, knowing one's limitations, weaknesses, hurts, and sufferings, is essential for all healers, all health professionals.

In an even broader sense, we might consider all of us wounded healers (Nouwen, 1972).

WE ARE ALL WOUNDED

Like it or not, we are thrown into this life of ours that is characterized by *duhkha*, or woundedness.

Some 2,500 years ago, at the age of twenty-nine, Prince Siddhartha Gautama abandoned his kingdom to search for Truth after realizing that, for himself and for all of us, there is no escaping *aging*, *illness*, and eventually, *death*.

This parable foretold the twentieth-century existentialists' idea of "thrownness." We are all thrown into this world, *blessed* and *cursed* at the same time with our *self-consciousness* and the awareness that our existence is finite, resulting in a pervasive sense of vulnerability and angst (Becker, 1997; Yalom, 2017).

On top of these ontological threats, we also live in a world full of dangerous pitfalls and undertows. The list of adversities is inexhaustible. Natural and man-made disasters may strike anywhere, at any time. Accidents, war, deliberate and random violence, child abuse and neglect, unemployment, discrimination, and poverty abound. No matter how sheltered our lives are, we have no hope of avoiding trauma and suffering. Ancient Indians called this predicament *duhkha*, one of the Four Noble Truths serving as the foundation of Buddhism.

We make valiant attempts to keep *duhkha* at bay, with varying degrees of success. But often we end up making things worse as well. We may err in overreacting, trying to run away, or just burying our heads in the sand. We may hide behind the façade of equanimity, seek artificial and temporary means to numb ourselves (e.g., alcohol, drugs, and other forms of addiction), or lash out at someone seen as weaker than us. While such strategies may succeed for a time, in the long run they boomerang back to hurt us.

Thus, on top of the ontological threats and the dangers lurking in the real world, we also suffer from self-inflicted wounds that can push us into regret, self-blame, and deeper despair.

WE ARE ALL HEALERS

Yet, no matter how wounded we are, we survive. We survive not only because of our innate capacity for denial and for self-soothing, but even more importantly, because we are in this together, and we care. It is ingrained in our nature – in our very genes – to care, to want those around us to hurt less, feel safe, feel whole. In other words, we have within us the urge to heal others, and we look to others to do the same for us.

This must be why healing practices have always been with us (Moerman, 1979; Dow, 1986; Jackson, 1999). Evidence of such practices can be found dating back to some 60 millennia ago, when our ancestors, *Homo sapiens sapiens*, emerged with the unique impulse to care for the old, the weak and the disabled (Fabrega, 1997). They fed and clothed them, keeping them company. They experimented with medicinal herbs, invented primitive surgical procedures (trepanation, bone-setting, bloodletting) and tried different methods of physical manipulation (massage, acupuncture). They also developed rituals, chants, and various forms of invocation for supernatural intercessions, for the purpose of soothing and alleviating suffering (Incayawar, Wintrob, & Bouchar, 2009; Kleinman, 1980; Torrey, 1986). Uniquely human are also the experiences of trance and possession, allowing some of us to enter into altered states of consciousness, during which healing may be achieved.

Etymologically, *to heal is to make whole* and *to care is to be present and grieve with those who are ill.* In this sense, *we all are (or should be) healers and caregivers.* However, since *healing* involves specialized knowledge and skills, all societies designate experts to be healers. They are called by different names in different cultures, ranging from the shamans in Siberia and Manchuria, medicine men among Native Americans, *Dang-ki* in Taiwan and southern China, *Mudang* in Korea, and *Voodoo* practitioners among the African diaspora. Although the rituals they perform and the paraphernalia they use may differ, they share the same goal of healing, and their effectiveness has been widely documented.

WE ARE WOUNDED HEALERS

If we agree that we all possess at least some instinct for healing and we are also more or less wounded, then it should be self-evident that all healers, whether ancient or modern, shaman or psychiatrist, are wounded healers.

