



PATRICK TOMLINSON ASSOCIATES

**EMPATHY AND THE WOUNDED HEALER
PATRICK TOMLINSON (2014)**

Patrick Tomlinson Brief Bio: The primary goal of Patrick's work is the development of people and organizations. Throughout his career, he has identified development to be the driving force related to positive outcomes - for everyone, service users, professionals, and organizations.

His experience spans from 1985 in the field of trauma and attachment informed services. He began as a residential care worker and has since been a team leader, senior manager, Director, CEO, consultant, and mentor. He is the author/co-author/editor of numerous papers and books. He is a qualified clinician, strategic leader, and manager. Working in many countries, he has helped develop therapeutic models that have gained national and international recognition.

In 2008 he created Patrick Tomlinson Associates to provide services focused on development for people and organizations. The following services are provided,

- ✓ Therapeutic Model Development
- ✓ Developmental Mentoring, Consultancy and Clinical Supervision
- ✓ Personal and Professional Development Assessment for Staff Selection and Development

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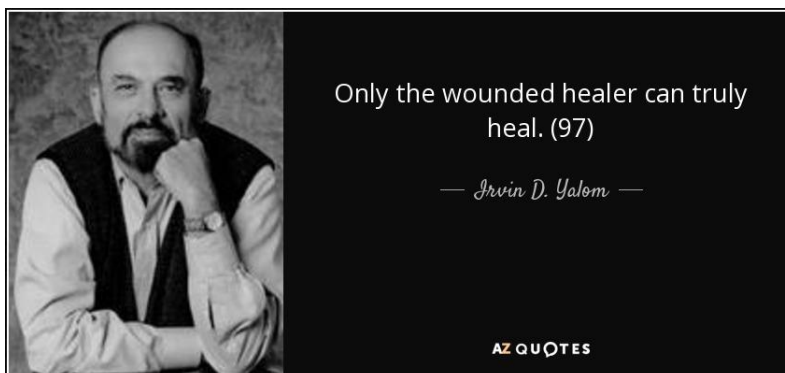
LinkedIn Group – Therapeutic Residential and Foster Carer for Traumatized Children
<https://www.linkedin.com/groups/4428929/>

LinkedIn Group – Personal and Professional Development
<https://www.linkedin.com/groups/12249912/>

Patrick Tomlinson Associates Page - Facebook
<https://www.facebook.com/PatrickTomlinsonAssociates/>

Patrick Tomlinson Associates Group (Private) - Facebook
<https://www.facebook.com/groups/1269338589867954/?fref=nf>

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The concept of the Wounded Healer was first explained to me by Olya Khaleelee. Olya is a corporate psychologist and organizational consultant. I had the privilege of working with her on assessing people's suitability for working with traumatized children. The links between a person's history and personality, and how this might interact with the work was the key part of the assessment. Her reference to the wounded healer was an acknowledgement that emotional wounds might be a part of what enables a person to become a healer. Our assessments enabled us to make a judgement as to whether this was likely to be the case or not.

The term wounded healer goes back to Greek mythology. The Greek god Chiron was wounded by a poisonous arrow. He could not die due to his divine ancestry. In agony, he roamed the earth healing the injured and sickly. Similar stories and fables can be found in Christian, Jewish, African and Moslem cultures. In the relational sciences, Carl Jung is attributed to be the first to use the term wounded healer. In 1951 Jung suggested that sometimes a disease was the best training for a physician. Therefore, only a wounded physician could treat disease effectively. For a summary of the meaning and history of 'Wounded Healer', see Benziman, et al., 2012.

In the case of healing traumatized children, it is one's childhood wounds that are likely to be most relevant. I had a striking experience a few years ago that captures the essence of the link between an adult's childhood and the work with traumatized children. I was providing training for a group of care workers who were about to start work with traumatized children in a residential setting. The training aimed to encourage psychodynamic thinking. To think about the meaning beneath a child's behaviour and from that insight to consider appropriate responses.

I presented the following scenario to the group. One of the children, Luke, had disappeared from his home and a care worker was looking for him. After a while, the carer saw him from a distance by a pond. It looked like there was a cat in the pond, attached to a long piece of string that Luke was holding. The group was asked what they thought was going on and what the carer should do immediately and in the longer term? They did some work in small groups and then gave feedback. The consensus was that the first thing that should be done was to make the situation safe, ensuring Luke was safe and the cat was rescued.

Possible reasons given by the group for Luke's behaviour were along the lines of,

- maybe Luke was angry and was taking it out on the cat
- he might be treating the cat in a cruel and abusive way that was a re-enactment of how he had been treated. Traumatized children tend to re-enact their own experiences of being powerless, towards others who are less powerful than themselves.

