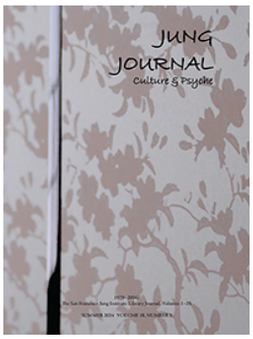

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The Hummingbird

An Augury from the Gods

MELANIE A. REIN

White-eared emerald hummingbird (Photographer: Eric Eberman, https://www.missionartists.org/artists/65)

On June 6, 2018, while on holiday on Corfu, I had a dream:

> E (a family member) comes to see me, or I suggest he comes for lunch, as H, his wife, is away. He arrives, but there is some confusion about whether he wanted to come over or go to see a friend. My sister might also be there. E has a car accident on the way to see me. He is very shaken. I give him a hug and he pats me on the bottom as if he has forgotten who I am.

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> I am then at the front door, possibly with R, my husband, behind me. There are a number of birds flying around. A hummingbird flies up to me. Hovering, it puts its beak on or into my forehead as if drinking nectar from a flower. I am surprised.

A few hours later, I awoke bewildered from a rest I had taken following my morning Taiji practice, with no memory of where I was and with severe chest pain. I was rushed to the local hospital, where I was diagnosed with a rare heart condition. Once back in the UK, the diagnosis was confirmed, along with an atypical form of *transient global amnesia*. Since then, a number of health conditions have emerged, and I am now disabled with ongoing health issues. I continue to practice as an analytical psychologist.

Sometime later, after my dream of the hummingbird, I came across the following:

> The Greek word for a bird, *ornis* or *oionos*, was also the word for an omen. Birds were thought of as "signs." They were the principal agents through which the gods revealed their will to humans, so they could reasonably describe themselves as the gods' messengers and privileged intermediaries, who should be consulted about future plans and important decisions. (Mynott 2018, 249)

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Writing this paper has been hugely problematic, for, like a synchronicity, my experience of life since developing my heart condition is that it is occurring "outside" of diachronic time: that is, outside our usual sense of time "moving forward." The many hospitalizations, the experiences in hospital with fellow patients, my relationships with others who have the same heart condition as me, my own "recoveries"—which is a term that misses the subtly nuanced experience of living with chronic illness and disability[1]—and the ongoing review of my life in relation to others, all exist outside of "normal" time experience. It was only after reading Ed Yong's *An Immense World*, that my experience of illness, including my dream outlined at the beginning of the paper, emerged as a cluster of events profoundly connecting me to the natural world and situating me within it: that is, in the world of instinct and of life and death. In this experience, the hummingbird, and birds in general, have been central. Yong writes:

> A soaring vulture that's scanning the ground can also see other vultures flying next to it, without having to turn. A heron's visual field covers 180 degrees in the vertical; even when standing upright with its beak pointing straight ahead, it can see fish swimming near its feet. A mallard duck's visual field is completely panoramic, with no blind spot either above or behind it. When sitting on the surface of a lake, a mallard can see the entire sky without moving. When flying, it sees the world simultaneously moving toward it and away from it. We use the phrase "bird's-eye view" to mean any vista seen from on high. But a bird's view is not just an elevated version of a human one. "The human visual world is in front and humans move into it," Martin once wrote. But "the avian world is around and birds move through it."[2] (Yong 2022, 70)

For many years I have dreamt of birds, all of which have presaged—pre-saged—a shift for me into a *deeper space*. As I thought about this quotation and meditated on what it might be like to have a completely panoramic view of the world, to move *through* rather than *toward*, I became disorientated: my imagination shifted from forward movement to another dimension, to a panoramic view of my surroundings, as if the deeply disturbing events on June 6, 2018—the amnesia and heart-event—had thrown me out of a narrow forward

vision, into a world I was moving *through* or *within*. This is the quality that has encapsulated my own experience over the last six years, both in my work as an analyst and in my own personal life.

