The Wounded-Healer in Psychotherapy

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Abstract

This paper argues that the therapist's woundedness can be useful and indeed has wonderful potential for therapeutic effectiveness on condition that the therapist has integrated his/her woundedness. It discusses the ethos, the paradigm and the beauty of the wounded-healer by reviewing relevant literature, followed by clinical vignettes from the author's very beginning practice to illustrate some aspects of wounded-healing.

Introduction

It is said that many of us who choose the professions that involve helping others do so because we are damaged ourselves. In my experience, this is true. Reflecting on how I came to train as a psychotherapist, I remember that I was motivated at least partly by my desire to heal my own wounds. While my vision for the possible (or impossible) future career as a psychotherapist gradually emerged as a result of working through my 'midlife crisis', the devastating effect of the crisis was still haunting me. Very simplistically, I had a successful and supportive husband, who was also a good father to our son. I did very well in my academic pursuits and eventually received a PhD (in linguistics). On the surface, I did everything I wanted to do and had everything I wanted to have. However, I painfully experienced that the fulfilment of the ego (by accomplishing the goals of the identity project) does not suffice to bring fulfilment to life. My marriage came to a dead end. So did my linguistic career. I was thrown down from "I had everything" to "I had nothing". I was shattered.

I desperately searched for who I really was. A faint light I started to see at the end of the long tunnel was the possibility of somehow utilising the brokenness or woundedness I experienced and identified with. I naively thought that if I could heal myself, I should be able to help others heal as well. While I was in search of my own healing, my brokenness or woundedness paradoxically gave me a kind of confidence in my potential to become a psychotherapist. Perhaps I had a vague image of wounded-healer, though I did not know the specific term and concept until later.

> Bugental (1964) states that psychotherapists are regarded as the latest descendants of a long line of healers which can be traced back to prehistoric times. These are the archetypal wounded healers who are thought to be best suited for their professions because of the extent of their own personal wounds (Goldberg, 1986; Guy, 1987). Their own pain is thought to give them empathy and insight into the distress of others, and their transcendence over their pain is believed to give them authority and power to effect "cures" in others (Guy, 1987). (Todaro, 1995: 2-3)

The motif of the wounded-healer is so ancient that its original source is lost in the mists of prehistory (Miller & Baldwin, 1987), and "so universal as to be represented variously across the millennia, as well as cross-culturally" (Todaro, 1995: 21). The character of Chiron in Greek mythology is one of the early representations of the image of wounded healer. While it may seem rather trite to begin by recounting the myth of Chiron, as most authors who employ the concept of the wounded-healer do so (e.g., Grosbeck, 1975; Holmes, 1991; Kirmayer, 2003; Whan, 1987), I think after all that it is an effective way to introduce the basic idea. I avoid a lengthy recount of the story and simply quote the most succinct summary.[1]

> Abandoned by his father, Saturn, and rejected by his mother, Philyra, who preferred to be transformed into a tree rather than raise a creature who was half human and half animal, Chiron was emotionally wounded from the outset. As he matured, he became skilled in the healing arts and mentored Asclepius, the founder of medicine, as well as Hercules, who subsequently injured Chiron accidentally with an arrow. Chiron's suffering was so extreme that he asked to trade places with a mortal, Prometheus, so that Chiron might die and Prometheus be granted eternal life (Hayes, 2002: 97).

The tragic aspect was that Chiron's wound was incurable. He was eternally wounded. However, his ability to heal was not detracted from, but was paradoxically magnified by his wounds. "His cure was not to be" (Grosbeck, 1975: 127). This paradox, that he who cures over and over yet remains eternally ill or wounded himself, appears at the heart of the mystery of healing. The underlying principle of this mystery is "nothing other than knowledge of a wound in which the healer forever partakes" (Kerenyi, 1959: 99).

[1] Chiron is a centaur (a mythological beast) with the body and legs of a horse and the torso and arms of a man.

The ambiguity of the wounded-healer contrasts with the clarity of a god of healing such as Apollo. Unlike the wounded-healer, who is "infected" and affected in his very being by the healing work, Apollo is a "mortally clean" god (Kerenyi, 1976: 39). He works his medical art by means of catharsis, purification and sublimation. In Apollonic forms of medicine there is a definitive split between healer and "contaminated" patient.

