Why are we here?
Although evidence-based practices can help provide significant guidance for us in better assisting those we serve, effective treatment remains primarily about the therapeutic alliance. The Wounded Healer is a consideration of the curative factors of treatment and explores the importance authenticity, rapport, and the power of the therapeutic alliance. The literary and historical foundations of the wounded healer concept are explored along with its impact on the field of psychology and the recovery community, its physiological foundation in the brain, and its restorative power in the therapeutic relationship along with its practical treatment implications.
Objectives

Participants in this training will:

- Develop a foundational understanding of the physiological impact of the brain in cultivating a positive therapeutic alliance.
- Develop an understanding of the concept of the Wounded Healer from a literary and historical viewpoint and its impact on the human services field and the recovery community.
- Identify curative factors that are necessary for effective treatment.
- Identify specific steps to becoming more effective in their clinical work.
- Develop a stronger understanding of the need of effective self-care and clinical supervision in order to be effective as a clinician.
A Little History
“only the wounded healer can truly heal.”

Irvin D. Yalom
Wounded Wounder
or
Wounded Healer
“The person may have a scar, but it also means they have a story.”
– The Storyteller

JodiPicoult.com
One of Those People
Our Wounds
Psychology of Addiction
Psychology of Addiction

Manifestation of False Self Structure

Shame

The belief that at my core I am bad - therefore I must earn my value. “To be good I must do good.”

A need or constant external approval.

A persistent fear of punishment.

Nagging comparisons to others - “Do I measure up?”

Extreme sensitivity to others expectations.

People pleasing.
We shame the shamed and wonder why they do not get better.
Love is the only true antidote to shame. We must have the courage to re-introduce the word love into our clinical lexicon and love our patients so they in time may love themselves. Over time our external love can be transmuted and internalized into self love.
We fail to realize that the “love hungry brain” will by necessity seek satisfaction either in unhealthy relationships or drugs. Herein lies the power of group! (family is a group—we all have one) The limbic regulation in the group can restore balance to its members.
What our clients, patients, and people in general want to know:

Broken
What Makes Treatment Work?
Evidence-based Practices

An Engine
The Limbic System
It’s a brain disease
Limbic Cortex
Dr. Susan Holman
How does this work?

Let’s assume that an average person has a dopamine level of 10,
...and they try cocaine.
Their body may read this as a dopamine level of 18 with 10 being natural and 8 being drug-induced.
The body wants to get back to “normal”; so it backs off on its dopamine level to 8.
So what happens over time?

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Question: Why don’t they just quit?

Is your biology now working for you or against you?

Isn’t it just a question of willpower?

• Krispy Kremes
• Drowned or murdered?
The choice has been made
Social Context

Conformity is adaptive.
Shared values are the norm.
Perception is altered by social context not just values.
Culture determines how we see ourselves.
We are intrinsically SOCIAL CREATURES.
We cannot define ourselves outside of social context and relationships.
Social Context
Aspects of our Culture that Support Addiction

Eventually the “shamed” end up believing the messages that society is telling them about themselves.

We deserve our disease.

We really are the bad people that everyone (including ourselves) believes us to be.

I am truly so worthless not even God can love me.
We are pack animals.
We are herd animals.
How did they communicate?

They certainly did not talk, although there may have been some communication by shared sound. They did not have carefully choreographed “paw” signals. Pheromones were not fast enough. So how did they communicate?
What is she feeling?
Attachment and the Brain
The limbic system is able to quickly monitor the integration of the external and internal worlds that impact our life.
It is easy to confuse the experience of an affect (limbic) and naming that affect as an feeling (neocortex).
Affect is basic biology, feelings are when we become aware of the affect intellectually and emotions give it a name and context.
Sylvan Tompkins.
survival
survival/novelty
alarm bell

movement
sensations

vision

judgement

memory

coordination
In addition, the limbic system has special physical apparatus specifically geared toward detecting and responding to the internal world of other similar creatures. This capacity led to what is referenced as “limbic resonance.” This resonance seems uniquely developed to nurture and respond “intuitively” to our young and to love and be loved in general.
Mirror neurons are found in the new cortex and the limbic system.

Memes – we are built to imitate

Emotional contagion

Highroad – slow but accurate

Low road – very fast but less precise

Low road + mirror neurons = empathy
Oxytocin – female bonding
Vasopressin – male bonding

“Falling in love” is not a choice!
Attachment and the Brain

We can change what we know by appealing to our reason and intellect.

We can change how we behave – some of the time – by learning new skills.

We can change who we are and how we respond only by allowing ourselves to be loved over time.
All drugs of abuse impact the limbic system.
While they may differ in their pharmacological impact they lead toward dysregulated limbic energy.
Limbic communication is distorted.
Limbic learning is compromised.
Age and gender matter.
Limbic Resonance and Social Intelligence

Emphasis on Social Intelligence
People are given permission to love well

to be loved
to love others
to love self
Despite all that we have learned.
Despite all the techniques and skills we have perfected.
Despite all of our evidenced based interventions.

It is the therapeutic relationship that matters the most.
Be alive-
Be aware-
Be intentional-
Be self-loving- and be grateful for all the relationships who are making who you are

And then, if you have the courage, love your patients and they may learn how to love themselves.
Limbic Resonance and Social Intelligence
Treatment Implications

1. Basic assumptions will change.
2. Families will be admitted to treatment not individuals.
3. Motivational enhancement techniques will amplify a therapeutic relationship and reduce shame.
4. Transference and countertransference will be examined and valued.
5. Treatment environments will be more welcoming.
"Love cures people, both the ones who give it, and the ones who receive it."

