

The Wounded Healer as Cultural Archetype

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Galia Benziman, Ruth Kannai, and Ayesha Ahmad,
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Abstract: In their article "The Wounded Healer as Cultural Archetype" Galia Benziman, Ruth Kannai, and Ayesha Ahmad discuss the topos of the wounded healer, a concept of an archetypal dynamic coined by Jung to describe a phenomenon which may take place between analyst and analyzed. They examine representations of the archetype in diverse cultures and demonstrate how a reading of its various narratives may enrich our theoretical and practical understanding of the importance of empathy and mutuality in the healing process. The archetype of the wounded healer is valuable in acknowledging cultural diversity, as well as universal parallels between healing practices in African, Christian, Jewish, and Moslem versions of the archetype.

Galia BENZIMAN, Ruth KANNAI, and Ayesha AHMAD

The Wounded Healer as Cultural Archetype

The wounded healer is a concept of an archetypal dynamic coined by Carl G. Jung to describe a phenomenon that may take place between the analyst and the analyzed. In one of his later works, "Fundamental Questions of Psychotherapy" (1951), Jung suggested that sometimes a disease was the best training for a physician. Therefore, only a wounded physician could treat effectively (116). A similar dynamic can also occur between any health professional and his/her patient. We examine various cultural representations of the archetype and demonstrate how a reading of wounded healer narratives from diverse cultures can enrich our understanding of the importance of empathy and mutuality in the practice of medicine and psychotherapy. Besides its ability to enhance the physician-patient relationship, the archetype is also valuable in acknowledging the cultural diversity of medical and therapeutic conventions and practices. Our examination of the archetype covers African, Christian, Jewish, and Moslem versions of the archetype in various periods. We present the parallels between the Greek myth of Chiron, African Shamanistic traditions, the ideas of the medieval Moslem physician Al-Razi, a Jewish Talmudic story, and the modern children's novel *Pollyanna*, which we propose as a Protestant US-American contemporary myth of a wounded healer.

According to Jung, for the wounded healer the therapeutic encounter should be regarded as a dialectical process "in which the doctor, as a person, participates just as much as the patient" (116). The psychotherapist, through the nature of his/her profession, is aware of and examines his/her own personal wounds. If a patient's injuries are similar to his/her own, they may be activated. This can be the basis of counter-transference, Freud's term for emotional reactions to a patient which are determined not by the latter's personality traits and disorders, but by the psychoanalyst's own unconscious conflict. According to Jung, "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" (116). At the same time, the patient's "inner healer" is made available to him/her unconsciously as the doctor passes his/her conscious or unconscious awareness of his/her own activated wounds to the patient. Thus, a special unconscious therapeutic relationship develops between the wounded healer and the patient. In the therapeutic encounter, the healer tries to activate the wounded patient's own healing powers (Guggenbühl-Craig 83-85). However, the physician has his/her own wounds. The experience of being wounded does not make him/her less capable of taking care of the patient's disease; on the contrary, it makes him/her a companion to the patient, no longer acting as his/her superior. As Adolf Guggenbühl-Craig states, this process initiates a critical change in the concept of the doctor-patient relationship. The suffering patient is not only cared for by a wounded physician, but also assists in the physician's own healing process. The relationship is now more equal and mutual. Each physician-patient encounter can be transforming and creative for both parties. However, according to C. Jess Groesbeck, this kind of therapist-patient relationship, as effective as it may be, carries its own risks. A doctor is in danger of having his/her own wounds reopened or being "infected" by the patient's suffering. The doctor's own vulnerability becomes evident and makes him/her fragile, having departed from the archetype of the healer (Groesbeck 122-45). On the other hand, acknowledgment of human suffering cannot be gained without some awareness of one's own suffering. If a physician denies or represses his/her own wounds and does not realize that suffering is a fundamental and universal human experience, he/she might be unable to listen to the patient's cry for help. The way in which one accepts and interprets her suffering and destiny gives her life a deep existential meaning. According to Serge Daneault, "The act of acknowledging — owning — that as physicians we are wounded healers could be a turning point for our profession. This primitive understanding of medicine would no doubt lead us to a new sense of solidarity with our patients, who stand beside us, struggling themselves to create a better world. This better world is not some Utopia in which everyone is always kind and constantly in perfect health, but the imperfect world ... which, as a result of our constant search for meaning, is evolving toward greater cohesion and solidarity" (1218-19). Daneault therefore suggests that it may be constructive to use the archetype of the wounded healer to help decrease burnout, depression, and suicide among physicians (1218).

