Unconscious Incarnations

Psychoanalytic and Philosophical Perspectives on the Body

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Chapter 1

The hermeneutics of wounds

Richard Kearney

How are we to ‘interpret’ psychic traumas which appear to defy meaning and language? Traumatic wounds are by definition unspeakable. Yet from the earliest of literature, we find tales of primal trauma which tell of a certain catharsis through storytelling and touch. And we witness a special role played in such tales by figures called ‘wounded healers.’ By way of exploring this cathartic paradox of ‘telling the untellable,’ I will look at some examples from both classical Greek mythology and contemporary literature (including Freudian psychoanalysis, Joycean fiction and Holocaust testimony).

My basic hypothesis is that while traumatic wounds cannot be cured, they can at times be healed—and that such healing may take place through a twin therapy of (1) narrative catharsis and (2) carnal working-through. In short, healing by word-touch. A double transformation of incurable wounds into healable scars.

Originary stories of wounding

I begin with some Greek tales of wounded healers—Odysseus, Oedipus, and Chiron.

Odysseus

In Homer’s Odyssey, the hero Odysseus is condemned to act out the wound of his own inherited failure, his own existential finitude, again and again. The name Odysseus means ‘bearer of pain’ and we learn during the course of the poem that he is carrying wounds both suffered and inflicted by his forebears. Indeed, the ultimate act: of recognition when Odysseus returns
to Ithaca coincides with the exposure of his childhood scar, identified by his nurse Euryclea. The poem begins with Odysseus absenting himself from the wounds of his birth and upbringing, his autochthonous origins in Ithaca, sailing off to heroic glory. But his attempts to become an immortal warrior are constantly thwarted by reminders of his mortality (the brutal carnage of Troy and subsequent calamities and failures). The decisive rupture of the lure of Calypso is central to this disillusionment—Odysseus chooses earthly nourishment over godly ambrosia.

Originally leaving Ithaca as an aspirant hero, Ulysses returns as a beggar: a lowly outcast finally recognized by the smell of his flesh (by his dog, Argos) and the touch of a scar on his thigh (by his nurse, Euryclea). It is significant that Euryclea only touches her master’s scar after a very detailed narrative about how Ulysses received the original wound in a childhood hunting incident with his grandfather, Autolycus (Odyssey 19.393–469)—a typical example of transgenerational trauma. The narrative ‘working through’ leading up to the Euryclea’s touch, takes all of seventy-seven lines. The climactic moment of recognition (anagnorisis), in short, takes the form of a double catharsis of narrativity and tactility. The hero comes to final self-knowledge by both acknowledging and embodying the story of his own primal wounding.

Telemachus, expecting a triumphant victor to return, does not at first recognize his own father. He is so fixated on his great expectations of the paterfamilias that he does not see the wound on his body. The son is blinded by illusory imagos, and delusions abound until he finally acknowledges, sharing food in a swineherd’s (Eumaeus’) hut, that the mortified stranger before him is in fact his real father. Tasting simple fruits of the earth is how they finally come together as host and guest: hospitality as antidote to the hostile curse of fate (ate).

The word Homer uses for ‘scar’ in this final recognition episode is oulen (Odyssey 19.391). It is a term often associated in Greek literature with ‘trauma,’ as in Plato’s Gorgias, 524c, “oulas en to somati... hypo traumnaton,” where oulen means both ‘trace’ and ‘scar.’ While the wound is timeless, the scar appears in time: It is a carnal trace which can change and alter over time though it never disappears. Scars are written on the body; they are forms of proto-writing. And narrative catharsis is a process of working through such carnal traces. Put simply: While the wounds remain timeless and non-representable, scars are the marks left on the flesh to be seen and touched, told and read. Scars are engraved wounds that may, or may not, be healed.2

What I am suggesting—following Aristotle’s notion of mythos-mimesis in the Poetics—is that certain kinds of narrative may bring about a catharsis of our most basic passions, through a “the purgation of pity and fear.” But such healing is to be understood in a very specific manner—not as facile closure or completion but as open-ended story: namely, as a storytelling which forever fails to cure trauma but never fails to try to heal it. As Samuel Beckett’s unnamable narrator puts it: “I can’t go on, I’ll go on.” And in the very effort to narrate the unnarratable, there is, curiously, not only therapeutic caring but pleasure: the pleasurable purgation of pity and fear by pity and fear.3 More precisely, we interpret the role of narrative catharsis here as a twofold transformation of the passions (pathemata)—namely, the distilling of (1) pathological pity (elias) into compassion and (2) of pathological fear (phobos) into serenity. Compassion spells a proper way of being ‘near’ to pain; serenity a proper way of remaining ‘far’ from it (keeping a healthy distance, as we say, lest we over-identify or fuse with the other’s pain). Catharsis, according to Aristotle, makes for healthy citizens. Purged emotions lead to practical wisdom.

Oedipus

Now to my second story—Oedipus. It has been noted by Lévi-Strauss and others that the proper names for Oedipus and his patrilineal ancestors all refer to ‘wounds’ which cause difficulty in walking: Labdacos (lame), Laios (left-sided), Oedipus (swollen footed). Each of these figures acts out the crimes and wounds of the previous generation: Laios raped the son of his host, Pelops, thereby committing the equivalent of incest and the betrayal of hospitality. His double transgression replicates the curse (ate) of his own father, Labdacos, and is repeated by Oedipus in the next generation. This fatal trans-generational lineage comes under the heading of the ‘House of Labdacos’ and involves a recurring acting out of unspoken traumata (Greek for wounds).

This recurrence of trauma (inflicted or suffered) takes place over three generations, and the only solution to this curse of cyclical repetition is, it appears, the conversion of the untold wound into a form of enacted storytelling—in this case, the symbolic emplotment of Oedipus’ tragic narrative. Only this, according to Lévi-Strauss, can affect a cathartic
transformation of passions which suspends the compulsive acting out of trauma. The basic thesis, in sum, is that myths are machines for the purging of wounds: strategies for resolving at a symbolic level what remains irresolvable at the level of lived empirical experience. (Oedipus' self-blinding at his own hands is another aspect of wounding-into-wisdom, as the blind healer Tiresias also reminds us. The double sense of blesser as blessing and wounding captures this).

