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Dan Stone [a]
[a] Axia College/University of Phoenix,

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Wounded Healing:
Exploring the Circle of Compassion in The Helping Relationship

Dan Stone
Axia College/University of Phoenix

Much has been written in the literature of psychology, medicine, alternative healing modalities, shamanism, and mythology, about the wounded healer and the ways in which the healer's own wounds become instrumental in the healing process. "The power of the wound," according to Bennet (1979) "lies in its ability to foster empathy, understanding, and acceptance in the healer" (p. 4). This article explores the roots of healing compassion in Eastern philosophy and in alternative healing modalities, and connects to current research in Western psychology on the common factors contributing to success in psychotherapy. It is a description of the process of compassion arising out of the healer's own wounds, flowing to the other and then returning to the helper in a circle of healing energy. It also speaks to the risks of compassion, drawing from research in professional psychology, nursing, and alternative healing practices such as Reiki and shamanism.

And those who follow compassion find life for themselves, justice for their neighbor and glory for God. (Meister Eckhardt)

The question of what helps or what heals in the context of a helping relationship is one that scholars and practitioners from every helping profession have been asking for as long as helping professions have existed. The search for answers to that question continues to drive—and to some degree elude—researchers in medicine, psychology, and in alternative healing traditions even as it yields a compelling if inconclusive body of literature.

The common opening question in any helping encounter: "What brings you here?" is typically the easiest to answer. The question about what allows the partic-

Correspondence should be addressed to Dan Stone via e-mail: dan@dansville.net

ipants in a helping relationship to leave with renewed hope or improved health is a far more challenging one. In my own experience as a graduate student clinician in psychology and as a professional development coach, I, like so many others, have wondered about the *how* of helping.

"What just happened here?" I have asked myself on numerous occasions when both a client and I have left a session with an apparent sense of progress made, of insight gained, of a step taken toward forgiveness or acceptance or understanding. Often the methodologies or theories taken with me into the session seemed to fall short in their power to explain what had transpired. At the very least, I found them lacking in their power to describe what I had witnessed or felt, and how I seemed to have been changed as much or more than my client.

COMPASSION AS CONNECTION

In the practice of Reiki, as in a number of other nontraditional or alternative healing arts, there is little debate around the question of what heals. Reiki practitioners believe that love is the Universal Life Force Energy, which flows through them to another individual, either in person or at distance, healing both the individual and the practitioner to whatever extent each is open to being healed. According to Reiki master and author Paula Horan (2002), the love referred to here is "the love which loves regardless of whether you are 'good or bad' . . . it is the love which soothes the harried mind and rejuvenates the body with life force energy, and is transferred through conscious loving touch" (p. 99).

Buddhist tradition holds the universality of suffering as being at the center of human experience. Our human desires—our attachments—inevitably give rise to suffering, and it is this suffering that, in turn, gives rise to the compassion with which we ultimately are able to forgive ourselves and others, and that frees us from suffering. Welwood (1983) describes the Buddhist concept of *maitri* or "unconditional friendliness to oneself" as an act of being friendly toward our experience, just because we are experiencing it. *Maitri* involves accepting ourselves unconditionally and allowing ourselves to be human (p. 49).

Western psychology has focused more on the concept of empathy as a process for identifying with and responding to patients' wounds and issues and less on compassion, defined by Thompson (2003) as the "deep awareness of the suffering of others coupled with a desire to relieve it" (p. 67). According to Thompson, what distinguishes compassion from empathy is its insight into the causes of suffering:

> This is the level of compassion that moves from being a response to a particular situation or person to a more sustained awareness based on seeing the root causes of suffering within ourselves and then observing them too in the world. (p. 67)

> Compassion accepts others as they are. One who thoroughly realizes his compassion no longer sees any separation between himself and others. Compassion is the wholesome and spontaneous response to all situations. (p. 11)

CARING AS KEY

My own counseling and coaching clients have consistently reported that what they found most helpful to them in our meetings was the experience of being heard and feeling understood. Invariably, they would attribute the primary value of our sessions to the opportunity they were given to hear themselves "think out loud" and to hear reflected back to them the ways that they withheld forgiveness and acceptance and compassion from themselves and others.

