

THE WOUNDED HEALER: LIVED EXPERIENCES OF SELF-IDENTIFIED WOUNDED
COUNSELORS

A Dissertation

by

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This dissertation meets the standards for scope and quality of
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ABSTRACT

The field of counseling continues to lack knowledge and understanding of wounded counselors despite the reality that many of those individuals who enter the field have or will encounter wounds. In light of the American Counseling Association's code of ethics, specifically the code regarding counselors' responsibility to prevent harm to clients, this lack is a source of concern as it propagates the potential for both clients and counselors to encounter harm due to ineffective or unintentional use of wounds in the counseling process. This dissertation involved a qualitative study intended to explore the lived experience of counselors who self-identify as wounded healers. Participants were counselors who self-identified as wounded healers, were over 18, possessed their Licensed Professional Counselor or Licensed Professional Counselor – Intern license, and were currently practicing as counselors. In this study, I implemented a hermeneutic phenomenological design.

Analysis revealed a large number of themes and subthemes, including: (a) with the client, we enter and exist in their experience; (b) we are open about our wounds; (c) wounds are...; (d) from the myth of the perfect counselor to embracing the reality of the wounded counselor; (e) we provide and receive support related to our wounds; (f) we experience similarities between our wounding experiences and clients wounding experiences; (g) our work with wounds gives us experiential knowledge that transforms into insight and intuition; (h) our clinical work illuminates the extent to which we are healed; (i) our wounds move us toward and away from clinical work and clients who have particular wounds; (j) we avoid using our wounds to make assumptions about clients' wounds; (k) our healing process is intentional and continuous; (l) our work with clients is both parallel and reciprocal; (m) our wounding experiences are with us in our work; (n) the pain of being a wounded counselor; and (o) we serve as models for healing. In

the final chapter, I discuss the relationship between my findings and the literature, as well as pertinent implications for counseling and recommendations for future research.

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CHAPTER I: INTRODUCTION

Rollo May, an existential psychologist, proposed “. . . it is the insight that comes to us by virtue of our own struggle with our problems that leads us to develop empathy and creativity with human beings – and compassion” (Schneider & May, 2012, p. 100). In the quote, May indirectly referred to the concept of the wounded healer. Writers and researchers typically describe the wounded healer as having three sequential core components: (a) an individual experiences a physical and/or psychological wound; (b) the same individual, to some extent, heals themselves from their own wound; and, (c) afterward, the individual in question allegedly possesses some enhanced ability or qualification to heal others due to their own experience with wounding and healing (Bennett, 2011; Bryant, 2006; Davison, 2013; DeVita, 2014; Ham, 2009; Rawson Foreman, 2005; Watts, 2014). The notion of the wounded healer dates back to the formation of ancient mythology and tradition and appears in a multitude of cultures. Cultural legends that have alluded to or described the wounded healer include, but are not limited to, ancient Greek myths, shamanic traditions, Hebrew folklore, religious symbolism, and Arthurian legends (Bryant, 2006; DeVita, 2014; Ham, 2009; Rawson Foreman, 2005; Viado, 2015; Watts, 2014). This explicit manifestation of the wounded healer across culture and time seems indicative of the ubiquitous nature of the concept.

Since its emergence, people have most commonly connected the wounded healer concept with physicians. Plato implied such an association when he discussed wounded healers. He specified that the most gifted physicians tended to be those who had suffered from any number of conditions themselves (DeVita, 2014). The association with physicians has remained constant; however, over the last century scholars have extended the connection to encompass other helping professions such as nursing, psychiatry, psychology, and counseling (Rawson Foreman, 2005;

Watts, 2014). The counseling profession, in comparison to the other aforementioned professions, has had the least amount of time to identify, conceptualize, and address the meaning that the wounded healer concept holds for counselors due to its relative newness (Spurgeon, 2012). This relative newness of the profession has resulted in a lack of knowledge and consequent ability to address the wounded healer concept in counseling. Research about the concept of the wounded healer in counseling may have important implications for the field, particularly regarding training and counselor development relating to identity (Kern, 2014). Given the scant information about this idea, the present research focused on the lived experience of counselors who self-identify as wounded healers.

Statement of the Problem

The American Counseling Association (2011; 2014) has indicated that there is demand and need for effective and ethical counselors who can work with diverse populations. Cardaciotto and Tonrey (2012) suggested this need is addressed by producing more counseling graduates, with many of those graduates potentially entering the field due to their own woundedness as well as their vulnerability to experiencing additional wounds (Kern, 2014). However, the counseling field has yet to address what being a wounded healer means either for counselors or for the training of counselors. Lack of information and failure to discuss the topic in literature or training may contribute to fear of disclosing and addressing wounds for new and experienced counselors despite the prevalence of woundedness (Bowlby, Anderson, Lewis Hall, & Willingham, 2015; Dayal, Weaver, & Domene, 2015). The cultivation and experience of fear may then perpetuate lack of integration of vulnerability within counselor professional identity, thus preventing true counselor authenticity in the counseling process (Kern, 2014; Zerubavel, & O'Daugherty Wright, 2012). Therefore, this lack of knowledge and understanding is a grave

issue considering authenticity is one of the core conditions essential for effective counseling (Rogers, 1980). This inability to be our authentic selves through integrating our wounds into our selves and work may disrupt the therapeutic relationship or even contribute to burnout or compassion fatigue.

