

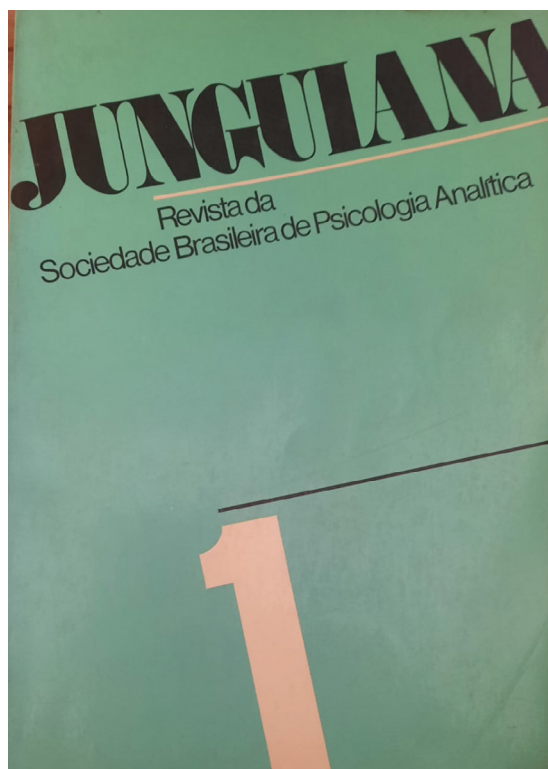
The archetype of the invalid and the limits of healing¹

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Reading descriptions of life at the court of Louis XIV in the seventeenth century, one is struck by the fact that these noblemen and ladies, although extremely rich and privileged in every way, were helpless victims of the most trivial diseases. An abscess caused by a rotten tooth meant agony for days, and most people lost all their teeth in their youth. Nothing could be done to alter this state of affairs, even if this loss meant a catastrophe as in the case of Louis'

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mistress, who fell immediately from his favour upon losing a front tooth. “Keep smiling” must have been an unpopular slogan. A smile usually showed rotten, black, ugly gaps or no teeth at all. A fall from a horse or a slight infection frequently meant death, or invalidity for life. All that medical doctors were able to do was give enemas or perform bloodletting; the surgeons could only cut or burn.

Today, we take medicine’s tremendous power of healing almost for granted. It seems as if everything except old age and death can eventually be overcome. But the physicians, particularly the psychotherapists and psychiatrists, are busier than ever. The medical costs are soaring and statistics predict that soon 60% of our income will be spent for our health. These wonderful medical techniques and tools cost a lot, for the weapons of healing and personnel are expensive. “Well”, we might ask, “and why not?” At least such costs are worthwhile. They are the price we must pay for the progressive conquest of disease, pain, and crippling such as we saw in the examples of the Court of Louis XIV.

Today, however, the medical scene is not as glorious as it has been. The bulk of medical costs, nowadays, is invested in medications, in personnel, in hospital administration and maintenance, in insurance, etc. No longer glorious Homeric battles in the open fields – Pasteur, Ehrlich, Lister – ending in decisive victories. Most of the battles which physicians fight today are against a sneaky, fiendish enemy, elusive, hard to catch, like fighting a guerrilla war in the jungle. Statistics state that between 30% and 60% of all medical endeavours are concerned with psychosomatic illnesses: all kinds of strange, inexplicable afflictions, like backaches, abdominal complaints, sinus complaints, pressure on the chest, head-

aches, fatigue, sleeplessness, eating too little, over-eating, skin troubles. This list does not even include the innumerable neurotic afflictions such as compulsions, obsessions, depressions, anxieties, phobias, sexual disturbances, crippling complexes, etc., which keep us busy continually. These mainly chronic, psychosomatic, neurotic disturbances are a physician’s daily bread. This is the time-consuming work of the physician, psychiatrist, and the psychotherapist for two reasons: first, so many patients suffer from these kinds of disabilities, and second, they never seem to get completely healed. Rather they become worse and then improve slightly, and often the physician pats himself on the back, saying: “Now I’ve got the better of it”. Yet the next day the same pain, the same rash, the same tiredness appears again. The physicians of the out-patient departments, the general practitioner, the internist, the gynaecologist, all know to what I am referring. Here we physicians and psychotherapists are up against a brick wall. We try to heal with all the medical, psychotherapeutic, and social tools that we have, spending a great deal of time, energy and money yet making very little progress-and only in isolated cases.

