“The Heroic Journey of Chaplaincy: Discovering the Wounded Healer Within”

By Edward M. Smink PhD, BCC

Part I

Introduction:

Thank you Jeanine and welcome to our discussion about “The Heroic Journey of Chaplaincy: Discovering the Wounded Healer Within.” I want to thank each of you for participating in this series and taking the time from your busy schedules to pause and reflect on your personal experiences of chaplaincy. While the emphasis of my presentation is from a depth psychological and mythological perspective, its basis is fundamentally spiritual and a theological reflection.

I encourage you to allow your experiences of chaplaincy to emerge and guide you. You may be reminded of a particular experience, of a scriptural passage, and of a particular challenge you faced as a chaplain. Allow the story to guide you. It is my intention that during these reflective presentations, you will discover anew something in you that encourages and supports you in the spirituality of chaplaincy and caregiving.

Our discussion is divided into two parts. Today we will explore the question “What is so heroic about chaplaincy?” Next week we will build on this week’s presentation and explore “How is the chaplain a wounded healer?” Hopefully, by the end of our time together, we will meet our objectives in understanding how the ministry of chaplaincy is sourced in the spiritual, psychic and archetypal energies of the hero, and discover that the work we do is an heroic journey for both the
caregiver and the one seeking care. Secondly, we will also have an increased understanding of how the chaplain participates in the universal archetype of the wounded healer, of which Jesus the Christ is, *par excellence*, an example. ¹

**Part I:**

In addressing the question: “What is so heroic about Chaplaincy” several thoughts come to mind. The most obvious is whether we as chaplains have ever associated the work that we do as being heroic. And if we do, what makes it so? At first glance, we may find ourselves a little nervous, uncomfortable or shy about claiming such a distinction. Heroes are those we look up to and emulate. The opposite may also be true. Does this awareness of somehow being heroes imply a certain arrogance on our part in what we do, or is it sourced in the pastoral authority that we claim as board-certified chaplains?

After all, we as chaplains have certain personal, organizational, and community expectations that we struggle to meet. On the one hand, we may hide our light under a bushel basket in not claiming the heroic nature of chaplaincy and, on the other, entertain a certain arrogance on our part that may allow it to burn too brightly. Understanding the archetype of the hero assists us to find a middle ground between these two ends that animates, supports, and encourages us in the work that we do. True humility allows us to celebrate what we do and we acknowledge our actions are sourced in the unique union we have with God

We, as chaplains, along with our partners in healthcare, witness each day the heroic and courageous efforts of those who are ill. We witness the fears, the anxieties, the uncertainties, and the emotional, psychological, and spiritual vulnerabilities of the patients and clients we serve. Recognizing the journeys of those who are ill also takes significant efforts on our part. Our life experiences with the sick teach us the sensibility of seeing, of listening, and of caring. Accepting the invitation to enter into, to hold, to guide, and to sustain another through the mystery and chaos of illness, takes heroic skills, compassion, and servant leadership competencies. In the time we have today, we will discuss

- The Nature of the Heroic
- The Archetype of the Hero
- The Hero’s Journey
- Practical Application for the Ministry of Chaplaincy

**Part II**

**The Nature of the Heroic**

The journey of the hero is resplendent throughout history in literature, art, science, mythological and spiritual traditions. We call to mind a pantheon of saints, gods and goddesses, and heroic figures such as Shiva, Buddha, Moses, Jesus, and Mohammed. They were healers of their time whose individual journeys continue to inspire. Within the healing arts of medicine we are reminded of Asclepius, Hippocrates, Galen, Vesalius, Harvey, Florence Nightingale, Clara Barton, John of God, Vincent de Paul, Louie Pasteur, Alexander Fleming, Jonas Salk and Mother
Theresa of Calcutta, to name a few. Physicians, religious sisters and brothers, deaconesses and civic-minded people of many spiritual traditions became leaders within their communities of both scientific discovery and compassion. Recall the founders of the healthcare centers where you work. Myths of healing, such as their spirituality and altruistic desire to help those who suffer, supported and guided their technical and creative skills. To be heroic involves more than just performing tasks or doing one’s job. The word “heroic” signifies the noble and the good, with acts of courage often deemed superhuman, beyond expectations, grace-inspired and sometimes semi-divine. Does this sound like something we do?

How many times, have we, as chaplains, been profoundly affected by our interaction with a patient, family member, physician or healthcare professional? Another presence seems to enter the room and our interaction, in what psychotherapist Gary Linker calls a “third presence.”2 Such was my experience after visiting a terminally ill patient dying from AIDS. A special grace accompanied me during our conversation and there was acceptance, reconciliation and renewed hope. As I left the room, I was filled with awe and gratitude that I had encountered the sacred. I felt I had just left the Holy of Holies.

Theological Reflection

Theologically we would call this an action of the Holy Spirit, a sacred encounter that is a transformative function between the chaplain and the one being

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served. Woundedness is encountered and the healing function of each individual is activated. Limitations of space and time seem to evaporate as both caregiver and the one who is ill find the archetypal and psychic energies to transcend themselves.

The heroic journey calls out of the patient and caregiver alike, the noble, the courageous and the god-like strengths and qualities to journey in and through the landscape of illness and suffering. The threshold that is crossed entails more than entering a different physical space. One also enters an interior realm that necessitates a commitment to the journey that lies ahead.

“Heroic” implies an acute awareness of and response to a call on the part of the caregiver which implies a readiness and a willingness to be present. It involves a specific call to serve in a particular and unique situation, with a particular patient or client. Similarly, the patient or client often experiences a vulnerability that prompts them to reach out for help as they seek deep inside themselves for strengths and interior meanings.