Furthermore, when we as a field have not directly addressed wounded healers in counseling, it raises certain concerns. How can counselor educators facilitate genuine and relevant conversations about what it means to be a wounded counselor? What does it look like to use our own wounds in the therapeutic process appropriately and effectively? Without dialogue concerning this topic, the field perpetuates the potential for harm of clients and counselors through ineffective or unintentional use of counselor wounds in the therapeutic process, which directly conflicts with the standards set forth in the counseling profession's code of ethics (American Counseling Association, 2014; Zerubavel, & O'Daugherty Wright, 2012).

Purpose of the Study

Being wounded is arguably an inherent part of the human experience. Yet there is little understanding of how counselors experience their wounds, particularly when utilizing an encompassing definition of the concept of a wounded healer that has been represented throughout history (Bennett, 2011; Bryant, 2006; Davison, 2013; DeVita, 2014; Ham, 2009; Rawson Foreman, 2005; Watts, 2014). Previous researchers have strictly limited the definition of the wounded healer to include only those with a diagnosable/diagnosed mental health issue, thereby excluding any who have encountered a wound without also having a diagnosable/diagnosed mental health issue (Bowlby, Anderson, Lewis Hall, & Willingham, 2015; Curtis, & Eby, 2010; Davison, 2013). Thus, the intent of the current study was to explore the lived experience of counselors who self-identify as wounded healers. To appropriately

address the specified intent, the approach employed for this research was qualitative in nature, particularly that of hermeneutic phenomenology (Van Manen, 1990, 2014).

Research Questions

The primary research question that guided the current research was as follows: What is the lived experience of counselors who identify as wounded healers? Secondary research questions intended to guide specific aspects of the study included: (a) How do counselors who identify as wounded healers experience working with clients who have experienced wounds that are similar to or different from their own? and (b) How do counselors who identify as wounded healers experience working with colleagues?

Significance of the Study

Counselors hold many responsibilities including acting as an instrument of change and providing competent, effective, and ethical treatment of diverse populations (American Counseling Association, 2014; Bryant, 2006). Along with those responsibilities, there is an expectation in the counseling field that counselors are healthy, whole, and without their own wounds (Kern, 2014). The truth is that counselors, like the clients they serve, are vulnerable to experiencing their own wounds (Kern, 2014; Zerubavel, & O'Daugherty Wright, 2012). Many mental health professionals, including counselors, find themselves drawn to the counseling field due to their own experience with being wounded (Bryant, 2006; Kern, 2014). The rationale behind the current research stems from the discord between the expectation that counselors are invulnerable to or have completely resolved injury from wounds and the actual experience of counselors (Bryant, 2006; Kern, 2014; Zerubavel, & O'Daugherty Wright, 2012). This study began to address the aforementioned discord through provision of a deeper and more meaningful understanding of the experiences of counselors who self-identify as wounded healers. As such,

results from this study may influence and give direction to future research concerning wounded counselors, particularly relating to counselor development and training, counselor experience, and therapeutic relationship. Results may also help to identify counselor needs in terms of training, supervision, and practice.

Methodology

Phenomenological Approach

When there is limited information about a particular topic, a phenomenological approach is warranted so that initial understanding of the topic or concept may be gained. The current study utilized Max Van Manen's (1990, 2014) hermeneutic phenomenological approach to examine the lived experiences of counselors who self-identify as wounded healers.

Population and Sample

Qualitative research typically necessitates purposeful sampling. In other words, in qualitative research the researcher must ensure that he or she seeks participants who are able to address the phenomenon that is the focus of the research. Thus, I designed the inclusion criteria and sampling method for the current research to approach a specific population so as to gather participants who were able to discuss their experiences as a counselor who self-identifies as a wounded healer (Van Manen, 2014). The participants for the current study fit within the following inclusion criteria: (a) above the age of 18, (b) currently working as a counselor, (c) possess the Licensed Professional Counselor or Licensed Professional Counselor – Intern license in the state of Texas, and (d) self-identify as a wounded healer according to the definition provided in the informed consent. Initially, the study only included those with the Texas Licensed Professional Counselor license; however, I expanded the criteria to include those with the Texas Licensed Professional Counselor – Intern license after it became apparent to me that

there was meaningful interest and articulated ability to speak about the lived experience of being a counselor who self-identifies as a wounded healer.

In order to reach out to potential participants, I employed two methods. First, I developed an invitation to participate in the form of a postcard and mailed these out to 150 randomly selected Licensed Professional Counselors in the state of Texas. In order to do this, I utilized the roster of Licensed Professional Counselors posted for the public on the Texas State Board of Examiners of Professional Counselors webpage. I used a random number generator to choose the specific Licensed Professional Counselors to whom I would send invitations. Second, I sent the same information provided on the postcard via two listservs, including the interdepartmental listserv that reaches faculty and students in the department in which I am currently enrolled and the Texas Association for Counselor Education and Supervision (TACES) listserv. The listserv invitation included a request to forward the email to anyone recipients deemed appropriate. In the invitation to participate, I covered information about the research, inclusion criteria, and a URL to the online consent and demographic survey. The survey included a request for a pseudonym and participant email address. I also included in the postcard a request to forward information about the research study to any individuals who met the inclusion criteria and may have been interested in participating (see Appendices A, B, and C).