Here is an example of what I mean. A lady was referred to me after being treated by an internist for eight years for multiple sclerosis. It transpired that she did not have this disease. I treated her with psychotherapy for five years, during which time she had bouts of hallucination. She is now a very grateful patient, yet her tiredness and general weakness are still here, thirteen years after starting medical treatment. Until we all reach the state of health as defined by the World Health Organization – an unimpaired mental, physical, and social well-being and functioning – we still have a long way to go. In the meantime, the en-

thusiastic healers who would like to help their patients to get better are liable to become depressed, cynical, or resigned.

Clearly, then, there are definite limits to healing, although the word itself suggests otherwise. Heal, in German *heilen*, goes back to a root word which appears in many languages; it comes from “heilag”, whole. Health goes back to the same word. We want our patients to become whole, physically, mentally, and psychologically. And when we want to heal them, we want to make them ‘whole.’ But millions of patients are hardly ever actually healed. Somehow, they never want to become whole or we are never able to make them whole. Nevertheless, there is a desperate urge toward wholeness; we work towards physical, mental, erotic, and sexual wholeness all the time, day and night, we the physicians and the patients, which we hope to attain by preventive medicine, by healthy living and diet, by exercising, jogging, skiing, gymnastics, swimming, massage. Our notion of psychological health, too, means wholeness, so we go to therapies of all kinds, continually striving towards this end. But it is a labour of Sisyphus, for it is never-ending. All kinds of aches and pains, all kinds of neurotic and psychosomatic symptoms seem to be, like the poor, ‘always with us’. Are our optimistic aims for complete health understood as unimpaired wholeness a misunderstanding? What has gone wrong so that what we strive towards and what actually is are so far apart?

Let us approach the question in the classical medical manner-by means of “cases”. A few months ago I read Mrs. Jane Carlyle’s letters. She was the wife of the famous Scottish philosophical writer, Thomas Carlyle. Apparently, she was always ailing: she had continual headaches and backaches, and she was always catching or recovering from a chill. As she became older, she even took morphine. She was also an ambitious lady, delighting in her husband’s fame, and people attracted to him usually finished up by paying a sick visit to her in her private parlour. Mrs. Carlyle is well-known as a letter writer, her letters

are indeed witty and fascinating. Yet, all through these letters, one gets the impression that Mrs. Carlyle was first and foremost suffering; supposedly a total invalid, yet she travelled all over the place, went to parties, and had a good life. In her letters, the descriptions of her ailments are both sharp and amusing. She wanted her surroundings to help her alleviate her chronic suffering, but she did not really expect to be healed. She seemed to take these endless psychosomatic disturbances as part of her life. Her friends apparently accepted this and would even respond to her by describing in loving details their own aches and pains, chills and fevers.

Today we would describe her as a lady suffering from “conversion hysteria”; we would further say she is a psychosomatic patient, highly neurotic, and a drug addict to boot. We would decide she is overripe for psychotherapy and that she is so unconscious of her own motives that she needs extensive treatment, a social worker, marriage counselor... We have many people like Jane Carlyle today. But their family and friends today want them to be cured. This invalidity, this continual ailing, is today simply not accepted.