A discussion of wounded healer narratives should begin with a close reading of the foundational, ancient story of this archetype according to Jung, that of Chiron. In the Greek myth, Chiron was the eldest and wisest of the centaurs, a tribe of half-horse men. The meaning of the Greek word Chiron is "hand" (noun) or "skilled with hands" (adjective) and it is closely related to the Greek word *chirourgos* (surgeon). Unlike the rest of the centaurs notorious for their drunkenness, vulgarity, and violent behavior, Chiron was an immortal god, civilized, learned, peaceful, and gentle. Son of the Titan Kronos and half-brother of Zeus, Chiron was a renowned and revered teacher. He was especially known for his great skill in medicine, mentoring many of the great mythological heroes, among them Heracles, Achilles, Jason, and Asclepius. According to the myth, Chiron was wounded accidentally by Heracles's arrow coated with the poisonous blood of Hydra. The unbearably painful wound was incurable, but Chiron, immortal because of his divine ancestry, could not die. The agonized centaur roamed the earth and continued to heal the sickly and the injured. He thus came to embody the paradox of the great healer who can heal everyone except himself. Eventually, he wandered to the place where Prometheus was undergoing his own agony. Here, at last, he found freedom from his pain: he volunteered to give his immortality to Prometheus and now could die. Instead of being consigned to Hades, Zeus gave him a place amongst the stars as the constellation Sagittarius or Centaurus. These are the central motifs that are associated with the wounded healer in Chiron's myth, many of which reappear in narratives about this archetype: 1) The wounded healer is kind, gentle and intelligent, 2) He is a gifted man of medicine, 3) He is a teacher to many students of medicine, 4) His wounds are arbitrary and meaningless; they occur accidentally, 5) He does not welcome his suffering, and does not embrace pain voluntarily; the tradition of martyrdom is thus ruled out from the Wounded Healer narrative, 6) His suffering is endless and hopeless; although a great healer, he cannot cure himself; he is immortal, so he cannot wish for death to end his suffering, 7) He keeps healing and teaching others despite his suffering, and 8) The end of the healer's suffering endows it with meaning, and involves saving the life of someone else (Prometheus) and achieving his own freedom of agony (see also Groesbeck; Meserve).

Various beliefs, traditions and stories from different eras and cultures follow the pattern of Chiron's myth, with some variations. In the Arthurian legends, in the Norse tales, in Hebrew lore, as well as in Eastern sources, one encounters a special, healing figure who knows how to cure others because he/she has suffered illness too (see Meserve 87-92). The ancient Chinese teacher Laotzu said that "one who knows his lot to be the lot of all other men is a safe man to guide them. One who recognizes all men as members of his own body is a sound man to guard them" (Laotzu qtd. in Meserve 88). According to James Knight, a prototype of the Wounded Healer appeared in the Babylonian myth in the shape of a dog-goddess with two names, which signified her two capacities: as Gula she was death, and as Labartu she was healing. In India, Kali is the goddess of the pox as well as its curer. The mythological image of the wounded healer is widespread and tells us that the patient has a healer within, as much as the healer has a patient within (104).

