‘WOUNDED HEALERS’

How might personal experience of bereavement influence my work with bereaved clients?

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Cruse Bereavement Care National Conference
Warwick University 2014
SEMINAR OUTLINE

- Who am I?
- Introduction
- What is a ‘wounded healer’?
- ‘Wounded healers’ in the caring professions
- Research study with Cruse volunteers
- Summary and reflection
- Q & A session
WHO AM I?

- Teacher
- Multiple sclerosis
- Divorce
- Bereavement
- Counsellor/volunteer
- Writer

‘People who approach Cruse to volunteer may have experienced a recent bereavement. Consideration needs to be given to the nature of the volunteering role and the bereavement experienced in order to come to a decision about whether the timing is appropriate for a person to apply to work for Cruse’
I believed I was suited to the work of being a Cruse volunteer *because* of my experience of bereavement.

What if I had been wrong all along?
WHAT IS A ‘WOUNDED HEALER’?

https://www.youtube.com/watch?v=orxEawi9qro&index=2&list=PLI0Y1GPPLCLihtV60cvo9IR3qxdYjyG_f

A person who has experienced incidents that have made a profound impact on his or her life is deemed to be in an excellent position to help or ‘heal’ others who have been similarly affected.
“The doctor is effective only when he himself is affected. Only the wounded physician heals”

Jung based this statement on the myth of Chiron, making the ‘wounded healer’ one of the most fundamental archetypes of human history and modern medicine.
“Not only does the patient have a hidden inner healer, but the healer has a hidden inner patient, and healer and patient frequently cast mutual projections upon each other based on their hidden parts.”

Miller and Baldwin, 1987: 142
Mutual symbiosis: a relationship of mutual benefit or dependence

An example of mutual symbiosis in the animal world
Mutual symbiosis in a therapeutic context

‘Most modern clinicians view the therapeutic process as two vulnerable human beings who are constantly affecting and influencing each other’

Strean, 1995: xi

‘Real psychotherapy does as much for the therapist as for the patient’

Guntrip, 1968: 34 (cited in Rowan and Jacobs, 2002)

‘I walk away wondering who has been the mirror for whom?’

Stone, 2008: 47

‘It can feel as though a particular client has gone ‘further’ than I have along a particular path and is ‘teaching’ me something’

‘WOUNDED HEALERS’
IN THE CARING PROFESSIONS
Possible advantages of being a ‘wounded healer’ in the caring professions:

“The genuine wounded-healer accepts his own wound along with that of the patient ... remaining forever both patient and healer”

Miller and Baldwin, 1987: 147
“my understanding of the states of helplessness and vulnerability wreaked by... uncontrollable life events”
Munn, 1995: 102

“I learned ... I do not have a formula to ease a client’s pain”
Stratton et al, 2007: 592

“a revelation to have been a patient who wanted help but not direction”
Ripper and Williams, 1985: 107

“...suffering on its own does not bring wisdom”
Niven, 2008: 288

“My wounds become my spectacles”
Lipp, 1980: 107
“advanced capacity to empathize with clients’ symptoms and experiences with depression”
Gilroy et al, 2002: 406

“personally deepened capacity to comprehend grief”
Sedgwick, 1994: 138

“Allowed me to feel a certain kinship with my patients”
Woo, 2002: 297

“a strong influence on ... therapeutic style”
Shadley, 1987: 136

“Our own vulnerabilities can also be our greatest strengths”
Chaplin, 1987: 183
Possible disadvantages of being a ‘wounded healer’ in the caring professions:

- knowing ‘too much’
- countertransference
- narcissism
- stress
- withdrawal
- unconscious assumptions
- vicarious trauma
- personal struggle
- manipulation of clients
“I cannot disown my existence and life experience ... at times it enables me to relate empathically to my patient, there are also times when it interferes.”

Osband, 2006: 172

‘If the patient’s illness is causing more suffering to the therapist than to the patient, something is wrong’

Searles, 1979: 73

... trainee counsellor’s wish to help must be ‘prompted by healthy desire rather than immature narcissism’

Mander, 2004: 163

“Wounded healers need clinical teaching to separate their own experience from that of the patient”

Graves, 2008: 218
Implications for bereavement volunteers with experience of bereavement

“Empathizing with someone’s bereavement means that one fully understands what the other is experiencing – perhaps one has experienced similar affects oneself – but one is not experiencing them now beyond “picking up on” what the other is feeling, and one is not sharing the other’s suffering”

Wolf, 1988: 38

“A wound is raw and vulnerable and when the salty tears of a client fall upon it the pain may be too intense to bear”

Page, 1999: 109
Implications for bereavement volunteers without experience of bereavement

