The Gift of the Wounded Healer

The Wounding and the Wounded Healer

CONFER, Sep. 28th 2013

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Dr Ian Suttie, an early Scottish psychoanalyst:

“There is only one kind of person attracted to this work [he meant psychoanalysis, but it’s true for all therapy], and that is somebody in pain. Once they have been attracted to it and trained in it, there are two kinds: those that deal with it and those that don’t.”
Some themes from the day:

• The wounded therapeutic profession:
  – It *needs* polemic to make a point = balancing the profession’s unhelpful rationalisations = wounded philosophies – too partial, one-sided, too categorical and rule-bound.
  – We are all clients (not always for good reasons), so we have been on receiving end of therapy’s weaknesses and disappointments: therapy of therapeutic ideas & philosophies
  – Everything is both true and untrue (defensive)
  – No principle immune against defensive use
Some themes from the day:
Polarised, opposite truths = paradox

• **Who makes it ‘heal’ – client or therapist?**
  – Inflated traditional image of therapist as all-important
  – 70% of therapy is the client as motor – as therapist I am not *that* important

• **Cure versus Healing**

• **Validity versus shadow of Wounded Healer**
  – Self-congratulatory excuse versus liberating

• **The shadow of the Wounding Healer**

Not resolvable = paradox needs addressing in experiential nitty-gritty
Introspection:

• Remember/notice/sense/feel/see the charged moments of previous two sessions today.

• Pick two moments.

• Where did that register in your body? What feelings? Any images? What thoughts?
Share with your neighbour  (4 mins)

- Listener: take a moment to have an explicit fantasy/idea as to what kind of wound was touched in your partner
Share with your neighbour (4 mins)

• Reverse roles

  – Now that question (“what kind of wound was touched in you/your partner?”) is in awareness, in the field.

  – You can both notice what effect – if any – that awareness has on your sharing.
Discussion: what did we notice in sharing?

– We were not just sharing experience, but attending to the experience in the context of the wound.
Attention to wound and awareness of it can have several contradictory effects:

- deepening of interpersonal contact
- more awareness of wound
- fracturing of interpersonal contact
- reaction AGAINST the wound
- more confusion
The wound and its dualisms

- the way we relate to the wound tends to set up an either-or dichotomy:

<table>
<thead>
<tr>
<th>surrendering to the pain of the wound</th>
<th>reacting against the pain of the wound</th>
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<td>being overwhelmed by the pain of the wound</td>
<td>conquering the pain of the wound</td>
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- therapy becomes necessary because of habitual reactions AGAINST the pain of the wound
- patterns of contradiction/compensation = defences/dissociations
The neglected legacy of Reich’s theory of character

- character = layering of wound and reactions against it
- detailed, complex bodymind model
  - Wilhelm Reich: Character Analysis
  - Stephen Johnson: Character Styles
- critique
The neglected legacy of Reich’s theory of character

- has become cornerstone of modern psychoanalysis (see O. Kernberg)
  - however, stripped of holism, rarely acknowledged or developed further
- defence – anxiety – underlying impulse
  - Dr David Malan: Individual Psychotherapy and the Science of Psychodynamics, 2 Ed
  - Patricia Coughlin Della Selva: Lives Transformed: A Revolutionary Method of Dynamic Psychotherapy
Too simplistic models of the multi-layered matrix of the wound

- character is a complex, conflicted, contradictory multi-dimensional relational matrix
- the theories of most approaches only capture bits and pieces of the full complexity
  - scripts, habitual patterns, schema, defence mechanisms, internal objects, etc, etc
We want to think of our wounds in as a multi-dimensional a way as possible (bio–psycho–neuro–social systemic model)

- can’t embrace the wound without gathering all the fragments of the wound’s full complexity
- integrate as many disparate aspects, levels and configurations and parallel processes between them
- Fractal Self

preparatory stepping stone 6:
Integrating the many biases and partial perspectives of the fragmented field

- full spectrum: self – other - society
  = one-person, two-person, many person psychologies
    - intra-psychic, personally, family, professionally in terms of approach and its subculture, as a profession within society, socially, culturally, evolutionary

- full bodymind spectrum
  - behaviour body breath emotion imagination mind relationship transpersonal (= biology & neuroscience & psychology)

- full spectrum time-orientation
  - historically, here and now, future
Embracing wounded and wounding legacies as part of our identity

- the wounds of our culture
- the wounds of our family ancestors
- the wounds of our therapeutic ancestors

who I am – as a person and as a therapist - is inseparable from these wounds

wounding as a relational process on every level with parallel process between the levels
Psychoanalysis/psychotherapy = the impossible profession

- At the heart of the therapeutic process is a paradoxical impossibility which involves the therapist’s own wounds.

- Blog links:
  - http://counsellingpsychotherapycpd.blogspot.co.uk
The conundrum: involvement of the therapist’s own wounds

• But what IS that involvement of the therapist’s own wounds, and when is it therapeutic and when is it countertherapeutic?