Data Collection

I asked participants to complete an online consent document and the demographic questionnaire if they were willing to participate in the research study. The demographic questionnaire included a place for a pseudonym we would use in the interview as well as email information so that I was able to contact them to set up the interview. I employed a recorded individual, semi-structured Skype or telephone interview, dependent on participant preference.

Following expansion of inclusion criteria to include Licensed Professional Counselor – Interns, I again posted to both listservs with the original invitation and expanded inclusion criteria.

Furthermore, since there were an insufficient number of responses, a second round of postcards was sent to an additional 50 Licensed Professional Counselors and Licensed Professional Counselor - Interns randomly selected from the roster of Licensed Professional Counselors in Texas, including the expanded inclusion criteria. At the same time, I made a final post on the TACES and interdepartmental listserv that also included the expanded inclusion criteria.

I stopped interviewing participants once I determined I had gathered a sufficient amount of rich data to obtain a clear picture of what it means to be a counselor who self-identifies as a wounded healer. Based on Van Manen's (1990, 2014) approach, data saturation was not a concern; rather, the focus was on whether I as the researcher truly explored the meaning of the phenomenon under investigation. Van Manen does not support the idea that there is an ultimate point of saturation and thus does not use data saturation as an indicator of credibility. Rather, hermeneutic phenomenology aligns more so with the idea that a phenomenon is like an ocean, and the point of hermeneutic phenomenology is to explore the depths, not reach the bottom (Van Manen, Higgins, & van der Riet, 2016).

Interviews. I conducted a semi-structured interview with each participant. To provide some structure I utilized specifically formulated questions meant to address the research questions established for this study (see Appendix I). However, there was flexibility in the interview process in that I asked follow up and clarification questions as needed. Van Manen (1990; 2014) placed importance upon gathering appropriate and relevant data when employing a hermeneutic phenomenological approach. That means developing and utilizing questions about the phenomenon as participants lived it, as opposed to their perception or opinion of it. Thus,

questions must focus explicitly on the experience of the phenomenon, which was the perspective I took when developing the interview questions.

Data Analysis

Theoretical approach to data analysis. Data analysis from the hermeneutic phenomenology perspective involves analyzing the data for themes. Thus, the researcher seeks meaning within the data, uncovering thematic aspects and isolating thematic statements utilizing different perspectives of the data. Van Manen (1990; 2014) introduces three options regarding viewing and analyzing the data, and stated that one can use one or more of the approaches to the study in question. These thematic analysis perspectives include the wholistic reading perspective, the selective/highlighting reading perspective, and the detailed reading perspective. The wholistic reading perspective essentially involves viewing the data as a whole, rather than in pieces, and seeking portions of the data that seems to communicate the essence and meaning of the phenomenon. The selective/highlighting reading approach involves reviewing the data in search of what statements reveal the most about the phenomenon. The detailed reading approach involves looking closely at each sentence or group of sentences and thinking about what the sentence or group of sentences reveals about the phenomenon (Greene, 2009; Van Manen, 1990, 2014).

After initial analysis, Van Manen suggests interviewing the participants again about the initial thematic findings for the purpose of reflection on whether the themes truly represent the reality of their experience of the phenomenon. This discussion can happen in the context of a research group if it is not possible to have continued contact with participants. In both situations, the focus of the second interview or research team meeting is on examining, articulating, re-interpreting, omitting, adding, and reforming themes as needed. Another part of analysis involves

the determination of essentialness of themes. When themes are essential to the phenomenon it means that without it the phenomenon would lose its meaning (Greene, 2009; Van Manen, 1990, 2014).

Data analysis process. I transcribed each interview shortly after conducting it. Once I transcribed each interview, I emailed the transcript to the corresponding participant with the request that they review the transcript, specifically for the purpose of commenting on accuracy and adding anything they may have left out. I requested that the participant send comments and feedback on the transcript back to me within two weeks from the date I sent the email. I did not make any modifications to the corresponding transcript, as participants did not have any adjustments. After transcription was completed, I began regularly meeting with the peer reviewer wherein I reflected on and discussed themes that I noted and discussed other issues related to the data analysis process.

I began analyzing each transcript once two weeks had passed. I analyzed the data utilizing the selective/highlighting and wholistic reading approaches to ensure that I had gained a balanced view of the data. I organized all thematic interpretations into potential themes after analyzing each transcript. Once all transcript analysis was completed I then began the process of identifying themes across participant data, collecting all thematic interpretations that appeared to fit together and placing them into one potential theme. Subsequently, I conducted a process of reviewing each potential theme myself as well as with my peer reviewer. This included identifying sub themes within each theme as needed. Once I established initial themes, I worked with my peer reviewer to name each theme. After solidifying the name and essence of each theme, I sent a document to all participants explicating themes and subthemes, as well as their

meaning. After I received feedback from participants I made final adjustments to the themes (Van Manen, 1990, 2014).