Seligman (Tallman & Bohart, 1999) has argued that from the clients' perspectives, the most important aspects of therapy appear to be the nonspecific factors such as the personality of the therapist, having a time and a place to talk, having someone who cares and listens and understands, having someone provide encouragement and advice, and having someone help clients understand their problems. What therapists provide that is of most value to clients, say Tallman & Bohart are: (a) a safe interpersonal atmosphere where clients can relax and look at their lives from a different perspective; (b) coconstructive dialogue or a "meeting of the minds" where client and therapist think and even experience together; (c) interpersonal interactivity, or direct experiential learning that takes place through client interaction with the therapist; and (d) procedures that focus and distill naturally occurring opportunities for self-healing.

The expanding focus on the central role of the relationship in therapy echoes much of Carl Rogers' writing about the profound value of unconditional love or regard as fundamental to the therapeutic alliance. In Rogers' (1961) own words: "The curious paradox is that when I accept myself just as I am, then I can change" (p. 17). Rogers claimed, and more and more evidence appears to corroborate, that what heals, at least from the perspective of the patient or client, is a caring relationship.

What has consistently surprised me, however, is not so much the value of this caring relationship to clients, but rather the value to myself, and the ways that each session leaves me with, at the very least, a heightened awareness of my own wounds—and a deeper compassion for my own challenges in truly accepting myself as I am. Inevitably I walk away wondering who has been the mirror for whom?

THE POWER OF THE WOUND

The question about who is helping whom in the helping relationship certainly did not originate with this author. In fact, much has been written about the wounded

healer and the ways in which the healer's own wounds become instrumental in the healing process. Hanshew (1998) cites Goldberg's belief that "those drawn to psychotherapy are impelled by the instinctual disposition … of a psyche whose vulnerability has never fully healed" and in the necessity of personal struggle as a requirement for growth as a therapist and as a resource for clients. Jung (1989) argued for the client within the healer and claimed: "The doctor is effective only when he himself is affected. It is his own hurt that gives the measure of his power to heal" (p. 134).

The concept of the wounded healer is an ancient one, frequently and powerfully expressed in religious symbolism and mythology and in accounts of healing in shamanistic societies. In shamanism, woundedness is linked to knowledge, and the shamans' wounds were viewed as marks of the authenticity of their skills (Miller, Wagner, Britton, & Gridley, 1998). Knight (1986, as cited in Hanshew, linked the wounded healer to the myth of Askepios, son of the Greek god Apollo and the mortal woman Koronis. Wounded before birth by an arrow from Apollo's sister Artemis, Asklepios was given by Apollo to the healer Chiron to raise. Half human and half divine, Chiron was himself afflicted with an incurable wound, and he passed on to Asklepios the art of healing, "the capacity to be at home in the darkness of suffering and there to find seeds of light and recovery."

The shamanistic view of healing is one of bridging the two worlds of wellness and illness, and Miller et al. apply this same view to the counselor who successfully transcends the painful or tragic experiences of life and in effect, bridges the conditions of mental health and mental illness, thereby bringing compassionate healing to the therapeutic relationship (p. 124). The power of the wound, according to Bennet (1979, as cited in as cited inHanshew, 1998) "lies in its ability to foster empathy, understanding, and acceptance in the healer" (p. 4).

The wounded healer has been explored in greater depth and detail in the context of psychoanalytic psychotherapy, and particularly in Jungian analysis. Sedgwick (1994) makes reference to an old joke about psychotherapy being "when two people who need help get it" and revisits the question about "Who is curing whom?" (p. 12). He cites Searles' 1975 work, *The Patient as Therapist to His Analyst* and relates what he considers to be the wounded healer archetype to the establishment of an effective inner healer that follows from a cure of the analyst's wounds.

Sedgwick (1994) suggests that it is the patient's illness that activates the personal wounds (and the wounded healer archetype) within the analyst. In order to help the patient, the analyst must show him [sic] the way by becoming at once "a guide, a participatory role model and a catalyst for the patient's 'inner healer'" (p. 26). The result is transformation for both participants when the analyst "quite literally takes over the sufferings of the patient and shares them with him" (p. 12).