Mahoney makes a similar distinction by comparing the wounded healer with the guru model of therapeutic practice:

> The wounded healer has not only experienced historical wounds and subsequent healing, but is able to maintain a current status of continuing vulnerability . . . . The guru, on the other hand, is at great pains to be a perfect rather than a wounded practitioner. This model encourages psychologists to represent themselves as "paragons of socially defined adjustment". (1991: 354)

While this distinction between wounded-healing and Apollonic healing or that between the wounded healer and the guru is conceptually clear and important, it does not clarify the ambiguity of the wounded healer. The ambiguity is rather essential to the notion of wounded-healing.

However, what should not be overlooked is a possibility of a healer being too wounded to heal. This paper is concerned with the woundedness (rather than the cleanness) of the therapist and focuses on its potential value and possible uses in the service of healing others, primarily due to the author's interest. It is important to acknowledge that such a stance is taken not to discount the value of the therapist's healthiness or cleanness. In fact, it is the therapist's vulnerability (the Latin word "vulnus" means "wound"), which I take to essentially mean the therapist's wholeness, that I am interested in. Wholeness, by definition, embraces all parts and polarities. Wholeness requires both *yin* and *yang*, light and shadow. Cleanness is a part, or a polarity. The other polarity, that is woundedness, is needed to make a whole. In other words, it is not *either* woundedness *or* cleanness but *both* woundedness *and* cleanness that I believe to be vital for the therapist to do therapeutic work.

This point is beautifully captured in the following quote on the wisdom underlying the ancient practice of shamanism (which also embodies the concept of the wounded-healer).

> in older healing practices such as shamanism, woundedness is seen not as evidence of vulnerability but as the mark of knowledge. . . The wound validates the healer's ability to move "between the worlds" - the world of the well and

> the world of the ill, for it is in the bridging of these worlds that the healing power lies (Halifax, 1982: 82).

It is such an ability to move between the two poles, the woundedness and the healedness, that interests and inspires me. An important implication in this is that the wounded-healer polarity needs to be balanced in order for one to be able to move between the two poles.

Let me also note here that I purposely hyphenate the words "wounded" and "healer" (hence "wounded-healer"), following Miller & Baldwin Jr. (2000). This hyphenated approach aims to clarify that I am *not* discussing a professional having personal problems, such as the "impaired physician". When hyphenated, the word "wounded" is not subordinate. For example, the "wounded-healer" can be qualified with adjectives such as "effective" and "respected". Indeed, it is my wish and ultimate goal to become an effective wounded-healer.

The Wounded-Healer

It is remarkable that interest in the wounded-healer paradigm has experienced a revival not only among therapists with Jungian orientation (e.g., Kirkmayer, 2003; Sedgwick, 1994; Whan, 1987) but also among therapists with various approaches (e.g., Hayes, 2002; Miller & Baldwin Jr., 2000; Holmes, 1991). In this section, I discuss the ethos, the paradigm and the beauty of the wounded-healer.

The ethos

I believe that it is only fair to start the discussion of the ethos of the wounded-healer by referring to Jung. The following quote points to what I consider the basic assumption underlying the whole idea of the wounded-therapist.[2]

> No analysis is capable of banishing all unconsciousness forever. The analyst must go on learning endlessly, and never forget that each new case brings new problems to light and thus gives rise to unconscious assumptions that have never before been constellated. (Jung, 1951: 116)

[2] I take 'analyst' in the quote as parallel to 'therapist' (or 'psychotherapist') in that both refer to the helper. These terms are used interchangeably throughout the article according to the original usage by different authors. The same applies to 'patient' and 'client', and 'analysis' and 'therapy' (or 'psychotherapy'). However, I set 'therapist' (or 'psychotherapist'), 'client', and 'therapy' (or 'psychotherapy') as default terms, in favour of their less pathological and more democratic connotation.