Trustworthiness

Trustworthiness or rigor is an essential component that researchers must address when completing qualitative research (Hunt, 2011). In the current study, I employed hermeneutic phenomenology as described by Van Manen (1990, 2014) and focused on trustworthiness or rigor from that perspective. Van Manen (1990, 2014) emphasized a number of important aspects that relate to trustworthiness including: (a) development and use of an appropriate phenomenological research question; (b) reliance on primary and scholarly sources of phenomenological literature in the process; (c) use of reflection throughout the process of research; (d) strong and oriented relation to phenomenon in question; (e) use of rich data in analysis, particularly data that is experientially descriptive, concrete, and vivid; and (f) involvement of participants and/or at least one other researcher for the purpose of reflecting on the themes.

First, I worked toward developing an appropriate research question, which focused on the understanding of the lived experience of a specific phenomenon. I also engaged predominantly with literature that is a primary source and/or scholarly in nature, specifically related to phenomenological research and the wounded healer phenomenon. I incorporated the use of reflection within the research process with the use of a journal and regular meetings with a peer reviewer and dissertation chair. The journal was for the purpose of reflection on the process and my experiences and for documenting decisions, questions, and observations. Meetings with the peer reviewer focused on reflections on the themes. In addition to discussion concerning progression of my research, meetings with my dissertation chair also included consideration of

my personal reflections that arose during the research process. The use of a journal as well as meetings with the peer reviewer also helped to ensure strong and oriented relationship with the phenomenon. By using these three methods I was able to stay present with the research, the process, and my experience of the phenomenon and research. In order to gather rich data, I designed interview questions to elicit rich and concrete descriptions of the experience of being a wounded counselor from the participants. Finally, I engaged with participants to elicit their reflections on the themes and engaged with the peer reviewer to reflect jointly on the findings (Van Manen, 1990, 2014).

Role of the Researcher

Qualitative researchers generally consider the researcher as an essential part of the research and therefore believe it is imperative to address the role of the researcher. This requires some transparency on the part of the researcher (Hunt, 2011). In this research study, I identified as an insider. An insider is someone who has encountered the same phenomenon as the participants (Hunt, 2011). Hermeneutic phenomenology lends itself well to the perspective of the researcher who is an insider, as it values the unique perspective, experience, and interpretation of the researcher. Hermeneutic phenomenology does not require bracketing of researcher assumptions and biases; rather, it stresses that the researcher explicate assumptions, biases, and reflections in order to more directly and openly engage with the phenomenon without impulsive interpretation of the data. To maintain the hermeneutic phenomenological perspective, I sought open and direct engagement with the wounded healer concept through journaling my experiences, thoughts, and questions, as well as engaging in open discussions with colleagues and faculty members (Greene, 2009; Hunt, 2011; Van Manen, 1990, 2014).

Lens of the Researcher

The pervasive perception in qualitative research is that the researcher is the instrument through which he or she conducts the research. Therefore, many researchers deem it imperative for those utilizing a qualitative approach to disclose their thoughts, assumptions, and biases related to the phenomenon. Disclosure of the researcher's perception of the phenomenon provides the context to the research and offers readers the ability to understand the lens of the researcher (Hunt, 2011; Patton, 2015).

I chose to study the wounded healer concept for a number of reasons. I had my own experiences with wounding that inspired me to enter counseling. Throughout my experience in graduate school, I came to know many of my peers who have discussed their own experiences with being wounded. What I noticed during discussions regarding wounding experiences was an accompanying feeling of shame. It was as if having such experiences, regardless of whatever control my peers or I may have had over them, was something to keep quiet because it made us somehow less fit to be a counselor. I also believe that the counseling field must cultivate a deeper understanding of the wounded counselor because it seems logical to me that many who pursue counseling may have experienced wounds at some point in their lives as they are human and thus vulnerable to such experiences.

As for assumptions and biases, I tend to have a positive view of the wounded healer because I think it can help counselors develop empathy and compassion. Yet, I believe that the general perception of the wounded healer is that it is a negative thing, and that being wounded somehow lessens an individual's ability to be a counselor. I think that the negative perception of the wounded healer stems at least partially from misunderstanding about the difference between a wounded healer and an impaired counselor.

Limitations and Delimitations

There were a few limitations and delimitations in the current research. The first limitation was that I am also a member of the counseling field, which may have led participants to censor their responses simply because they were aware of my status as a member of the field. Future researchers may address this issue by having a researcher from another discipline conduct the interviews so that participants do not feel pressured to respond a certain way due to the researcher's presence in the same field. The other limitations were the way in which potential participants perceived the wounded healer concept both in regard to having preconceived notions or ideas about what it means to be a wounded healer and their perception of the definition of the wounded healer I provided in the informed consent which may have resulted in certain individuals who were qualified to participate deeming themselves as unqualified.