Heroes in Medicine

Heroes in medicine and healthcare are accompanied and inspired by the lives and stories of their predecessors and the wisdom learned from them. We as chaplains learn from the heroes who have taught us that illness is a portal and gateway for opportunities to experience the sacred, to learn compassion and self discovery. Within the crucible of suffering, suffering often breaks one’s human defenses so that one can listen to deeper questions and insights that emerge. Within this state of complete abandonment and loneliness Carl Jung writes that it is
possible to experience the power of our own natures. Within the darkness of our own doubts, fears, afflictions, and anxieties, we, as chaplains and caregivers, are given the opportunity to discover these spiritual guides and interior resources that sustain us as well as those we serve. Dr. Jean Shinoda Bolen suggests that “illness may cause one to go down into one’s psychological depths, to be with the pain, the wounding, and the rage that is there.” She argues that only in confronting the woundedness does healing begin.

**Finding healing in woundedness**

Feelings of fear often give way to courage. Within despair one may find hope. When one learns that one does not have to deny or escape from one’s woundedness or life’s pains, what appears to destroy becomes an opportunity for transformation. The expressions of despair may become signs of hope, as Henri Nouwen writes in *The Wounded Healer*: “When we become aware that we do not have to escape our pains, but that we can mobilize them into a common search for life, those very pains are transformed from expressions of despair into signs of hope”.

Archetypal psychologist James Hillman suggests that only in affliction do the gods appear. He writes in *Re-visioning Psychology*: “Within the affliction is a complex; within a complex is an archetype, which in turn refers to a God. Afflictions point to Gods; Gods reach us through afflictions.” The suffering and experience of

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Jesus’ abandonment on the Cross as He struggled to pray Psalm 22, is such an example. The anthropologist Dr. Angeles Arrien speaks of illness as one of the many mysteries of the universe. She comments in her audio reflection in *Care for the Journey*, that the experience of illness “is an initiation to coming home again to a deeper sense of self and well-being.” This is the mystery of illness, that within its arms offers the possibility of discovering a deeper understanding of self, well being and others. The call challenges one to reflect and delve deeper into the inner resources of one’s soul. Here the sacred is discovered that leads to healing and transformation. Illness, experienced by the chaplain and the one who is ill, is a journey of heroic proportions that we will now address.

**Part III**

*The Archetype of the Hero*

- **What is an archetype?**

  Archetypes are elusive. Experiencing one is somewhat like holding a moonbeam in one’s hand or trying to capture the moment of twilight or dawn. Archetypes are, according to Jung, “factors and motifs that arrange the psychic elements into certain images, characterized as archetypal, but in such a way that they can be recognized only from the effects they produce.” These archetypes emerge in the

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psyche of the individual and are those patterns of the collective unconscious that are common to all. He believes they are the foundation of what the ancients call the “sympathy of all things.”

As such, archetypes are spiritual and psychic energies that reside within an individual and the collective unconscious. For example, the vocations of a doctor, nurse, therapist, chaplain, and caregiver have centuries of modeling and stories that inspire. How do you capture the archetypal nature of each? We only know about them by their work and the effects that they produce. This is similar to how we are to distinguish the disciples of Jesus by the fruit they produce. Our individual stories activate the Spirit within us and we come to a common experience of the divine. In each of these images and stories there is a little piece of human psychology and human fate, a remnant of the joys and sorrows that have been repeated countless times in our ancestral history suggests Jung.

Archetypes are Primordial Images

These images and stories contain primordial images that constantly recur in the course of history and appears wherever creative fantasy is freely expressed. Mythologist Joseph Campbell maintains that these images are the archetypes that are discovered and assimilated by the hero, that inspire throughout the annals of human history some of the basic images of ritual, mythology, and vision.  

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Archetypes have psychic energies that are universal, impersonal, and are identical in all individuals and show themselves in specific achievements, possibilities, aptitudes, and attitudes. As such, they assist, guide, and support caregiver and patient in seeking insight and wisdom. For example, the role of a chaplain has many historical and existential meanings that animate and support in one’s daily ministries. Think of what drives chaplains to do the work that we do? How often we are challenged to reflect on this particular patient at this particular time and place and allow the grace-filled creative activities of our soul and that of the one we are serving teach us. Jungian analyst M. Ester Harding calls these activities important urges that motivate psychic life: the drive to activity, the reflection urge, and the so-called creative instinct and suggests that “there is a little piece of human psychology and human fate, a remnant of the joys and sorrows that have been repeated countless times in our ancestral history.” 10

- **The Hero Archetype**

Carl Jung asserts that the natural urge of life is to follow nature as a guide in seeking integration. He maintains that this natural urge of life is nothing less than “what within the person is in the process of becoming.”11 The self becomes the principle and archetype of orientation and meaning which is its healing function. Characteristics of this synthesis are an experience of numinosity, wholeness and a

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“felt knowledge” of belonging to something greater than one’s self. We know from our experiences of discernment that felt knowledge is a work of the Spirit. Jung recognized this spiritual fact and suggests that the self-confidence gained in the hero’s journey is that “one faced the dark ground of his or her self and thereby has gained (or found) his or her true self.”

Is not our experience as chaplains a source of our own interior spiritual growth and transformation in discovering our true selves?

**The Hero with A Thousand Faces**

Joseph Campbell, influenced by Jung, recognized the call to adventure and the archetype of the hero. What stands out the most for Campbell is the awareness that the heroic journey is sacred. He believes that “The perilous journey was a labor not of attainment but of reattainment, not a discovery, but a rediscovery. The hero is symbolic of that divine creative and redemptive image which is hidden within all of us, only waiting to be known and rendered into life.” Said another way, this natural urge within us, sourced in the divine, is waiting to be incarnated and make flesh through our interaction with those we serve. The divine and creative image within each of us is waiting to be known and rendered into life. I am reminded of Jesus urging us to “Take and Eat. This is my Body given over for you.” The task of the chaplain is to incarnate this reality.