The concept of the wounded healer does have ancient roots (Jackson, 2001; Rice, 2011). There are mythological tales around the world linking "woundedness" with the power of healing. *Asklepios*, the Greek god of medicine, was traumatized at birth by the tragic death of his mother. He was then raised and mentored by the wise centaur *Chiron*, who himself suffered

eternally with an incurable wound from a poisonous arrow (Goldwert, 1992; Kirmayer, 2003). *Odin*, a principal Nordic god, sacrificed one of his eyes for the power of wisdom and healing (Davidson, 1964); *Ganesha*, the Indian elephant-headed god of wisdom and problem solving, suffered from unimaginable violence at birth (Brown, 1991); *Iron Crutch Li*, one of the most revered Taoist medicine gods, was crippled (Yang, 2008).

A vast anthropological literature, accumulated over the past century, convincingly demonstrates the role of psychological struggle and physical affliction ("dis-ease") in the making of traditional healers (Frank & Frank, 1993; Kleinman, 1988; Torrey, 1986). Prior to becoming healers, individuals have typically undergone prolonged periods of ill health, compelling them to look for ways to alleviate their own pain and suffering. With luck, they find established healers who accept them as apprentices. Passing the initiatory crises, they gradually learn the trade. Although the process and duration of the apprenticeship varies substantively across cultures, the role of physical and mental suffering in precipitating the search for self-healing, as well as the acquisition of healing power, appears universal.

WOUNDEDNESS AND HEALING IN MODERN MEDICINE

Compared to traditional healers, modern-day physicians are less likely to come to pursue a medical career as a result of their own illness. Instead, they more commonly cite intellectual curiosity, altruism, and influences from role models as motivating factors (Pagnin et al., 2013; Torres-Roman et al., 2018). Still, a significant percentage of health professionals do report being motivated to pursue this line of work by either a history of severe personal illness or the witnessing of ill health or death in their immediate family or community (Daneault, 2008). There are reports of a high prevalence of depression among health professionals. For example, a recent meta-analysis showed that the rate of depression ranged from 20.9 to 43.2 percent and increased with each calendar year (Mata et al., 2015).

For psychotherapists and mental health professionals in general, such links are even stronger (Ivey & Partington, 2014; Rippere & Williams, 1985; Straussner, Senreich, & Steen, 2018; Sussman, 2007; Zerubavel, & Wright, 2012). Researchers generally agree that rates of trauma, psychiatric issues, and substance-use disorders are much more prevalent in those entering these fields compared to in the general public. Following Jung's concept of the *Wounded Healer Archetype*, the consensus has been that in order to be able to help patients, clinicians must face their own adversities, and confront their own regret, confusion, anger, and grief. In this view, being in touch with one's own vulnerability and woundedness is crucial for the development of empathic understanding of the human condition and becoming a competent therapist. As Cecil A. Rice (2011), a talented group therapist, has said, "To be effective,

therapists need some understanding of their vulnerabilities to facilitate their clients' healing and to prevent unrecognized woundedness from blocking that healing."

Similarly, in Abraham Verghese's novel *Cutting for Stone* (2009), the protagonist, a surgeon, muses, "My intent wasn't to save the world as much as to heal myself. Few doctors will admit this, certainly not young ones, but subconsciously, in entering the profession, we must believe that ministering to others will heal our woundedness. And it can. But it can also deepen the wound."

A BRIEF OVERVIEW OF THE BIOGRAPHIES INCLUDED IN THE BOOK

In order to examine the important issues discussed above, this book includes biographies of fifteen of the most influential pioneers of psychotherapy active in the first half of the twentieth century, who are grouped into two parts, reflecting the field's historical development.

Part I, "*Fin-de-Siècle* Vienna," begins with the triumvirates – Sigmund Freud, Carl Jung, and Alfred Adler – whose friendship, entanglements, and bitter feuds reverberated for a century and can still stir up emotional debates.

