



# Self-Care

and

# the *Wounded Healer*

by Pam Patchell

“Change is a tool of evaluation”, Patricia Hill Collins, Lecture UCD, 2013.

I used to think that anyone who offends was a monster, incapable of change and unworthy of anyone’s compassion or understanding. I believed that prison was the answer for them and the tougher the time, the better. Then, like the poem says, ‘I learned some more.’

This learning began years ago when a series of life experiences accumulated in one life-changing moment and as a result, my opinion has

changed radically. I began my training as a psychotherapist with a seed of an idea that I wanted to work with people who engaged in physically and sexually offending behaviours. However, the decision to explore and seek training in ‘offender treatment’ (Marshall, 2006) was a difficult one to reach and I struggled to fully understand it right up to recently, when all I had learned was put to the test. One of the key elements of psychotherapeutic work that helped me through my struggles was self-care. And it is

self-care, in relation to offender treatment, both on a personal and professional level that I want to talk about here.

There is plenty of general psychotherapeutic literature encouraging and supporting the fact that therapist self-care is of paramount importance to the therapist and the therapeutic relationship, such as Norcross (2007) and Owens et al (2010). Bond, (2005) takes an ethical standpoint and discusses the “obligation” counsellors have “to exercise care of themselves”.

In relation to the offender treatment Marshall et al (1998) combine the two, discussing how self-care of the therapist forms an important and ethical requirement of the work. I would become aware of the truth in this just as I began to think and feel that I had what it took to become an offender therapist.

The year before I became a student of psychotherapy, I stood in a court and observed as a man was sentenced for child sexual offences. The room was silent as he pleaded guilty to numerous charges and I thought 'what a monster, I hope he gets what he deserves.' When the judge passed sentence I thought 'good enough for him.' Then as he was led away, the anguished cries of the man's child pierced the silent court room and it affected me profoundly. To me (and most people in the court) the person was a monster but to the young person, he was 'Dad'. The cries had a profound effect on me. I began to wonder how different the lives of those affected would have been if the sentenced man had had an opportunity to heal either during or before he'd begun harming other people's children. I'd no answer then, but I figured it couldn't have been any worse than this. I believe, although it went unacknowledged in the court that day because the law does not deal in emotions, that the events that conspired to bring these two families to court had ripped them apart and left everyone involved with a feeling of loss. There just had to be a better way than this but what? I decided training as a psychotherapist was a start. I could not have articulated it back then, but I realise now that I had begun to 'see the human being behind the behaviour' (Row, 2010).

My time on the diploma course encouraged this realisation. After a deeply moving meditation in my first year, I felt I had discovered my purpose and that I had what it took to become a therapist who would work with people who chose to offend. I set about becoming educated on the full purpose and ethos of Offender Treatment Programmes and raised my understanding of their importance. I was thrilled to find a couple of dozen ethical theorists and practitioners who wrote books and articles, on not just their theories, but who also published volumes of ethical research on their theories in practice. Of all of the ethical practitioners I came across, two stood out for me here in Ireland: Esther Lonergan and Eileen Finnegan. The works of Marshall et al (1998, 2006) and Ward et al (2003, 2006) appear as a collaborative community of therapists, working towards one goal - developing and maintaining successful offender treatment. I spent much of my time on the course studying the subject and using the learning to inform my academic assignments.

Life was going well. I'd been effectively using 'Choice Theory' (Glasser, 1998) and 'the Living Wheel System,' I was approaching the deadlines for my final assignments and I was ready to start meeting clients. I felt confident that I was personally ready, to begin to prepare professionally, to work with people who engaged in offending behaviours. Little did I know, I was about to be personally affected by violence.

One afternoon, while out on a run in my neighbourhood, I witnessed an unprovoked violent attack on someone I love. Witnessing the assault ignited an internal personal conflict in me between the trauma of the experience, my personal belief that we need to see the person behind the behaviour and my professional goal of training in 'offender treatment.' The predominant feeling in the aftermath was fear. I felt unsafe in my community, and as a result, my predominant mindset during that time was to see the perpetrators punished. However this desire brought me no comfort.