Let me briefly unpack Lévi-Strauss' argument. Human existence is cursed by a tragic, because impossible, desire to escape the trauma of our autochthonous origins. Namely, the desire to buck our finitude—to deny death. (As Levinas puts it, "l'existence est notre traumatisme originaire"). In the Oedipus cycle, this tragic curse is epitomized, as noted, by the patrilineal names for wounds that bind us to the earth. And the poetic role of muthos-mimesis—that comprises drama for Aristotle—is to narrate both our heroic desire to transcend our terrestrial nature and our mortal inability to do so! Our effort to surmount our earthly finitude is repeatedly acted out in our overcoming of monsters: Cadmus kills the dragon, Oedipus defeats the Sphinx. But these attempts to overcome mortality are ultimately impossible for we are scarred by irreconcilable fidelities: to both earth and sky, to immanence and transcendence, matter and spirit, nature and culture. So for Lévi-Strauss, great mythic narratives—beginning with the synchronic myths of la pensée sauvage—are attempts to procure cathartic relief by balancing these binary opposites in symbolic constellations or ‘mythemes.’ In a word: What is impossible in reality becomes possible in fiction.

Let us return to the plot. Oedipus finally comes to a recognition of his traumatic finitude—and the transgenerational crimes of his forebears—through a series of wounding culminating in the removal of his eyes. This ultimately leads, not to curing (that is impossible, the eyes are gone forever), but to a certain cathartic healing through:

1. a new kind of vision (he sees differently);
2. a new kind of touching (as he is led by the hand of Antigone); and
3. a new kind of speaking: his final words at Colonus where he accepts his estranged outsider status as a mortal human being.

Oedipus' wound has finally become a scar, a witness for later generations to recall. His empty tomb serves as a talisman for Athens. (We might recall here, apropos of Oedipus' wounding-into-wisdom that those who remind him of his errant wandering and send him back to Ithaca are the blind Tiresias and the ghost of his dead mother. It is two wounded healers who guide Odysseus home to be healed by the touch and testimony of Euryclea—the nursemaid who bathes his childhood scar and narrates the origin of his wound).

**Chiron**

The wounding of Odysseus and Oedipus recall a whole series of other wounded healers in Greek mythology, from Tiresias and Cassandra to Philoctetes and Chiron. I confine myself here to the last of these—Chiron.

Chiron was a demi-god and centaur, half man and half horse. He was the son of the Titan, Kronos (Saturn) and the love-nymph, Philyra, and was wounded by Herakles during a boar hunt when a poisoned arrow pierced his leg and would not heal. Though Chiron could not cure himself, he found that he could cure others and became known as a wise and compassionate healer. Those who came to him in his underground cave found understanding and compassion. In his wounded presence, they felt more whole and well, which is why they called him “the wounded healer.”

Because his wound was incurable and unbearably painful, Chiron voluntarily relinquished his immortality and underwent death, eventually being assigned a place among the stars as the constellation Centaurus.

Interestingly Chiron became the teacher of Asclepius, one of the two founders of Western medicine, the other being Hippocrates. Chiron, who dwelt in a cave, taught Asclepius the art of healing through (1) touch (Chiron means hand, kheir, or more precisely, skilled with the hands, the word kheirourgies means surgeon) and (2) song (Chiron used music along with healing herbs from the earth and induced dreams). By contrast, Hippocrates, the other patron of western medicine, followed the way of Zeus, Chiron's brother, who dwelt: on Mount Olympus and promoted a method of superintendence and control. In short, while Asclepius promoted healing through carnal nature and nocturnal dreaming from below, Hippocrates promoted curing through inspection and intervention from above. The former worked through taste, touch, and fantasy, the latter through cognitive management.

There are further things to be noted about Chiron. As a hybrid of human and animal form, he is a half-creature who reconnects with our deeper unconscious feelings and earth belonging. As son of not only Chronus
(saturnine melancholy) but Philyra (love), Chiron suggests another approach to the compulsive and often violent repetitions of ‘chronological’ time—he prefers an art of loving care, inherited from his mother of that name (philia). And this opens up to another kind of time, a time after time, après-coup, nachtraglich—a healing repetition not backward but forward, which permits a break from cyclical recurrence and a release into the future. Unlike his brother Zeus who continues the periodic blood cycle of father-son castration (Chronic castrates his father Ouranos, Zeus castrates his father Chronos), Chiron chooses a different route. He puts an end to the compulsive repetition of patricidal castration, giving birth instead to a daughter, Hegeia, a priestess of healing (whence our word hygiene).

And what is more, in renouncing the vicious cycle of father-son violence, Chiron assumes the wound into his own body. Instead of acting it out violently and compulsively on others, he turns it into a power of empathic healing through touch, taste, and song. (Indeed in Ovid’s version it is Chiron who takes the arrow from another wounded centaur and drops it onto his own foot: a typical gesture of self-sacrifice). Pindar praises him accordingly as “wise hearted Chiron who taught Asclepius the soft-fingered skills of medicine’s lore” (Nemean Ode 3.52 ff). And Homer has Eurypylus address Patroclus as follows: “Cut the arrow out of my thigh . . . and put kind medicines on it, good ones, which they say you have been told of by Achilles since Chiron, most righteous of the Centaurs, told him about them” (Iliad 11.832, trans. Lattimore). Indeed it is curious that the Homeric Odysseus, like Chiron, receives his wound in a childhood boar hunt.

So where exactly is narrative catharsis in all this? I think it is telling that a key ingredient in Chironic healing involves dream stories—visions invigilated by Oneiros and Hypnos—as well as dramatic retelling (the ancient Aesclepeian site of Epidaurus is renowned for its famous theatre).