Here is another – less pleasant than Mrs. Carlyle – example: Mrs. K. She lived in a small town and, between the ages of 30 and 60, the local physician diagnosed about sixteen different kinds of diseases, all of which were never really confirmed. She had had heart trouble, kidney trouble, liver trouble, and stomach trouble, plus back troubles and troubles in other organs. She had different aches and pains in different parts of her body; she was tired all the time, and yet, despite all the diagnoses and treatments, she stayed the same. The effect on her surroundings was oppressive. Her children felt continually guilty. When a confrontation built up in the family, one was always told: “Mother is not feeling well, she needs a rest”. (Did she not feel well because a confrontation was building up?) Anyhow, the children felt guilty; the husband became enslaved. He took over the disagreeable jobs because “she is not doing so well and the

doctor said she needs rest". She always stayed at home and success fully tyrannised everybody from her own home ground. She even developed a missionary zeal for illness; one of her daughters – robustly healthy though she was – was declared a "sickly child", and in the end everyone believed it.

Now what is happening with Mrs. Carlyle and Mrs. K. and with millions of similar people? There seems to be something at work which defies well-meant healing efforts as well as defies the patient's own will. Something strong, frighteningly inhuman seems to be at work here, an invincible demon. Yet, a basic possibility of human life seems to appear through this phenomenon. Could it be something archetypal? I have not been able to attach this basic, universal phenomenon to any of the well-known classical archetypes. So I have come to understand it as an archetypal pattern in its own right and have named it "the invalid". so as to be able to get a hold on it. I prefer, in accordance with Jung's later works, to understand the archetype not mainly as an image but as a reaction, "an in-born pattern of behaviour in a classical, typical human situation".

Invalidity has certainly always been with us. All human beings are already born with certain deficiencies owing to some intra-uterine infections, to heredity, or to whatever it may be. Furthermore, as we go on living, we become damaged, become more and more 'invalided'; there is continually something being damaged, something missing, something permanently 'out of order'. These functional impairments are often very obvious; for instance, a finger is missing, a hand or an eye, or one limps from a too-short leg. Or, they are less obvious: an organ – kidneys, gall bladder – is deficient in its functioning. Or, we have to deal with deficiencies of the brain, leading to impairment of the mental functions; or, again, psychological functioning is poor owing to wounds to the soul or to inborn lacunae. Having to live with and react from a deficiency is certainly a very human situation, in many ways an ar-

chetypal situation. It is therefore worthwhile to approach this phenomenon from an archetypal point of view.

The archetype of the invalid

I believe that what is at work in these chronic states of deficiency is the archetype of the invalid. Here, some remarks concerning the nature of archetypes are necessary. We do not need in this context to repeat the overall theory or examine it critically; for our discussion, however, it is important to realize that an archetypal reaction may be partially based upon a concrete outer situation, but that eventually archetypes free themselves and become independent. They can later appear without the actual outer situation. For instance, motherliness or the mother archetype may appear in the life of a woman without her ever having had children. The archetype of the mother might permeate everything she does without actual children being around. This independence of the archetype from outer actuality applies to the archetype of the invalid, too. It needs no actual invalidity to be aroused. Or, an obvious invalid, one who has an eye or a leg missing, may live out the archetype of the invalid, or he may not – or to a degree far less than one might expect in view of his actual physical incapacity. Life can be experienced under the star of health or under the star of invalidity, regardless of the actual state of health.

At this point one might ask: "Where does the archetype of the invalid appear in mythology?" And this is a real problem. We have come to expect that all archetypes must appear somewhere in mythology, so where is the archetypal figure of the invalid? Where is the collective image?

The Greek Gods may have moments of infirmity, but they never seem to be chronic invalids, except Hephaistos who had a limp. The other Greek Gods were extremely healthy! Perhaps Greek mythology, having reached us mainly through the Romantics, has been sweetened and made more human so that we can find few

signs of this archetype there. Of course, all the main figures of Greek tragedy were caught in chronic patterns of self-destruction, and they usually bemoan their condition. But they were not invalids (except perhaps for Philoctetes) so that tragedy should not be confused with invalidity, nor must invalids be tragic.