While it is important that the therapist's pathological or volatile complexes should be tamed and worked through, it is also important to acknowledge that they are never totally worked through, and can sometimes be reconstellated under the impact of the client's unconscious. In other words, there are always "inevitable residues of one's own wounds" (L. Harvey quoted by Sedgwick, 1994: 108), which can be stirred up by the client's wounds and conflicts. In addition, "the exigencies of his or her daily existence press on the analyst" (Wolf, 1988: 138) and shape other conscious and unconscious dynamics inside him/her. Kirmayer says "with each new patient we are brought down again into fresh regions of darkness. Complacency is a sure sign that we have ceased to grow and our link with the depths is broken" (2003: 271).

Jung went on to state that:[3]

> a good half of every treatment that probes at all deeply consists in the doctor's examining himself, for only what he can put right in himself can he hope to put right in the patient. It is no less either, if he feels that the patient is hitting him, or even scoring off him: it is his own hurt that gives the measure of his power to heal. (1951: 116)

Returning to the story of Chiron discussed above, Chiron's "ability to help others was increased by his continual search for relief from his own unhealable wound" (Reinhart 1989: 24). This "metaphorically supports the need for continual acknowledgement of our own woundedness as a prerequisite for our ability to heal others" (Holmes, 1991: 34).

> To be wounded means also to have the healing power activated in us; or might we possibly say that without being wounded, one would never meet just this healing power? Might we even go as far as to say that the very purpose of the wound is to make us aware of the healing power in us? (Adler, 1956: 18-19)

The paradigm

The paradigm of the wounded-healer is based on the recognition that just as the healer has a hidden inner patient, the patient has a hidden inner healer. This is supposedly a response to much of the tradition of clinical psychiatry and psychoanalysis which "has been that the clinician sees himself or herself as

[3] I take 'doctor' in the quote to essentially refer to the helper like 'analyst' and 'therapist' (or 'psychotherapist'). See endtnote ii above.

healthy and mature and looks down, subtly or blatantly, on the patient as sick and immature" (Aron, 1992: 182). Racker captured this tradition and critiqued it best in stating that "the first distortion of truth in 'the myth of the analytic situation' is that analysis is an interaction between a sick person and a healthy one" (1968: 132).

Guggenbuhl-Craig (1968, 1971) is the first one who applied the notion of bipolarity inherent in the image of the wounded-healer to the practice of analysis and more widely in the helping professions. Samuels summarises Guggenbuhl-Craig's theory as follows:

> the image of the wounded healer, with its inherent contradiction, is an archetypal image, and therefore, the *bipolarity* of the archetype is constellated. But we tend to split the image so that the analyst figure in the therapeutic relationship becomes all-powerful; strong, healthy and able. The patient remains nothing but a patient; passive, dependent and prone to suffer from excessive dependency. (1985: 187)

Whan (1987) has pointed out that such a split in roles also negates possibilities of intimacy between the two parties who assume separate roles since intimacy would lead to a blurring of roles. Essentially, if the therapist only identifies with the healer, he or she may distance him/herself from the patient, keeping the patient in the role of the ill.

Along similar lines, Searles (1975) complained, from his own experience of being in therapy, that "the analyst, like each of my parents long before, maintained a high degree of unacknowledgement of my genuine desire to be helpful to him" (Searles, 1975). He "argued that patients suffer from guilt that they were unable to cure their parent's suffering and that only as they are genuinely able to aid their analyst can they enhance their own worth and feel more deeply a fully human individual" (Aron, 1992: 184).

Many decades previously, Ferenczi also recognised that the patient's therapeutic value to the analyst was an important aspect of the analytic process. He developed mutual analysis in which "the analyst encourages the analysand to say what he or she may think or feel the analyst's problem is in the relationship or in his or her ability to respond" (Rachman, 1997: 278). Rachman points out that embedded in the concept of mutual analysis is "a humanistic assumption - that is, a belief in the capacity of the individual to use empowerment to grow, to trust the perception, thoughts, and feelings of an analysand as containing basic truths, and the healing and curative aspects of an emotionally vulnerable and mutual relationship between two human beings" (ibid.: 284).