In his book The Wounded Healer, Michael Kearney, one of the founders of palliative care medicine in Britain and North America, contrasts the Aesclepeian tradition of healing with the Hippocratic. The former was inspired by Chiron who worked in a cave under the ground and practiced earth wisdom. The latter, Hippocratic method, took its tune from Zeus and the Olympian gods and prescribed pain control strategies—that is, means of identifying (diagnosing) and seeking and destroying (treating) the disease, using evidence-based practice. It is this heroic model of outsmarting and overpowering the enemy that prevails in 21st century Western medicine and is, of course, very successful. It is effective in curing disease, lessening suffering, and improving quality of life in chronic and terminal illnesses. And it has often proved a good match for physicians’ own natural pain phobia, allowing the doctor to come close to patients who are suffering while remaining safely behind the protective barrier of a white coat, stethoscope, and professional persona. The result of a successful therapeutic encounter, on this standard medical account, is relief all around; a lessening of the physician’s pain along with that of the patient’s.

However, the heroic-Hippocratic model does not address all kinds of pain nor tell the whole story. Pain control only works when the pain can be managed by our interventions. Something else is also required in the face of uncontrollable malaise. And here we may look to Asclepius and Hegeia. A different way of understanding suffering and of responding to it.

The Aesclepeian approach suggests that even though the healer cannot completely control the pain and grief of dying, one can choose to be with and hold that pain. With self-knowledge and mindfulness, healers can learn to recognize the pattern of what happens when one hits the limits of what one can do in the face of suffering. One can choose to stay with one’s own distress as a way of staying with the other in their suffering. The mutual abiding with suffering becomes a form of shared witness—a bilateral healing beyond uni-lateral curing. Drawing on the story of Chiron, the author writes:

The wounded healer is one who holds her own pain while staying present to the other in theirs, knowing that this, more than anything else he or she may do, is what awakens the inner healer in the other. The wounded healer is one who knows that even when there is nothing left to do, we still have choice . . . we each carry a potential for healing within us . . . our woundedness being the very ground from which the green shoot of healing emerges . . . The more we can be with our own pain, the more we can be with others in theirs. This encourages the other to stay with their own suffering, which is where they need to be if they are to experience healing.

With the path of the wounded healer, one finds, so to speak, a second leg to stand on. There is a different therapeutic model at play.

When we are no longer confined to the heroic medical model, we are no longer trapped in a power-down, one-way dynamic of the expert
responding to the one needing expertise. Doctor and patient now meet as two human beings, both of whom are wounded and both of whom carry an innate potential for healing within. It is precisely this recognition of our mutual humanity, combined with the capacity to stay with our own suffering that releases this potential. While we suffer alongside the patient on this path, we may also experience the freshness of being, the peace of mind, and the sense of meaning that are the hallmarks of arriving in a place of healing.\(^8\)

Other therapists, like Françoise Davoine, observe a similar Asclepian practice with the notion that “trauma speaks to trauma.” By sharing one’s own pain with one’s patient in an exchange of narratives, one allows for a certain reciprocity of healing—another way of listening and speaking.\(^9\) And I would suggest that the shared witnessing of pain in twelve-step programs is yet another powerful example of Asclepian healing through the exchange of words and wounds. The poet Rumi already acknowledged this way of the wounded healer when he wrote, “Don’t turn your head. Keep looking at the bandaged place. That’s where the light enters you.”\(^10\)

I hasten to add that the model of the wounded healer is by no means confined to the Greeks. The biblical tradition also features stories of such figures, from Jacob and Jesus to Francis of Assisi and Padre Pio. Jacob, we recall from Genesis, was wounded at the hip while wrestling with a dark stranger at night, and only thus wounded could he receive the sacred name of Israel and be reconciled with his estranged rival, Esau, next day. Likewise, Christ is, for many, a salvific wounded healer whose crucified and risen body was to become an emblem of healing for centuries—with many subsequent wounded healer madonnas and saints, from the heart-pierced Mater Dolorosa to stigmata-bearing saints who could heal others though they could not heal themselves. Think here of Francis of Assisi’s bleeding hands and eyes or John of the Cross’s invocation of the “wounded stag” in his \textit{Spiritual Canticles}. Indeed it is curious how the Christian tradition has variously interpreted the wounds of Christ’s body, some proclaiming it a blemish that would be removed in the Glorious Mystical Body in the Kingdom (See Shelly Rambo’s work on Calvin and Gregory of Nyssa).\(^1\) Even Hegel claimed that Absolute Spirit has no scars. While, on the other hand, many insisted that the blessed wound/blessure was a positive feature of the Christian message. (See Caravaggio’s painting of Thomas touching Jesus’ wound.) Though, it must be said, the celebration of woundedness could sometimes veer to cultic extremes of sadomasochistic excess as in the Spanish Baroque and Counter-Reformation.

But that is a discussion for another paper. For now suffice it to say that Christ, like Chiron, willingly abandoned immortality in order to assume the wounds of others into his own body, thereby offering himself as a sacrificial healer for mortals. Christ healed the sick both haptically and narratively—he touched wounds and told stories (parables)—and invited others to repeat this double act after him.

\textbf{Modern stories of wounded healers}

\textit{Freud: Trauma and transference}

Many modern psychologists have supported Lévi-Strauss’ claim that the cathartic function of myth is by no means confined to ‘primitive’ societies but continues to operate in the human psyche today. Examining the depth structures of mythic stories, both Maria Louise Von Franz and Bruno Bettelheim make the point that folklore and fairy tales can serve to heal deep psychic wounds by allowing trauma victims or other disturbed persons find expression for inhibited feelings.\(^2\) Myths enable us to experience certain otherwise ‘inexperienced experiences’—that is, events that were too painful to be properly registered at the time but which can, \textit{après coup}, be allowed into expression indirectly, fictionally, ‘as if’ they were happening. Thus good and evil mothers, for example, of famous folktales allow for the symbolic articulation of children’s deeply ambivalent attitudes towards their own mothers 	extit{good} fairy godmother because loving, nourishing, present/\textit{wicked} witch or foster mother because controlling, punishing, absent). And the same goes for surrogate fathers (as benign protectors or malign castrators).