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Bearing in mind these events and their profound influences on me, in this paper I will endeavor to capture the experience of *moving through* rather than *moving into*, and I therefore ask you to bear with me as I meander through this paper in much the same way as I have experienced my life during the past six years, without *forward direction* and with a "bird's eye view." For, even though, by our very nature, we humans cannot experience 360-degree vision, when I go into my other "panoramic" space, I can sense or intuit it. So, I shall find my way through this paper, in a circular, backward-and-forward, upward-and-downward and, of course, sideways pattern: moving through and with *psyche*, rather than in one particular direction or toward any specific goal or answer. I hope this approach will shed light on some of the meanings that can emerge from sudden and severe illness, chronic physical conditions, and disability. While I have just suggested that this mode is not purposive in any *narrow* sense, if this paper itself has a purpose, it is not to "educate," but hopefully to open up and elucidate a world we rarely explore together: that is, the unique quality of our own illnesses and disabilities.

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It is not often that we, as Jungian analysts, discuss our own medical conditions or the effect these may have on us and on our work, as Robert Shuman says in *The Psychology of Chronic Illness*: "few therapists who live with illness have described its effect on their professional work or explored the fact that their affliction may influence how they think about human meaning and behavior" (Shuman 1996, 5). I mention this here because so much is made of the connections between *psyche* and *soma*—mind and body—and of the effect that psychological distress and trauma can have on the body. This connection was illuminated in Jung's word association test, which explored the body's response to certain words that touch a complex (Jung 1981, CW 2). In our field, it is now assumed that the body responds to psychological stress and trauma with illness or pain—and, moreover, that illnesses and physical pain are often *caused by* psychological distress. Indeed, some texts on this subject have been treated with an almost biblical reverence among those working in psychotherapy as well as by some in the medical profession—as I have discovered to my cost.

As for myself—while appreciating the research that has been and continues to be done in exploring *psyche-soma* connections—rather than adopting this conventional paradigm, I have approached writing this paper as an exploration from the distant land of illness, both acute and chronic, and from the terrain of subsequent disability. So, this paper is a reflection of, and on, my personal experiences. It has also been enriched and deepened by the experiences of family members whom I have accompanied through their final months, weeks, and hours of life as well as others with whom I have worked, who themselves have struggled with illness, disability, and, ultimately, death. I hope what I have to say will initiate discussion in our community of

Jungian analysts and psychotherapists as to how *our own* personal experiences of illness and disability may resonate with a particular energy that alters our perceptions of ourselves in the world and, thus, in our work too. In what follows, I will also comment on how the theory of *psychosomatic illness* is capable of creating guilt, blame, and shame in and among those with whom we work, whether they be colleagues or clients.

***

As I read psychotherapeutic articles, papers, and books on the subject of illness and disability, many of the examples given are of analysands—the clients, the patients, the people with whom we work—as if we, the analysts and psychotherapists, can distance ourselves from the "ill," the "sick," or those with "disabilities."[3] In texts such as these, the ill are *over there* but they are not *here* or *in here*: not *within us* or *with us*. But if they *become us*, what then? What is or would be our approach, our connection to our colleagues, our friends, if we ourselves become members of the afflicted?

While the archetype of the *wounded healer* is discussed widely in the field of psychotherapy, this is generally in relation to our psychological wounds, not our physical state—our bodily wounds and scars. In fact, rather than talk about our illnesses, there is a sense that perhaps, if one is "not quite well," *one should not be working*. I happened to overhear this idea being voiced by three psychotherapists sitting in a café discussing a colleague. I was at another table, I did not know them and they did not know me, and they had no idea that anyone else could hear them. Their conversation indicated that the professional relationship with a client—any client—requires a "strong, physical body" to withstand the transference and the psychotherapeutic relationship. It was simply assumed that being ill or having a long-term health condition would be bound to work *against* the in-depth approaches of analysis and psychotherapy. It was not even considered that it might possibly *facilitate* the work and the analytic relationship.

I have discussed with others who also have health conditions, how family members, friends, and even psychotherapists have indicated, even if not directly, that perhaps their illnesses and physical symptoms "lie" in unresolved personal issues, and that by working through these issues, their health may improve. I know that in some analytic circles, there is a tacit assumption that, if one has become ill, then there must be something in the *psyche* that has not been "understood" or "worked through." It is as if the unwell, the sick, or the disabled have not done enough "work," or not the "right kind of work," on themselves. And the conclusion? Our colleagues and friends may try to help us with unsolicited advice on what we might do to make ourselves "better." They may also appear to become our judges when we don't follow their advice. Yet perhaps it is these very assumptions that create hesitancy in the sick, in the disabled, who then become reluctant to express the depths of their experience, for fear they will be judged and found wanting.