The Germanic Gods are slightly different. Ziu, the war God, had a big grindstone in his forehead. He was once in a battle and was knocked on the head with a grindstone which broke off, and so he had a permanent damage. Other Germanic Gods are described as wounded or as having no hands; in fact, the whole Germanic God world is in a way invalid because the Yggdrasil, the great ash tree on which the whole world rests, is rotten at the roots and might eventually collapse.

Christian iconography shows many images of invalidity. Medieval cathedrals are filled with images of grotesque, invalidated human beings. These sculptures, as well as the votaries at altars of Saints of healing, could well have been inspired by the archetype of the invalid.

But it is in the arts that we must encounter this archetype, for instance in the paintings of Velázquez who depicts his figures in a distorted way. And some modern moviemakers are interested in portraying human beings as invalids. In Fellini's films there appear people who are too thin, or too fat, with odd voices, etc. The invalid as a figure of imagination appears, furthermore, in classical adventure stories. Long John Silver in Stevenson's *Treasure Island* had a wooden leg, and Captain Hook in *Peter Pan* had one hand replaced by a hook. A pirate usually has a leg or an arm missing, or he has a patch over one eye. Another familiar image of the invalid is as hunchback – Quasimodo, hunchback of Notre Dame.

Although I do not doubt that the arts and religions of the world can be combed to yield many such figures, I must here confess my own limitations in symbol research. Moreover, I suspect that many mythologies, at least the way we know them, are just as defensive in their images

and as repressive of this archetype as are the individual and the collective psyche. The archetype of the invalid is difficult to deal with, as we shall see later, more difficult even than the archetype of sickness. Sickness at least can be cured; for invalidity there is no hope.

Let me now sketch in the following lines a short differential diagnosis of the invalid. First, it has nothing to do with the child archetype. The child, like the invalid, is weak, but it grows; it becomes an adult, it "kills the father", it has a future. The child is only temporarily weak. Second, the archetype of sickness is also something else, because sickness leads to death, or to health, or to invalidity. Sickness is usually limited to a shorter time; it is a passing threat, a catastrophe, an acute event, dynamic. Invalidity usually does not lead to death or to health, it is a deficiency of the body, the brain, or the mind. Third, although invalidity may be chronic, it can be distinguished from the senex archetype, or Saturn, because it may not be accompanied by misery, loneliness, and depression. Mrs. Carlyle lived quite a social life in the midst of her complaints. Let us say: she was an invalid, but not a senex.

People who live fully under the archetype of the invalid seem to be very annoying, stifling, boring. But the archetype of health can be just as boring! If someone talks on and on about what he can do and not do because of his bad back, he is boring. But certainly much worse is he who tells you over and over again about his daily jogging and how his heart, after ten kilometers, beats as slowly as it did before, and how he does exercises every morning and so goes to work as fresh as a daisy.

Archetypes are neither good nor bad, boring nor interesting. In some way they are "neutral". They can, however, be experienced positively or negatively. Our job and our duty as an analyst is to study and to reflect on these archetypes, on their qualities, so we are better able to deal with them in experience. The archetype of the invalid can be experienced negatively or very

pleasantly by the surroundings and by the people who are in his power. Here, for instance, is an example of a friendly, positive appearance of the invalid archetype.

I have a good acquaintance who suffers from a chronic backache. He is always somewhat depressed, complains of tiredness and he has bad varicose veins. Actually, it is pleasant to have him around; he makes one feel helpful and useful. One can do something for him, give him a comfortable chair, a sturdy bed, and he appreciates it. He is not threatening; he is weak, rather helpless, and not competitive. He evokes kindness, relaxation. The archetype of the invalid, when lived out, leads to reflection and to discussion. For instance, when one suggests a run through the woods to this man, he declines, saying: "I have a backache, I would rather sit by the fire and chat".

