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THE "UNAWARE WOUNDED HEALER": HOW AFFECTIVE AND SOCIAL RELATIONSHIPS WITH PERSONS WITH DISABILITIES CAN "HEAL" THE HEALTHCARE PROFESSIONALS THAT WORK ON THEM

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SUMMARY

We know that every therapist becomes a "wounded healer" the moment he goes through his own personal therapy journey and is able to activate his own recovery process. Beyond all the techniques that the therapist can use to "heal" a patient, one's own personal life path also significantly and unconsciously influences the healing process. The question I ask is therefore the following, why can't a person who has in some way a "woundness", and who has activated without therapy a process of recovery (e.g. through family resilience patterns) be a wounded healer? From this perspective, even a person with a complex disability, placed in a positive context, can turn into an "unaware wounded healer".

Key words: *care relationship – wounded healer – disability – resilience*

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THE MYTH OF THE CENTAUR CHIRON AND THE ARCHETYPE OF THE "WOUNDED HEALER".

Chiron (Keiron) is an immortal centaur of the Greek mythology that after wounded by poisoned arrows dipped in the Hydra's blood, was forced to live with agonizing pain. Comparing this myth with our current knowledge, we would say that all people have had painful experiences, have confronted adversity, or have experienced physical or emotional suffering, have some degree of "woundedness". Like the centaur who experiences his pain in a chronic condition, a person with disability (PWD) has a long-term physical, mental, intellectual or sensory impairments (UN 2007).

In this view, the wounded healer, is an archetype that suggests that a healer's own wounds can carry curative power for people he comes into contact with (Zerubavel & Wright 2012).

That suggests that healing power emerges from the healer's own woundedness (Guggenbühl-Craig 1971, Sedgwick 2016) and that the wounded healer embodies transformative qualities relevant to understanding recovery processes (Briere 1992, Miller 2000). Nowadays, this archetype is mostly referred to figures such as psychotherapists or healthcare clinicians. So why does this archetype and everything that comes with it remain the prerogative of these healthcare professions only, and why can't people with some kind of disabilities, for example, be included? (Maddux & Gosselin et al. 2007).

WHAT TURNS THE "WOUNDED" INTO A "HEALER"?

Someone suggest that one of the reasons could be the fact that being wounded in itself does not produce the potential to heal; rather, healing potential is generated through the process of recovery (Zerubavel and Wright 2012). Commonly cited positive effects of this recovery process include a greater ability to empathize with people, a deeper understanding of painful experiences, heightened appreciation for how difficult life in general can be, more patience and tolerance and a greater faith in the life events (Gelso and Hayes 2007). It would be selfish and overbearing of any therapist to think that these goals can only be achieved through psychotherapy also because people with severe and complex disabilities, unfortunately, will never benefit from a traditional psychotherapy. An interesting contribution, which testifies to a reversal of the use of this model of care that seems to be able to come only from psychotherapy, is represented by the resilience model, which after developing a strong critique of psychotherapy as the only source of care (Maddux 2009) has begun to focus on the factors in people's lives that can open them up to paths of healing and growth (Maddux, Gosselin et al. 2007). We know that the concept of resilience has been defined in recent years as the ability to withstand and recover from life's disruptive challenges, stronger and more resourceful (Luthar 2006) and we can, for example, encounter this skill improving in family relationships by focusing on the quality of emotional ties and the ability of its members to resolve conflicts

by collaborating and taking a systemic view (Walsh 2015). This definition is grounded in the firm belief that we as human beings can best survive and grow through deep relationships with those around us, and all those who have been, or could be significant in our lives.

In particular, the system of family relationships would be able to elaborate and give meaning to the adversities encountered, developing a positive attitude, being able to experience transcendence and spirituality. Therefore, family's relationships have resilient belief systems when they are able to contextualize the difficulties encountered in their life journey, using hope as an engine to be able to face the further challenges of the future. These are families that constructively use their social and cultural beliefs, faith, hopes, and dreams for the future (Zerubavel & Wright 2012).

DISABILITY THAT HEALS: THE SILENT POWER OF AN "UNAWARE WOUNDED HEALER"

From this point of view, any person who has a chronic pathology or disability or who otherwise has a "wound", if he or she lives in a positive context, can develop all the characteristics to become a true and "unaware wounded healer". We can certainly talk about emotional and social relationships in patients residing in rehabilitation institutions as well. The love that the healthcare clinicians who work within the Serafico Institute give to its patients can certainly be compared to that of a family context. It is interesting to understand that from the first moment, that wounded and healer can be represented as a duality rather than a dichotomy (Zerubavel & Wright 2012) and that the healthcare clinicians begins to benefit from the care process as much as the patients. The paradigm of the wounded healer suggests that it is the activation of the wounded-healer duality for both the healthcare clinicians and the patient that constructively informs the healing process (Miller 2000). Nature did not make us monads, but people who continually react with others and are able to participate in others' lives (Rizzolatti & Sinigaglia 2006). We define unaware wounded healer especially the person with severe complex disabilities, in which precisely in which this process of recovery, given the impossibility of entering psychotherapy, is initiated by the resilience given by the context in which it is inserted because even without the use of the most advanced cognitive and communicative skills, we know that there is in man an innate ability to understand the intentions of the Other (Rizzolatti & Sinigaglia 2006). The more the context will be positive and benefit the quality of life of the patient, the more it will also have positive repercussions on healthcare clinicians involved in his or her care. It is necessary not to reduce the type of responses to a purely health-focused view on the disorder or deficit, because people with vulnerabilities need to feel welcomed, listened to, understood and accepted (Elisei 2019) and today we also know that everything we do to help others, will be given back to us in one way or another.

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