The idea of the wounded healer is one of the staples of shamanism, as Joan Halifax and Donald F. Sander and Steven H. Wong have shown: the training of shamans involves an "initiatory crisis" — a prolonged stage of deliberate physical illness and/or psychological crisis that the initiated has to undergo as part of the training process. Such afflictions and their eventual cure serve as evidence that the shaman-to-be was indeed chosen by the spirits. In the traditional African Xhosa culture, becoming a healer is a process that involves experiences of illness, physical injury and pain. One of the Xhosa rites of initiation is *Thwasa*, a state of illness. The person experiencing it will undergo ailment and pain of body and mind and be made to suffer stomach aches, nervousness, and severe ache in the back, as well as possible periods of unconsciousness. During these attacks, this person might also become emotionally withdrawn and be troubled by dreams (see Wreford). *Thwasa* is crucial for becoming a healer. Illness is regarded in this case as the state through which communication from the person's ancestors occurs. In Xhosa culture, it is believed that a person is chosen to protect and heal people by becoming an *igqira* (healer), and his ability to enter a state of *Thwasa* is both a part of his training and an indication that the ancestors have preferred him. The process of *Thwasa* demonstrates how close this tradition is to the Western concept of the wounded healer: the interpretation of illness in Xhosa society is based on the rationale that it is from experiencing illness that the person undergoing training will learn how to observe, diagnose and treat other people's illnesses. Similar traditions are

practiced in other areas of Africa, for instance that of *Ngoma* in Swaziland, an analogous ritual in which the sufferer is transformed into a healer (see Reis).

In Islamic culture Abu Bakr Muhammad Ibn Zakariya Al-Razi (ca. 865-925) stands out as a figure of the wounded healer. Al-Razi developed an early passion for music and became an accomplished lute player. He then shifted his interest from music to alchemy, but in his thirties stopped his study of the latter field because of an eye disease (Meyerhof 136). It is believed that this was the reason why he began his studies in medicine (Ibn Khallican 244-47). Al-Razi trained as a physician in Baghdad and was soon contributing to the revival of Greek medicine amongst Islamic philosophers and physicians. His contributions to the science of medicine were very important. He observed the human body and its internal processes in an unprecedented way that aided the knowledge of future physicians. However, eventually Al-Razi's eye disease progressed and he became blind. What is intriguing about his blindness is that Al-Razi refused to receive treatment. The refusal of treatment is an indication that Al-Razi valued the position of a wounded, rather than entirely healthy, healer. What makes this even more interesting is that Al-Razi wrote one of the most important books on blindness and eye disease in the middle ages and it is possible that it was through his own infliction that he acquired such expertise in the field (see Savage-Smith 170). His willingness to try medications on himself before administering them to others is another indication that he thought of himself as equal to the patient. According to Selma Tibi, in his writings Al-Razi often makes clear that "he was not prepared simply to accept what he read, but wished to reserve judgment about the effects of medicines until he had investigated them personally" (207). Al-Razi's acceptance of his blindness made him a wounded healer in a way that granted him a better insight of his own suffering, as well as that of others allowing him to treat his patients in a holistic approach, combining the physical, the mental, and the psychological.

The *Talmud* (in Hebrew "instruction, learning") is a record of rabbinic discussions pertaining to Jewish law, ethics, customs, and history. The *Talmud* has two components: the *Mishnah* (ca. 200 A.D.), the first written compendium of Judaism's Oral Law, and the *Gemara* (ca. 500 A.D.), a discussion of the *Mishnah*. The *Talmud* is a wide-ranging document that touches on a great many subjects. Traditionally, Talmudic statements can be classified into two broad categories: *Halakhic* and *Aggadic* statements. *Halakhic* statements are those which directly relate to questions of Jewish law and practice. *Aggadic* statements are those which are not legal, but exegetical, homiletic, ethical, or historical in nature offering creative interpretations sometimes in the shape of tales, anecdotes, and parables. The following story is a Talmudic *Aggadah*:

Rabbi Hiyya Bar-Abba fell ill and Rabbi Johanan went in to visit him. He said to him: Are your sufferings welcome to you? He replied: Neither they nor their reward. He said to him: Give me your hand. He gave him his hand and he raised him. Rabbi Johanan once fell ill and Rabbi Hanina went in to visit him. He said to him: Are your sufferings welcome to you? He replied: Neither they nor their reward. He said to him: Give me your hand. He gave him his hand and he raised him. Why could not Rabbi Johanan raise himself? – They replied: The prisoner cannot free himself from jail. Rabbi Eleazar fell ill and Rabbi Johanan went in to visit him. He noticed that he was lying in a dark room, and he bared his arm and light radiated from it. Thereupon he noticed that Rabbi Eleazar was weeping, and he said to him: Why do you weep? Is it because you did not study enough Torah? Surely we learnt: The one who sacrifices much and the one who sacrifices little have the same merit, provided that the heart is directed to heaven. Is it perhaps lack of sustenance? Not everybody has the privilege to enjoy two tables. Is it perhaps because of [the lack of] children? This is the bone of my tenth son! — He replied to him: I am weeping on account of this beauty that is going to rot in the earth. He said to him: On that account you surely have a reason to weep; and they both wept. In the meanwhile he said to him: Are your sufferings welcome to you? — He replied: Neither they nor their reward. He said to him: Give me your hand, and he gave him his hand and he raised him. (*Babylonian Talmud, Tractate Berachot 5b*)