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Descent, Initiation and Return

Essential to hero mythology is the journey of descent, initiation and return. Joseph Campbell captures the universal symbolism interwoven in world mythologies of the hero and the heroic journey by metaphorically describing the hero as multifaceted. There are a thousand faces, names and journeys that may articulate the hero. The hero’s journey and the call to adventure is a universal monomyth that transcends time, culture, religious, and spiritual traditions. Campbell amplifies the journey and the different tasks a hero can undertake in his classic, The Hero with a Thousand Faces. He writes: “A hero ventures forth from the world of common day into a region of supernatural wonder; fabulous forces are there encountered and a decisive victory is won; the hero comes back from this mysterious adventure with the power to bestow boons on his fellow man.”

Each time we knock of the door of a patient’s room, visit them in their homes or clinic, answer an emergent call on our beeper or phone, we are ready to begin an heroic journey. We venture forth from the world of the common day into a region of supernatural wonder. There we meet fabulous forces that inspire and challenge us so we may be of service to those who suffer. Dr. Christina Puchalski stresses the importance of that first impression between caregiver and patient saying: “When you knock on the door of a patient, take a deep breath and know why you are
entering the room.”¹⁴ Know what is going on in you, and what may be going on in the person that you will be visiting. Both spiritual guides and monsters may appear!

Jung suggests that “the hero’s main feat is to overcome the monster of darkness: it is the long-hoped-for and expected triumph of consciousness over the unconscious.” Doubts and uncertainties are experienced each day by the chaplain. What is stirring within as well as what is the best course of action for the patient is a continual process of discernment and judgment. What the chaplain does well is to sort through and discern how to minister to those he or she is called to serve. This is an heroic action that we may take too often for granted.

Part IV

• The Hero’s Journey

The archetype of the heroic journey is simply, writes Lansing Smith in The Hero Journey in Literature, a metaphor for one’s spiritual growth and development. ¹⁵ Healing is more than physical. Healing occurs when one discovers those spiritual resources and guides that assist the caregiver and the one who is ill through the journey of healing. This is the unique call, that each faces, that demands a challenging and complex journey of descent. This descent is different for the caregiver and the one who is ill. Each participant can accept or reject the ancient

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and universal invitation that healing requires. For the caregiver, the call comes with the decision to enter into the world that the patient experiences. The crossing of this threshold, both physically and professionally, invites the one who is ill to respond.

**The Challenge of What We do**

Chaplains are daily put to the test in the practice of compassion. The complexity of caring for seriously ill patients, handling the conflicts with patients and families over treatment options, and dealing with the sometimes unrealistic goals of physicians and family members—all these acts exhaust the patience of many practitioners. With the best of intentions, caregivers risk experiencing burnout or loss of motivation as their energies are depleted and not refurbished. Experiences that may have once been energizing are often pushed to the side, as the depersonalization in the dehumanizing climate of modern medicine becomes the experience of most. Caregivers become dispirited from the lack of human connectedness. The healing energies of soulfulness take second place.

The mythologies of the hero archetype offer one the hope of finding the energies, skills, and strengths to replenish both caregiver and patient. This is the quest of both the caregiver and the patient in a culture that minimizes human interactions. These energies often lie dormant and are often not fully understood in the healthcare community. Is it possible to imagine that both caregiver and patient embark on a journey that is supported consciously and unconsciously by the energies of the hero archetype?
The Liminality of Descent

As suggested by Campbell, the descent opens one up to enter the world of supernatural and otherworldly dangers and wonders. Crossing the threshold into this sacred zone is the first step of the hero’s journey. There is a gatekeeper who challenges the intruder and also a spiritual guide who takes one through the first threshold of the journey. On the one hand, demons and monsters frighten and cajole. The imagination becomes the stage which manipulates our doubts and fears like puppets. What is reasonable? What is dangerous? What is reliable? Can one succeed? Will one live or die?

The journey becomes like a labyrinth of hidden turns and unknowns. Only in the darkness of uncertainty is one able to be, as Robert Romanyshyn suggests, lost in the loneliness of not knowing. Knowing, which springs solely out of utility and wants to do something with what it knows, is left unattended.16 This is the realm of the sacred. This is the stuff of theological reflection that is the strength and gift of the chaplain.

This is the shadow side of the heroic journey, the landscape where one travels as the unconscious with all its hidden elements seeks a voice. This is the central action of the heroic journey. Implicit in the process of self-realization and self-

awareness is the acknowledgement and recognition of one's shadow hidden in the depths of the unconsciousness. Jung addresses this side of the psyche suggesting that “One does not become enlightened by imagining figures of light but by making the darkness conscious.” 17 Allowing the images that are hidden in the unconscious to speak symbolically gives insight, clarity, and direction for those psychic energies to assist in transformation.

**Transformative Insights and Return**

Campbell suggests that in this new realm of supernatural wonders, fabulous forces are encountered and a decisive victory is won. This is the underworld and the heart of the heroic journey. He recognizes that the call to adventure signifies that destiny has challenged the hero: “The call to adventure signifies that destiny has summoned the hero and transferred his spiritual center of gravity from within the pale of society to a zone unknown. Insight is learned from the tests and challenges that one faces in the journey. Campbell uses the mythological image of being in the belly of a whale to demonstrate how the hero is swallowed across the threshold of the underworld. Within this underworld are all the possibilities that Campbell suggests are latent. This new world symbolizes the sphere of rebirth and transformation.