While I accept that the psychotherapeutic process is inevitably asymmetrical, I also believe that it is vital for us to recognise and question "the unrealistic and unbalanced idea for both patient and therapist of the authority of the latter in sharp contrast to the inadequacy of the former" (Holmes, 1991: 33). Remen, May, Young, & Berland state that "there is no essential difference between the two people engaged in a healing relationship. Indeed, both are wounded and both are healers" (1985: 85). "Therapists who disavow their wounds run the risk of projecting onto the client the persona of 'the one who is wounded', while introjecting the persona of 'the one who heals'" (Hayes, 2002: 96). Searles cautioned analysts against "using the patient to bear the burden of all the severe psychopathology in the whole relationship" (1978: 62-63).

The split in the image of the wounded healer into healer analyst and wounded patient also involves a split *within* both analyst and patient. "If it is the case that all analysts have an inner wound, then to present oneself as 'healthy' is to cut off part of one's inner world. Likewise, if the patient is only seen as 'ill' then he is also cut off from his inner healer or capacity to heal himself" (Samuels, 1985: 187).

> When the therapy relationship is dichotomized into one who is wounded and one who heals, the therapist becomes locked into a position in which her own wounds cannot be used in service of the client, and the client's inner healing capacities are denied. (Hayes, 2002: 96)

Guggenbuhl-Craig argues that "real cure can only take place if the patient gets in touch with and receives help from his 'inner healer'. And this can only happen if the projections . . . are withdrawn" (1971: 128).

The idea of an inner healer has achieved credibility in psychoanalytic as well as Jungian world. Langs, for example, argues that the "patient as enemy and as resisting dominates the analyst's unconscious images, while the patient as ally and as curative is far less appreciated" (1979: 100). Money-Kyrle regards one aim of analysis as being "to help the patient understand, and so overcome, emotional impediments to his discovering what he *innately already knows*" (1971: 104; with emphasis added by Samuels, 1985: 186).

Essentially, the wounded-healer paradigm punctures therapeutic omnipotence by arguing for the importance of the analyst internalising his/her own "wounded" pole, and realising like "the Greek physician, [that] only the divine healer can help . . . the human doctor merely can facilitate its appearance" (Guggenbuhl-Craig, 1971: 96). Kirmayer writes:

> Participation in the process of wounding and healing holds great danger for mortals. Identifying with these powerful forces, the healer can become 'inflated', filled with the delusion that it is her who does the healing and not some supra-individual or transpersonal process acting through him. (2003: 256)

In the historical development of the wounded-healer paradigm, Groesbeck (1975) took up Guggenbuhl-Craig's perspective and showed how actual wounded-healing might take place. He "posits the possible reconstitution of the split archetypal image of the wounded healer in the psyche of both patient and analyst" (Samuels, 1985: 188), and articulated the healing process with a series of complex diagrams showing various permutations involving connection with the underlying "wounded-healer" archetype.

The beauty

The contributions of Martin Buber (1923/1970) in regard to the facilitation of healing have been widely acknowledged (e.g., Baldwin Jr., 2000; Clarkson, 1991; Hycner, 1995; Miller & Baldwin Jr., 2000, Wheway, 1999; Zohar, 1991). Buber characterises the common form of human interaction as "I-It", in which the other is an object. Subject deals with object. Buber decries this simple "I-It" relationship as superficial and basically meaningless. In contrast, he describes the "I-Thou" relationship, in which each person is both subject and object and is able to recognize the totality of the other in this common experience. He believes that the greatest thing one human being can do for another is to confirm the deepest thing within. Sometimes the deepest things within healers are wounds.

Healers who relate openly and totally with patients model the I-Thou relationship. The beauty of the wounded-healer work lies in the I-Thou genuine encounter. "It involves mutual participation in the process and the recognition that each is changed by the other" (Clarkson, 1991: 156).

Kreinheder writes:

> If you are going to be a healer, then you have to get into a relationship. There is a person before you, and you and that other person are there to relate. That means touching each other, touching the places in each other that are close and tender where the sensitivity is, where the wounds are, and where the turmoil is. That's intimacy. When you get this close, there is love. And when love comes, the healing comes. The therapist is an expert in the art of achieving intimacy. When you touch each other intimately and with good will, then there is healing. (1980: 17)

I believe that wounded-healing entails intimacy and that healing intimacy entails love.