“Therapists who have not examined their own beliefs and feelings surrounding death, and have not faced their own fears, will not be able to initiate discussions about this with patients”

Shernoff, 1995: 143

“... bereaved parents’ world ... foreign to my experience ... My life was safe ... These bereaved parents threatened my safe world ... I could ... always go back home”

Klass, 2006: 205
RESEARCH STUDY
WITH CRUSE VOLUNTEERS

Integrative qualitative research incorporating reflexivity, heuristic inquiry, narrative inquiry and autoethnography
a. ‘I became a bereavement volunteer...’
b. ‘My experience of significant bereavement...’
c. ‘It’s not just about bereavement...’
d. ‘Bereavement volunteers do need to be...’
e. ‘Who shouldn’t do bereavement volunteer work...’
f. ‘Consequences and risks...’
‘I became a bereavement volunteer...’

‘I think I went into bereavement support because I’d had a lot of significant bereavements’ Fran

‘I looked at different agencies and thought Cruse because it had a good training scheme and supervision’ Nell

‘I realized how lacking support was, particularly in an acute hospital setting, and I thought then, ‘I wonder what happens to them when they go away, what help they get’ Naomi

‘I remember getting to fifty and thinking, ‘my god, I’m really going to die, this is really going to happen to me’. I think, as you get closer to the end of your life, you start to think more seriously about what you do with your life’ Yvette

‘I had a counsellor when my son died. I felt she wasn’t with me. It was like she was reading off a sheet. I either wasn’t ready or I just thought, ‘oh, you don’t know what you’re talking about’ Sonia
‘My experience of significant bereavement...’

‘When I was training I thought it might be a disadvantage, and I thought I might not be as helpful as someone who had experienced a bereavement’ Nell

‘I was always, ‘I think I need to say something here’, I need to – not make it all right because you couldn’t – but to say something to help them feel better, explain to them what had happened, or something, and I realized after my mother died, it’s not always necessary to say anything, just being there is important’ Naomi

‘I refused to accept it at the time, you know, ‘come on dad, you’re going to get well and come home’, and he clearly was not going to get well and come home’ Wendy

‘I am now part of this club ... I’m in a different place now’ Yvette
‘It’s not just about bereavement...’

‘If you’ve experienced depression, you have some understanding of how hard it is to get out of bed every morning. Having that empathic understanding ... is absolutely essential’ Wendy

‘Some experiences ... not as agonizingly awful as losing someone you love ... but that experience of loss can help you to empathize with people feeling a different loss’ Nell

‘... helpful to have been very low at some point in your life and to have come out of it. Something’s happened and you have got through it ... and survived. The clients maybe sense that, you’ve got a resilience they can use’ Evie

‘Everything that gets you to where you are influences how you are ... but it’s much more about you as a person, whether you want to listen, be in that relationship, really work with that empathy, give that space to the other’ Yvette
‘Bereavement volunteers do need to be...’

‘Some clients present their stuff, and you think, ‘oh, that’s a bit of that’. I don’t like that feeling, I find it distracting, a way of detaching myself from them’ Evie

‘I couldn’t have done it without training, I didn’t want to go over my boundaries with people’ Sonia

‘It’s a willingness to go places no one wants to go to ... re-experience things that make you vulnerable. It’s a sine qua non of doing person centred therapy’ Nicki

‘Imagination is my bridge to understanding what a client’s going through ... you have to draw on something in yourself ... these shared feelings ... if we block these off ... that might be a weakness if you’re counselling a client’ Nicki

‘You have to be interested in and concerned about the other ... being able to stay with it and listen carefully, pick up nuances’ Yvette

Sine qua non (Latin) – Something/someone indispensable
‘Who shouldn’t do bereavement volunteer work?’

Individuals who ...

- possess certain character traits
- self-disclose inappropriately
- whose motivation is inappropriate
- are visibly shocked by the client’s narrative
- whose grief is unresolved
- lack emotional maturity
- appear mechanical
- are egotistical and self seeking
- expect client’s grief to conform to their experiences
‘Consequences and risks…’

My study revealed the perceived benefits of working with bereaved clients...

...professional and personal benefits of working with bereaved clients

...feelings of awe and privilege

...challenge to personal beliefs and cognitions

...facilitates reflection

...but also highlighted potential hazards of the work...

issues around:

...self-disclosure...

...professional limitations...

...identification and countertransference...

...performance anxiety...

...fitness to practice...

...vicarious trauma...

...volunteer resilience...
Summarising the data

‘wounded healer’ phenomenon – several participants became bereavement volunteers following personal bereavements

personal validation – creating something meaningful out of personal tragedy
possible ‘deeper’ intuitive level of empathy in work with clients following personal experience of bereavement

similar findings for participants who experienced significant bereavement before and since becoming bereavement volunteers

underplaying impact of personal bereavement: surviving trauma and loss more important than the experience
Personal experience of bereavement can impact on practice but does not necessarily lead to superior or more skilful bereavement volunteers.