Campbell’s understanding of the hero is one of who has many gifts and whose journey of adventure varies little in its essential plan. Whether the action of the

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hero is physical or moral, he suggests that “there is little variation in the
morphology of the adventure, the character roles involved, the victories gained”
Jung too would write that “The hero himself appears as a being of more than
human stature. He or she is distinguished from the very beginning by godlike
characteristics. Since he or she is psychologically an archetype of the self, divinity
only confirms that the self is numinous, a sort of god, or having some share in the
divine nature.” 18 This is our work as a chaplain. Mystery becomes enfleshed as
insight takes form in images that mirror dimly an experience of the mysterium
tremendum. An experience of the sacred can be something as simple as an insight
arising from one’s unconscious, the holding of a new-born baby, the awareness of
God’s or another’s love. Jung believed that numinosity occurs in one’s experience of
archetypes, which are in themselves elusive and are yet at the foundation and
origin of religious experiences.

Part V

• Practical Application for the Ministry of Chaplaincy

Jungian analyst M. Ester Harding speaks of this transformative process: “For it
is not that these individuals are more consciously heroic or more deliberately
unselfish than before. The fact is that in them consciousness has changed.” 19 The
question then becomes a simple one. Have our experiences as chaplains changed our

18 Jung, C. G. “Symbols of the Mother and Rebirth.” Trans. R. F. C. Hull. The Collected Works of

consciousness about who we are and how we are transformed by the work that we do. What do we take for granted in ourselves that urges us to move into areas of suffering, woundedness, vulnerability and death? Why do we do what we do?

This is the work of theological reflection, time to sort out and allow the experiences to teach us. Entering the joys and sorrows of those who are ill is food for the journey. The archetype of the hero gives us courage to find those spiritual resources within ourselves as well as facilitate them in those we are called to serve. The monsters of doubt and fear give way to facing the shadow of our own existence and in doing so, in this dying and rising, discover anew, the power of the wounded healer. This is the topic of our next presentation. I look forward in talking with you.
“The Heroic Journey of Chaplaincy: Discovering the Wounded Healer Within”

By Edward M. Smink PhD

Part II

Introduction:

Thank you Jeanne and welcome to our discussion about “The Heroic Journey of Chaplaincy: Discovering the Wounded Healer Within.” I appreciated very much our discussions and follow-up to my presentation last week on exploring the question “What is so heroic about chaplaincy?” We focused on the archetype of the hero, the heroic journey of healing and practical applications for our ministry. Today I would like to explore the question “How is the chaplain a wounded healer?”

Thank you for participating in this series. As I suggested last week, please allow your experiences of chaplaincy to emerge and guide you. You may be reminded of a particular experience, of a scriptural passage, and of a particular challenge you faced as a chaplain. Allow the story to guide you. It is my intention that during these reflective presentations, you will discover anew something in you that encourages and supports you in the spirituality of chaplaincy and caregiving.

This afternoon our discussion will focus on four main themes that are a contained in Chapter 4 of my dissertation.20

- Hospitality, the soul of caregiving
- A Short History of the Archetype of the Wounded Healer

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• Jesus, the Christ, example *par excellence* of the Wounded Healer.

• Chaplains as wounded healers

**Part I:**

• **Hospitality: The Soul of Caregiving**

  Chaplains have unique opportunities to reflect on their experiences with those they serve. At different moments we must integrate technical skills with soulful understanding and often time listen for insights before taking particular actions. Chaplains, linger, in the best of times, we linger to discern. Lingering allows one to focus not only the experiences of those who are ill but also on how these experiences affect the chaplain personally. Lingering, suggests Robert Romanyszyn, allows one to experience the “invisible and subtle shapes and forms that shine though the visible, that sustain it and give it its holy terrors and its sensuous charms. Lingering allows one to be “hospitalable” to what is and allows the caregiver to do the same. Romanyszyn considers lingering similar to an act of hospitality since hospitality is a kind of acceptance of things as they are. He writes: “Hospitality is a presence to the present moment which frees the image in the event, deliteralizes the factual character of the event and dissolves preconceived ideas about what this moment should be.”

  Being present to another is a skillful practice. Being hospitable to all the creative possibilities demands a personal conviction that healing can occur.

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Remember, “healing” refers not only to a cure but to wholeness and 
transformation. My experiences as a nurse and later as a chaplain have led me to 
believe that the heart of compassion is hospitality and the practice of hospitality is 
the ability to welcome the other. To welcome the other means to accept and be 
present to where the other is, to be present to one’s pain, abandonment, faith, 
crisis, doubts, anger or fears. And one can only be present or hospitable and 
therefore empathetic and compassionate, if one can understand these same 
experiences within oneself.22

To be hospitable means to be present in such a way that the one who suffers 
discovers within himself or herself the capacity for and the possibility for healing. 
Human dignity is restored through the sacramental encounter with the chaplain. 
And concurrently, the chaplain in facilitating this process, rediscovers his or her 
own human dignity being restored.

As both the caregiver and the client look within and look without, each 
becomes transformed in this process of healing. Looking within demands looking at 
one’s own process and issues. Looking without focuses on what is happening in the 
other. The paradox of this relationship is that the one who wishes to comfort and 
heal is also the one who is comforted and healed.