The first delimitation was the limited amount of data sources utilized, as the current research relied solely on an interview and participant feedback. Future researchers may address this issue by incorporating other data sources such as journals, a second interview, and a focus group (Van Manen, 1990, 2014). A second delimitation involved the population, in that only counselors who possess their Licensed Professional Counselor or Licensed Professional Counselor – Intern license in Texas were eligible as participants. Future researchers may include counselors from anywhere within the United States or abroad. A final delimitation is the lack of robust description of individual participants. One way that future researchers may address this is to broaden the potential pool of participants so that risk of breach of confidentiality is lessened.

Definition of Key Terms

There is one term that is essential to define clearly, as it was the core concept I studied in the current research. In the context of the current research, the wounded healer is defined as an

individual who: (a) has suffered or is suffering physical and/or emotional trauma or distress from which they have worked or are working to heal (i.e. recover or manage); and, (b) consequently, has gone on to heal others as a counselor (Bryant, 2006; Rawson Foreman, 2005; Schneider, & May, 2012; Watts, 2014).

Remaining Chapters

With this research, I sought to understand the lived experiences of counselors who identify as wounded healers. Chapter two encompasses a more in-depth literature review, incorporating literature and research related to the overall dissertation topic of the wounded healer. Chapter three provides further detail regarding the methodology that was utilized for this research. Chapter four describes the findings of the study. Chapter five covers implications for counseling practice and training, limitations, suggestions for future research, and a concluding paragraph.

CHAPTER II: LITERATURE REVIEW

Within this chapter, I provide a review of literature and research regarding the wounded healer, with specific focus placed on the origin of the wounded healer construct, perspectives on the wounded healer in therapeutic practice, and research about the wounded healer. In order to properly and fully orient to the construct, I first identify and describe the origins of the wounded healer construct. Next, I review and discuss various perspectives on the wounded healer in therapeutic practice. Finally, I consider research about and related to the wounded healer construct.

The Origins of the Wounded Healer Construct

Storytellers, writers, and scholars have alluded to the concept of the wounded healer across the span of thousands of years and across a diverse number of cultures. In fact, the concept seems universal, possessing enough meaning and power to endure as it has across time and culture. The wounded healer construct has appeared in shamanistic traditions, Ancient Greek mythology, Hebrew folklore, Christian religious symbolism, and Arthurian legends (Bryant, 2006; Groesbeck, 1989; Hamilton, 1942; Johnson, 2009; Smink, 2010; Watts, 2014). Typically, when storytellers, writers, and scholars have discussed the wounded healer construct they reference a specific story, myth, legend, or tradition of an individual or individuals that represent some or all aspects of what it means to be a wounded healer. Therefore, in this section I discuss the stories, myths, legends, and traditions that storytellers, writers, and scholars attribute to the wounded healer construct. I also tie each story, myth, legend, and tradition back to the overall definition of the wounded healer, noting particular likenesses and variations. The general definition of the wounded healer, as noted in chapter one, is as follows: (a) an individual experiences a physical or psychological wound; (b) the same individual, to some extent, heals

themselves from their own wound; and, (c) afterward, the individual in question allegedly possesses some enhanced ability or qualification to heal others due to their own experience with wounding and healing (Bennett, 2011; Bryant, 2006; Davison, 2013; DeVita, 2014; Ham, 2009; Rawson Foreman, 2005; Watts, 2014).

Shamanism represents the most primitive and enduring example of the wounded healer. Shamanism has appeared in many different cultures from Native American tribes to African tribes. Groesbeck (1989) provided the general definition of a shaman as a social official within a community who, through help from guardian spirits, possesses the ability to reach a trance state that allows them to establish and maintain a relationship with the spiritual world for all those in the community. In other words, this individual transcends the physical world to act as a mediator between the spirit world and community members who came to them for healing. Before becoming a shaman, the individual must have experienced some type of illness that the sufferer must have experienced as a calling to the position of shaman. They were then required to participate in initiatory rites as a means of gaining shamanic powers. This typically involved some kind of altered state of consciousness, and the experience of “death and rebirth” (Groesbeck, 1989, pg. 258; DeVita, 2014; Grapp, 1992; Groesbeck, 1989; Watts, 2014).

Individuals who went through the initiation rite would connect with an animal and other guardian spirits who gave the individual power and enhanced their power when they engaged in the act of healing another person. Thereafter, the individual in question, once they successfully progressed through the initiation rites, possessed powers including telepathy, psychokinesis, precognition, and ability to defy physical laws. The individual also possessed the power to see into the spirit world, as well as into the patient’s body and soul for the purpose of identifying illness and providing healing. One example of a shamanic initiation ritual can be found in the

African Xhosa culture. The ritual in the African Xhosa culture involved enduring physical and psychological pain and sickness including such things as stomach pain, back pain, nervousness, periods of unconsciousness, nightmares, and emotional withdrawal (DeVita, 2014; Grapp, 1992; Groesbeck, 1989; Watts, 2014).

Consistent with the general definition of the wounded healer, the shamanistic tradition involves the individual experiencing a physical and/or psychological wound. Shamanism also seems strongly connected to the general definition because it involved the shaman obtaining special powers, or an enhanced ability and qualification to heal others after their encounter with wounds. However, this tradition differs from the general idea in that the individual in question first experiences a wound that calls them to shamanism and then encounters other wounds throughout the initiation rites. In other words, there was a secondary, intentional wounding experience necessary to gain shamanic powers (DeVita, 2014; Grapp, 1992; Groesbeck, 1989; Watts, 2014).