Freud had, of course, already alluded to this phenomenon of child fantasy in his famous account of the \textit{fort/da} scenario. In \textit{Beyond the Pleasure Principle}, he recounts how one day he witnessed his grandchild struggle with the painful absence of its mother. The infant, Ernst, managed to overcome his acute anxiety at the departure of his mother by playing a game of symbolic naming—\textit{there/here}—as he cast a cotton reel into his cot and then pulled it back again. So doing, he was, Freud observed, fictionally imitating the otherwise intolerable comings and goings of the mother. Freud recognized this primal scene of symbolic play as the shortest story
ever told—one which brought about a basic sense of catharsis which appeased the child. What remained unbearable at the level of reality (the separation from the mother) was resolved, at least momentarily, in the playacting with the cotton reel and the words of make-believe fort/da. Imagining that the game of words was imitating the game of life, the child performed its first therapeutic feat of ‘let’s pretend!’ It created a fantasy self that healed the wounds of the real self.

Now my question is this: Might not Freud have recognized his own unbearable separation anxiety in his grandson’s little ‘trauma’ at his parents’ absence (mother away, father at war)? And might he not have recognized the magical power of words to ‘work through’ wounds? Working through as talking through? When Freud wrote of his grandson’s loss of his mother, was he not also writing about his own loss of his own daughter (the same person—Sophie Freud)? For Sophie was, significantly, Freud’s favorite daughter who died tragically in January 1920, several months before Freud, devastated by the loss, wrote the fort/da scene. This scene, incidentally, was inserted into the book’s narrative quite abruptly after Freud’s initial outline of a series of examples of First World War trauma. And this interpolation of a ‘little trauma’—separation from a loved one—into Freud’s seminal account of ‘Big Trauma’—unspeakable violence at war—opens up, I believe, the whole conversation about relations between ordinary and extraordinary trauma.13 A topic we cannot go into here.

My suggestion for now is that the mirror play of Sophie Freud’s ‘disappearance’—enacted between her father (Freud) and her son (Ernst)—is a micro-drama of transgenerational trauma (with a small t). It signals a crossing of identifications where Freud is at once Sophie’s father and son, “writing the book of himself,” as Joyce put it, so as to mourn a departed loved one (a lost object). In other words, Freud is acting here as a modern Chiron endeavoring to turn melancholy into mourning. A further example of “trauma speaking to trauma” and by extension, trauma listening to trauma. Indeed, it is interesting that some of the most important modern pioneers of trauma therapy were themselves victims of war traumas—Bruno Bettelheim, Victor Frankl, Dori Laub, and Françoise Davoine. All four survived violence and went on to help others speak their unspeakable wounds into healable scars. And something similar might be said of Emmanuel Levinas who lost most of his family in the Holocaust before going on to compose his path-breaking philosophy of human relations with the Other as a response to “un traumatisme originel.” Each, in his/her own way, was a wounded healer.

Joyce: Writing trauma into fiction

Many writers are also wounded healers. In the case of Joyce, we find someone who wrote books in order to transform personal and collective trauma into art. The personal traumas related to the death of Joyce’s young brother (alluded to in the first of his famous ‘Epiphanies’) and a brutal mugging in Dublin in 1904. The collective trauma related primarily, I believe, to the Irish famine. When Joyce visited Carl Jung in Zurich—hoping he would cure his daughter, Lucia—Jung replied that he could not cure Lucia’s madness and that Joyce had only managed to cure his own by writing Ulysses! In short, Joyce is Stephen Dedalus “writing the book of himself” in order to save himself from melancholy.

Let me say just a brief word about the mugging at the root of Ulysses. In a letter to his brother Stanislaus on November 13, 1906, Joyce announced that he had just started a new “short story.” It was called Ulysses. He came up with the idea, he explained, because of a memory triggered by a recent mugging in a street in Rome. He had just been fired from his job at the Nast-Kolb Schumacher bank and drank all his severance pay (which should have paid the rent and helped provide for his one-year-old son, Giorgio). On his way home, Joyce was robbed and left lying in the gutter, destitute, despondent, and bleeding. And it was at that very moment that he suddenly remembered something: being assaulted several years previously (June 22, 1904) in Dublin and rescued from the gutter by a man called Hunter, “a cackled Jew” who dusted him down and took him home for a cup of cocoa—“in true Samaritan fashion,” as Joyce put it. This repetition of woundings triggered a lost memory where an immigrant Jew came to the rescue of a wounded Dubliner and planted a seed of caritas in his imagination.

Several weeks after the Rome mugging, Joyce and Nora were given tickets to an opera whose librettist was called Blum. This second moment of happenstance, after his humiliating fall in a Roman alleyway, furnished the name of his paternal protagonist, Leopold Bloom. Thus was born the longest short story ever told—Ulysses. The tale of a father (Bloom) and a son (Stephen) traversing wounds on the way to healing.

In a pivotal scene in the National Library, at the heart of Ulysses, Stephen expounds his central theory of the father/son idea in Hamlet. His thesis is
that Shakespeare wrote *Hamlet* the year his son, Hamnet, died and his own father, John Shakespeare, was dying. The play, he argues, is about the transmission of mortal trauma between fathers and sons. In short, according to Stephen, Shakespeare wrote “the book of himself” in order to avoid the madness of melancholy, that is, in order to properly mourn his father and his son in a way that he was unable to do in real life. The play itself thus serves as a symbolic ‘working through’ of an otherwise irresoluble crisis in which a father (King Hamlet) commands his son (Prince Hamlet) to do something impossible: that is, to remember what cannot be remembered! To tell something that cannot be told. A double injunction. An unbearable burden. An impossible story. The double bind of trauma:

To speak is impossible, not to speak is impossible . . .
Remember me, remember me . . .

says the ghostly father to his son, while at the same time adding:

But that I am forbid
To tell the secrets of my prison house
I could a tale unfold whose lightest word
Would harrow up thy soul . . .

The ghost’s unspeakable secrets—for which he is condemned to the latency of purgatory, those “sulphurous and tormenting flames”16—these very things are precisely what *remains* secret. The secret “crimes committed in his days of nature” (youth) are, King Hamlet tells us, *forbidden* tales. In short, the things to be remembered cannot be told in the first place! We are concerned here, I suggest, with traumas. Unspeakable things which we do not possess but which ‘possess us’—like specters. For traumas, as Cathy Caruth writes, describe “overwhelming experiences of sudden, or catastrophic events, in which the response to the event occurs in the often delayed, and uncontrolled repetitive occurrence of hallucinations and other intrusive phenomena.”17 I think Hamlet perfectly qualifies.