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I kept telling myself that I knew better than this, as did friends and family but still, the conflict raged. I was overwhelmed with feelings of fear, anxiety, anger, horror, helplessness, powerlessness and doubt. Everything I thought I knew was thrown up in the air, and for a brief time, I lost the will to try to catch any of it. I felt stuck. My creativity ebbed away and I was too tired to find the meaning in this experience, preferring to get washed away in the horror of it. I felt so naïve for ever believing I could sit with someone who had, in any way, violently assaulted another person and attempt to treat him/her therapeutically.

In his book, "The Power of Ted," David Emerald (2006) talks about how we can assume one of two orientations in the

world: that of a victim or of a creator. The victim orientation views everyone as helpless.

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We switch between our role as victim, and that of a persecutor or a rescuer. I believe I suffered from 'victim orientation' in the aftermath of the assault and it pit itself against my belief that I could be a creator with the power to facilitate change and healing. As the victim I judged the assailant from the position of 'persecutor.' I believe there is a pitying inherent in thinking that people who offend are incapable of change and in believing, as a result, that we cannot do anything about it. It perpetuates the false and damaging belief that 'victims' are powerless, that 'perpetrators' are powerless and that society is powerless. I was not aware of Emerald's work at the time, but I think it is a useful way of looking at it. Emerald posits that if we live as a Creator, we become challengers and coaches, seeing in others an inherent and strong capability of dealing with life's traumatic experiences. This is linked to the practice of compassion, cited by Brown (2010), Chödrön (2001), and Owen's et al., (2012), as being of paramount importance to self-care.

I remember, under the guise of humour, while chatting with a friend, I quoted the

character Simon, in the movie 'As Good as it Gets,' telling him, "I'm feeling so damn sorry for myself, I'm finding it difficult to breathe." Ironically, and in true Rogerian style, that compassionate acknowledgement of where I was at that time was the moment when all I'd learned began to flow back and fit for me on a deeper level than before. The shift in mindset from victim to creator had begun. I started to choose self-care practices that were empowering as opposed to misery-perpetuating. It flowed from that acknowledgement into simple things like getting dressed and going to personal therapy and progressed to more courageous acts like processing my fears and best of all, putting my runners on and going for a run again.


It was difficult and I learned on a very personal level the reason why offender therapists consider self-care as an ethical and vital component of the work. We are deeply affected by violence, whether it is perpetrated against us or not, whether we are therapists or not. Ennis and Horne state that, "the provision of psychological services to sexual offenders presents therapists with many challenges, including exposure to vivid descriptions of sexual violence and trauma." Marshall et al (1998) describe how "the treatment of... sexual offenders makes its own unique demands on therapists." They say that offenders "often present with a long history of manipulativeness, and their sexual offences are frequently characterised by devious strategies for setting up or grooming their victims." Salter (2004) talks about how they may not show remorse, or worse, may delight in the retelling of their crimes, or in

the opportunity to target the therapist with their ability to deceive. For these reasons, self-care, both personally and professionally is of paramount importance for the offender therapist and the integrity of the work. Professionally, "countertransference issues must be addressed vigorously in supervision and ample time is provided after group for therapists to "decompress." Personally, therapists are encouraged to be "vigilant for signs of burnout" and "to protect against burnout" by pursuing "activities that promote self-care" (Marshall, 1998). The personal self-care is ultimately up to the individual and the professional self-care is the responsibility of the sector as a collective. One feeds into the other.

***Our self-care practices are the things that balm us in the work and facilitate our own growth and healing. Therapist self-care minds us, the client and the work.***

In a personal sense, my idea of always seeing the human being behind the offending behaviour was put to the ultimate test when my loved one was assaulted. What I learned from it, was I needed far more robust self-care practices. Developing those, as I think, all therapists know, is a work in progress. Research on self-care of the offender therapist is not extensive and is on-going, but the benefits are clear. Our self-care practices are the things that balm us in the work and facilitate our own growth and healing. Therapist self-care

minds us, the client and the work.

**“When we practice generating compassion, we can expect to experience the fear of our pain. Compassion practice is daring. It involves learning to relax and allow ourselves to move towards what scares us.”** (Brown, 2010) 



Pam recently qualified as a Counsellor and Psychotherapist and is currently working towards accreditation in three placements: counselling adults in the Village Counselling Service, Tallaght, and young people in the VCS outreach in St. Michael's Youth Project, Inchicore and Deansrath Community College, Clondalkin. She is currently completing a Professional Certificate in Counselling Children in IICP, Tallaght and works with YAP Ireland as a youth advocate in the midlands, where she lives with her husband and two sons.

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