The heroic journey of illness offers both the patient and the 
caregiver the possibility of discovering within their woundedness insight that leads 
to healing and transformation. Still, a question lingers that challenges one’s 

22 Smink, Edward M. Rooted Flight: The Transformative Value of the Dying Process for the 
Client and the Caregiver. MA Thesis, Carpentaria: Pacifica Graduate Institute, 1996
imagination and curiosity: what is it within a person, whether caregiver or the one who is ill, that draws each to labor with, endure, and come to terms with woundedness and illness? The ability to enter into, to hold, to guide, and to sustain oneself or another through the mystery of illness is best described as the archetypal image of the wounded-healer.

Face-to-face with life, the caregiver and the patient are challenged to find meaning within the mystery of illness and woundedness. Herein resides the “psychic interplay” between patient and caregiver that invites the healing and transformation at the heart of their heroic journey. Spiritual guides do appear, both internally and from afar. The archetype of the wounded-healer conveys the inner reality that within the healer is woundedness and within the one who is wounded sleeps a healer. There is a similarity to the Buddhist symbol of the yin and the yang which acknowledges within darkness there is a spark of light, and within light, there is a shadow of darkness.

_A Healer Function Within_

Commonly referred to as the doctor-patient relationship, the interaction between the caregiver and the patient is an essential aspect of healing. Adolf Guggenbühl-Craig articulates this fundamental truth about the wounded-healer: “psychologically this means not only that the patient has a physician within himself but also that there is a patient in the doctor.”23 Is not the same true for the chaplain and all caregivers?

The chaplain’s sensitivity to the woundedness of the patient is borne out of his or her selfknowledge and experience of woundedness. Likewise, the healer function within the patient is activated by the sensitivity and compassion of the caregiver. Guggenbühl-Craig refers to this dynamic as the healer-patient function. He maintains that when a patient seeks a healer or doctor, an intra-psychic or ‘inner healer’ or ‘healing factor’ is also energized.

Healing occurs not only through the relationship between caregiver and patient, but also through an interior dialogue with oneself. Pastoral Counselor William Augsburger maintains that: “When wound meets wound, there is interpathy and compassion; when healing calls to healing, there is awareness, insight, repentance, change, and growth.”24. This therapeutic relationship between healer and the one who is suffering can best be summed up in the ancient archetype of the wounded healer.

**Who is a Wounded-Healer?**

Who is a wounded-healer, and to what extent is the term significant for the patient and the caregiver? In the broadest sense, being human guarantees that one will experience suffering and the archetypal energies of the wounded-healer. A wound may have many literal meanings such as a physical cut, a broken bone, a contusion, tumor or stroke. A wound implies an injury to a living tissue but can also refer to pain inflicted upon a person’s feelings. There are wounds that are

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emotional, psychological, and spiritual such as depression, alienation, post-traumatic stress disorder, abuse, or lack of meaning in one’s life.

Used as a metaphor, woundedness can refer to something as complex as a broken relationship, loss of one’s reputation, divorce or loss of a job and in the case of illness, a panorama of physical, emotional, psychological, and spiritual experiences. Some wounds may heal and some may not. Freud and Jung’s understanding of woundedness was that the process of self-actualization and individuation was not static in nature, but a dynamic process of gradual growth. Freud and Jung learned insights about psychotherapy from reflection on their own personal suffering and their desire to find meaning and healing. Being human necessitates acknowledgment of weakness, vulnerability, incompleteness, and woundedness.

In 1951, Jung first used the term “wounded-healer.” Reflecting on his life’s experience in his autobiography, he came to believe that in any ongoing patient-doctor relationship the whole personality of both patient and doctor is called into play. He writes that “the doctor is effective only when he himself is affected [...] only the wounded physician heals. But when the doctor wears his personality like a coat of armor, he has no effect.”25 The physician becomes an instrument of healing when his technical skills are guided by his experiences and self reflection. Len Sperry in quotes the words of Dr. Martin Lipp: “My wounds become my spectacles, helping me to see what I encounter with empathy and a grateful sense of privilege,”

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The patient facilitates the doctor’s own healing through helping him or her discover those interior resources that allow healing and transformation to occur. Each is involved in a process that activates a healer function from within.

**What Does Woundedness Want?**

What does woundedness wish to say to one who is afflicted? In the depths of the silence in between the fibers of pain, a voice may be screaming to be heard. For example the loss of a job because of a company’s reorganization, may arouse feelings of anger, disappointment, betrayal, and hurt. On the one hand, these are valid experiences. They may resurface deeper feelings of betrayal, of being left out, or even forgotten. The wound cries out for attention and healing. The wound then becomes a reminder, a voice of a lived experience in the present or in the past.

Those who are ill reveal most poignantly the reality of being wounded. The woundedness of the patient reflects back to the caregiver and the patient’s families that woundedness is a part of daily living. Hesitancy in becoming involved often reflects a person’s own fears or anxieties about suffering. For example, working with the chronically ill patient may remind one that some illnesses do not heal or having a loved one die, it surfaces not only the anticipatory grieving process that endures, but is also a reminder of one’s mortality.

An understanding of the archetype of the wounded-healer allows one to recognize one’s vulnerability, fears, limitations, and woundedness. At this juncture both caregiver and patient may begin to understand that their unique relationship

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is in supporting and assisting each other in their heroic and transformative journeys.

- **A Short History of the Archetype of the Wounded Healer**

  Within western philosophy and thought, Plato recognized the importance of the physician as a wounded-healer. In *The Republic*, he argued that the most skillful physicians are those who have suffered and learned from a variety of illnesses. Rather than being models of good health alone, they became eloquent examples of the wounded healer through understanding maladies from their own experience.