This miniature story is made of three vignettes. Four Jewish scholars are introduced to the reader. Rabbi Johanan appears in all three vignettes, twice as a healer, and once, in the second section, as one who "fell ill" himself. Rabbi Hiyya Bar-Abba is the first one to become sick and Rabbi Johanan treats him. Then it is Rabbi Hanina who cares for Rabbi Johanan, in exactly the same way Rabbi Johanan had treated the ill scholar in the first scene. In the last, longer vignette, Rabbi Johanan cares again for another patient-colleague, Rabbi Eleazar. This time, however, it follows the time when Rabbi Johanan himself had been sick and was rescued by a friend. He is the same man, but not exactly the same healer. Something about him has changed. Rabbi Hiyya "fell ill" (the *Talmud* Aramaic text uses a word that might be translated as both "fell ill" and "became very weak"). Rabbi Johanan paid him a

visit. Once there, he does not waste time on small talk. His question to Rabbi Hiyya, "Are your sufferings welcome to you," may have more than one meaning. Can I help? Do you want me to help you? And on the less conscious level: Do you want to be healed? Are you ready to be treated? Sometimes a sick person is either too depressed to be healed, or feels comfortable in the role of the sick. He might produce some secondary gain from his illness. Rabbi Johanan wants to be sure that Rabbi Hiyya is ready for therapy. Rabbi Hiyya answers: "Neither they nor their reward." In other words, he says: I do not like my suffering. I do not want to stay in this condition. I do not even believe or wish for a reward in heaven. I am ready to be healed. Rabbi Johanan hears these words. He gives Rabbi Hiyya his hand and raises him. Where from? Does he raise him from his bed, or from the chasm of his depression? We only know that the healing process is short and effective: the healer gives the patient his hand, there is a short but meaningful connection between them, and the patient becomes healthy.

In the second section the same thing happens to Rabbi Johanan himself. The healer has become sick. We can speculate that Rabbi Hiyya's disease could be physically or psychologically infectious, which is another professional risk that the healer-therapist has to undertake. The *Talmud* continues to repeat the same story: another Rabbi comes to visit and he asks Rabbi Johanan the same question and gets the same reply. Now it is Rabbi Hanina who gives Rabbi Johanan his hand and raises him from his illness. However, the *Talmud* does not leave us with a neatly symmetrical story. The narrator stops to ask a question: "why could not Rabbi Johanan raise himself?" — in other words: if he was such a great healer, why could he not heal himself? And the narrator replies: "the prisoner cannot free himself from jail." This short statement is important for the understanding of Rabbi Johanan's figure as a wounded healer. The prisoner metaphor is simple but powerful: the keys to the cell are on the other side of the door. The prisoner cannot free himself. He needs the helping hand of someone outside of the self. He will never be able to release and free himself. Isolated "self help" is impossible.