In intimacy, the real person of the therapist and the real person of the client affirm common human brokenness and vulnerability. This can bring life-giving energy and healing to both therapist and client. Miller & Baldwin Jr. discuss that such a flow of energy between therapist and client, generated by the healing encounter, may be a sustaining source for a true healer. They even say that "healers who cannot avail themselves of this profound source are more likely to experience loss of professional energy and effectiveness" (2000: 258).[4]

Todaro also recognises that the wounded healer model "provides therapists with the opportunity for what Mahoney has called 'accelerated psychological development' (1991: 370), that is, the accelerated emotional growth which results from the privilege of therapeutic intimacy" (1995: 22).

> Bugental (1978) states that he has been changed by the practice of therapy in ways that are more than the sum of education, time, and life events outside of the therapy room. What has wrought this change, he believes, has been his participation in the lives of many people. (Todaro, 1995: 31).

One of the greatest things that could happen in the interactive exchange between client and therapist is the realisation of their human potential to be whole, as a result of both experiencing greater awareness and integration of their woundedness. Miller & Baldwin refer to "the origin of the word *heal*, which derives from the Anglo-Saxon word *hal*, meaning whole. To heal, *haelen*, is to make whole" (2000: 253). They argue that "in general, factors facilitating healing also facilitate a sense of wholeness through recognition and acceptance of all of one's parts and polarities" (ibid.). For the therapist, his/her exposure in therapeutic work with clients perhaps provides a way "to stay in touch with himself and find roots and sources of wholeness to the degree that he can stay in some kind of balance" (Groesbeck, 1975: 144).

[4] Professional burnout and vicarious traumatisation are important issues on the other side of the coin. Although my focus in this article is on how psychotherapy can be healing for therapist as well as client, I acknowledge that psychotherapy can also be damaging to the therapist. Nevertheless, a possible implication here is that the well worked wounded-healer would be less vulnerable to these problems. While this calls for thorough consideration, it is beyond the scope of this dissertation.

Summary

To sum up, the paradigm of the wounded-healer is based on the acknowledgement that although the therapist is presumably healed enough, he/she is never totally free from at least "inevitable residues of one's own wounds" (L. Harvey quoted by Sedgwick, 1994: 108), which can be stirred up by the client's wounds and conflicts. The wounded-healer paradigm recognises that the healer has a hidden inner patient, while the patient has a hidden inner healer. It questions "the unrealistic and unbalanced idea for both patient and therapist of the authority of the latter in sharp contrast to the inadequacy of the former" (Holmes, 1991: 33) and promotes mutuality or equality between the two people engaged in a healing relationship. The beauty of the wounded-healer work lies in the I-Thou genuine encounter. One of the central ideas is the integration of wounded and healer polarities in both participants through the unconscious interaction.

Case Illustrations

In this section, I discuss my own subjective experiences with two clients in my very beginning clinical practice in an attempt to illustrate some aspects of wounded-healing reviewed above.

Mu Lan and me

Mu Lan was my first ever client. My countertransference started even before I met her. On reading her assessment form, I noticed some similarities between Mu Lan and myself - we immigrated to New Zealand in the same year from Asian countries, we were both solo (divorced) mothers of one child, in our late thirties and had no family in New Zealand. I thought our encounter was no coincidence. The similarities I found between us generated especially warm feelings in me, a desire to befriend her and a fantasy to be friends with her.

On the other hand, I was also aware how different our life stories were, and found her extremely complicated, emotionally unbearable, childhood disturbing. Her mother married and divorced three times. Her father was her mother's second husband. He left the marriage when she was very young. She didn't know her father. She grew up feeling ashamed of not having a proper family, not even knowing what her father looked like and what on earth happened to cause him to leave her. . . .

Women who love too much

Something powerful happened in only our second session. I saw her experiencing what might be called 'disintegration anxiety' (Kohut, 1984: 16). What she was going through was much more than just a relationship break-up for her. It was about her life, which seemed to be proving a repetition of her mother's life completely against her intention. She was "falling apart", or "treading water in the middle of the ocean with nothing solid to touch, no one nearby", as Baker and Baker (1987:5) describe.