But what if it is not just the wounded *psyche* but also the wounded *body* that can hear and sense the underground rumblings in our practices, feel the symbols as they appear in dreams, and experience the deep synchronistic events that meet us with our clients? Here, I am not talking about theories of *psychosomatic* work—i.e. the effects that *psyche* has on *soma*—but of

the synchronicities that can emerge between the two, between *psyche* and *soma*, at the deepest level of the unconscious, as C. A. Meier describes in his book *Soul and Body* (1986, 187) and to which I return later in this paper: what if we *need* these "ill" or "sick" colleagues to help us understand and navigate ways through a different, deeper world?

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Sudden serious illness can feel like the ego being ripped from all it has known, creating deep and irrevocable shifts in consciousness. Like an earthquake, the tectonic plates of the body have shifted, and deep crevices emerge, reaching down to the frightening domain ruled by Ereshkigal[4]—to the goddess of "the Nether World, the dark, dread home of the dead" (Kramer 1969, 108). And those of us who are sick, stripped of our apparel, have to meet the goddess—the goddess who threatens never to let us go unless we are willing to substitute someone else for ourselves, or sacrifice something in our lives—who we have to wrestle with, no matter who or what that substitute or sacrifice might be. Who or what will we give her in return for our own life?[5]

And as the earthquake continues to tear us apart, so fear, horror, sadness, and death sit beside us as we navigate the harsh realities of our body's fragility and the sense of our body's "unhomelikeness-being-in-the-world" (Svenaeus 2022).[6] The body has become a different entity: taking over our lives, not behaving as it once did, but instead shooting us through with pain, searing electric shocks through our chests, shaming us with our inability to contain our bodily functions, taking away our dignity as our vomit is projected up the wall and onto those caring for us, or our bowels explode without warning, bringing the stench of the depths into the open.

We hold and carry shame, sorrow, and pain as we fall through a crack to another dimension, which we are unable to talk about or even acknowledge to ourselves. We have been struck by a force greater than our poor bodies can hold or contain, or our ego comprehend.

***

Despite all this, it is also our duty to find a way through. We have no choice but to succumb to the illness, to our bodies that we can no longer control, to the medics who attempt to keep us alive, to the nurses who sit with us as we try to pee, or who shower us with such care and respect after we have spewed up our guts onto the floor and onto their colleagues. We must submit to the bureaucracy of the health service and hospital, the "auto-body repair shop" (Bolen 2007, 5), where cruelty, masked by an air of "professionalism," may appear in a number of guises, such as the "clinical pathways" that have to be adhered to, sometimes to the detriment of the sick person. So, a consultant coolly watches a patient in pain and tries to discharge her, overlooking her suffering, because her symptoms do not "fit" the medical specialty of his ward—and he needs the beds.[7]

And yet, somewhere, within the bureaucratic space of the hospital is the place of liminality —where life and death, health and illness, hope and fear, joy and despair collide daily, from one

extreme to another, and with everything in between. As one nurse said to me after sitting with a dying patient, "My job is to keep people alive," and when it was suggested that perhaps it might also be to help people die, she looked surprised and after some moments said, sadly, "Yes, perhaps that is so, too."

In this liminal space, in the degradation of illness, we meet others along the way who are suffering, fearful of dying, trying to live with pain and disability. I remember, on one occasion, I was in hospital in a bay on a ward with three other women: Audrey, ninety-three years old, who seemed to be getting increasingly unwell; Rosemary, eighty-nine, who appeared confused but also quite astute, with a surprising wit and humor; and Kate, in her early twenties, who had been unwell all her life and—from her experience and many admissions to hospital, knowing the myriad of medical problems and conditions—attempted in her own way to help others but, finding her own energy sapped, retreated into herself and berated others if they came *too* close. On my second day on the ward, the women were talking about *Strictly Come Dancing*, a popular British television program that I had not seen, but which was being broadcast that evening. The animation of the conversation drew me in, and that evening we pooled together whatever edible treats family and friends had brought in for us, and, dressed in our hospital nightgowns, we sat around my little hospital television set watching *Strictly*. The joy and fun of that evening was life-enhancing, a ray of light through the pain and sadness: four generations of women sitting together, joking, laughing, and enjoying being together, even though we had not known one another before. This simple connection between the four of us created a warmth that was healing to us all, perhaps a harking back to the theatre performances in the temples of Asklepios in ancient Greece, providing laughter and human connection to the healing process. Guy Dargert says of the performances in these temples:

> Healing and illness were believed to require more than attending to the needs of the physical body. Social, emotional, and spiritual dimensions were also addressed. One means by which the social and emotional elements were attended to was by providing opportunities for collective catharsis in the theatre. … A performance at the theatre would be designed to arouse and evoke emotion. As a member of the audience you would be taken beyond the limited confines of your ailing and conflicted ego. Audience members would hold on to one another and join together in vocal response to the dramas that were unfolded before them … (2018, 58)

But then, suddenly, in the middle of the night, Audrey was moved to another bay. We never found out why they moved her, and I doubt if she knew either, but when I visited her the next day elsewhere on the huge ward, she was lying in her bed, isolated and unhappy. She could barely look at or talk to anyone. A marked contrast to the day before. Was there any real need to move her? Was moving her helpful? If so, for whom?

With Audrey's sudden departure, the bond and connection between the remaining three in our little bay was destroyed—it had been wrenched from us. The conversation, laughter, warmth, and care from the previous few days disappeared, evaporated away. Instead, we were left with a sense of disconnection and wretchedness, expressed by Rosemary's unbearable sadness and tears. We talk about hospitals being places to make people well, and yet, on this occasion, it caused another earthquake, another layer of descent down into the realms of Ereshkigal.

In this space of illness, we try not to burden our families as we become that which we attempt *not* to be, even though we know, deep down, we may ultimately drag them down with us—or perhaps even free them with our death. In the depths of our despair, we cry out to our god or gods or the angels—as Nora, a patient in a coma-like state in the bed next to mine called out on another occasion I was in hospital: "Michael, Michael, help me, help me, Michael, help me." And my own simple, *silent* prayer, which *she took up*, until we both said, *Amen*. "Pain and fear bring us to our knees in prayer" (Bolen 2007, 6).

Nora's cry to "Michael" reminds me of Jung's description of hearing a sick man calling to Allah: "It sounded like a pleading cry to the universe! … Then I understood: this is it! This far-reaching voice going out in the endless space, that was living Islam for me" (Jaffé 2023, 95). Nora's voice was another far-reaching call to the infinite, to the "sure" numinous, the "so be it" expressed in our prayer ending, *Amen* (Britannica 2023).[8]

***

In the stillness of the night, on a ward with other women, through the pain and humiliation of our illnesses, we connect with each other; through our breath we breathe together; in the space where death may meet us, we join together. A call from across the room from a woman who is dying: pointing at me, she asks, "Who are you?" I get up and go over to her, and we hold hands as she explains to me that the bruising on her arms and face is because she fell from the ceiling. And it makes sense, in this strange place—where else would she have fallen from? She gently pats my hand when I tell her I need to go back to my bed because I'm not well, and says, "Darling, of course you must go back to bed." Later, she asks the nurse who is sitting with her, "Who's that knocking at the door?"

Then some of us go home to "convalesce," "regain our health," or "recover"—and in the process, we attempt to adjust to our new experience of "unhomelikeness-in-the-world."[9] Here, Yael Friedman's discussion on the inadequacy of the concept of "recovery" hits home (Friedman 2021), and I wonder if I will ever "recover" what I have lost, that element of myself that has been left in Ereshkigal's depths.

***

Recover is such an interesting word. One cluster of meanings is "to get again," "regain," "get" or "bring back." It is cognate with *recuperate*, from Latin *cupere*, "to desire," and to *recuperare*, "to make good again." A related Latin noun is *cupiditas*, "eagerness, desire, passionate longing." Hence also *Cupid* (Onions 1966). So, with this cluster in mind, how can we *recover* that which we desired, or which once desired us? What is left to *recover*? Is it a *recovery* of a former state of being? Of a previous state of health? To gain back that which has been lost? *Recovery* does not encompass a new state of being but a return to the old.