My suggestion is that Joyce offers a literary correlative for Freud’s therapeutic narrative of *fort/da*. The longest short story ever told (*Ulysses*) echoing the shortest (gone/back again)18 Joyce admitted that he wrote much of his fiction when he was “Jung and Freudend” and we also have the *Finnegans Wake* boast: “I can psako-onakoose myself any time I want!”19 Joyce did just that in writing his personal and national traumas into words, prefiguring his fellow expat writer, Eugene O’Neill, when he confessed that *Long Day’s Journey into Night* was written in “blood and tears.” Their books saved them from sickness and insanity. And perhaps others too, for in turning “ghosts into ancestors” (as Hans Leopold recommended), Joyce may have helped many of readers recover from their personal or collective traumas.

**Bamber: The good listener**

A final example of a modern Chironic narrator is Helen Bamber. The main reason for this, we are told in her biography by Neil Belton, is that she managed to integrate her own suffering into her understanding and was accordingly an exceptionally ‘good listener.’ A trauma therapist in practice more than theory, Bamber was both a founding member of Amnesty International and one of the first counselors to enter the concentration camps after the war. Her goal was to encourage survivors of torture and horror to somehow convert their trauma into stories and thereby find some release from their mute and immutable paralysis.

In Bergen-Belsen, Bamber encountered ‘impossible stories’ which *had to be told.* She describes this narrative paradox—of telling the untellable—in her experience of counseling victims after her arrival in the camps in the immediate wake of the liberation:

[I] would be sitting there in one of those chilly rooms, on a rough blanket on a bed, and the person I was talking to would suddenly begin to tell me what they had seen, or try to tell what it was like . . . Above all else there was the need to tell you everything, over and over and over.20

Eventually, Bamber realized that what was most important was to sit closely beside the survivors and to “listen and receive this,” as if it were part of you and that the act of taking and showing that you were available was itself playing some useful role. A sort of mourning beneath and beyond tears: “it wasn’t so much grief as a pouring out of some ghastly vomit like a kind of horror.”21 The purgative idiom here is not accidental. (Catharsis in Greek most commonly referred to the physical act of voiding toxic liquids). What Bamber’s accounts of these basic first-hand testimonies makes evident is that Holocaust stories—like all stories of deep pain—are to be understood less as tales of heroic triumph over adversity, than as
truncated, tentative quasi-narratives that call out to be heard: impossible stories that the victims and survivors nonetheless have to tell. Indeed Primo Levi, one of the most famous narrators-survivors, compared this narrative impulse to retell the story as something as basic as an "alimentary need." For without such conversion from aphasia to testimony, from silent wounds to narrated words (howeverammered or inarticulate), the survivors could not survive their own survival. They could not lift themselves from their bunks and walk out the gates of the camps. They could not pass from death back into life.

One especially vivid account of narrative testimony in Bergen-Belsen says this with terrible poignancy. Bamber describes a play in Yiddish

which was performed for remaining survivors by other survivors. It re-enacted a typical family at the table and was received in total attention by the audience. She writes:

The family portrayed would be an orthodox family; and then the Nazis would come in. And they would drag or kill the mother; and the power of the scene turned around the abuse of the mother, and the break-up of the family. The depiction of the Nazis was realistic and violent. The sense of disaster about to happen could be felt in that hall. Nothing explicit about the aftermath was shown, as I remember it. I have never seen anything so effective, despite the crudity of the stage and the performance. It was raw and so close to the experience of the audience. There was never any applause. Each time was like a purging.22

In other words, basic catharsis.

The key to the release from the nightmare, which this elementary muthos-mimesis permitted, is the fact that it balanced the act of identification with a theatrical representation so that the pain, which could not be lived directly, could be re-lived by being re-presented "as if" it were happening again but this time from a certain distance (the "estrangement" being provided, however minimally, by the theatrical form and plot). The survivors were thus permitted to re-experience their own previously un-experienced experience—un-experienced because too unbearable to be registered or processed in the original immediacy of the trauma. And this, we might add, requires its own special temporality: there is a time for wounds to open and a time for wounds to close. As with the physical process of granulation where scar tissue is formed from within the wound, allowing for a proper mix of exposure to air and protective closure, so too with the psyche. Working-through of trauma calls for a delicate equipoise between silence and speaking, invisibility, and visibility, if the wound is to grow into a healing scar. If one covers the pain too soon, it festers and needs to be reopened at a later time for a new scar to form; if one covers it too late, infection can set in and the pain becomes intolerable. Wounded healers know, from their own experience of woundedness, two basic things: (1) the right timing between too early and too late, and (2) the right spacing between too near and too far. As important as sensitivity to timing, is being careful neither to over-identify with suffering (too close) nor to remain an indifferent observer (too removed). It is a matter of tact, in the sense of both tactility and know-how. An art of 'exquisite empathy.'23

Conclusion

What these various examples suggest is that stories become cathartic to the extent that they combine empathic imagination with a certain acknowledgment of the cause and context of the suffering, thereby offering a wider lens to review insufferable pain. The degree of detachment afforded by the narrative representation may be small indeed, but without it one would be smothered by trauma to the point of numbness. Without some mediation through mimesis-mythos, one risks succumbing to the sheer overwhelmingness of horror. Indeed, in this regard, it is telling that several camp survivors have recounted how they finally achieved some relief from the trauma when they recognized themselves, from a certain formal distance, in characters portrayed in narrative accounts of the Holocaust, often well after the events took place. One could cite here the important debates on the role of mourning in recent cinematic works like Schindler's List (Steven Spielberg, 1993), Shoah (Claude Lanzmann, 1985), or Life is Beautiful (Roberto Benigni, 1997), not to mention the literary accounts of authors like Wiesel, Hillesum, Amos, or Levi.24 Indeed one concentration camp inmate who was fortunate to make it onto Schindler's survivor list confessed that she was never able to reconnect with her trauma in the camps until she actually saw herself being played by a professional actor in the Spielberg's movie—half a century later. Only then, through the detour of fictional narrative, could she reintegrate her pain and tell her own story.