The third section of the story is longer and different from the scheme presented in the two other vignettes. Rabbi Johanan, healed from his own suffering, comes to visit another scholar, Rabbi Eleazar, who fell ill. He notices that the sick friend is lying in a dark room. Then he notices that Rabbi Eleazar is weeping. Rabbi Johanan's eyes and ears are now open and sensitive to the condition and suffering of the other. In another Talmudic tale, Rabbi Johanan is described as an unusually beautiful man, with a radiating presence: "He who desires to see Rabbi Johanan's beauty, let him take a silver goblet as it emerges from the crucible, fill it with the seeds of red pomegranate, encircle its brim with a chaplet of red roses, and set it between the sun and the shade: its lustrous glow is akin to Rabbi Johanan's beauty" (*Babylonian Talmud, Tractate Baba Mezi'a* 84a). Now, indeed, he uses his arms, the arms that raised the ill before, to enlighten the dark room by their glow. Rabbi Johanan starts asking Rabbi Eleazar (who is probably suffering from major depression) a series of questions. This therapeutic conversation might be described nowadays as "cognitive therapy." He offers a series of explanations for Rabbi Eleazar's condition, and then answers each of his own rhetorical questions with a comforting suggestion. The first explanation he proposes for Rabbi Eleazar's condition is that he might have missed spiritual or academic opportunities. He answers that the intention is important, not the actual degree of learning. Then he asks about the ill person's economic status and answers that some people will not be wealthy in this world. Eventually, Rabbi Johanan asks about the fact that the ill person is childless and proposes this as another explanation for his poor condition. His next act is moving. He shows Rabbi Eleazar, who is indeed childless, the bone of his own tenth son. The healer shares his own terrible wound with the patient: Rabbi Johanan is a bereaved father, who had had ten children and lost them all.

Rabbi Eleazar, triggered by the questions of Rabbi Johanan, finally replies: "I am weeping on account of this beauty that is going to rot in the earth." My suffering, he says, is existential. I look at your beauty, Rabbi Johanan, and I know that it is ephemeral, temporary and brief like everything else on earth. Rabbi Johanan agrees and identifies with this existential problem. Then the healer and the patient cry together. Only after this short therapeutic intervention, valuable to caregiver and patient alike, does Rabbi Johanan ask the question about the value of suffering for Rabbi Eleazar, gives him his miraculous hand, and raises him back to health. Rabbi Johanan's experience of suffering and illness has certainly affected his treatment style and enabled him to share his own experience and deep emotions with the patient. He has become a brother or companion to the patient rather than a

paternalistic healer. Being now aware of his wounds, he is not only giving treatment, but also getting help and insight. That makes him a sensitive, touching, Wounded Healer.

A modern Christian myth of a contemporary wounded healer in its feminine and childlike version is embodied in the figure of Pollyanna, the eleven-year-old orphan protagonist of Eleanor H. Porter's 1913 novel for young readers. *Pollyanna* acquired the status of a modern myth soon after its publication and its main character has rapidly become a well-known archetype. This character of an optimistic and ever-cheerful US-American girl emerged as an evolution of an increasingly popular character type in Western literature since the nineteenth century. Like Little Nell, Little Eva, Heidi, and Anne Shirley before her (in Charles Dickens's 1841 *The Old Curiosity Shop*, Harriet Beecher Stowe's 1852 *Uncle Tom's Cabin*, Johanna Spyri's 1880 *Heidi*, and Lucy Maude Montgomery's 1908 *Anne of Green Gables*, respectively), Pollyanna should be regarded within the context of the transformation of the Protestant vision of redemption. There are other, although less famous, examples of this character type. The uplifting figure of an orphan female child increasingly came to offer a new kind of redemption, whose basis was interpersonal connectedness rather than a metaphysical union with god. The tenets of Protestant humanism expressed through these literary figures rejected the earlier Protestant idea of humanity as an incorrigible sinner in favor of an optimistic model of ideal or at least increasingly improved, social relations. *Pollyanna* probably offers the most familiar contemporary Christian myth of the wounded healer, combining holistically the emotional and the physical both in her personal history and in that of the people/patients she treats. Pollyanna is analogous to the Talmudic Rabbi Johanan in undergoing a significant development from being first a healer not connected to her own wounds to one who heals others through recognizing her own pain and acknowledging the depth of her own injury. As a popular cultural myth, the adjective "Pollyanna" has come to signify an excessively or blindly optimistic person — but this is merely half the truth as it refers only to the first stage of her story before her growth into a healer aware of her own wound.