In the Sumerian myth, Inanna does not *recover* her husband, Dumuzi, the shepherd god, whom she sacrifices to Ereshkigal in return for her own life. She leaves him there in the "Land of No Return" to perish (Kramer 1969, 117). As with Inanna, there is no *recovery* of an old

animus figure or of an inner marriage that no longer offers what it once did, but perhaps a new connection, whether with death or with a new way of being within the world. These nuanced complexities of *healing* may not lead us back to "what we once were," but rather, take us into a wholly new sense of "homelikeness" in this strange unfamiliar world. On the other hand, we may remain with an "unhomelikeness-in-the-world,"[10] with a bewilderingly disjointed set of bodily symptoms as our bodies continue to behave in ways that we never imagined we would ever have to experience: an unremitting falling into the depths, with an occasional rise for air, before we are sent back down again; a slow realization that we may never gain back what we have lost. There may be no "recovery" at all.

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It can be difficult for those around us to watch and make their own sense of what has occurred, as we, the afflicted, grapple with the disjunction between who we once were and this new state of being. Our lives have changed, but so too have the lives of those close to us. The guilt of what we put them through reverberates, silently, in our conversations: our irritations when we are unwell splatter against the compassion of the other; and our intricate relationship to our sad sick bodies, which we try to hold quietly, becomes ever-present, as the illness and its symptoms lurch out in unexpected and shameful ways. And yet, within this, is a deep care, which may emerge and surprise us: the care *for* the person who is "unhomelike-in-the world" and the reverse, the care and concern that the "unhomelike" person might have *for* the other, as each one traverses new ways of being.

There are no simple answers to the questions of how one manages or copes with this new way of being. In particular, the concern that one might not be able to work as an analyst or psychotherapist denies the richness of experience that being an outsider to the "homelikeness-in-the-world"[11] brings: a sudden casting adrift to hear and listen to *other* voices that may be cast adrift too, if not by physical pain or illness, then by a pain caused on or to a fragile *ego* or to a wounded *psyche*, where there's a need to accompany, to hold, to seek the gods' help in retrieving that which is lost. Or just to be with the other who experiences an "unhomelikeness-in-the world."[12]

But there can also be a shadow side to an analyst's experience of illness, sickness, and disability: one where the analyst becomes an "expert healer," where suddenly, the analyst imagines or presumes that they "have the answers"; where, rather than following the example of Ninshubur, Inanna's faithful vizier, who went to plead with the gods to save Inanna, the analyst tries to protect the other by giving "ideas," "making suggestions," and, ultimately, trying to provide "safeguards" to those who are struggling in, with, and through their own descent. As Shuman writes:

> A few therapists use the fact of their illness and their apparently successful coping to push their own philosophies of life or attitudes toward illness and healing on clients who are also ill. The magic healer role has powerful appeal, for it reflects fantasies of invulnerability that may serve to ward off fears of progression, recurrence, or exacerbation. Magic healers may also resent or belittle individuals with illness who do not respond as the therapists desire. Therapists with or without

> illness may think of individuals as unmotivated, uptight, self-defeating, or resistant if they do not follow through or agree with the therapists' health and illness beliefs or treatment strategies. The exciting but modest and ambiguous results to date of psychoneuroimmunological research invite some therapists and physicians to *make grossly unwarranted claims* about the effects of personality styles and the efficacy of attitudinal change on illness and disease. (1996, 161)

Connected to this "inflated" motif or persona of the "magic healer" is the term *psychosomatic*, which focuses on cause and effect and, in particular, on the ways in which psychic disturbance affects the body.[13] However, Jung, while fully recognizing the multiple connections between *psyche* and *soma*, places equal emphasis on the matching influence of *soma* on *psyche*. He says:

> A wrong functioning of the psyche *can do much to injure the body*, just as conversely a *bodily illness can affect the psyche*; for psyche and body are not separate entities but one and the same life. Thus there is seldom a bodily ailment that does not show psychic complications, even if it is not psychically caused. (Jung 1943/1990, CW 7, ¶194; italics added)

Elsewhere, while reiterating these connections, Jung warns of the potential to "reduce" or "explain away" bodily illness by a "disturbance" in the *psyche*:

> It seems to me, however, that a definite connection does exist between physical and psychic disturbances and that its significance is generally underrated, though on the other hand it is boundlessly exaggerated owing to certain tendencies to regard physical disturbances merely as an expression of psychic disturbances … (Jung 1939/2002 CW 8, ¶502)