These are followed by the second-generation players of the psychoanalytical movement. They include: Otto Rank, of the "birth trauma" fame; Wilhelm Reich, who made valiant attempts to integrate psychoanalysis and Marxism; Ernest Jones, the proselytizer of psychoanalysis in the English world; Melanie Klein, founder of the school of Object Relation Theory; Anna Freud, one of the founders of child psychoanalysis and self-appointed guardian of Sigmund Freud's legacy; and Viktor Frankl, who survived Auschwitz and Dachau to develop the school of logotherapy, centering on the importance of "meaning" in relation to health.

Part II, "From Sea to Shining Sea," includes biographies of six pioneers in the mental health field who transplanted "healing practices of the mind" from Continental Europe to North America. Among them, William James and Milton H. Erickson's theories and practices reflect the maturation of American intellectual development around the turn of the century. Although Frieda Fromm-Reichman and Erik Erikson were born and educated on the other side of the Atlantic, their careers took off only after their immigration to the USA. Together with Harry Stack Sullivan, Margaret Mead, and Gregory Bateson, they led a distinctively American movement that has been called neo-Freudianism and interpersonal psychoanalysis.

In contrast to European thinkers of an earlier generation, the focus for these scholars was no longer only the "intra-psychic world," but more often the influences of family, society, and culture on behavior, adaptation, and health. Built on American optimism and pragmatism, they moved away from the earlier determinism reflected in the famous Freudian quote, "anatomy is

destiny." Instead, they believed that individuals' mental health could be vastly enhanced by changing their environments. Such convictions served as the impetus for the promotion of community mental health, and at the same time paved the way for contemporary thinkers such as Erich Fromm to critically examine the role modern society plays in hindering human freedom.

WHAT CAN WE LEARN FROM THEIR STORIES?

What do these life stories have to do with us, as mental health professionals and those interested in mental health issues?

First of all, it may be comforting for us to know that, at least in some respect, our heroes are not that different from us. They share with us their *woundedness*, their human frailty. Their struggles to transcend their flaws and limitation may not lead to perfect or complete answers to our questions (nor should we expect this to be the case), but they serve as role models for us to continue our search, individually and collectively.

Too often when we think about *woundedness* and *healing*, we automatically assume they are dichotomous: One is either wounded or not wounded, healed or sick. Instead, they may be more usefully seen as a continuum. No matter how hard we try, the hurt from past trauma lingers on and our strivings for wholeness continue as a life-long process. Such a view helps keep us humble, making it more possible for us to draw on woundedness in the service of healing.

In addition, these life stories are also important in helping to deepen our understanding of various aspects of depth psychology. These include a healthy appreciation of the potential downside of traumatic life experiences, the importance of resilience and support, the situatedness of theories of depth psychology, the lure and danger of hero-worshipping, and the importance of the continuing search for our own path.

THERAPEUTIC CHALLENGES OF WOUNDEDNESS

While emphasizing the role of adversities in fostering empathy and striving, it should also be apparent that suffering does not guarantee healing power or creativity. Woundedness is a double-edged sword for those in the healing professions. More often than not, unresolved conflicts over pre-existing trauma can render mental health professionals vulnerable to vicarious trauma when working with patients who have been victims of trauma (Pearlman & Saakvitne, 1995). In such a situation, instead of helping patients to effectively deal with their trauma, therapists themselves become retraumatized. Laden with self-doubt and self-blame, the resulting ongoing emotional turmoil in the therapists can often lead to severe health consequences, and eventually, burnout.

Even more worrisome is the situation in which unresolved traumatic life experiences lead to therapists projecting their own inner conflicts onto their patients. Camouflaged with convoluted theoretical justifications, influenced by unresolved *countertransference*, they can fall into the trap of *acting out*, consciously or unconsciously manipulating and using their patients to solve their own intrapsychic conflicts. In extreme cases, this leads to sexual abuse or other forms of flagrant transgressions, causing further damage to their patients.