The archetype of the invalid for the person living it out can also work positively. It counteracts inflation; it cultivates modesty. The human weakness is fully realized by these people, and so a kind of spiritualization is possible. They can live with a continual sort of *memento mori*; they are always confronted with the decay of their own body – there is no self-centered "body-building" ambition around. It constellates in other people kindness and patience. Because it is so very human, it can be a very human archetype. Health, however, is suitable for the Gods and therein lies the danger. The God-complex connected with the archetype of health shows in the fanaticism with which health is cultivated. It is pursued with religious conviction and dogmatism: "Ginseng tea is good for you; never mind the taste". Invalids, however, only rarely try to convert you.

The archetype of the invalid is important for relationships. There is today a psychological *fata morgana* around the fantasy of the Independent Person. Everybody is dependent, on one's wife, or husband or father, on one's mother, or on the neighbours, the children, or on friends. To live the archetype of invalidity

means to realize one's eternal dependency on something or on someone. A person who has an invalid feeling life will always be dependent on someone with a strong, healthy feeling life. Mutual and unilateral dependence come into their own right in the archetype of invalidity. It counterbalances the archetypal image of the independent hero or the independent wanderer, forever free and depending on no-one.

The archetype of invalidity plays an important role in the transference. Dependency in transference is mostly understood as the appearance of the parent/child pattern or as a regression. But the theory of the parent/child often misses the point in the transference. Often, an analysand is dependent on the analyst as an invalid is dependent, and not as a child is, and this kind of invalid dependency has to be accepted like any other archetype. The appearance of the invalid in analysis is quite a puzzle and a tricky one at that. We experience at times that analysands become dependent on us, for years and years. The child never seems to grow up, yet there is no child. There will be invalidity and dependency forever. The results for the analyst are usually difficult to bear. He asks himself if he has acquired an old-age-pension here. Maybe he has become a crutch himself, the psychological crutch of an emotional invalid. But this is as such nothing alarming; it is legitimate. The one thing which one should try to do is to encourage this dependency to switch over ("transfer") to another person, eventually, and not to let it remain with the analyst. Dependency itself, however, probably has to be.

I must repeat again that the dangers of the archetype of the invalid can never be overestimated. We lose consciousness about it, just as we find so few mythical images of it. It is a very problematic archetype, difficult to deal with, and so we repress it. It can create, for instance, a spirit like "the invalid shall always be with us", a kind of fatalistic, passive attitude. Nothing can be done. It can create a spirit expressed in the signs one could read

over some old hospitals “for incurable diseases”. This spirit creeps in when dealing with mental, psychological, and social invalidity. This negative understanding of the archetype could make us desist from working for health and for betterment. All the wonderful progress in medicine has taken place partially because the archetype of the invalid has been rejected, repressed, and denied. We analysts live partly from people who hope for growth and hope for healing; we don’t live only from invalids. So to regard all our therapeutic work from this one perspective of invalidity falsifies our many-sided task. We are dominated by many archetypes. Many have us in their power. The archetype of the invalid is only one pattern of behaviour. But here, in this article, I am acting as priest of the invalid and I wish to defend this archetypal figure. I want to attack its enemies, because they are strong and collectively well accepted. I want, therefore, to attack again the health fantasy by pointing out the danger of this fascination with health.

Invalidity, health, and wholeness

First, we need to recognize that both health and invalidity are archetypal fantasies, and second, that wholeness has been identified one-sidedly with health. Health has even been absorbed by wholeness, and wholeness, as the unimpairment of function and full operation of one’s powers, mental and physical, has left no place for the fantasy of invalidity. Our wholeness fantasy is one-sidedly ‘healthy’ and our health fantasy has become so whole that it is no longer truly healthy.

According to the contemporary health fantasy, we must become whole; every defect, every malfunctioning has to be overcome. Once a person went through life with a melancholic temperament; today the same person has to swallow strong medication until he becomes relaxed and stupidly happy. Because we all know deep down that we are partly invalids forever, we try all the more to reject this knowledge and to deny this

archetype. We work endlessly and uselessly at keeping healthy by all means. I know a married couple who were so fascinated by the archetype of health and did such heavy gymnastics during the day that in the evening when they went to bed they were too tired to make love.