  It is essential to recognize that those who care for others are also wounded and this knowledge not only assists them in their care for others but also becomes a transformative experience for them. Woundedness implies that each person has wounds that heal and wounds that are always in the process of being healed. Individual and collective memories appear and reappear and become enfleshed through the remembrance of a story. Spirit and flesh agonize with crushing pain as memory attempts to bring to light “bit by bit” what needs to be remembered, maintains Toni Morrison.27

  “Pain does have strong arms,” comments Patricia Hampl, as memory reveals the truth of many circumstances and episodes in the past. “Their labor,” she writes, “is the creation of symbol. But its more accurate to call it the recognition of symbol.

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For meaning is not “attached” to the detail by the memoirist; meaning is revealed” (31).

Memories bring to life both blessings and wounds, and their constant reappearances call out for recognition and awareness. Storytelling and myth help patients and caregivers put into context the images, memories, feelings, and experiences that activate their imaginations as wounded-healers. For our discussion this afternoon I would like to reflect on three examples of wounded-healers from mythology and spirituality. They are Chiron, Asclepius, and Jesus Christ.

**Chiron**

An example in Greek Mythology of a wounded-healer is the divine physician Chiron, the centaur and teacher of the renowned physician Asclepius. The centaurs were creatures with the bodies of horses and with chests, arms, shoulders and heads of men, who descended from Apollo. Myth attempts to image the reality of a union between spirit and flesh, reason and instinct that are components of each person. Animal, human, and divine instincts are combined in the image of Chiron.

“He was wise and gentle,” comments Christine Downing and “In his case, his animal nature seemed to signify an attunement to instinctual wisdom and a deep understanding of embodiment, an understanding that informed his gifts as hunter, sculptor, and healer.”

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Chiron is a god who suffers an incurable wound inflicted upon him by a poisoned arrow from Hercules. The paradox of his life was that as a healer, he could cure repeatedly, yet remained wounded, which C. Jess Groesbeck maintains is at the heart of the mystery of healing.\(^{29}\) Being wounded is synonymous with being imperfect, with limitations of the flesh. Healing is a mystery and in this mystery is the relationship between woundedness and healing. The fact that Chiron has an incurable wound becomes a metaphor for all who suffer.

In a culture that promotes striving for excellence at a manic pace, it is reassuring to note what one already knows intuitively: not everything or everyone is totally perfect or complete. Woundedness is a part of being human. Emotional, physical, psychological, and spiritual suffering may lead one to insight and transformation which springs forth from one’s soul pain.

The underlying principle of the mystery of the incurable wound of Chiron that is applicable to today appears to be that knowledge is gleaned from woundedness. Descent into the liminal space of illness offers both patient and caregiver an opportunity to find meaning and energizes the wounded-healer from within. Caregiver and patient each become a transformative agent for the other.

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Carl Kerényi maintains that the woundedness of the healer is like a fountain of knowledge of which the healer forever partakes. In mythic thought, healing power and woundedness are inseparable, hence the reality of a wounded-healer. There is insight again about an incurable wound being a metaphor about suffering as part of life. While the wounds of a person may amplify a deeper psychic wounding, the transformative process of healing implies an ongoing process of both interior and exterior resources. The paradigm of the incurable wound of Chiron gives one a unique perspective about being a wounded-healer suggesting that some wounds heal and other do not.

**The Mortal God Asclepius**

Asclepius, the Roman name for the Greek God of Medicine, Asklepios, is as mysterious as the art of medicine itself. Spanning more than 1000 years of history, from primordial sagas and heroic tales to a deified mortal and god, the legend of Asclepius, more than any other Greek or Roman god, captures the imagination and needs of those who seek his help. There is a metamorphosis in the development of the myth of Asclepius. He emerged first in Thessaly, Kos and Epidaurus where his Asklepieons or temples were built, and became known throughout Greece and later in Rome.

The oracle of Apollo is at the heart of the healing rituals throughout ancient times. When someone was sick, they did not seek a human clinician alone, but a

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divine one since it was believed that illness was caused by the gods. Since sickness was caused by a divine action, it could only be cured by a god or other divine action. Thus the oracle of Apollo applies: “He who wounds also heals.” Interesting even today, many people believe that when they are ill or have misfortune, God is punishing them.

Healing becomes a divine and sacred action and when it is vested with such dignity, C. Jess Groesbeck argues, illness has the inexhaustible advantage that it can be vested with a healing power. This insight is critical in understanding the archetypal energies of the wounded-healer, critical in that the wound itself is vested with its own healing power. He writes in “The Archetypal Image of the Wounded Healer”:

The *divina afflictio* then contains its own diagnosis, therapy and prognosis provided the appropriate attitude towards it is adopted. The right attitude was made possible by the cult, which simply consisted in leaving the entire art of healing to the divine physician. (124)

Ancient physicians like Asclepius were considered to participate in the godly and divine acts of healing. Kerényi suggests that it is the physician’s awareness of the divinity of his healing art “which transplants wisdom into medicine and medicine into wisdom.”

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31 Meier, Carl A. *Healing Dream and Ritual*, Einsiedelin: Daimon, 1989

Asclepius, like no other god, remained alive until the 3rd century of the Common Era when other deities faded and were lost. His symbols of a snake and staff continue to be the emblem of modern medicine. Asclepius is divinized as both a mortal and a god and even later during the first centuries of Christianity was seen as a prototype of Jesus Christ. Parallels to Asclepius and Christ began to emerge early. Both were born of divine fathers and human mothers. Each was raised by foster fathers, Chiron and Joseph. Each suffered and died and descended into Hades. Each rose and ascended to the heavens. The serpent, a symbol of transformation, becomes a symbol for each. While there were these similarities, yet there remained one startling difference argues Thomas F. Matthews. Although Asclepius was known as the gentle or kind one, there is no image or statuary of him curing like there is of Christ. 33

Jesus, on the other hand, is shown actually working the miraculous cures he was said to perform. He is shown touching those he is curing, the leper, the paralytic, and the blind. The miracles of Asclepius were recorded in stone, while those of Christ were shown in tender detail in incessant replication on tomb decorations, reliefs, table ware, and clothing.

