

spring 2016

ISSN 1344-7297

# the japan mission journal

VOL. 70, No.1



Oriens Institute for Religious Research

# The Japan Mission Journal

Spring 2016

Volume 70

Number 1

## CONTENTS

Will Denayer	Migration, Climate Change, and Human Rights	3
Stefano Zamagni	For an Integral Ecology	7
Richard Kearney	Wounded Healers	15
Philippe Kong	Adolescence: The Passage from Truth to Knowing	26
Miklos Vetö	The Contemplative Witness of Simone Weil	32
Murayama Yumi	The Samurai Christians: Uchimura and Ebina, and their Bible	43
Stig Lindberg	Kagawa Toyohiko and Salvation	62
Joseph S. O'Leary	Book Review: Jesuits Engage with Buddhism	71

KYO

or.jp/

Research

jp/

O'Leary, J.P.

Spring 2016

Richard Kearney

## Wounded Healers

Richard Kearney, Charles Seelig professor of philosophy at Boston College, has also taught at University College, Dublin, the Sorbonne, and the University of Nice. A disciple of Paul Ricoeur, he has extended the methods of phenomenology and hermeneutics to many fields of current concern. His publications include *The Wake of Imagination* (Routledge, 2004) and *Anatheism* (Columbia University Press, 2009). The following is based on a talk given at a conference on 'Psychology of the Other,' Harvard/Lesley Universities, October 2015.

How are we to 'interpret' psychic traumas—the Greek word for wounds—which seem to defy meaning, resist language, and refuse closure? Traumatic wounds are by definition unspeakable, unimaginable, irrepresentable—and, I would add, incurable. Yet from the earliest myths and literatures, we meet tales of primal trauma which tell of a certain catharsis through storytelling and touch. We meet in particular figures called 'wounded healers.' Here I shall meditate on these figures, with a view to learning more about the therapeutic resources of narration and carnal contact.

### Greek Stories

One of the oldest wounded heroes in literature is Odysseus (Ulysses), whose name means 'bearer of pain' and who carries wounds both suffered and inflicted by his forebears. He absents 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 mortal nourishment over divine ambrosia.

He returns to Ithaca no longer as an aspirant hero, but as a beggar, a lowly outcast recognized only by the smell of his flesh (by his dog, Argos) and the touch of a scar on his thigh (by his nurse, Euryclea). Her tactile recognition is preceded by a very detailed narrative about how he originally received the wound in a childhood hunting incident with his grandfather, Autolycus (*Odyssey* 19.393-469). The climactic moment of 'recognition' (*anagnoresis*) thus 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 original wounding.

Telemachus, expecting a triumphant victor to return, does not at first recognize his own father. The son is blinded by illusory imagos; and delusions abound until he finally acknowledges, sitting to share food in the swineherd Eumaeus' hut, that the mortified stranger before him is in fact his *real* father. It is in sharing simple fruits of the earth that they come together as host and guest. Hospitality becomes an antidote to the hostile curse of fate (*ate*).

As Aristotle suggests, certain kinds of narrative may bring about a catharsis of our most basic passions, through 'the purgation of pity and fear.' Such healing is to be understood 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. 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. Narrative catharsis brings a twofold transformation of the passions (*pathemata*)—namely, the distilling of pathological pity (*eleos*) into compassion and of pathological fear (*phobos*) into serenity. Compassion spells a proper way of being 'near' to pain, serenity a proper way of remaining 'far' (keeping a healthy difference lest we over-identify or fuse with the other's pain). Catharsis, according to Aristotle, makes for healthier human beings. Purged emotions lead to practical wisdom.

I turn now to an equally famous Greek figure—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 transgenerational lineage comes under the heading of the 'House of Labdacos' and involves a recurring acting out of unspoken *traumata*.

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 employment of Oedipus's tragic narrative. Only this, according to Lévi-Strauss, can bring some sort of catharsis which suspends—by transmuting the passions—the compulsive

acting out of mute trauma. The basic thesis, in sum, is that myths are machines for the purging of wounds: strategies for resolving at a *symbolic* level that which 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.