The followers of health, the disciples of “*mens sana in corpore sano*”, worship and ritualize their own health. They go jogging three months after a coronary; they go on safari although suffering from diabetes; they insist on being up and about immediately after an operation; they eat health-food, and consult a counselor to cure their marriage. They are usually obviously bronzed. They aim at looking the picture of health until they die. “He’s never had a day’s illness; he still goes mountaineering at eighty”.

The prevailing idea that health is wholeness in mind and body, an idealized Greek God, ignores the archetypal invalid within us, and makes us unable to cope when this invalid raises its head. Our fantasy of health also makes us project our invalidity onto brain-damaged children, the old in nursing homes, paraplegics, caring for them while forgetting at the same time that this archetype appears in our daily minor complaints. We do not see we are incurably defective. We split health off from invalidity, repressing that we have short legs and flat feet, weak muscles and heart flutters, or that we may have suffered from slight brain damage, or may be overexcitable, indolent, compulsive, and psychosomatically disturbed.

The most disagreeable aspect of the lack of cultivation of the invalid archetype is the health or wholeness moralism. This has disastrous results for people suffering from neurosis and psychosomatic afflictions. In case discussions I am always struck by the moralistic tone we psychotherapists so frequently use towards sick patients. They are – so is our attitude – plainly inferior people; they don’t want, especially when they are psychological invalids, to be cured. They don’t want to grow, or change, and so keep their defences up; although you see through them,

they just do not want to collaborate. We can't help despising them. We only accept them when they share our growth and wholeness and health fantasies. Only when they want to be cured and healed are they of any interest to us. Some of our patients are actually sick and can be healed up to a point, but many patients, at least in a psychotherapeutic practice, are ruled by the archetype of the invalid and cannot be healed, cannot in that sense be made whole.

Reflection on the archetype of the invalid is long overdue. This archetype has been extremely unfashionable-just as sexuality was eighty years ago. And, like then, reluctance to see an archetype causes misery in our patients. For the more we want to heal everyone who is chronically, neurotically, or psychosomatically ill, the more these people, living under the archetype of the invalid, must desperately defend themselves without their knowing what's happening to them. They become more tyrannical and more demanding and ask for more service, more medicine, more chemistry, more pensions and less work. An entire society asks for medical care, relief, insurance, and welfare. Owing to the denial of an archetype, a vicious and cruel revenge is taken. Millions of people are forced by their unconscious to wait for that moment when they can enter openly into the service of the invalid archetype. A slight accident, a mild decrease in some physical or mental function, and they stop working at once. They demand compensation, pensions, invalid insurance, etc. They try to make everyone around them feel guilty and they seem to say: "Now I am an invalid, my native invalidity is recognized, and I may make my demands and become dependent".

We cannot help these patients to get rid of this invalid archetype, we can only show them how to live with it, how to deal with it and perhaps stimulate some other archetype. We can assist in a less negative experience of it.

As I said, people living the archetype of the invalid, as people living any archetypal pattern, can be agreeable or disagreeable, creative or not

creative, loving or not loving. The negative side of the pattern can be overpronounced such as tyranny, egotism, selfishness, dominance, guilt, flight from reality. Or the positive sides can be to the fore, like modesty, accommodation, reflection, the ability to accept dependency, religion, etc. If the agreeable or disagreeable experience of the archetype does not depend on the archetype itself, on what then does it depend?

Eros

At this point I would like to offer some reflections, brief and sketchy, concerning the God, Eros. And I must add to what I said above about the archetype as patterns of reaction. Archetypes may also be understood as Gods, that is, as the eternal and independent divine powers in these patterns of reaction. As such, they are non-human and remote, simply neutral behaviours, unless another factor be involved in their incarnation, in a human life. This 'factor' I take to be another archetype, the God Eros.

