The wounded healer and peer work

Briege Casey
Wounded healer - origins

Founder of analytical psychology and psychiatrist, Carl Jung (1963, p.134) first used the wounded healer metaphor;
‘The doctor is effective only when he himself is affected.’
Chiron - the wounded healer
Understanding one’s own woundedness is crucial to effective use of the self as an instrument of healing (Bowlby 2007).
“Every pain, addiction, anguish, longing, depression, anger or fear is an orphaned part of us seeking joy, some disowned shadow wanting to return to the light and home of ourselves.”

Jacob Nordby
Masters and Carlson (2006) study with women in addiction

Women in this study described

• difficulty in establishing healthy and meaningful relationships, relationships with themselves as women, with men, and with other women

• feelings of isolation, of not belonging, and perceiving themselves as being on the periphery of life.
A Walk at Christmas

I walk up town
There’s light everywhere
I think to myself
What’s going on here?
I stopped for a minute
My feet would not move
I looked up and down
When I saw all the people
Rushing all around
I said to myself “Where have you been”?
Christmas is coming
It’s not just a dream

Michelle
Yet....

• Conceptualizations of women’s psychological development emphasize the centrality of relationships in women’s lives; the means and the goal of women’s psychological development (Bradley 2011)

• Authenticity and self-esteem of women are linked to relationships, primarily the mother-daughter relationship
When women’s relationships fail or are dysfunctional there is
• a decrease in self-esteem
• an increase in depression
• an increased use of drugs or alcohol.
(Pohl and Boyd 1992),
Healing through Reconnecting

• According to Hunt and Seeman (1990 p24), most addicted women experience "excruciating loneliness" and their recovery involves learning how to connect with others.

• In the Masters and Carlson (2006) study, the women described having to reconstruct their lives, learn how to relate to others, and think of themselves in a totally different way.
Christmas Time with Kids

3 months, 4 weeks and 16 days is the time that I am clean
It’s the best feeling in the world now the kids are being seen
Our first Christmas in years
And at last they won’t see me in tears
I grow stronger day by day,
Their sweet faces keep the demons at bay
As I walk through the streets of Dublin with all the shops
There is a buzz in the air
People rushing everywhere.

Sabrina
Relationships in recovery

• Treatment approaches, to be effective for women, need to be relationship focused (Masters and Carlson 2006).

• Empowerment within this model is a process of relational interaction; “power-with-others” rather than a “power-over-others” (Bradley 2011).

• Relationships, especially with other recovering women, appear to be a key element in women's stories of recovery (Hohman 1995).

• Women-only groups have evolved as a response to what has been perceived as a male-dominated culture of recovery (Sanders 2012)
The importance of building voices needs to be coupled with ‘promoting a receptive social environment in which this is heard’ (Campbell et al (2010 p. 970).
“Coming into the rooms, sharing with other women, and getting honest created a total change in my life. I felt free for the first time in my life.” ....... I came to formulate and understand my story. Just being able to tell my story was huge for me.” (Bradley 2011)
The 2008 Mental Capital and Wellbeing Project (Aked et al 2008) analysed the most important drivers of mental capital and well-being to develop a long-term vision for maximising mental capital and well-being in the UK for the benefits of society and the individual.
Connect...
Be active...
Take notice...
Keep learning...
Give...
Giving back (White 2000)

If we look at the most notable of the recovered people within this history, we find a sense of personal calling and ... a profound belief that working with addicts and their families is a worthy and noble way to spend one’s life. We find a purity and singleness of purpose. We find in this story people who enter relationships with alcoholics and addicts from a position of moral equality, lacking the contempt and condescension that has long marred the relationship between addicts and their would-be professional helpers. We find a style of influence that is based more on life experience couched in story than in theory or rational argument.

There is perhaps most of all an authenticity of emotional contact--an empathic understanding of the deforming powers of addiction and a passionate belief in the healing power of recovery. Recovered people, with all their assets and vulnerabilities, enter relationships with their clients with an unshakable belief that there is hope for permanent recovery from addiction, the best evidence of which lies within their own transformed lives.
Sanders (2006) refers to “passing on” what has been learned to other women.

Sharing between women in sponsorship relationships creates bonding, unity, and strength.

“You can be broken into a dozen shattered pieces and still heal the world because service has its own medicine--hope.” (Alder 2012)
Experiential knowledge and experiential expertise

“It is not the experience of having been wounded or having transcended such wounds that constitutes a credential. It is the extraction of lessons from that experience that can aid others, and a new ethic that transforms that learning into service to others.” (White & Sanders, 2008, p. 375)

- **Experiential knowledge** requires wisdom gained about a problem from close up—first-hand versus second-hand knowledge.

- **Experiential expertise** requires the ability to use this knowledge to affect sustainable change in self or others. It requires the ability to separate the experience of the helper from that of the person being helped.
The justification for peer-based recovery support services (White 2010)

• A means of countering over professionalization, bureaucratization, and commercialization of addiction treatment.

• A mechanism to correct flaws inherent in the dominant medically orientated acute care model of addiction treatment.

• An attempt to reconnect addiction treatment to the larger and more enduring process of addiction recovery

• Belief in the wounded healer principle

• Preliminary research suggesting the potential effectiveness of peer-facilitated models of change
Peers and ‘professionals’

• Identification with clients → potential for over-identification

• ‘Objectivity’ → emotional detachment

• ‘First hand’ knowledge and experience → powerful but dismissal of other forms of knowledge

• Second hand or theoretical knowledge → more impartial and generalisable but → may miss issues in specific contexts

Absurdity of pigeonholing people based on categories of life experience or formal education. Recognition of strengths and vulnerabilities regardless of background
Personal/relational challenges for peer workers

• May experience problems of countertransference with clients, e.g., trying to programme a client’s recovery within the framework of his or her own recovery

• May develop a dependency upon the social and emotional intensity of the work milieu to meet unmet social and intimacy needs

• May experience a vulnerability for relapse.
Helping and drowning (Helen)
Professional Challenges

• May experience inter-professional conflicts arising from differing views about the nature of addiction and recovery as well as from own unresolved feelings about past maltreatment by professionals

• May overextend themselves to compensate for self-perceived lack of credentials

• Contribution to interdisciplinary team may not be acknowledged or valued - marginalised
Karen - Helping and boundary walls
Professionalisation and formal training

Pros
• Enables broader knowledge and skills base for practice
• Opportunities to develop therapeutic/ counselling skills, career development
• Interdisciplinary work, offering access to a range of expertise
• Opportunities for supervision and support

Cons
• Worker may substitute the professional body of knowledge and refute the value and legitimacy of their own experience in ways that might diminish their empathy and connectedness
• May become increasingly engaged with bureaucracy and ‘the system’
• Homogenous responses and approaches - all clinically important differences between counsellors with and without recovery backgrounds dissipated.
Self care

These activities include:

• centering rituals that provide an opportunity for self-reflection and re-focus

• mirroring rituals that bring us together with kindred spirits for refreshment and re-commitment

• acts of self responsibility and self-repair that allow us to make sure that our own home is not left in darkness while we carry light to others

• private, unpaid acts of service that serve to rekindle the values and commitments that first drew us to this work. (White 2010)
Care and connectedness to others

• Recognising and acknowledging our own woundedness
• Working towards healing in self and others through the connections we make
• Using our experiences and stories of woundedness and self healing/healing others in thoughtful and purposeful ways
• Respecting and celebrating various routes to healing – no boundary walls