• When is it a therapeutically required ingredient in the encounter, when is it an unethical and damaging disaster?
The long-standing recognition of the conundrum

- The history of psychotherapy is pervaded by that conundrum – it is a conundrum that has been ever-present from the beginning.

- The ‘impossible profession’
Long-standing reactions against the conundrum:

• However, what has also been ever-present are simplistic answers to the conundrum:
  • one-sided reactive knee-jerks, categorical fundamentalisms, moralising posturing, persecutory absolutisms and corresponding paranoid ‘getting-it-right’ obsessions.
The persecutory edge of the conundrum:

- Supervisees really do feel paralysed, frozen, unable to reflect psychologically or think creatively because of some idea that their ‘stuff’ has in an unguarded moment leaked into the relationship and that’s unethical; that they bear singular responsibility for damaging the therapy and therefore will be struck off.
The knife-edge of paradox

• It’s easy to fall off the knife-edge, and jump from one extreme assumption into the other:
  
  • 1. one-sided categorical positions
  • 2. one-dimensional explanations
1. one-sided categorical positions

- Any simplistic position/assumption does not do the paradox justice:
  - the wounds should categorically be kept out
  VERSUS
  - as long as the therapist is well-intentioned and tries their best within the ethical guidelines, then whatever happens is OK
  - the client is an adult and they know what they are signing up for, and sometimes mistakes happen, but as long as the therapist did not do it intentionally, it’s OK
1. one-sided categorical positions

• Historical examples:
  – countertransference = therapist’s pathology; ‘medical model’
  – humanistic tradition: authenticity = own process = wounded healer (Chiron Centre)
  – Wounded Healer as justification for ‘anything goes’ (under the guise of a supposed adult-adult contracting, denial of the asymmetry/power/responsibility/containment)
  – not categorical: Jung: explicit wounded healer meta-psychology: two unconscious processes interweaving (“The therapy has not started until it becomes problematic for both participants.”)
The 19th-century dualistic origins of our profession

- medical model: hold out against our own wounds = professional persona uncontaminated by wounds
- i.e. countertransference = the therapist’s pathology
- we can write the history of therapeutic field through the deconstruction of that simplistic dualistic assumption
How the Wound Enters the Therapeutic Relationship
(& de-constructs the dualistic ‘medical model’ therapeutic frame)

The client’s wounding comes into the consulting room and enters the ...

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<tr>
<td>1</td>
<td>... client’s ‘here &amp; now’ experience as non-verbal process</td>
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<td>2</td>
<td>... client’s perception of the therapist ( = transference)</td>
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<td>3</td>
<td>... client’s bodymind experience of the therapist ( = embodied transference)</td>
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<td>4</td>
<td>... therapist’s awareness ( = situational countertransference)</td>
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<td>5</td>
<td>... therapist’s bodymind experience ( = embodied countertransference)</td>
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<tr>
<td>6</td>
<td>... supervisor’s experience ( = ‘parallel process’)</td>
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• How ‘the wound’ enters the consulting room and the relationship, Therapy Today, December 2006 - Michael Soth
The ‘wounding’ enters the therapeutic space (here–and–now)

Three parallel relationships:

- past dynamic (primary scenario)
- internalised dynamic (object relations)
- external dynamic here & now (current relationships incl. transference)
PAST
relationship(s)

1) Primary Scenario (Jack Rosenberg)
originally wounding relationship

becomes internalised as ...

INTERNAL
& internalised relationship(s)

2) Character Structure (Wilhelm Reich)
frozen life history = energetic bodymind matrix

is manifested / externalised and enacted in ...

PRESENT
here & now relationship(s)

3) Therapeutic Relationship
transference & countertransference
All approaches have a history and legacy of ambivalence in relation to the wounds

- embracing the wound VERSUS conquering the wound
- the profession has been ambivalent and partially defended against the inevitable and necessary ‘intersubjective mess’ and resulting ‘impossibility’
- enactment and re-enactment are not only inevitable, but necessary for therapy to work (theory of therapeutic action)
The paradox at the heart of therapy

The healing of the wound through therapy is inseparable from the replication of the wounding through therapy and the enactment of the wounding in relation with the therapist.
The paradox at the heart of therapy

- allowing myself to be constructed as an object (including the wounding ‘bad object’)
- allowing myself to be attacked (de-constructed) as that object
- allowing that construction and de-construction to trigger my own wounds
- embracing and surviving the ‘intersubjective mess’
- experiencing myself as the ‘wounding healer’ (e.g. Winnicott: “Hate in the Countertransference”)
Multiple interweaving woundings = parallel processes

- the therapist’s wounds as a person
- the therapist’s wounds as manifest in their construction of the therapeutic space = habitual countertransference
- the client’s wounds trigger my own (situational countertransference)
- projective identifications with both the wounded and the wounding objects
References/Hand-outs


☛ all hand-outs available at:
• http://www.soth.co.uk/6wr/6wr13_handouts.html
Email for PowerPoint summary, references and hand-outs:

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