Beyond shamanism, scholars most often discuss Ancient Greek mythology, particularly the myths of Chiron and Asclepius in relation to the wounded healer construct. Chiron was a centaur, half human and half horse. He was also part god and thus immortal. He was renowned for his gentle and wise nature, much the opposite of most other centaurs, who were commonly known for their violence. He was also recognized for his knowledge of medicine and ability as a teacher and healer. Chiron was the son of Cronus, the Titan god of time, and Philyra, a nymph. Cronus and Philyra had an affair during which they conceived Chiron. Before Chiron's birth, Cronus abandoned Chiron, as Chiron was evidence of Cronus' affair with a woman other than his wife. Chiron was abandoned by his mother at birth, as once Philyra realized she had given birth to a centaur she was disgusted and decided she could not raise such a creature. He was later

adopted and taught by Apollo, god of music, prophecy, poetry, and healing (Graves, 1955a; Graves, 1955b; Hamilton, 1942; Kerényi, 1959).

Later in Chiron's life, Hercules accidentally hit Chiron with an arrow dipped in poison, which effectively wounded Chiron incurably. Consequently, Chiron continuously suffered from his wound as he could not fully heal the wound due to the poison and could not die due to his immortality. Despite his wounds, he continued to pursue the art of healing. Scholars dubbed Chiron a wounded healer because he was a healer who experienced both a psychological and physical wound and continued to heal others despite his own suffering. His psychological wound was his experience of being abandoned by his father and mother. His physical wound was his experience of being hit by Hercules' arrow. As with the general idea of the wounded healer, Chiron was an individual who experienced a wound, worked to heal himself, and allegedly held some unique ability to heal others at least partly due to his own wounding experiences. On the other hand, unlike the general idea of the wounded healer, Apollo, a more prominent god known for his healing knowledge and ability among other things, taught Chiron the art of healing. Thus, Chiron not only appeared to possess an enhanced ability to heal due to his wounding experiences, he was also exceptionally educated in the art of healing (Downing, 1990; Graves, 1955a; Graves, 1955b; Hamilton, 1942; Kerényi, 1959; Rawson Foreman, 2005).

Asclepius' story has thematic similarities to Chiron's story. However, Asclepius' story also possesses a number of nuances particularly in relation to context. Asclepius was a mortal physician who became a hero and demigod. He was known for his healing ability and knowledge. Asclepius was the son of Apollo, the god of music, sun, and healing, and Coronis, a mortal woman. After Coronis and Apollo conceived Asclepius, Coronis had an affair with another man (Graves, 1955a; Graves, 1955b; Hamilton, 1942). Scholars noted conflicting

descriptions about how Apollo reacted to the discovery of Coronis' infidelity. Hamilton (1942) stated that either Apollo killed Coronis himself, or had his twin sister Artemis kill her with her arrows that never missed. Graves (1955a) reiterated the second story, with no mention of the first. Thereafter, the general consensus regarding what happened was that Apollo rescued Asclepius from his mother's womb after her death. Apollo then put Asclepius under the care of Chiron. Asclepius inherited a natural affinity and ability for healing from his father Apollo. Chiron then taught Asclepius the art of healing (Graves, 1955a; Graves, 1955b; Hamilton, 1942).

Asclepius eventually gained the power to raise the dead. This angered some, like Hades, who felt Asclepius was stealing his subjects through resurrection. Hades then complained to Zeus, which led Zeus to strike Asclepius with his thunderbolt, effectively killing him. Later, Zeus brought Asclepius back to life, after which Asclepius continued to heal others. In fact, even after his final death he was said to appear in the dreams of those who came to his temples for healing to provide instructions for how to heal their afflictions. Scholars have described Asclepius as a wounded healer because of his strong association with healing and medicine in conjunction with his continued healing of others despite numerous encounters with his own wounds.

Asclepius' wounds were, like Chiron's, both psychological and physical. Psychologically, Asclepius was wounded by his mother's death as well as his father's abandonment. Physically, Asclepius was wounded by the strike of Zeus' thunderbolt, which resulted in death, though he was supposedly brought back to life according to some interpretations. Similar to the overarching idea of the wounded healer, Asclepius encountered both physical and psychological wounds, continued to pursue healing others, and possessed some

inherent ability to heal from his father as well as his own wounding experiences. Dissimilar to the general idea of a wounded healer, Asclepius was quite educated in the healing art in addition to his natural ability for healing. Furthermore, myths of Asclepius do not speak much to the idea that he worked to heal himself (Graves, 1955a; Graves, 1955b; Hamilton, 1942; Rawson Foreman, 2005).

The wounded healer concept also appears in Hebrew folklore. Scholars describe two separate stories related to the wounded healer concept. Bryant (2006) stated that in the Talmud, there is a story that depicts a Messiah at the gates of a city who intentionally bandaged his own wounds one at a time so as to allow him to help and heal others as quickly as possible. Though there is little to the story, it appears closely related to the general definition of the wounded healer. Like the general definition, the subject of the story experienced a wound, and worked to heal himself so as to heal others. However, unlike the general definition the subject of the story did not necessarily gain a special power, ability, or qualification to heal others; rather, he gained the general physical ability to help others with their wounds because he had ensured he was as physically stable as possible in the situation to effectively and quickly help others.