Other significant factors included: the person and personality of the volunteer; childhood loss experiences; the importance of training, theory, supervision and continuing professional development.

Professional knowledge + Academic knowledge + Experiential knowledge = All of equal importance and relevance
Implications for practice

“The findings of this study are relevant to the area, yet unremarkable, telling us nothing new but offering a rarely seen snapshot of the bereavement volunteer’s world”

Staples, 2010
Of particular interest...

- *All* participants stressed the importance of experiencing *some* trauma.

- If no trauma had been experienced, the use of **IMAGINATION** was employed to facilitate empathy.

- In contrast, the levels of **DEATH ANXIETY** mentioned may feasibly have been a by-product of *too much* imagination.
Deep empathy: the ‘intense stirring of one’s being into the life of the other’

Buber, 1988: 17

‘The potential for distortion and the basic confusion regarding “what is mine and what is theirs” is significant’

Hart, 1999: 116

Is empathy a convenient and overused ‘buzzword’?

How many of us have experienced *real* empathy?

How ‘safe’ is it for volunteers to *imagine* what they do not know?

How appropriate is it to *imagine* scenarios placing ourselves or loved ones in life or death situations?
Most bereavement volunteers are comfortable with the vocabulary, behaviour and narratives they encounter in bereaved clients, and able to satisfactorily distance themselves in order to balance professional levels of care with their personal lives.

- desensitisation
- over familiarity with death and grief
- acceptance of everything seen and heard
- over confidence in ability to work in the arena
- complacency
- inability to connect or empathize at the required professional level

OR

- obsession with morbid thoughts
- preoccupation with thoughts of their own and other loved ones’ death
- inability to separate themselves sufficiently in order to live without the notion of death constantly threatening

“the capacity to assist clients is seriously impaired ... the behavior of counselors might even be so self-protective as to be counterproductive for clients’ welfare”

Irwin and Melvin-Helberg, 1992: 73
A few things to consider...

Bereavement volunteers are inexorably exposed to death and grief

Are the dangers of identification, countertransference and vicarious trauma adequately catered for/addressed in training and supervision?

Are bereavement volunteers given the opportunity to explore their personal attitudes and emotions regarding death after training?

USA Death Education programmes ‘stimulate death related attitudes, thereby making them open to change’

Neimeyer, 1994: 253
SUMMARY AND REFLECTION

- Individuals’ personal experiences of bereavement may influence their ability to work with bereaved people.

- These experiences alone are insufficient in determining a successful therapeutic relationship and process.

- Personal experience of bereavement can be beneficial or detrimental.

- No personal experience of bereavement can be beneficial or detrimental.
And finally, a personal reflection...

‘Bereavement volunteers do not need to experience personal bereavement – but I needed to’
Bereaved or unbereaved
Bereaved or unbereaved – that is the question:
Whether it helps to have experienced grief for yourself –
To have known the nightmare that follows a loved one’s death?
Or it is better to be free from that experience,
And thus be completely open to the grief of others.
Does personally borne grief mask the ability
To understand, empathise and listen – the skills
That all counselling requires? It’s a conundrum,
Perhaps with no solution. If death has not been known,
Perchance there is more fear. Maybe that’s the key –
If you have never known what it feels like,
When someone dear suddenly disappears from your life for good,
You might constantly ponder the death of someone close to you:
Could you contemplate such an occurrence? I imagine not.
For if you let yourself think about it, even briefly –
The circumstances, the funeral, the mourners, the body
The heartache, the longing, its devastating impact on your life –
You would possibly break down, be unable to carry on.
The pain might destroy you; change your relationships, your perspective.
All because you had dared to think the unthinkable,
For no valid reason. Is it not easier to be with clients,
To accompany them along their chosen grieving paths,
Without anxiety of your own? Those who have grieved,
Who’ve walked their own paths – and oft still stroll there,
Have no such fear, for the worst has already happened.
Death now allows them to walk alongside others,
and even share the path,
While the unbereaved might be reluctant to tread in grief’s footsteps.
Personal experience of grief might then have its merits, even if
Griefs’ many paths sometimes merge too closely for comfort.
Personal grief’s legacy remains – anticipated grief might blind and distort.
And whilst all counsellors aim for neutrality and autonomy,
In some circumstances, these hopes must surely falter,
And succumb to grief’s vice-like grip.

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REFERENCES


REFERENCES contd.


THANK YOU FOR LISTENING

ANY QUESTIONS?