In their study of US-American superheroes in contemporary culture, John Shelton Lawrence and Robert Jewett discuss the new heroes who entered the modern cultural scene around the turn of the twentieth century as redeemers who contrive to heal the sick and bring happiness to the lonely: this new redeemer-figure, often a female child, offered domestic redemption (67-69). As children, these female figures possess intrinsic moral integrity, great emotional capacity and humane responsiveness to the suffering of others. These qualities surpass those of the adults and turn the young girls into intuitive healers. Of increasing sentimental importance, the character of the orphaned child tends to the spiritual and emotional uplift of adults in popular narratives during the second half of the nineteenth century (Nelson 7-17).

Of particular interest for our discussion is the fragile status of these new young hero-healers, whose age, gender, and orphaned condition suggest social inferiority, dependence, and weakness rather than superior knowledge and power. *Pollyanna* offers a particularly interesting instance of a healer/redeemer whose own vulnerability and suffering become paramount in her growing ability to heal others. It is largely her early loss and deprivation that makes this eleven-year-old girl such an effective healer. She is positioned as an alternative therapist whose actions are synchronized with and even surpass those of the "real," professional doctors. Doctor Chilton, the town physician, acknowledges her superior healing powers and asserts that the girl is "better than a six-quart bottle of tonic. ... I wish I could prescribe her — and buy her — as I would a box of pills: though if there gets to be many of her in the world, you and I [the nurse] might as well go to ribbon-selling and ditch-digging for all the money we'd get out of nursing and doctoring" (Porter 102). Part of the secret of Pollyanna's success in uplifting and transforming the individuals around her lies in her intuitive treatment of the aches of the spirit as inseparable from a person's physical condition. In this sense, professional medicine alone is presented in Porter's novel as incomplete and only partially successful, because too narrow in its inability to treat the patient's psyche or regard him/her as a fully equal human being. Doctors of medicine are described as well-meaning, but unlike the omnipotent model, they are fallible and their diagnoses might be mistaken. Pollyanna's early wounds — the loss of both parents and all her siblings, and her poverty-stricken early childhood — make her a healer whose treatment is so effective because it originates in deep solidarity and empathy. It is her repeated story of how she overcame the bitter disappointment she had felt as a little child, when instead of a doll she was given crutches from the charity aid, that elicits response from the individuals she encounters and activates

their own "inner healer." The Glad Game for which Pollyanna is so famous, invented by her father, is an acquired technique of positive thinking: "the game was to just find something about everything to be glad about," she explains. When she had received crutches instead of a doll, Pollyanna's father had convinced her that she should be glad that she did not actually need the crutches (Porter 34). It is perhaps the pathos of the little indigent child's ability to overcome her sorrow that inspires her suffering elders and leads them to believe in their own ability to rise above their own pain.

However, the Glad Game, as it is embedded in Pollyanna's private history, involves massive denial. According to Alice Mills's critique, Pollyanna's wound has not been acknowledged, hence was not healed but denied. "What is lacking in the original case, in which the little girl longs for a doll and is offered a crutch, is any allowance for grief, disappointment, longing, or rage. ... Pollyanna's father is insistent that his daughter feel nothing but gladness, even when she is left orphaned by his death" (Mills 91-92). The Glad Game may indeed emerge as the antithesis of a basic tenet of the Wounded Healer archetype, which requires that this figure should not turn away from the difficult task of acknowledging her own grief, wounds or illness. It is through this courageous facing that the wounded healer can empathize with her patients. Yet, the critique of the model for happiness offered in Porter's novel as based on denial does not take into account the gradual development of Pollyanna's ability to acknowledge her pain, and her forthright, if belated, confession of her own vulnerability. We should realize that there is much value for her in repeating the crutches-instead-of-doll story again and again, with every new "therapeutic" acquaintance she makes. By reiterating the story, she finds an outlet for — and perhaps relives — her early disappointment. As she tells Nancy, her aunt's servant, the story for the first time, "Pollyanna laughed again, but she sighed, too" (Porter 33). It is a story of denial, indeed, but by repeating it Pollyanna allows herself to express some of the grief it evokes.