Human existence is cursed by a tragic, because impossible, desire to escape the trauma of our autochthonous origins, the desire to buck our finitude—to deny death. The poetic role of *muthos-mimesis* is to narrate our heroic desires to transcend our terrestrial nature but also to narrate our mortal inability to do so! The effort to surmount our earthly finitude is repeatedly acted out in overcoming of monsters: Cadmos kills the dragon, Oedipus defeats the sphinx. But these attempts to overcome mortality are ultimately *impossible*, for we are scarred by contrary and 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.

Oedipus finally comes to a recognition of his traumatic finitude—and the transgenerational crimes of his forebears—through a series of woundings 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 a new kind of vision (he sees differently), a new kind of touching (as he is led by the hand of Antigone), and 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 secret tomb becomes a talisman for Athens.

The wound-healing of both Odysseus and Oedipus recalls a whole series of other wounded healers in Greek mythology, from Tiresias and Cassandra to Philoctetes and Chiron. Chiron was a demi-god and centaur, half-man and half-horse. He 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. 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.

As a hybrid of human and animal, Chiron reconnects us with our deeper unconscious feelings and earth belonging. As son of both Kronos (saturnine melancholy) and Philyra (lover of music), Chiron suggests another approach to the compulsive and often violent repetitions of chronological time—he prefers an art of love and care, inherited from his mother. Unlike his brother

Zeus who continues the periodic blood cycle of father-son castration (Kronos castrates his father Ouranos, Zeus castrates his father Kronos), Chiron chooses a different route. In renouncing the vicious cycle of father-son violence, he 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. Pindar praises him accordingly as 'wise hearted Chiron who taught Asclepius the soft-fingered skills of medicine's lore' (Nemean Ode 3.52-5).

Chiron taught Asclepius the art of healing through (a) touch (Chiron means hand, *kheir*, or more precisely, skilled with the hands; the word *kheirourgōs* means surgeon) and (b) song (Chiron used music along with healing herbs from the earth and induced dreams). In his book, *The Wounded Healer*, Dr Michael Kearney, one of the founders of palliative care medicine in Britain and North America, contrasts the Asclepian tradition of healing with that of Hippocrates (c.460–c.370 BCE), the 'father' of western medicine. Hippocrates followed the way of Zeus, Chiron's brother, who dwelt on Mount Olympus and promoted a method of superintendence and control. In short, while the legendary 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 imagination, the latter through cognitive management.

Hippocratic pain control strategies—that is, means of identifying (diagnosing) and seeking and destroying (treating) the disease, using evidence-based practice—followed a heroic model of outsmarting and overpowering the enemy. This method prevails in 21<sup>st</sup> century western medicine and is of course very effective in curing disease, lessening suffering, and improving quality of life in chronic and terminal illnesses. 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 safe 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.

However, the heroic-Hippocratic model does not address all kinds of pain or 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 pain. And here we may look to Asclepius and his daughter Hygeia for a different way of understanding suffering and of responding to it. The Asclepian 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 such 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 bi-lateral healing

beyond uni-lateral curing.

Drawing on the story of Chiron, Michael Kearney 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... that we each carry a potential for healing within us... that our woundedness is the very ground from which the green shoot of healing emerges... that the more we can be with our own pain, the more we can be with others in theirs.... 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.... 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.

Other therapists, such as Françoise Davoine, refer to 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 another way of speaking. The 13<sup>th</sup> century 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.' Or as another poet, Leonard Cohen, puts it:

Ring the bells that still can ring  
Forget your perfect offering  
There is a crack in everything  
That's how the light gets in.

The biblical tradition also features wounded healers. Jacob 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, the next day. Christ's crucified body has been embraced as a source and emblem of healing over the centuries, with many subsequent wounded healer figures, from the heart-pierced Mater Dolorosa to stigmata-bearing saints who could heal others though they could not heal themselves.

While some have seen the wounds of Christ's body as a blemish that is removed in his glorified heavenly body (see Rambo 2015 on Calvin and Gregory of Nyssa), many insist that the blessed wound is an indelible feature of the Savior's presence (see Caravaggio's painting of Thomas touching Jesus' wound). Christ, like Chiron, willingly abandoned immortality in order to assume the wounds of others onto 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.