THE RISK OF "SUFFERING WITH"

Apart from discussions of the wounded healer archetype as it relates to countertransference in analytical psychology, however, western medicine and psychology have traditionally avoided an emphasis on suffering with patients in favor of maintaining and protecting professional boundaries between the patient and the healer. To talk about the nature and levels of caring in a professional helping context is to venture beneath the surface of quantifiable variables and measurable outcomes into the risky depths of human relationship. Montgomery (1991) has observed that caregivers live with the paradox that they are supposed to care about their clients but not get too involved or to care too much, lest they risk burnout.

In a qualitative study of nurses interviewed about their experiences with caring for their patients, Montgomery (1991) addresses the question of how much caring is too much, and what are the conditions in which caring acts as a force for transcendence and healing in the helping relationship. Nurses used the term *love* frequently to describe their deep sense of personal involvement with patients, even going so far as to say that in order to care, one must be willing to "fall in love" with patients (p. 93). Montgomery makes reference to the paradox between immersion/union and distance/objectivity, noting that the appropriate amount of objectivity in this context has never been fully defined. There is a distinct qualitative difference, she argues, between helping relationships connected at the level of ego and those connected at the level of something greater—a level at which the caregiver and the client experience union at the level of spirit:

> When we take the risk of getting involved with our clients from a position of caring, we expand our consciousness such that our notion of self includes another, and consequently, all others . . .. If we can extend our notion of self-interest in this way, caring becomes a self-enhancing way of being, such that we can appreciate the essential truth of a caregiver's reflection; our clients are part of our heart, and helping to heal them heals our hearts as well (Montomery, 1991, pp. 102–103).

THE CIRCLE OF COMPASSION

It is such a simple, timeless notion that love—and compassion—changes the giver as much, or more than, the receiver. Our woundedness is our vulnerability, which is our key to opening the flow of healing to others, and back again to ourselves. We recognize both its power and its risks.

Studies like Mongtomery's (1991) profoundly illustrate this circle of healing compassion and compassionate healing. Psychologists such as Roger Lewin (1996) also have discussed that circle of compassion, so common in Eastern phi-

losophy and psychology, in the context of the work of the psychotherapist. Lewin defines compassion as the knowing pursuit of kindness that builds the bridges between the therapist's own life and the patient's life (p. 26). He describes compassion as both a creative process and a collaborative undertaking, "one that is most likely to surprise both collaborators with a new slant on themselves and the other" (p. 56).

Lewin's (1996) writing effectively articulates this author's experience as a helping professional who is often surprised by his own reflection in the mirroring process, even as clients express surprise at theirs. Although my own rather traditional counseling psychology training did not particularly encourage me to characterize that process as compassion, much less love, that characterization, nonetheless, has a simple descriptive power lacking in most of the more sophisticated conceptualizations available to me.

In their overview of the healing energy of love, Green and Shellenberger (1996) describe love as energy by virtue of its capacity to produce effects, and they summarize data from psychology, sociology, medicine, epidemiology, and healing that indicate the salutary effects of love on physical health. They conclude that, "Someday we will understand the psychological and physiological workings of love well enough to turn on its full force more reliably. Once it is scientific, it will be accepted" (p. 11).

For Rogers (1961), "The curious paradox is that when I truly accept myself as I am, then I can change" (p. 17). Another curious paradox is that when I accept others as they are, I am somehow able to better accept myself as I am. It is this circle of healing, where compassion for others arises out of my own woundedness, then returns to me through them, that continues to energize the helping relationship even as it eludes quantitative explanation:

> Healers have described love as a healing energy; the healed have experienced a power they call love. For millennia, too, the power of love to heal has been described in folklore and sacred texts and accepted as fact. With new tools of investigation, the effects of love are now being studied scientifically . . . it fosters the acceptance of love as an ingredient in health and medical treatment, and may lead to an understanding of the mechanisms through which the energies of love have effect. (Green & Shellenberger, 1996, p. 46)

If, as many alternative healers believe, love is truly energy that we channel from a universal source through ourselves to others, and if we step into the circle of compassion, allowing its healing energy to flow through us to others, what healing might return to us? What impact might that compassionate healing, the healing compassion arising from our own wounds, have on the suffering that we all share?

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AUTHOR NOTE

Dan Stone, M.S., currently lives in Denver, CO. He is a freelance writer of nonfiction, fiction, and poetry; a personal and professional development coach; and an adjunct faculty member of Axia College Online. He may be contacted directly at dan@dansville.net.