It is thus a balancing act, a dialectical process. Ideally, *knowing thyself* goes hand-in-hand with *healing thyself*. The stories of the pioneers included in this volume demonstrate that, by confronting one's own pain, the clinician is able to gain access into the patient's world, to be truly with him or her. At the same time, such clinical encounters enable clinicians to deepen and broaden their own self-understanding and self-acceptance. By demonstrating their own ability to cope with wounds in life, the clinicians become effective models for patients to emulate and learn from, in order to overcome their own problems.

THE ROLE OF RESILIENCE AND SUPPORT

To respond in a way that transforms vulnerability into strength, courage, ingenuity, and resilience are needed. As Sherwin Nuland (2007) said, "It is not the adversity itself that determines the shape of the future, so much as our response to the adversity." This is a transformation process that could be seen time and again in the life stories of the wounded healers, as well as others who struggled with and triumphed over their creative illnesses (Ellenberger, 1968).

In addition, personal strivings, no matter how heroic, are often not enough for overcoming adversity. Equally important is the availability of support and nurturance from those around: teachers, mentors, friends, colleagues, family members, and others. For those still in training for the healing professions, such support is particularly important. Although by virtue of having been selected into training programs they have already shown high levels of resilience and determination, struggling and coming to terms with one's own past is still a challenge. For trainees and practicing therapists to continue to grow and prosper, the profession as a whole should foster academic and professional environments in which it is safe for clinicians to acknowledge their challenges and receive support conducive to working through their problems.

THE SITUATEDNESS OF THE THEORIES OF DEPTH PSYCHOLOGY

Delving into the woundedness of the founders of the schools of depth psychology affords us a lens for understanding their theories and teachings. These life stories make it clear that their insights did not just materialize from thin air.

Rather, they arose from years of struggle that forced them to seek a way out, to make sense of their lives, to save themselves.

The life stories of Freud and Jung serve as good examples for this argument. Many biographers have pointed out that Freud's theories on the Oedipus Complex emerged only after the death of his father. The relevance of this connection is further deepened when we remember that, Jakob, Freud's father, had failed miserably both as a provider for the family and as a role model for Freud himself. Growing up in a family laden with poverty, shame, and secrecy, Freud spent more than half of his lifetime searching for a father figure to rescue him and help him to achieve glory and fame. Feeling abandoned time and again, like the baby Oedipus, he must have had great difficulties dealing with his patricidal fury when his aging father abandoned him for the last time, leading to the re-enactment of the ancient Oedipal drama, which eventually catapulted him into the development of the Oedipal theories.

The intense drama between Carl Jung and Sigmund Freud was no doubt another enactment of Oedipal conflicts, with Freud now playing the role of King Laius, desiring, and at the same time fearing, an heir for his intellectual legacy. Mirroring this, Jung was searching for a powerful father figure worthy of his admiration. Yet along with this there were also intense fear and rage.

However, even more powerful than this "father complex" was Jung's life-long yearning for his mother's attention and love. Almost totally neglected by a mother who suffered from chronic depression requiring frequent and lengthy hospitalizations, Jung grew up as a lonely boy craving a mysterious and unfathomable maternal love (Smith, 1996). It is not hard to imagine such yearning contributing to his fascination and ambivalence with the earth mother archetype and with the mystical world in general. At the same time, recognizing such intense craving for maternal love may also help us to be less puzzled by his voracious need for female admirers and the depth of his dependence on them.

Similar convincing cases can be made about most, if not all, of the pioneers in connecting the nature of their life's vicissitudes with the themes of their theories. Prominent examples include Alfred Adler's growing up under the shadow of, and feeling inferior to, a brilliant and successful older brother; Erik Erikson's life-long search for his real father and his own identity; and Harry Stack Sullivan's deep sense of alienation throughout his youth and into his adult life. Knowing how they were hurt and how they struggled and at times triumphed over the effects of their wounds, it becomes easier for us to see how they emerged from their attempts to make sense of the world they lived in and how the theories they have developed are of ongoing relevance to us.