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Before concluding this paper, I would like to touch briefly on the subject of synchronicity in relation to illness and disability. In response to a question in his Tavistock Lectures, Jung reflects on the body-mind connection, surmising: "All we can know empirically is that processes of the body and processes of the mind happen together in some way which is mysterious to us" (Jung 1935/1993, CW 18, ¶69). He continues:

> Take for instance the case of typhoid fever with psychological concomitants. If the psychic factor were *mistaken for a causation*, you would reach preposterous conclusions. All we can say is that there are certain physiological conditions which are clearly caused by mental disorder, and certain others which are not caused but *merely accompanied* by psychic processes. Body and mind are the two aspects of the living being, and that is all we know. … For my own use I have coined a term to illustrate this being together; I say there is a peculiar principle of synchronicity active in the world so that things *happen together* somehow and behave as if they were the same, and yet for us they are not. … for the time being I am absolutely unable to tell you whether it is the body or the mind that prevails, or whether they just coexist. (¶70; italics added)

C. A. Meier develops this theme, indicating the connection of *body* and *psyche* at the *psychoid level*. Aniela Jaffé describes the *psychoid level* as "a paradox, which contains both the *psychological* and the *physical*." She amplifies, "It is a medium's sphere, where these strands of spirit and matter meet" (*Remembering Jung* 1977). This is the realm where synchronistic experiences embrace *soma* and *psyche*.

> It is proposed to approach the entire problem of psychosomatic phenomena as an acausal relationship, in accordance with the views held by the positions of ancient Greece, expressed in the word *symptoma*, the acausal but meaningful coincidence of at least two distinct magnitudes. This concept is identical with that expressed in the modern term *synchronicity* … (1986, 188)

So, rather than relying on a reductive causal analysis of illness, as tends to be indicated by use of the term *psychosomatic*, the theory of synchronicity opens up scope for a more reflective approach to illness and disability. What is more, as with the transcendent function, symbols arising out of such synchronicities may appear in remarkable ways, not only through dreams but also through active imagination, visions, and profound encounters with others. These symbols need to be nurtured and treasured, not overlooked or diminished by our need to fit the illness into a convenient "psychosomatic" structure or to fulfill our own limited understanding of illness and disability. Sitting with someone who is ill or disabled can, at times, be unbearable—just as it is for the one who is unwell. All we can do, as analysts, is to accompany the sick, the unwell, the disabled and, in working with their dreams, paintings, active imaginations, and visions, support them in their own meeting with *Ereshkigal*, or whichever *place* they descend to, and to be with them if, and as, they return.

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During the first few months after my return from Corfu, I spent many hours thinking about the dream at the start of this paper, immersing myself in books and online videos about the hummingbird.

The hummingbird, who spends "much of their life on a knife edge, often within hours of death by starvation" (Fogden, Taylor, and Williamson 2014, 9) has a history dating back "30–35 million years" (Bartley and Swash 2022, 11). According to Nicole Sault, in some mythologies of the Americas, every morning the hummingbird rises with the sun to the heavens and every night, when the sun goes down, descends into "torpor" or death. What is more, "a shaman could travel to the heavens as a hummingbird" to speak with the gods. Sault continues:

> Hummingbirds … are personages of eminence holding key mythological roles associated with gods, shamans, omens, and divination—roles portrayed in the myths, rituals, art, and architecture of both ancient and contemporary cultures. These birds are valued for their otherworldly powers not in spite of their associations with death, but rather because of the underworld associations that enhance their celestial power. Hummingbirds … express the perceived duality of the world as complementary, by transforming day and night or healing and illness in a way that creates a path toward resolving such contrasts and understanding life as an ongoing cycle of birth, death, and rebirth. (Sault 2016)

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Personally, this little bird has become a regular companion during the six years since she first appeared to me. I only have to think about her to find her revisiting me.[14] On other occasions, without any reflection, I will find her hovering next to me, her wings beating in the mathematical sign of infinity, the figure of eight, taking my breath away as I try to hear and understand the message she is relaying. Over the years, I have come to appreciate this delicate creature whose near

panoramic color vision (Altshuler and Wylie 2020) is far greater than anything I could ever experience or even imagine—this little bird of the heavens and of the depths, who mediates a life force and energy extending far beyond my own. And although I only have fleeting glances of her, I am grateful for the whispering sense I have of her as she flits past me, or hovers next to me, or occasionally puts her beak into my forehead—*as if drinking nectar from a flower*.