According to some tales, Eros is the oldest of all Gods, according to other tales, the youngest. The oldest, the youngest – this certainly indicates a very special God. Let us understand Eros first as a God of love in the senses of sexual love, of friendship, and in the sense of involved interest in someone or something. Eros is at work not only in the love a woman has for a man or a man for a woman, but he is at work in the involvement which the politician has for politics or in the interest the mathematician shows in his mathematics. Without him there would be no generations of the Gods and no movement among them. Eros is responsible for the mingling of the Gods and Goddesses as lovers and for their encounter with human beings as lovers, so that there will be new Gods, new heroes, and new human forms. Eros makes the Gods or archetypes creative, loving, involved. It follows that the Gods are creative, involved, loving, jealous, only under Eros. Otherwise they remain non-human, meaningless, cold and distant. So, archetypes are only creative with Eros; they move and move us only through Eros.

For instance, the trickster without Eros is a swindler, a liar and a cheater, a ruthless criminal, a hollow bluffer. The trickster appearing with Eros becomes a stimulating man or woman, full of surprises, looking at life from an unexpected angle, getting out of the tightest situation, never caught in a conventional rut, full of fun and games.

Or, the warrior without Eros is a brutal, professional killing-machine, a demonic exterminator, a senseless mass-murderer. The warrior, however, with Eros is a defender, or an armed missionary with values which are dear to him, ready to sacrifice his or her life for others, or in the defence of higher ideals – ideals which may be extremely important for a group of human beings.

The mother archetype appearing without Eros is merely over-protective, smothering her child in materialistic securities, over-concerned with food and warmth. There is an absence of morality, no ideals, no spirit; there is just her child in the center of her world, a tool used for power and dominance, like a biological increase of the mother herself. The mother archetype appearing with Eros, however, loves her child partly for its own sake, wants the best for the child's soul, would like the child to carry on some values, to carry the spirit, the ideals which she, the mother, thinks are important for her group, the nation, or even for mankind. A mother with Eros does not want her child to be only a material, earthly offspring. She wants him to be the carrier of her spirit or of the father's, or to be the carrier of the symbol of love which was binding her to her lover.

In an invalid with Eros we see similar phenomena: the people around him become helpful and kind, and the carrier of the archetype becomes modest. His invalidity stimulates an unheroic spirit, leads to philosophical and religious contemplation, is not bound to competition, but realizes the limitations of our physical body and

of our human psyche. As a result, spiritual values become more important. The invalid without Eros is nasty, tyrannical, boring, parasitic, angry, desperately compensating invalidity through crafty power games or by striving for material goods. He is envious, a spoil-sport, pessimistic, senselessly despairing, full of hate and melancholy.

Eros does not give us peace and tranquility, and our actions, guided by Eros, will time and again lead us into difficulties, despair and tragedies. But at least Eros gives meaningful involvement to the archetypal patterns we live. They are, with Eros, not only inhuman forces that we suffer from, but also ways in which our soul is moved and our spirit kindled.

I have tried to show some limitations of our healing efforts, tracing these limitations to the archetype of the invalid. I have tried to remember that ever since mankind has existed, we have been and are still more or less physically damaged beings. Our physical nature is never fully or wholly functioning. We are damaged from birth on, and as we reach maturity and old age even more damage accrues. Archetypally, our body through which the psyche expresses itself is a hampered, defective organism, always experienced as partly functioning and partly not functioning. Medicine nowadays truly performs wonders; the mechanical defect can be partially patched over but can never be completely removed. So we suffer continually from a permanent crippling damage. This is the state of actual human wholeness. It is a truth of our constant, existential condition that we are partly damaged beyond repair. This is a basic experience of life, and so must define our idea of health. A 'good' analyst can be understood to mean a priest of the archetype of the invalid whose attitude to invalidity is informed by Eros. ■

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