- Dr Karl Menninger
Carl Rogers

- Congruence
- Authenticity
- Unconditional Positive Regard
Motivational Interviewing
Motivational Interviewing

- Developed by Miller and Rollnick in the 70’s and 80’s
- Provided an alternative to the confrontational approach
- Combines directive and client-centered approach
- Emphasizes helping behavior change through exploration and resolution of ambivalence
- Counselor creates an environment that invites change
Four General Principles of MI

- Empathy
- Discrepancy
- Self-efficacy
- Resistance
Empathy

- Create an atmosphere of acceptance
- Reflective listening
- Suspensions of assumption and advice
- Avoid argumentation
- Focus on learning as much about the client’s perspective as possible
- The client genuinely feels heard and accepted
Discrepancy

- We will change for what we love
- Counselor finds out what the client loves
- Enhances discrepancies between what the client is doing and what they desire to do; who they are and who they want to be
- Explore ambivalence
Self-efficacy

- Client recognizes the need for a change
- Maintains the belief that change is possible
- More importantly has belief in himself and his ability to change
Resistance

- A natural part of change (inertia)
- A point during treatment where the counselor recognizes the need to do something different to engage the client in the process of change
- Counselor should avoid power struggles and help client explore “what is” compared to “what could be”
- Engage the client in “change talk”
Six Traps to Avoid

- Engaging in a question and answer format
- Taking sides on the change issue
- Playing the expert
- Labeling the problem
- Developing a premature focus
- Blaming the client for the behavior
Encouraging OARS + Strategies

- Ask Open questions
- Affirm the client (strengths, change attempts, etc.)
- Listen Reflectively
- Summarize
- Elicit change talk.
Change Talk

- Ask evocative questions (encourages expression of client’s view/concerns)
- Use the importance rulers (1-10 scales)
- Explore the decisional balance (weighing pros and cons)
- Elaborate (encourage more, clarification)
- Ask for extremes (the best/worst consequences)
- Looking back (Look back to before the problem and compare to now)
- Look forward (look to the future to describe how a change would impact the future or if no change occurs)
Charleston Green
Character Actors
Points of Brokenness
Belly Love
You can't fix yourself by breaking someone else.

Missing Moments
Created for Connection
Honesty
Strengths
Voices from Our Past
Courage and Risk
Spiritual Platform
Spirituality vs Religion

Religion
Religio - obligation or rule.
Tells us how to live.
What constitutes the righteous life.
Ten commandments, not the ten suggestions.

Spirituality
Spiritus - breathing.
The essence of life.
What gives life meaning.
What gives human life its unique meaning.
Spirituality: What is it.

It is what makes us human and separates us from all other creatures by degree.
Existential expression.

Spirituality is a **doing thing**.
If we stop “doing” spirituality we lose our humanity.
Spirituality

The choosing is more important than the of the choice.

The risking is more growth producing than the “outcome” of risk.

The relating is more connecting than the relationship.

The wondering is more expansive than the object of awe.
Spirituality

Spirituality is not defined by the content of our lives but by the experience of life’s process as we live it.
Spiritual Commitments

Be alive
Be aware
Be intentional
Be self-loving
Attachment and the Brain the way treatment used to be.
You cannot out talk the limbic system. Craving management is different than “relapse prevention”. Behavior changes the brain more effectively than words. Pain is too potent a motivator for words to undo.
Content is important, particularly in early recovery. However, process interventions should not be overlooked.

Issues of relational connection; mother to child, husband to wife, sister to sister, brother to brother, father to child, friend to friend, must be supported.

Don’t forget family.
Treatment Implications

The therapeutic relationship is of primary importance.
Issues of “play” and fun in addition to spontaneity need to be addressed in treatment.
Group interventions need to be safe and needs to bring the patients into the “here and now.”
We shame them because we have been SHAMED.

We/they have not “lost” because their disease symptoms return!

Periods of remission are victory.
Treatment Implications

We can change what we know by appealing to our reason and intellect.
We can change how we behave – some of the time – by learning new skills.

We can change who we are and how we respond only by allowing ourselves to be loved and to love unconditionally over time.
The opposite of courage is not cowardice, the opposite of courage is conformity.

~ Rollo May ~

blessedaretheweird.com
LUNCH
What Makes Treatment Work?
Two Curative Factors
Who Am I?
MASKS

She had blue skin,
And so did he.
He kept it hid
And so did she.
They searched for blue
Their whole life through,
Then passed right by—
And never knew.

Shel Silverstein
The Best Marriage Advice
Us and Them
Defense
Insignificant Pieces
Holding a Hurricane
Someone Who’s Real
Current
Stitched Back Together
The Healer of Broken Wings
Too Much to Waste
It Takes Work
IM PERFECT
The Illusion of Control
Not Powerless
Other People’s Brokenness
A Plan
Cast into the Sea
Your Altar
How Deep
A Man of Sorrows
The wounded child within our psyche is not a “pool of relational pollution” that can be drained, filtered and refilled through introspection and insight. Rather this pain in the psyche is like a storm within the ocean of the unconscious.

A seasoned sailor never makes the mistake of confusing the sea with a placid pool. Through patience, awareness, intention and the shared wisdom of community, the sailor does not shrink the ocean but learns to navigate it - learns when to find safe harbor in the face of the approaching storm - learns to accept and to use the storm itself as an integral part of the ocean’s wonder, life and mystery.
Contact Information:

James Campbell, MA, CACII
Manager White Horse Academy, The Phoenix Center
Founder of Family Excellence, Inc.
Director of Family Excellence Institute, LLC
Adjunct Professor, Greenville Technical College
Associate Pastor, Connection Fellowship
Author

(864) 371-1264
jacampbell@phoenixcenter.org