This same story of early disappointment affects all its hearers: it brings tears into the eyes of the invalid Mrs. Snow, and leads her to let the light into her darkened room for the first time in fifteen years. It is this reciprocation of the wound that starts the healing process, by leading Mrs. Snow out of her hermetic, self-pitying self, and arousing her responsiveness toward an other. As in the story of Rabbi Johanan's encounter with Rabbi Eleazar, Mrs. Snow is metaphorically led out of the dark room of depression by the pain, and not just the gladness, conveyed by Pollyanna's presence. Furthermore, there is a dramatic development in Pollyanna's ability to acknowledge her own vulnerability once she suffers an additional injury that renders her powerless, no longer capable of healing herself, toward the end of the novel. Just like Chiron and Rabbi Johanan, the greatest healer can help all except herself. The car accident that leaves Pollyanna paralyzed is an arbitrary event, no less random than Chiron's overwhelming arrow wound. Pollyanna's suffering is not sought after and does not arrive as an answer to some ethical or spiritual need for martyrdom. Yet in terms of narrative logic it carries a deep psychological meaning. Pollyanna's physical blow is "not so great a danger as the new spiritual wound that most threatens her: Pollyanna's faith in the glad game is uprooted when she overhears the doctor's gloomy diagnosis. Bereft, Pollyanna ... enters into a deep depression from which there is no sign she will emerge" (Sanders 50-51). It takes a new wound and a phase of depression, despair, and inability to heal herself to make Pollyanna fully acknowledge her own weakness. She has to learn that she, too, unlike what her father told her, cannot be above the need for crutches — a metaphor for universal weakness and vulnerability made literal by the car accident. Now, after the accident, just like Rabbi Johanan following his own illness, Pollyanna becomes a changed healer, one who is not only aware of her previous wound, but is also confronted by her existential vulnerability. This is bound to make her also a better therapeutic figure for others, because it is perhaps only now that she can fully understand her own patients. As Nancy, the servant, puts it when describing Pollyanna's new condition and changed perspective about the Glad Game, "the poor little lamb just cries, an' says it don't seem the same, somehow. She says it's easy ter *tell* life-long invalids how ter be glad, but 'tain't the same thing when you're the life-long invalid yerself, an' have ter try ter do it" (Porter 178-79).

It is only now that the dialogic and reciprocal model of the wounded healer emerges: at this difficult stage, Pollyanna is rewarded for her previous concern and efforts to uplift her friends/patients by being healed by them in return. It is thanks to her friends, those she has helped so much, that she begins to recover from her despair by learning about their renewed effort to heal themselves and to let her know how much she had done for them. Having now found and activated their own "inner healer," they become Pollyanna's Wounded Healers in return, and even support each other (e.g. in the

surprising decision of the gruff old bachelor John Pendleton to adopt the orphan boy Jimmy, as Pollyanna had wished).

The development of the wounded healer's function in *Pollyanna* has a religious layer as well. Prior to the car accident, Pollyanna may seem to be a refined version of a Christ figure. Her message of love and humility in the face of adversity, preaching the doctrine of gratefulness for what you have (or do not have), has come to her from her late father, the orthodox Protestant preacher, and carries an unmistakable reverberation of the ideology of Christian forbearance. Yet in Porter's narrative, the ready-made consolation offered by orthodox religion does not sound too uplifting, as Pollyanna keeps trying to convince herself that "God and the angels needed my father more than I did" (Porter 27). As soon as Pollyanna is hit by the car, an entire existential dimension is revealed in her refusal to play the role of martyr. Rather than playing the Glad Game, Pollyanna's despair and slow recuperation lay an emphasis on the way in which a person's interpretation of life events and her creative assigning of meaning decide what kind of person she will be.

In conclusion, as in Chiron's myth and the Talmudic story, the resolution of *Pollyanna*'s narrative offers a renunciation of the tradition of martyrdom in favor of human interconnectedness. Rather than suffering for others, the wounded healers of African, Moslem, and Western traditions examined in our study use their otherwise arbitrary and meaningless infliction — whether it is blindness, bereavement, injury, or being orphaned — in order to share their existential vulnerability with others. It is this sharing that demonstrates the ethical and psychological power of interpersonal relations to help both healer and patient to deal with pain.

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