In terms of what to do, the responses were,

- explore Luke's thoughts on what he might be doing
- make it clear to him that his behaviour was inappropriate and help him to understand why
- help him to put his feelings into words
- use the situation as an opportunity to talk with Luke about his abuse in an empathic way

These were all thoughtful and plausible suggestions. As the discussion went on, one of the carers Tim, who seemed affected by the discussion, hesitantly suggested that Luke might have been trying to save the cat. The group reacted by laughing a little. I was surprised by Tim's comment as I had taken the scenario from a child's case history and that was exactly what he was trying to do! The child had had a traumatic and tragic experience when he was younger. He was outside playing unsupervised with his younger brother who fell into a pond and drowned. The child felt responsible for his brother's death and was blamed by his parents.

From then on, the child had a history of re-enacting this trauma in different ways as a desperate attempt to resolve it. He put the cat in the pond, so he could save it, which he hadn't been able to do for his brother. I explained this to the group who were surprised by my explanation and how Tim had made such a surprising and insightful comment.

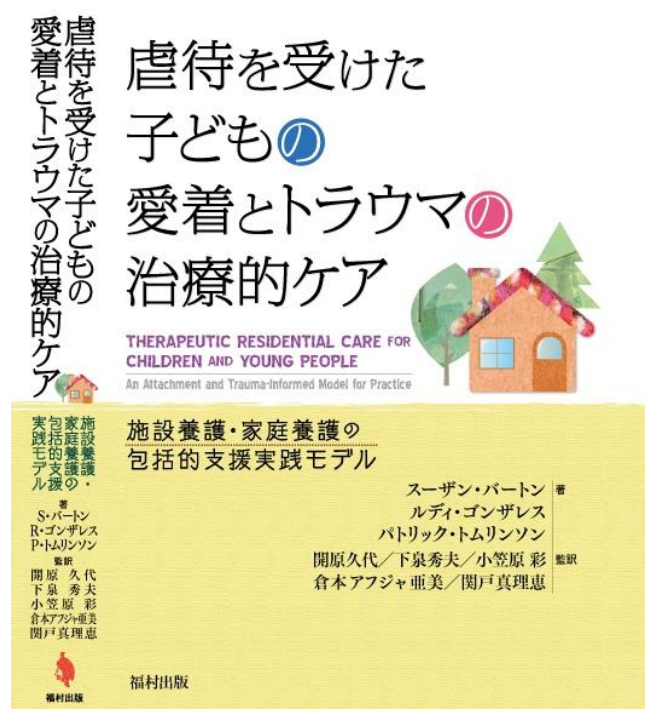
When the group took a break, I approached Tim who had seemed very preoccupied and asked if he was ok. He said that he commented because as a child he had been with his younger brother who fell into a canal and drowned. I empathized with the distress this training scenario may have caused Tim, but also commented on how his own experience had given him the capacity for empathic insight. Tim then told me had been physically abused by his mother as a child and asked me if I thought he would be able to do the work given his own experiences. I suggested that it is difficult to predict how our own experiences will either help or hinder us in the work.

If we have integrated our experiences into our life history, difficult experiences can help us provide empathy and understanding. On the other hand, the work may raise very painful feelings, some of which we may have repressed and not integrated, and things can feel overwhelming. Research has shown that it is not the facts of our history that are necessarily the problem, but whether we have been able to integrate these facts into a coherent narrative of who we are (van der Kolk et al., 2007).

I explained to Tim that the important thing would be to talk about his feelings about the work in supervision and other relevant forums, especially if something was troubling him. Tim turned out to be an excellent carer, showing great levels of patience and understanding with the children he worked with over many years.

The key points of learning from this were that,

- A person's own traumatic experiences can be useful in developing empathy and insight if those experiences have been integrated into their history and identity.
- Luke had not been able, so far, to integrate the trauma of his brother's death and was compelled to re-enact it.
- Whenever we are working with trauma, talking or thinking about it, our own experiences will be brought closer to the surface. As with this example, what we might learn is unpredictable.



I had not anticipated such an emotive exercise and was moved by the poignancy of it, which had an emotional impact on me. Working with trauma evokes powerful emotions and often when we least expect it. Tim showed how something constructive can come out of such awful experiences. How the capacity for healing can develop out of our emotional wounds.

This has been adapted from, Barton, S., Gonzalez, R. and Tomlinson, P. (2012) [*Therapeutic Residential Care for Children and Young People: An Attachment and Trauma-informed Model for Practice*](#), London and Philadelphia: Jessica Kingsley Publishers, Also translated into Japanese.

References

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