ENDNOTES

1. In this paper, I shall continue to use the word *illness* in the specific sense of *chronic illness* or *sudden severe illness*, which leads to a chronic condition or disability.
2. Professor Graham Martin, Ornithologist, School of Biosciences at the University of Birmingham, UK.
3. There are exceptions to this, including Schwartz and Silver (1990), Shuman (1996), and Slattery (2018).
4. Bolen explores the experience of critical illness in relation to the myth of Inanna and Ereshkigal (2007, 20).
5. When I use the plural terms *our, we, us*, I am taking the liberty of assuming that others may have similar experiences, even though I am fully aware that the experiences described here will not apply to everyone who suffers from serious illness or disability. Over the years, however, I have become increasingly conscious that experiences of illness and disability, while being deeply personal, also have an archetypal dimension. Thus, while not wishing to divest the individual of their personal experience, by using these pronouns I hope to touch on the archetypal and, in this way, bring an alternative vision of illness and disability to a wider readership. This understanding in no way diminishes the individual's experience as any suffering in the depths can only be experienced alone.
6. The terms "homelikeness-being-in-the-world" and "unhomelikeness-being-in-the-world" are borrowed from Fredrik Svenaeus's phenomenological approach to health and illness (2002). Although it is not possible to go into detail about Svenaeus's work here, the sense of "unhomelikeness-in-the-world" captures *soma* and *psyche* connections.

   > Health is understood as being at home in the world that keeps the not being at home in the world from becoming apparent. The not being at home, which is a basic necessary condition of human existence, related to our finitude and dependence upon others and otherness, is, in illness, brought to attention and transformed into a pervasive homelessness. One or two a priori structures of existence—not being at home and being at home—wins out over the other: unhomelikeness takes control of our being-in-the-world. The basic alienness of my being-in-the-world, which in health recedes into the background, breaks forth in illness to pervade my entire existence. (2022, 71).

   This paper is not the appropriate context for further discussion of the rich meanings of the German term *unheimlich*, especially in Heidegger. However, here I also draw attention to Nathaniel Hawthorne who, according to the "OED Factsheet online," was the first to use the term *un-homelikeness* in English in 1858 (*Oxford English Dictionary Online*, s.v. "Un-home-likeness," https://doi.org/10.1093/OED/8884792012.)
7. The use of "his" and "he" are deliberate since there may well have been a gender issue in relation to this consultant's attitude and behavior to this patient.
8. "Amen, expression of agreement, confirmation, or desire used in worship by Jews, Christians, and Muslims. The basic meaning of the Semitic root from which it is derived is 'firm,' 'fixed,' or 'sure' … The Greek Old Testament usually translates amen as 'so be it' …" (Britannica 2023).
9. See Svenaeus (2022) and endnote 6.
10. Ibid.
11. Ibid.
12. Ibid.

13. This may derive from ancient Greek thought: "the healthy body (*soma*) demands a healthy—virtuous—soul (*psyche*)" (Svenaeus 2022, 38).
14. My hummingbird became a *she* rather than an *it* shortly after having my dream.

NOTE

References to *The Collected Works of C. G. Jung* are cited in the text as CW, volume number, and paragraph number. *The Collected Works* are published in English by Routledge (UK) and Princeton University Press (USA).

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ABSTRACT

As Jungian analysts, we rarely discuss our medical conditions, especially chronic illness and disability and their effects on our work and lives. The sense of being judged by our colleagues and being forced to give up our practices by prevailing cultural and societal norms can create fear and apprehension in a disabled analyst, who may not feel able to discuss the depths that can also emerge from serious physical conditions. These apprehensions may also be connected to the overused and often misused concept of *psychosomatic* illness, a reductive and causal approach that may stifle a more creative experience emerging from illness and disability. C. A. Meier brings a different understanding and approach to the links between *soma* and *psyche*, connecting the two at the psychoid level, where synchronistic experiences may emerge. Furthermore, through the myth of Inanna's journey to the death world of Ereshkigal, this paper includes a personal account of illness and disability, connecting it to a wider conversation concerning the Jungian approach to ourselves as analysts, to our colleagues, and to our clients.

KEY WORDS

chronic illness, disability, Ereshkigal, Inanna, psychosomatic, synchronicity, unhomelikeness-in-the-world, wounded healer