These various narrative testimonies—cinematic, theatrical, literary, documentary—invite first and subsequent generations to recall, in however...
flawed or fractured a manner, the unspeakable events of trauma ‘as if’ they were experiencing them for themselves. And even though such narrative representations inevitably fail to do full justice to the singularity of the original horror, they allow, in spite of all the odds, many people to remember what actually happened; and this is important so that, in Primo Levi’s words, “it may never happen again.”

Genuine cathartic witness implies something more profound than mere cognitive information of facts (though this is crucial). Narrating stories of horror is a way of never giving up on the dead. “We must acknowledge the truth as well as having knowledge of it.” This double duty of testimonial recognition (through narrative affect) and scientific cognition (through empirical explanation) seeks to honor the forgotten and commemorate the forfeited of history. When it comes to healing wounds, we need both Hippocrates and Asclepius. We need, as Paul Ricoeur puts it, to “count the cadavers and be struck by the pain.”

If we possess narrative compassion we cannot kill. If we do not, we cannot love. The loving is in the healing, in the cathartic balancing of what Joyce called “identification with the sufferer” and knowledge of the “hidden cause.” We might say, in conclusion, that narrative catharsis, performed by a listener/narrator, offers a singular mix of empathy and distance, whereby we experience the pain of other beings—patients, strangers, victims—as if we were there. Cathartic healing involves the narrating of past wounds both as they happened and as if they happened in this way or that. And it is precisely this double response of truth (as) and fiction (as if) that emancipates us from our habitual protection and denial mechanisms. One suddenly experiences oneself as another and the other as oneself—and thereby begins to apprehend otherwise unapprehendable pain.

Wounded healers are those, in sum, who maintain such equilibrium in a subtle interplay of word and touch, narrativity and tactility, effect and affect. To have the ‘healing touch’ means knowing when it is time to listen and when it is time to speak. When to draw close and when to draw back. When to hold and when to withhold. In the final analysis, it’s a matter of tact. What Chiron knew and imparted.

Notes

1 Speaking of transgenerational trauma in the Odyssey, there is also the trauma of the son—Telemachus. In addition to the childhood wound at his father’s premature departure and mother’s subsequent obsession with Odysseus’ absence—there are several accounts of the child Telemachus being subjected to a terrifying death experience. According to Hyginus, Palamedes (a friend of Odysseus) “put the baby Telemachus in front of his father’s ploughshare . . . to expose Odysseus’ pretended madness.” But there are further allusions to patricide and infanticide in the story, told by Eumaeus of Cyrene in the epic Telegeonice, which describe Telemachus being “killed unwittingly by Telephorus, Odysseus’ son by Circe”. Telemachus’ traumatic wounds, like those of his father, remain, however, largely hidden and uncovered—alleged to rather than exposed. The father-son cycle of patricide-infanticide clearly finds echoes in the later Oedipus cycle, as we shall see below.

2 Erich Auerbach, Mimesis: The Representation of Reality in Western Literature, trans. Willard R. Trask (Princeton, NJ: Princeton University Press, 2003). Odysseus’ name, given by his grandfather, Autolyces, means ‘son of pain.’ It comes from the fact that his grandfather was a bringer of great pain to many whom he plundered and robbed—in collusion with Hermes, the ‘partner of his crimes.’ Odysseus himself is both a bringer of pain to others (the Trojans) and a witness of great pain himself (the death of his friends and his own exile and homesickness). The fact that the name Odysseus is given in the middle voice carries this double sense of being both a receiver and giver of pain. It is only when the secret scar on his thigh (which even Athena could not disguise) is revealed by Euryclis (Odyssey 19.455–527), that the secret story of his name and his childhood wounding is also finally disclosed, the scar serving as a trace of repressed (and repetitively acted out) wounds which have informed Odysseus’ life from childhood to old age and which are only disclosed in the last act. In addition to Auerbach’s seminal essay on the subject, one might also note here the pioneering research on hermeneutic meanings of wounds and scars by Shelley Rambo, “Refusing Wounds in the Afterlife of (Trauma),” in Carnal Hermeneutics, edited by Richard Kearney and Brian Treanor (New York: Fordham University Press, 2015) and Karmen MacKendrick, Word Made Flesh: Figuring Language at the Surface of Skin (New York: Fordham University Press, 2004). See also the examples of writing the flesh in the discussion of carnal hermeneutics—Queegueg’s tattoos, stone and skin hieroglyphics etc.—in Richard Kearney, “What is Diacritical Hermeneutics?”, Journal of Applied Hermeneutics 1, 1 (2011) and in Kearney and Treanor, Carnal Hermeneutics. For some more explicitly therapeutic analyses of scarring (including self-cutting) as a form of bodily protowriting see Gillian Staker, “Signs with A Scar,” Psychoanalytic Dialogues 16, 1 (2006) and Stuart Pizer, “Catharsis and Peripeoia,” in In the Wake of Trauma, edited by Eric R. Severson, Brian Becker, and David Goodman (Pittsburgh, PA: Duquesne University Press, 2016).


4 See Claude Lévi-Strauss, “The Structural Study of Myth” and related essays on the therapeutic power of stories, “The Effectiveness of Symbols"
Hamlet was eleven when he died and Bloom recalls in his final bedtime reverie that it was almost eleven years since his son, Rudy, had died. On Stephen Dedalus' theory of Hamlet see also René Girard's chapter "Croyez-vous vous-même à votre théorie?," in his Shakespeare: les feux de l'envie (Paris: Grasset, 1990), 313–330 and Harold Bloom, Hamlet, in Shakespeare: The Invention of the Human (New York: Riverhead Books, 1998), 390: "For him [scil. Joyce/Stephen], Hamlet the Dane and Hamnet Shakespeare are twins, and the ghostly Shakespeare is therefore the father of his most notorious character." For other pieces of information on the father/son motif in Ulysses I am also grateful to my Joycean colleagues, Joseph Nugent, Joseph O'Leary, Luke Gibbons and Susan Brown. A challenging psychoanalytic contribution to the discussion is to be found in Simon Critchley and Janissem Webster, Stay Illusion: The Hamlet Doctrine (New York: Pantheon Books, 2013).