This took me back to my own experience of disintegration anxiety - the darkest, lowest place I have ever been. For several days I lived under the effect of this big session with Mu Lan. I was probably "feeling feelings or thinking thinkings which are really those of the patient" (Zohar, 1991: 108). There was something of parallel depth or parallel confusion going on in me. Theoretically, the mechanism by which this happened is understood as projective identification, and I as the therapist needed to hold it until the client becomes aware of the unconscious problems and their source, and give it back to her only little by little.

However, I was not convinced that those feelings and thinkings I was feeling and thinking were really hers. They felt somehow more personalised in me. They were even causing me sleep disturbance. It made sense to me that "projective identification may be conceived as a kind of fusion which involves the mixing and muddling up of subject and object, of inner world and outer world; it involves the undoing of boundaries" (Zohar, 1991: 108-109). It did feel like a process that "involves the transformation of the [therapist] as well as the [client] stirring up in [my] personality the layers that correspond to the [client]'s conflicts" (Ulanov, 1996: 126).

If archetypes were constellated for both of us to be changed in the process of coming to terms with them as Ulanov (ibid.) suggests, I think an archetype of "women who love too much", borrowing Norwood's (1997) phrase, was one of them.

> When being in love means being in pain, we are loving too much. *(January 1)*
>
> Loving turns into loving too much when your partner is inappropriate, uncaring, or unavailable, and yet you cannot give him up - in fact, you want him, you need him even more. *(January 2)*

Daily meditations for women who love too much (Norwood, 1997)

I suppose I was unconsciously trying to keep safe by calling it madness (privately, of course) that she drove to his house to sneak a glimpse of him, for example.

But then I thought about the fact that I also sometimes looked at the photos of someone who I longed to be with but could not. While I wanted to think that I was a reformed woman who loved too much, this made me see that the reform process was not quite complete yet. I hate to admit this, but it was in fact only a matter of a few years that separated me as the therapist from her as the client. A consolation for me was "I do not think that complete resolution is either possible or essential; to help, the therapist needs to be only a step, not a mile, ahead of the client in the healing process" (Hayes, 2002: 97). At the same time, it was crucial for me to be aware that I was not only dealing with her pathology but also my own pathology so that I did not project all the wounding on to her, while introjecting the healed.

Easterner/Westerner

In the following sessions, it became apparent that her psychodynamics were chained up to her cultural values, beliefs, and ways of being in the manner that they were feeding each other. She proudly advocated collectivistic values such as self-sacrifice and a sense of obligation and responsibility, whereas she almost completely lacked appreciation of individualistic values such as self-reliance and independence. At the centre of her values and beliefs was the traditional notion of "good woman" who could make her man feel good. She cherished the subservient role of a woman and valued giving and forgiving which justify the excessive compromise and sacrifice that she made in order to make and keep her man happy (and emotionally abusive). She was even trying to accept what was absolutely unacceptable to her psyche, that a man is allowed to have more than one woman (in fact four wives) simultaneously, whereas a woman is not allowed to even know more than one man, because that was how her boyfriend (who is Muslim) thought and behaved. Essentially, her notion of "good woman" corresponded to the notion of "women who love too much". I seriously wondered whether it would be helpful for me to refer her to the book by the same name, but somehow figured out that she was not ready.

As we progressed, I found myself growing frustrated. She really was not motivated to increase her sense of internal control to cope with problems. She wanted to be helped, but she wanted to stay helpless. Considering her belief that a woman should be looked after by a man (in return for her service to him), I could imagine that being helpless had been a means of survival for her. My frustration was caused by my wish (or need) to liberate her. My wildest fantasy perhaps was that all she had to do was to follow my footsteps. I wanted to show her the way to recovery

and liberation. Presumably, it was my woundedness that made me this eager. I did not have much tolerance for her helplessness because it would have been too painful for me to look at my own helplessness. Since I knew a way out of the unbearable helplessness, which was to adopt individualistic values from Western culture, it was tempting for me to educate and convert her as well. But I was well aware of my bias against collectivistic values and for individualistic values.[5]

Here I think was another archetype constellated between us, which I call "Easterner/Westerner". Roughly, this archetype represents (for me) either imbalance or balance between individualism and collectivism in one person's psyche. It is based on a belief that racial groups are *not* immutably different and that everyone has individualistic and collectivistic needs. I have learnt from my own life journey that individualism and collectivism are not two separate entities from which we choose one or the other. They are more like masculinity and femininity in every one of us. We need to develop both sides.