### 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 Marie Louise Von Franz and Bruno Bettelheim make the point that folkloric tales can serve to heal deep psychic wounds by allowing trauma victims or other disturbed persons to find expression for inhibited feelings. Myths enable us to experience certain events that were too painful to be properly registered at the time but which can, *après coup*, be allowed into expression indirectly, fictionally, 'as if' they were happening. Thus good and evil mothers—foster mothers and fairy godmothers—in famous folk tales allow for the symbolic articulation of children's deeply ambivalent attitudes towards their own mothers (*good* because loving, nourishing, present/*bad* because controlling, separate, absent). And the same goes for surrogate fathers (as benign protector or malign castrator).

Freud alluded to this in his famous account of the *fort/da* scenario in *Beyond the Pleasure Principle*. He tells how his grandson, Ernst, managed to overcome acute anxiety at the departure of his mother by playing a game of symbolic naming—*there/here*—as he cast a cotton reel into his cot and then pulled it back again, thus 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 inexplicable 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 his first therapeutic feat of 'let's pretend!' and created a fantasy self that healed the wounds of the real self.

Perhaps Freud recognized his own unbearable separation anxiety in his grandson's little 'trauma,' for the child's mother was Freud's favorite daughter Sophie who had died in January 1920 a few months before Freud, devastated by the loss, wrote the *fort/da* scene, which was inserted in the book's narrative quite abruptly after Freud's initial outline of a series of examples of WWI 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. The mirror play

of Sop  
her so  
crossi  
acting  
mour  
So  
them  
Dori  
help  
some  
famil  
philos  
traum

### Joyce

M  
some  
and  
into  
Irish  
behin  
T  
your  
brut  
Nov  
insp  
had  
drum  
prov  
and  
that  
two  
a m  
hom  
Rom  
libr  
the  
long  
(St  
exp  
tha  
fat



of Sophie Freud's 'disappearance,' enacted between her father (Freud) and her son (Ernst), is a micro-drama of transgenerational trauma. It signals a crossing of identifications where Freud is at once Sophie's father and son, acting here as a modern Chiron endeavoring to turn melancholy into mourning.

Some of the most important modern pioneers of trauma therapy were themselves victims of war traumatizations—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 their 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—*A Portrait of the Artist as a Young Man*, *Ulysses*, and *Finnegans Wake*—in order to transform personal and collective trauma into art. The collective trauma related not only to the disheartening state of Irish politics after Parnell or the decay of Irish Catholicism but lurking behind them the repressed memories of the Irish famine.

The personal traumas also run deep. They include the death of Joyce's young brother George (alluded to in an early collection of 'epiphanies') and a brutal mugging in Dublin. In a letter to his brother Stanislaus on 13 November 1906, Joyce announced that he had just started a new 'short story' inspired by 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 had drunk all his severance pay (which should have paid the rent and help 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 two years previously (22 June 1904) in Dublin and rescued from the gutter by a man called Hunter, 'a cuckolded Jew,' who dusted him down and took him home for a cup of cocoa, 'in true Samaritan fashion.' 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 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 life. Traumas are unspeakable things which we do not possess but which 'possess us'—like specters. They are '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,'—'the experience of the soldier faced with sudden and massive death around him, for example, who suffers this sight in a numbed state, only to relive it later on in repeated nightmares' (Caruth 1991:181). Hamlet perfectly qualifies as one possessed by such trauma.

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)! Joyce, though not 'yung and easily freudened' (*Finnegans Wake* 115.22-3), boasted: 'I can psoakoonaloose myself any time I want!' (522.34-5). In turning 'ghosts into ancestors' (as psychoanalyst Hans Loewald recommended), Joyce may have helped many of his readers recover from their own personal or collective traumas.