The second story, also from the Talmud, depicted a rabbi who possessed the ability to heal others; however, when he experienced an illness he was unable to heal himself. Eventually, he learned that he could only obtain healing from another rabbi. Thereafter, Watts (2014) indicated that the rabbi experienced greater attunement and compassion when working with others as a healer. Apparently, his own wounding and healing experience allowed him to gain insight and transformed him into a more sensitive healer. As in the wounded healer concept, the rabbi experienced an illness as well as healing, which then enhanced his ability to heal others as

a result of consequent attainment of insight, attunement, compassion, and sensitivity. However, the rabbi was unable to heal himself and instead received healing from another.

Christian symbolism also presents a story related to the wounded healer construct. Bryant (2006) discussed the story of Jesus Christ in the context of what it means to be a wounded healer. Many recognize Jesus Christ as a healer who encountered his own wounds when he died on the cross with attendant pain and suffering. Bryant (2006) likened Jesus Christ to the wounded healer concept because through his death he was said to have healed humankind through the act of accepting the burden of their sins. His wound then was his death which allowed him to heal others, and in that way his story correlates directly to the definition of the wounded healer. However, he did not work to heal himself from his own wounds (Bryant, 2006; Scrutton, 2013; Smink; 2010; Stockigt et al., 2015)

Finally, Arthurian legends also refer to a figure that has a strong likeness to the definition of a wounded healer. This figure appears in the legend called *The Fisher King*, which has taken many forms across time. Generally, the story begins with the king encountering a wound as an adolescent. Versions of the story differ regarding how and where the king was wounded. In one version, the king was eating salmon and was consequently wounded by being burned by the salmon or cut by the salmon's gills. Other versions indicate that an arrow wounded the king in his sexual organs. All versions of the story converge in regard to the king experiencing the wound as both painful and incurable. Purportedly, the king finds some relief only while fishing. Likewise, all versions concur that while the king suffered from his wound, the kingdom suffered from famine (Baldwin, 2013; Johnson, 2009; Rawson Foreman, 2005).

Some time after his wound, the king becomes aware of a prophecy about his wound. The prophecy stated that an innocent fool who searches for the Holy Grail would come to the King.

The fool would ask the king about whom the Holy Grail serves, and the Holy Grail would appear to the fool. This would then heal the king's wound as well as kingdom's famine. One day, the king meets the fool from the prophecy, though the fool does not realize that he has met the king. During their meeting, the fool simply requests directions to the castle where he seeks the Holy Grail. Quite some time after that day, the fool successfully arrives at the castle where he again meets the king and asks the question from the prophecy. The Holy Grail then appeared before the fool. Thereafter, the king's and his kingdom's suffering ends as their wounds were healed (Baldwin, 2013; Johnson, 2009; Rawson Foreman, 2005).

Here again, this story describes a king who was physically wounded and healed, and in a way through his own healing others were healed. There are differences, however, from the general concept of the wounded healer. The king did not heal himself, the king's wound caused a wound for his kingdom, the king did not directly heal others, and the king did not seem to exhibit healing ability or powers after healing took place. Rather, his healing directly caused his kingdom to heal at nearly the same time (Baldwin, 2013; Johnson, 2009; Rawson Foreman, 2005).

Perspectives on the Wounded Healer in Therapeutic Practice

To understand the context of this research, it is imperative to address the aspects of the wounded healer construct in relationship to therapeutic practice. The perception of wounded healing in therapeutic practice has changed as time has passed. Many widely known practitioners have directly or indirectly referred to the wounded healer concept, particularly in relation to the process of therapy. Such practitioners include Sigmund Freud, Alfred Adler, Carl Jung, and Rollo May.

Sigmund Freud, founder of psychoanalysis, acknowledged and even addressed the issue of psychoanalysts having their own issues as evidenced by his concept of countertransference. Countertransference refers to instances wherein psychoanalysts see their patients as someone they know, causing them to project this known person onto the patient. Freud believed this occurred because of the patient's influence on psychoanalyst's unconscious feelings, wherein there was something that was unresolved. Based on this idea of countertransference, Freud argued that practitioners should have their own therapy, or in his opinion, specifically psychoanalysis. In support of this requirement, Freud stated that the psychoanalyst could not possibly take a patient beyond where he had gone in his own work. Thus, Freud implied that psychoanalysts had to continue resolving their own issues; otherwise, they would find themselves unable to go where their clients needed to go, essentially rendering them ineffective (Baldwin, 2013; Freud, 2010).