- **Jesus, the Christ, example par excellence of the Wounded Healer.**

*Christ: The New Divine Physician*

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With the rise of Christianity, Christ becomes the new divine physician, the wounded-healer who takes upon himself the woundedness of humankind. Christ becomes the Suffering Servant of Yahweh as prefigured by Isaiah 53:5. He is lifted up for all to see (John 3:14) and becomes metaphorically like Asclepius, the divine serpent, a worm and no man, whose image becomes a sign of hope to those who enter into the underworld of darkness, woundedness, illness, and sin. Henri Nouwen describes how the mythology of the wounded-healer is present in Hassidic stories and in the Christian symbolism of the Crucifixion, and how the extraordinary healing presence and power of healers was attributed to weakness or woundedness within them.34

Commentators on the Gospel of St. Matthew suggest that he wrote for a Jewish audience. As such, Matthew’s readers were familiar with the Scriptures and would have had an understanding of the metaphors and images that Matthew employs. They would have recognized when Jesus cried out in a loud voice, “Eli, Eli, lema sabachthani?” (Matt. 27: 46) that Jesus was reciting from Psalm 22:1. “My God, My God, why have you forsaken me?” The prayer is about one who experiences the abandonment of God and laments as he wanders in and out of consciousness. How often this universal cry for help comes from the mouths of those who suffer with similar pleas of “My God, what have I done to deserve this?” Within this liminal space of belief and doubt, the sufferer experiences both the

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reassurances of God’s action in the past and the hope God will come again as he experiences what is perceived as abandonment.

*From the Depths*

The worm is a metaphor for one whose body is mangled and disfigured and no longer considered human. Woundedness brings destruction to both body and soul. Woundedness also gives insight for healing and transformation. A worm crawls in the underworld of the earth bringing destruction in the consumption of waste materials. At the same time it brings new life with the aeration and fertilization of the soil.

This chthonic creature becomes another symbol for the primordial serpent that crawls on the earth and in Hindu mythology is close to its heartbeat. Like the serpent hanging from the staff of Moses bringing healing to those who look upon it, this Christ-serpent hangs on the wood of the Cross similar to the serpent that is an ancient Asklepian symbol of healing and transformation. The serpent sheds its skin and lives in the liminality between heaven and earth, life and death, consciousness and unconsciousness.

During the Exodus, when the people of Israel were complaining about their wandering in the desert, Yahweh sends fiery serpents among the people as a punishment for their lack of trust. Thus serpents can protect and destroy. They can be symbols of transformation and new life. A snake can inflict a mortal wound, but the power of a man-made symbol, an archetypal form, can overcome it. Symbols of the imagination are more potent than actual snakes. So Moses is directed by God to
tell the people who were bitten to gaze upon the bronze serpent hanging from his staff. What caused woundedness and death is the very symbol that now will restore and renew life as those who gaze upon it will be healed.

**Christ, the Wounded-Healer**

The first reading from the liturgy of the Celebration of the Lord's Passion in the Roman Catholic ritual recalls these words of Isaiah and underscores this image:

> See my servant shall prosper, he shall be exalted and lifted up, and shall be very high. Just as there were many who were astonished by him, so marred was his appearance, beyond human semblance and his form was beyond that of mortals. (Is. 52:13-14)

The image of Christ reflects these ancient images. Born from the archetypical energies of the past and the wisdom of the cosmic serpent, this image reveals a God who suffers and then becomes an agent of transformation. Isaiah continues: “But he was wounded for our transgressions, crushed for our iniquities; upon him was the punishment that made us whole, and by his bruises we were healed” (Is. 53:5).

This icon captures not only the image of the suffering of Christ but attributes to him the title of the servant of Yahweh. This image and title summarize those ancient images that were prefigured in older spiritual traditions. Important aspects of this icon are the association of the staff or rod and the serpent. The staff symbolizes authority and the tree of life while the serpent is associated with healing and transformation and with Christ hanging on the wood of the Cross.

John writes in his Gospel: "And as Moses lifted up the serpent in the wilderness, even so must the Son of man be lifted up” (John 3:14). The image takes on a life of its own as Christ the sacred serpent astonishes those who gaze upon
him. Isaiah continues with the analogy, “so shall he startle many nations, kings
shall shut their mouths because of him; for that which had not been told them they
shall see, and that which they not heard, they shall contemplate” (52: 15).

Christ, the wounded-healer, is lifted up for all to see and becomes a universal
image of hope to those who enter into the underworld of darkness, woundedness
and sin. Numinosity surrounds Christ, who is identified with the serpent as an
archetype of healing. Crucifixion becomes exultation in the Gospel of John. The
healing serpent on the staff is Christ on the Cross. The ancient divine archetype of
healing becomes amplified again in the person of Jesus who becomes the worm and
no man. Healing is accomplished by gazing upon woundedness. This is both the
paradox and the mystery that is hidden within this ancient symbol of healing. The
symbol becomes the icon of soul-making, that creative place where beauty is active
and reflected. So universal is this symbol that it has become the modern symbol of
medicine, the caduceus.