Both Mu Lan and I lacked such balance. My pathology was that because I had been so wounded by the oppression of collectivistic values, I idealised individualistic values to devalue collectivistic values. Hers was just opposite. (She not only cherished collectivistic values but also criticised individualistic values with passion.) And I was actually helped by her to re-appreciate the good things in the Eastern culture because she respected them so steadfastly. In my relationship with her, I came to realise that I needed to retrieve those virtues from my original culture that I dropped in exchange for Western ideals.

I imagine (hopefully) that I have also helped her to see the good things in Western culture by being who I am, that is a very acculturated person. While she seemed to just assume that I would think like her and feel like her presumably because we both came from Asia, since I did not identify with those projections, some sort of reorganisation must have happened in her unconscious. Implicitly, I was modelling a different way of being an Asian woman.

Helen and me

Helen was a 47-year-old Pakeha woman, but looked somewhat older than her age. Wondering what made her look older, I thought of the dryness I saw in her.

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[5] I am a Japanese woman born and brought up in Japan. I have been oppressed by collectivistic values that condemned "self-realization" as an undesirable selfish pursuit in my original culture. In my experience I was liberated by individualistic values that I adopted from Western culture. I therefore favoured Westernculture to retaliate aganst my original culture

Her hair looked dry, her skin looked withered, and most noticeably her tongue looked thirsty. Dry mouth may have been a side-effect of the anti-depressant she was taking, and dry hair was probably due to repeated colouring. But to me, the dryness in her physical appearance seemed to capture her inner dryness. It made sense for me to think metaphorically that perhaps she has been dehydrated because she hasn't been drinking enough love.

Helen had been living on her own since her 24-year-old daughter moved out two years ago. Her ex-husband left her or she left him when her daughter was 18 months old because he became seriously abusive. Since then, Helen had never had a relationship with anyone else, while her ex-husband has married and divorced two more times and is now in Australia with another woman. She was still carrying her ex-husband's family name, living in the same accommodation that she moved into with him when they got married, and hoped that one day he would come back. In fact, there was a period of about three years during his third marriage when he did come back and seemingly enjoyed having her as a mistress. It had been 23 years since the break-up of her marriage, but she had not come to terms with it and said that she never would.

Primitive defences such as denial, splitting, and idealisation were clearly operative in Helen. She did not have the ego strength necessary for acknowledging and adapting to reality. She did not have access to enough goodness in her. She needed a lot of caring and life- enhancing experience, and I aimed to give those things by accepting and mirroring her. However, despite my genuine wish to help her, I had also been aware that she was the last person I would consider presenting and/or writing about in my assignments, that she was often the last client I discussed in my supervision and I probably spent least time on her. This corresponded to how she was typically regarded by people. Somehow she was not worth much. Somehow she had no significance. While I imagined how awful it must be for her and wished to give her different, reparative experience, I must admit that deep inside my unconscious my attitude toward her was not so different from many other people in her life.

Our fifteenth session was a breakthrough for me (and hopefully for Helen as well). As soon as we both sat down, she said, "I feel fat today," and we spent the first half of the session on the theme of her feeling fat. She was so unhappy and angry with herself. She criticised herself harshly by words such as "disgusting" and "a big fat 47-year old who's got nothing". She was also busy trying to tell me that the "big fat" person in front of me was not really her because she was not like that before. As I listened to her, I became aware how slim I might appear

in her eyes. (I am actually slim. I wear size 8.) I made a couple of interventions to direct her to "here and now" or what was happening between us by bringing my presence into the scenario. It was crucial for our relationship to acknowledge that I did not share the problem of being "fat" and accept her annoyance with thin people. In fact, she was very envious of me being small.

