

Room for a view

Illness and the hero's journey: still ourselves and more?

When Queen Medb of Connacht launched a great cattle-raid against Conchobor the king of Ulster, all the men of that region of Ireland were ill with something resembling labour pains. This was a curse that had been put on them because they had mistreated a pregnant woman. Who would defend Ulster? Luckily, one man was exempted from the illness: a young warrior named Cuchulain. In the story, Cuchulain defends Ulster single-handedly against Queen Medb's armies until the men of Ulster recover and rout Medb in battle. He is the hero of the eighth-century Irish epic, the *Tain Bo Cuailnge*.¹ Like most heroes, he is wounded



physically and forced to give up things he holds dear in order to come through the experience. Like other heroes, his experiences are less history than metaphors for how to live, and his story is one of many examples in mythology of the hero's journey.² We probably live these journeys in the most mundane aspects of our daily lives,³ but I wonder if the heroic perspective is not particularly relevant when we become ill with chronic and life-threatening illnesses.

According to Jung, myths are the deep code of the human psyche.⁴ The hero myth has a series of predictable sequences.² First, there is the call to a new experience. This might appear like good news (a promotion) or bad news (a medical diagnosis), but in either case the call may be resisted. However, sooner or later, if they are to fulfil their destinies, heroes accept the call and cross the first threshold. They accept the new job, start the chemotherapy or go for the first dialysis treatment. There follows an interesting gestation period sometimes described as "the belly of the whale." Heroes find that their old identity and sense of themselves are not adequate to their new situation. Their world is in chaos.

They feel alone and under attack from unfamiliar enemies, such as a crisis in the company for which they are now responsible, complications of disease or treatment, loss of employment or financial difficulties resulting from illness. They need to dig deep to find unused talents and attributes that are helpful in the new situation. Old expectations, such as always having someone to pass the

buck to, or being free of disease, have to be relinquished. Then follows the path of trials. The new identity needs to be tested, tried out and practised against adversity before it is solid enough to be functional in the day-to-day world. Finally, when the hero is ready, there is the return to

the normal world with a new perspective

and new riches to share. As a man with a kidney transplant put it, "Someone once asked me why little things don't bother me anymore. I told them to go get a transplant."⁵

The hero myth is a template, perhaps the template for human growth and development. It bears a strong relationship to other models that have been proposed to describe how people deal with illness and life crises. For instance, Kubler-Ross's stages of denial, anger, bargaining, depression and acceptance in patients who are dying⁶ focus on the first stages in the hero's journey: the call, refusal of the call and crossing of the first threshold. Another model,⁷ based on qualitative interviews with patients receiving hemodialysis treatment, suggests that these patients have three main questions: Who is this new me with kidney failure? What is this disease that I have? What supports do I have? These questions appear entirely appropriate for someone in the middle of a hero's journey. Virginia Satir's growth model, in which the person moves through the stages of old status quo, introduction of a foreign element, chaos,

new options and integration, implementation and new status quo,⁸ is very close to the full hero myth.

These modern formulations confirm that our thinking has not changed, but do they have the same power as heroic stories to galvanize the human spirit? If illness is a story that we tell about our experience with disease,⁹ then perhaps the hero's journey is the most appropriate structure to transform that story into a meaningful experience. Are patients then to be called heroes? This does not fit with the common conception that the term "hero" is only applicable to an extraordinary person who changes the world. But, as Christopher Reeve says in his autobiography *Still Me*,¹⁰ perhaps a hero is also "an ordinary individual who finds the strength to persevere and endure in spite of overwhelming obstacles." Is it a new idea to apply the hero label to people suffering from disease? Don't forget that it was the illness of the men of Ulster that made a hero of Cuchulain.

References

1. Kinsella T, translator. *The Tain*. London: Oxford University Press; 1970.
2. Campbell J. *The hero with a thousand faces*. Princeton (NJ): Princeton University Press; 1973.
3. Joyce J. *Ulysses*. New York: Random House; 1992.
4. Campbell J, editor. *The portable Jung*. New York: Penguin Books; 1971.
5. Philips D, editor. *Heroes: 100 stories of living with kidney failure*. Montreal: Grosvenor House Press; 1998.
6. Kubler-Ross E. *On death and dying*. New York: Macmillan; 1970.
7. Gregory DM, Way CY, Hutchinson TA, Barrett BJ, Parfrey PS. Patients' perceptions of their experience with ESRD and hemodialysis treatment. *Qual Health Res* 1998;8:764-83.
8. Satir V, Banmen J, Gerber J, Gomori M. *The Satir model: family therapy and beyond*. Palo Alto (CA): Science and Behaviour Books; 1991.
9. Kleinman A. *The illness narratives: suffering, healing and the human condition*. New York: Basic Books; 1988.
10. Reeve C. *Still me*. New York: Random House; 1998.

Tom A. Hutchinson

Departments of Medicine and
of Epidemiology and Biostatistics
McGill University, Montreal