When a person is ill, he or she may become this icon that is lifted up for us as
chaplains to minister to. Each becomes the means of transformation in every action
that a healthcare professional provides. This is the mystery of this relationship. The
one who seeks to be the healer is healed and transformed by the interaction each
has with the suffering Christ archetype emerging again in the person of the one
who suffers. The power of the wound draws out the healer function that is dormant
in the one who is suffering as well as activates and supports the caregiver.
Recently the term “wounded-healer” has been used synonymously with burnout or impairment of caregivers in the healing professions, comments Len Sperry. He recognizes that the term is not new and has been associated with a sacred tradition across several cultures throughout the ages. The relationship between woundedness and healing is a truth recognized in myths and rituals of traditional cultures throughout the world.

Serge Daneault asks the question whether this archetype can assist physicians and caregivers. He recognizes the wounded-healer as one who has gone through suffering and as a result of that experience becomes a source of great wisdom, healing and inspiration for others. He writes:

The physician’s experience of being wounded is what makes him a brother of the patient, rather than his master. This triggers a fundamental change in perspective. The suffering patient can be cared for by the physician and be instrumental in the physician’s own healing. Each encounter between physician and patient can be transforming and creative for both people.

The physician and caregiver relationship becomes the method of healing as their technical skills are guided by experience and self reflection. The personal presence of the chaplain and the caregiver facilitates the healing process. Patient and caregiver are involved in a process that activates a healer function from within. Woundedness brings forth sensitivity and compassion allowing what needs to be heard find a voice. Who begins this process, the caregiver or the patient? This


dynamic interplay between the healer and the one who is wounded is a mystery of the healing in which each is affected by the other. The one who is ill comes to the physician and in doing so calls out of the physician and one’s self the archetype of the wounded-healer.

_Holding What Cannot be Held_

The psychic energies of the wounded-healer contain the ability for both the caregiver and for the one being served to hold what seems impossible to be held. The healer, on the one hand, must first recognize his or her own wounds so as to make space and understand the woundedness of the other. So necessary is this inner work of the caregiver that without it there is a danger that healing may not occur, not only for the patient but also for the caregiver. Groesbeck reminds us that:

> Real cure can only take place if the patient gets in touch with and receives help from his ‘inner healer’. And this can only happen if projections of the healer’s persona are withdrawn. This presupposes that the physician-healer is in touch with his own wounded side.  

An understanding of one’s personal woundedness, suffering, and illness appears to be a prerequisite for both physician and caregiver. Empathy and compassion are drawn from these experiences. Jurgen Moltmann’s observes that God suffers in the person of Jesus. He suggests that the mysticism of the cross becomes the _conformitas crucis_ for the poor and the sick, the oppressed and the crushed:

> Suffering in suffering is the lack of love, and the wounds in wounds are the abandonment, and the powerlessness in pain is unbelief. And

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therefore the suffering of abandonment is overcome by the sufferings of love, which is not afraid of what is sick and ugly, but accepts it to itself in order to heal it. Through his own abandonment by God, the crucified Christ brings God to those who suffer.\textsuperscript{38}

A god who suffers and knows the human experience is one that is accessible to one who suffers. This realization led Eugene Monick in a journey of self discovery in his study of Grunewald’s famous painting of the “Body of Christ.” Only in the blemishes and the wounded body of Christ could the Christian ideals be met, for only in the study and reflection of woundedness could one find a healing of one’s own blemishes and wounds. He writes in \textit{Evil, Sexuality and Disease in Grunewald’s Body of Christ} that

Grunewald’s Crucifixion adds a remarkable extension to the Incarnation that is missing in orthodox Christian tradition. Grunewald painted a sick Christ; sick unto death, embellishing the doctrine’s teaching that Christ is body as well as spirit by including an incorporation of experienced evil as well as good within his image [ … ]. It is a vast and novel expression of opposites contained in a Christ figure.

The insights of Moltmann and Monick are at the heart of this understanding the archetype of the wounded healer, where the woundedness of another, even of a god, offers the opportunity for one to discover his or her healing function. David Miller eloquently states, in the introduction to Monick’s work, that to enter into the journey of Monick and the Crucified Christ is to discover one’s path to healing. Miller writes: “The author courageously allows the reader to retrace the journey of his homeo-pathic discovery, the discovery that reveals that blemishes experienced thoroughly may serve to release the soul from its sense of inherited blemish” (xv).

\textsuperscript{38} Moltmann, Jurgen. \textit{The Crucified God}. Minneapolis: Fortress, 1993
The Chaplain as a Wounded Healer

Each day the chaplain is given the choice to respond soulfully or not to the call of service. In the ordinary, routine and often mundane experiences of healthcare, there are opportunities for the chaplains along with their partners in healthcare to venture forth out of their worldview and to enter the worldview and life of another. The task is often daunting and fraught with mystery as this descent brings the caregiver directly in touch with those movements of soul that may hinder or enhance healing.

Often being too busy becomes an excuse not to listen, not to respond, or not to care. To enter into the world of one who is suffering means to suffer with him or her. This is commonly known as compassion. Compassion is lauded as an integral skill and one of the hallmarks of healing as recognized in the physician, nurse, chaplain and healthcare professional codes of ethics and conduct.

Listening, the *par excellence* skill of the caregiver, becomes the prerequisite for compassion. Compassion is born from the experience of being a wounded-healer, where one's understandings of suffering and woundedness lead to the understanding of suffering and woundedness in another. Compassion is a spiritual and sacred attitude of spirit that often underlies the practice of many spiritual and religious traditions. What does the one who is ill and suffering teach us about ourselves? How are they healers to us who seek to heal? A real paradox indeed. The work of chaplaincy becomes a spiritual practice and a sacred work when the archetype of the wounded healer is made real again in the relationship between
chaplain and the one who is ill. Thank you all for your heroic work as wounded healers.