Helen	Because I see all those thin people around, and I, well, you know.
Shizuka	And I'm probably one of those thin people.
H	Yeah, you are a bit smaller than my daughter.
:	
:	
S	So you are probably saying that I'm different from you, because
H	Yeah.
S	"You are not big."
H	Yeah, and it annoys me because my daughter and I go out and she can eat anything (S: yeah). And she doesn't put on weight. (S: mmm, mmm) She has put on a little bit now, (S: mmm) but she still can fit into a size 8 or a size 10.
S	Yeah. That annoys you.
H	Well, before I actually had Cheryl, I was a size 10.
S	Uh-huh.
H	I was your size.

This was an eye-opener for me. It made me realise how I had been unaware of my size, whereas I had been very self-conscious about my Asian look. It illuminated to me how we tend to be self-conscious about those features that cause us emotional distress, but unaware of other features that do not cause us pain but rather give us power. We just take them for granted. I thought I understood for the first time how white people and/or English speakers in general may be unaware of their power and unappreciative of difficulties that others might experience. I could also understand why it had never been an issue for Helen, contrary to my anticipation, that I was Japanese. Just like I did not think much of her size until she brought that up, she probably did not think much of my ethnicity.

Essentially, I was relating to her pain of feeling fat through my experience of feeling Japanese. It helped me to understand that the pain was partly about being different from others and judged as undesirable by the society (or people who

were not different). And something was shifting in my unconscious organisation. Although such an inner process of the therapist does not surface in the session, it is possible that through the intersubjective field between the therapist and the client the shift in the therapist's unconscious may affect the client's unconscious. My hope is that as her neutrality to, or acceptance of, my racial difference brought about a change in my unconscious organisation, my neutrality to, or acceptance of, her body size affected her unconscious organisation.

On the surface, there may seem to be more differences than similarities between Helen and me. For example, she is a native European New Zealander, while I am a non-European immigrant. She speaks English effortlessly, while I speak it with much effort. Helen is older than me by seven years, but looks somewhat older than her age, while I probably look younger than my age. I am educated and she is not. I am small and she is not. However, we are both women and more importantly both human beings. We both cry. We both laugh. We both love. We both hate. . . . And of course, we are both wounded.

For the last 15 minutes or so before the end of the session, Helen talked about her nephew who had committed a crime and was expecting a serious sentence. As I commented on her genuine concern for her family members no matter what and her big-heartedness, I made a link back to the earlier theme of her being fat.

Shizuka I notice you have a lot of love to give to those people and I think you are big-hearted.

Helen Too big at times.

S Mmm, but I think that actually matches your slightly bigger size that you worried about. I mean, you know, I appreciate you want to lose weight. (H: yeah) That's fine. But I think that's your beauty, that big-heartedness, and that probably shows (H: mmm) in your appearance. And it's beautiful, to me.

H Thank you.

S Mmm.

H But I still want to lose weight. (Big buoyant laughter)

S Sure, sure.

I was pleasantly surprised to be able to give such a word like "beautiful" to her without being untrue, and delighted that she received it by simply saying "Thank you." And I had never heard her laugh so buoyantly before.

Concluding Remarks

In this paper, I have essentially argued that the therapist's woundedness can be useful and indeed has wonderful potential for therapeutic effectiveness. In order to be able to utilise his/her own woundedness in the service of healing others, the therapist first needs to be aware of it. When the therapist is in touch with parallel woundedness in him/herself, he or she feels understanding passionately, as well as compassionately. This passionate understanding goes beyond empathy as a technique. It is more 'personalised' and the therapist relates to the client as one human being to another. Here is a potential for a real human connection, or intimacy.

There are two important distinctions that I hope this paper has made clear. One is the distinction between wounded and impaired or dysfunctional on the therapist's part. The other is the distinction between asymmetry and mutuality in the therapeutic relationship. (That is, although the psychotherapeutic relationship is inevitably asymmetrical, it does not preclude it being mutual as well.) I trust that these distinctions help demystify and justify wounded-healing as effective psychotherapy.

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