### **Bamber: The Good Listener**

A final example of a modern cathartic-Chironic narrator is Helen Bamber. The main reason for this, we are told in her biography by Mark Belton, is that she managed to integrate her own suffering 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 concentration camp in the immediate wake of the liberation. Her biographer Mark Belton quotes her: '(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.' 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.' The

purgative idiom here is not accidental. (Catharsis in Greek most commonly referred to the physical act of voiding toxic liquids.) What Bamber's account of these basic first hand testimonies makes evident is that Holocaust stories—like all stories of deep trauma, fear and pain—are to be understood less as tales of heroic triumph over adversity, than as truncated, wounded 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 narrator-survivors, compared this narrative impulse to retell the story to something as basic as an 'alimentary need.' For without such conversion from aphasia to testimony, from silent wounds to narrated words (however stammered 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 death 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 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.'

Release from nightmare through *muthos-mimesis* was achieved by the way 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 represented '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*—for 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: the right timing between too early and too

late, and 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 fine tact, in the sense of both tactility and know-how. To use a term currently being researched by a number of pioneering physicians and therapists (M. Kearney et al. 2009), this is an art of 'exquisite empathy.'

## Conclusion

What these various examples suggest is that stories become cathartic to the extent that they combine empathic imagination with a certain acknowledgement 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 camps 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 Elie Wiesel, Etty Hillesum, Amos Oz, or Primo Levi. Indeed one concentration camp inmate who was fortunate to make it onto Schindler's original survivor list confessed that she was never able to recall or reconnect with her trauma in the camps until fifty years later she actually saw herself being played by a professional actor in the Spielberg movie. 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 and injustice is a way of never giving up on the dead. 'We must *acknowledge* the truth as well as having *knowledge* of it' (Bamber, in Belton, 228). This double duty of testimonial *recognition* (through narrative affect) and scientific *cognition* (through empirical evidence and explanation) seeks to

honor our debt to the dead, to commemorate the forgotten, to foster the forfeited of history. When it comes to healing wounds, we need both Hippocrates and Asclepius. We need, as Paul Ricoeur puts it at the end of *Time and Narrative*, 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. Narrative catharsis, performed and prescribed 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 them. 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 built-in protection devices and denial mechanisms. One suddenly experiences oneself as another and the other as oneself—and thereby begins to apprehend otherwise unapprehendable pain.

## References

- Belton, Mark (1998). *Helen Bamber: The Good Listener*. London: Weidenfeld and Nicolson.
- Caruth, Cathy (1991). 'Unclaimed Experience: Trauma and the Possibility of History,' in Claire Nouvet, ed. *Literature and the Ethical Question*. New Haven: Yale University Press
- Caruth, Cathy, ed. (1995). *Trauma: Explorations in Memory*. Baltimore: The Johns Hopkins University Press.
- Davoine, Françoise, and Jean-Max Gaudillière (2014). *History Beyond Trauma*. New York: The Other Press.
- MacKendrick, Karmen (2004). *Word Made Flesh: Figuring Language at the Surface of Skin*. New York: Fordham University Press
- Kearney, Michael (2000). *A Place of Healing: Working with Nature and Soul at the End*. New York: Oxford University Press.
- (2007). *Mortally Wounded: Stories of Soul Pain, Death and Healing*. New Orleans: Spring Journal.
- Kearney, Michael, et al. (2009). 'Self-Care for Physicians caring for Patients at the End of Life.' *The Journal of the American Medical Association* 301 (11):1155-64.
- Kearney, Richard (2002). *On Stories*. London and New York: Routledge.
- (2003). *Strangers, Gods and Monsters: Interpreting Otherness*. London and New York: Routledge,
- Kearney, Richard, and Treanor, Brian ed. (2015). *Carnal Hermeneutics*. New York: Fordham University Press.
- Laub, Dori, and Shoshana Felman (1992). *Testimony: Crises of Witnessing in Literature, Psychoanalysis and History* (1992). New York and London: Routledge.
- Rambo, Shelly (2010). *Spirit and Trauma: A Theology of Remaining*. Louisville: Westminster John Knox Press.
- (2015). 'Refiguring Wounds in the Afterlife (of Trauma),' in Kearney/Treanor, 263-78.