Sigmund Freud, Beyond the Pleasure Principle, trans. Gregory Richter (Toronto: Broadview, 1984), 55–65. The incident of little Ernst playing with the spool of string occurred in 1915 when Freud visited the Hamburg home of his daughter Sophie, who later died in January 1920 as Freud was still composing his text. See also the commentaries by Jacques Derrida in The Postcard: From Socrates to Freud and Beyond, trans. A. Bass (Chicago, IL: University of Chicago Press, 1996) and Eric Santner, "History beyond the Pleasure Principle," in Probing the Limits of Representation, edited by Saul Friedlander (Cambridge, MA: Harvard University Press, 1992), 143–155. It might be interesting to ask if there is also a basic isomorphic rapport between (1) the primordial therapeutic play of for/da, and (2) the cathartic play of pity (identification with immediate suffering right here/da) and fear (distance of the one who detaches, meditates and lets go over there/fort) as expounded by Stephen Dedalus in A Portrait of the Artist as a Young Man? If so, we might be tempted to ask what the equivalent of Ernst's spool play is in Joyce's own writing. Is Stephen, to put it fancifully, his fort and Bloom his da? And what role has Molly in the drama of pity and fear? Does she turn the tragic purgation into comic serenity? The split dyad of father/son into a dialectical triad? We
might draw useful suggestions here from feminist reinterpretations of the fort/da game by such thinkers as Luce Irigaray, *Sexes and Genealogies*, trans. G. Gill (New York: Columbia University Press, 1993) and, more recently, Anne-Claire Mulder, *Divine Flesh, Embodied Word: Incarnation as a Hermeneutical Key to a Feminist Theologian’s Reading of Luce Irigaray* (Amsterdam: University of Amsterdam Press, 2006), 41ff.

21 Ibid.
22 Ibid.
25 See Belton, *The Good Listener*, 228 et seq.

Bibliography


Chapter 2

Encountering the psychoanalyst’s suffering

Discussion of Kearney’s “The hermeneutics of wounds”

Elizabeth A. Corpt

The psychoanalytic therapist as wounded healer

It is my pleasure to have this opportunity to discuss Richard Kearney’s “The Hermeneutics of Wounds” (Chapter 1, this volume). My focus will be on the wounded healer, or, for my purposes, the psychoanalytic therapist as wounded healer. I want to consider whether the analyst’s personal narrative of suffering, the story of her wounds, plays a curative role in the back and forth of the therapeutic relationship. I suggest that, although the analyst’s own wounds do and must remain background for a majority of the time, there are certain circumstances when a particular patient may need to ‘touch’ the wound of the therapist, much as Thomas needed to ‘touch’ the wounds of Jesus; to encounter the real in the other as a way to access the real in oneself. As Kearney suggests in this paper, trauma, in order to be healed, requires what he calls a double transformation, that is, through both a narrative catharsis and a carnal—all the way down—working-through. For some patients at some particular time, touching the wounds of the analyst provides just such an opportunity.

One of the most terrifying yet oddly hopeful, and even comforting, aspects of entering into a psychoanalytic therapy relationship is the peculiar idea of baring one’s soul to a complete stranger. This someone remains unknown; a person whose story one neither has access to nor an expectation to concern oneself with, that is, beyond what one’s curiosity might glean from Google or Psychology Today. That’s part of the set-up. The analyst and her story, including her own personal narrative of human suffering and wounds, for the most part, remain background, private, and secondary to the task at hand: that of attending to the patient and his wounds and suffering. In essence, the patient is protected from the burden of knowing
the analyst's story and having to care for the analyst and her troubles. There are good reasons for this. Our patients often enter treatment having been inappropriately and destructively weighted down by the troubles and wounds of others. They must be protected from the intrusion of ours. It is a unique and odd human relationship in this sense: a setup with a purposeful asymmetry. This arrangement was originally based on Freud’s assumption that the analyst could, through the minimization of his own personhood and the strict exercising of neutrality, create enough of a blank screen against which the patient’s intra-psychic troubles, brought to life via the transference, could emerge. This allowed the analyst the necessary clues needed to understand and interpret the patient’s psychic malady. In “Whose Story is it Anyway? The Case of Dora,” Kearney is in concert with Freud’s belief that the wounded soul enters analysis to get to “the bottom of things. The suffering subject strives to remember and recount the whole story, or at least as much of it as is recoverable given the lapses of time between the events of trauma and the recall of these events.” It was, and still is, the obligation of the analyst to attend to her own “whole story” in her own psychoanalysis, far from her patient’s ears.

Kearney’s interest in narrative as curative has led him to closely consider the case of Dora, found in Freud’s 1905 “Fragment of an Analysis of a Case of Hystera.” Freud’s interpretation of Dora’s narrative missed the mark, further traumatized her, and caused her to flee the treatment prematurely. In this case, Freud’s attempt at an ‘inaccurate but sufficient’ construction of her story fell short. One imagines that Freud was left to suffer his own questions and doubts about the outcome of the aborted case. Looking back, we can wonder, if the analysis had proceeded beyond that of being a mere fragment, if there had been a stronger connection between Freud and Dora, could Dora have had the opportunity, while still in Freud’s presence, to wrestle with her deep sense that Freud was misunderstanding her? Could she have had the opportunity to feel the presence of Freud’s suffering to reach her as he tried to comprehend the source of her psychic pain? It is possible that her suffering and her sense of his suffering to understand her could have played a potentially curative role in the treatment.

Suffering with and for

Analysts and therapists suffer: every day to reach their patients and often suffer for the patient’s benefit. The literature is replete with case studies in which an analyst takes on, takes in, or bears witness to a patient’s suffering. In true Winnicottian fashion, a significant portion of our work is that of surviving—and suffering through—the abrasions and ruptures of therapeutic caretaking. Our patients often sense our suffering to understand them and this sensing can often help to hold an analytic pair together when all else seems lost. But, does the analyst’s personal suffering ever play more than a background, resonant, or empathic role? Can the analyst’s personal suffering ever be of actual therapeutic usefulness to a patient, that is, without it devolving into a wild analysis?