HEROES IN PERSPECTIVE

It is a testament to the staying power of the ideas of these pioneers of depth psychology that, after close to a century, many scholars are still debating if they meant what they said, or if they practiced what they preached. Seeing them as "wounded healers" should help us to view their failings and self-inflicted wounds as cautionary tales, rather than betrayals. While we should not gloss over these less-than-ideal pictures of our heroes, or bend over backwards to provide excuses for their transgressions, we might keep in mind that many of the rules we now take for granted did not yet exist in their time. Some of their blunders might have come with the territory of their being pioneers of the field. Instead of judging them too harshly, we can see their mistakes, compromises, and even transgressions as examples alerting us to pitfalls to be avoided.

The concept of the wounded healer should also be useful for answering a mystifying question: How could these brilliant minds, full of agility and perceptiveness, become so rigid in their conviction of the absolute truth of their theories and how could they be so intolerant, even vicious, when the views of their former comrades or followers diverged from theirs?

If we approach their theories in the context of their life experiences, seeing them as the product of years of struggle to make sense of their own lives, the strength of their convictions and their reactions to threats to their hard-won "truths" start to make more sense.

This notwithstanding, despite the vehemence of their feuds, the minds of these original thinkers were much more subtle and flexible than appears at first glance. Throughout their lives, their thoughts continued to evolve. They may have pretended that their opponents had dropped off the face of the Earth, but they remained deeply attuned to what the others were doing. In this way, after decades of rejecting Adler's emphasis on aggression as an important part of human nature, Freud came to embrace the concept of "death instinct." Similarly, when Freud (1918) published *Totem and Taboo* in 1913, he reluctantly acknowledged Jung as an influence, even though *Symbols of Transformation* (Jung, 1912) had precipitated the schism between the two barely one year earlier.

LEARNING FROM THE MAESTROS TO FIND OUR OWN PATHS

Lastly, perhaps the most important lesson we can learn from these biographies is that theories have to be rooted in experience. Whether learning to deliver therapy, seeking therapy, or both, most of us yearn for definitive answers to the difficult questions that confront us. Naively and often unconsciously, we harbor hopes that someone holds the key for our salvation. The idea that the great

figures of our field, those we have admired and sought to emulate, are flawed, are wounded healers, can be disappointing and disturbing.

However, perhaps more precious than the theories these forerunners left us with were the ways they were able to face their own traumas and suffering, and use their self-knowledge to save themselves and others. As quoted by Thich Nhat Hanh (1987), "A finger pointing at the moon is not the moon. The finger is needed to know where to look for the moon, but if you mistake the finger for the moon itself, you will never know the real moon" (McRae, 2000; Suzuki, 1932; The Śūraṅgama Sūtra Translation Committee of the Buddhist Text Translation Society, 2009).

As heirs of their traditions, our job is not necessarily to be their faithful followers, but to face our own difficulties and find our own paths. It is by being ourselves that we can best help ourselves and others. This is why rabbi Reb Zusha said at his deathbed (Buber, 1947; Mercer, 2016): "When I pass from this world and appear before the Heavenly Tribunal, they won't ask me, 'Zusha, why weren't you as wise as Moses or as kind as Abraham,' rather, they will ask me, 'Zusha, why weren't you Zusha?'"

Similarly, Hanshan ("Cold Mountain"), the reclusive ninth-century Zen monk poet, recorded his friend Shide ("Foundling") saying, "*Hanshan* is *Hanshan*, *Shide* is *Shide*" (Red Pine, 2000). And, *Linji Yixuan*, the eleventh Chinese Zen Patriarch, famously said, "If you run into Buddha, kill Him! If your Master is in your way, kill him!" (Fromm, 1960; Hanh, 1974; Wu, 2004).

May we grapple with and "kill" our intellectual forebears, so that we can benefit more fully from the gifts they have bestowed upon all of us.