These days, patients spend a much longer time with their analytic therapists than in Freud’s day. In a sense, we are psychically cohabitating with our patients, often through the living out of our own life crises, our own professional transitions, and our own aging process. And in this postmodern world where uncertainties abound, we are no longer under the illusion that we can necessarily get to the ‘bottom of things’—we’re pretty sure there isn’t even a discreet ‘bottom of things’ to get to—for either our patients or ourselves. And as for the whole story, we know that stories shift depending on one’s perspective and one’s point in time. The ‘whole story’ can be layered, and cavernous, with many unexpected twists and turns. Dissociated or unformulated experience can suddenly surface and take one by surprise. I think of a patient who entered treatment hating her monstrous father—insisting that she never wanted to see him again—and then several year later finding herself wanting to buy him a warm flannel shirt to ease his chill and vulnerability as he lay dying. Years later still, she held an even more complex and nuanced view of the man he once was; both a monster and the sole encouraging presence in her family’s household. As Kearney says of the therapeutic use of narrative, it can “emancipate the past into future possibilities” and “transforms binding stories into freer ones.”

The point these days is to help the suffering patient come to terms with the subjective and intersubjective complexity of her life and sort out the multiple sources that contribute to her suffering: the past, present, and future co-mingle and constantly influence each other. Along the way, she will live and suffer the intensity of the analytic experience itself, including her experience of the analyst as other, as fellow human being, and as fellow sufferer. So, the person of the analyst actually comes to matter quite a bit: her character, her psychological sturdiness, relational flexibility, capacity for human connectedness, her intellect, curiosity, creativity, and life experiences over time, including her experiences of human suffering. All
this, and her theoretical perspective and ideas about care and cure have a lot to do with how the fit between patient and analyst will work and evolve.

**Touching the wound of the analyst**

What would prompt a patient to reach out to touch her therapist’s wounds, or be curious about her therapist’s suffering? In “Narrating Pain: The Power of Catharsis,” Kearney contemplates the far-reaching effects of trauma, and suggests that healing requires the transformation of pathological pity into compassion and pathological fear into serenity. But for this to happen, catharsis is necessary, and catharsis requires mimesis or imitation. To quote Kearney: “In the play of narrative re-creation we are invited to revisit our lives—through the actions and personas of others—so as to live them otherwise. We discover a way to give a future to the past.”

To this, I would add that the traumatized patient, severely impoverished in his ability to feel, act, or even exist, may at times turn to the embodied person of the other, in this case, his therapist, in order to make contact with the real possibility of living a life otherwise.

Several years into a reasonably successful treatment, a patient continued to be profoundly constricted and subsequently frustrated in his ability to feel deeply. Despite the working through and resolution of some major conflicts, emotionally charged moments in his life continued to drift by, felt only superficially, causing pain, confusion, and a sense of his feeling sealed within himself and closed off from others. He came by these difficulties honestly, given an early traumatic past. One day he began a session by tentatively inquiring as to whether he could ask me some personal questions. Surprised and curious by the poignant feel of his request, I agreed. He continued. “I want to know where your tender spots are; I want to know what pains you.” Quite taken aback by the extraordinary intimacy of his question—not the usual “do you have children?” or “where are you going on vacation?” or even “I wonder how you really feel about me,” I braced myself and began considering what was unfolding between us and how I would respond to him. We were suddenly in the deep end of the pool. As I thought about what to make of his intent, aggression did not seem accurate, so I began to read his query as his desire to reach for a deeper level of connection—an increased aliveness and intimacy—with me, certainly—but there seemed to be more to it. I understood his queries as his attempt to make contact with the constricted and deadened parts of himself through the making of contact with my affective experience of pain and suffering. What he was asking to know from me was exactly what he couldn’t access within himself; his tender spots and pains that sealed over so quickly, we could barely hold onto them long enough for him to get to know them. As Kearney says: “In the play of narrative re-creation we are invited to revisit our lives—through the actions and personas of others—so as to live them otherwise.”

Without being sure where we were headed, or where I was yet willing to go, I responded by asking him what he wanted to know, assuring him that I would decide what I was comfortable answering. What ensued was a thoughtful series of questions about my past, my childhood, and my mother, specifically. And about whether my childhood contributed to my becoming an analyst. He was particularly interested in whether my mother had hurt me and how I had come to understand her reasons for her doing so. I took my time and answered his questions with careful responses that came from a well analyzed and what I felt to be an emotionally manageable place; manageable for him and for me. During the course of this exchange, I began to feel myself shift into another realm of being with my patient; something more open and fully in my body, yet, I was able to continue to think clearly. I felt quite touched and deeply moved by his questions. They were thoughtful, careful, and respectful. At no time did I feel inappropriately intruded upon. He listened intently and politely, accepting the answers I gave without pushing for more.

We were, together, two wounded human beings now considering my pains and tender places as a way to somehow help him more fully access his. After the questions ended, he began to talk in a more descriptive and affectively full manner about his own reminiscences of his mother and how she was similar and different from mine. He recalled the scariness of her red angry face and the feel of her yelling. For the first time, he began to share reflections about his father and his father’s general absence during his early years. Prior to this time, mention of his father had barely ever made it into our conversations. We ended the session by my saying something like: “So here we are, two human beings, each with our own difficult story, each of us finding our way, in whatever way we can.”

There was no miraculous change after this session, only an incremental gain, however, I think a significant one. We still had much work to do. We moved on. There were no more personal questions, just the slow and steady continuation of our explorations. But there was something helpful and
crucial about this unusual experience: something about his touching my wound and my responding to his gesture with an openness and vulnerability that made an important difference in the work. I felt enlisted in providing him a surrogate human emotional experience for his use and benefit. It was as though, through reading my narrative and exploring my pain in relation to his, he could somehow more affectively experience and begin to articulate his own. Kearney’s double transformation as a necessary antidote to trauma, including both a narrative catharsis and a carnal, affectively resonant, working-through, proved true for this patient in this work. From my experience, there are times when the patient’s need to feel like a human among humans takes precedence over psychoanalytic neutrality. When moments like these present themselves, we are called upon to be humanly open, clinically generous, and analytically thoughtful.

Notes

5 Kearney, “Whose Story is it Anyway?,” 45.
7 Ibid.

Bibliography