The term countertransference has permeated the counseling field. This essentially is the extent to which we as a profession acknowledge and address the reality that counselors experience wounds as well, though in an approximate manner. The presence of the idea of countertransference in the field is quite apparent when considering that counselors and counselor educators have continued to discuss and even debate the need to require personal counseling for practitioners in training due to this very issue. At this point the field regards countertransference as tool in the therapeutic process, which is detrimental only when utilized inappropriately (Baldwin, 2013; Grapp, 1992; Roberts, & Franzo, 2014; Watts, 2014). Most recently, the definition of countertransference in counseling has transformed from Freud's original definition to the idea that a counselor's wounds or wounding experiences become triggered when working

with clients, resulting in emotional and cognitive reactions to their client (Giordano, Clarke, & Stare, 2015; Watts, 2014).

Alfred Adler, creator of individual psychology, discussed wounded healing in a more direct manner. Adler believed that the experience of the wound activates the healing powers within the practitioner. Thus, the purpose of the wound was to make practitioners aware of their healing powers. Without encountering such wounding experiences, as practitioners we would not know and join with our healing power (Baldwin, 2013; Groesbeck, 1975). Adler believed that wounding experiences serve both as motivation to pursue therapeutic practice and as a therapeutic tool in helping others (Groesbeck, 1975; Ivey, & Partington, 2014). It seems evident that Adler would support placing emphasis on what it is to be and act as a counselor who is a wounded healer. It appears that he embraced the idea of being a wounded healer and believed that others should embrace it as well because it not only brings us to counseling, it also serves as a tool in the therapeutic encounter. However, it is clear that the field of counseling has not yet progressed to the stage of developing a consistent way to address being a wounded healer and what that means for counseling practice.

Carl Jung, a psychiatrist associated with psychoanalysis, was one of the first to directly discuss wounded healing. Jung created the concept of the collective unconscious. According to Jung, the collective unconscious, part of the unconscious mind, is universal among human beings and contains archetypes. Archetypes are symbols and figures that appear across time and culture. One of the archetypes Jung discussed was the wounded healer archetype. When he explained the wounded healer archetype, he referenced the myths of Chiron and Asclepius from Greek mythology. This archetypal figure, thus, was an individual with a proclivity for healing who encounters wounding experiences, both psychological and physical, from which they are unable

to heal themselves totally. Despite or perhaps due to their own wounds, the individual continues to heal others. Jung believed that the wounding experience was integral to being a true and effective healer and so eschewed the word healer for the more congruent phrase wounded healer (Baldwin, 2013; Graves, 1955a; Graves, 1955b; Jung, 1969; Jung, 1989; Larisey, 2012; Viado, 2015).

Rollo May, an existential psychologist, also directly spoke of wounded healing. May developed a theory about the wounded healer and posited that our wounds are tools that allow us to heal others. He continued to develop his theory over time, and proposed that wounded healers develop the empathy, compassion, and creativity that we use with other human beings because of the insight we develop due to the struggle we have with our own wounding experiences. Therefore, according to May, the possession of wounds is an asset to the practice of counseling. Our wounds let us create deeper relationships with clients. Wounds give us the ability understand our clients' problems, and to feel with them (Schneider & May, 2012).

Research on the Wounded Healer

There have been a number of studies about or related to the wounded healer concept. Perhaps due to the pervasive nature of the wounded healer concept, research is very diverse and not easily categorized. It appears in many fields, has been conducted from unique perspectives, and has utilized a variety of research methodologies. Thus, this section presents research organized in accordance with the research methodology utilized – qualitative, quantitative, or mixed. Within each, studies are organized in chronological order to provide a sense of cohesion to the research on the wounded healer concept.

Qualitative Wounded Healer Studies

Several researchers have studied wounded healers through the implementation of qualitative research designs. Each researcher possessed their own unique perspective, evident in the manner in which they conducted their studies. Thus, each study discussed below presents a unique focus, ranging from burnout and countertransference to therapist development.

Allen (1989) conducted a grounded theory study regarding how integration of the need to heal others and the need to heal oneself relates to burnout for Jungian analysts. Allen conducted a content analysis of relevant literature, developed a theory, and conducted semi-structured interviews guided by the theory she developed from the literature content analysis. Seven Jungian analysts participated in this study. Allen stated that the interviewees both validated the theory she developed and provided suggestions for modifications. Ultimately, Allen found that for some analysts, pursuit of a healing profession expresses not only aspiration to heal others but also attempts to self heal. However, the desire and attempts at self-healing through participation in the healing profession halt because they somehow conflict with the altruism developed in the analyst's family life and reinforced in their training (Allen, 1989).

According to Allen (1989), analysts compensate for the inability to self heal through healing others who somehow relate to the wounded parts of the analyst. The analyst then experiences burnout, and personal analysis helps them to recognize their own wounds. When analysts can heal those wounds, they experience less self-denial and more productivity with clients. Through modifications in lifestyle, which emphasize and support self-healing, they rely less on benefiting from their role as analysts. Allen (1989) concluded that being a wounded healer, someone whose powers of healing and empathy are built on their awareness of their wounds and vulnerability, may act as prevention to burnout. Thus, integrating within the analyst

both the need to heal others and the need to heal oneself alleviates burnout and allows the primary focus of the therapeutic process to remain on the client and the client's healing (Allen, 1989).

Grapp (1992) utilized an exploratory qualitative methodology to study wounded healers to understand how wounds influenced career choice as well as how wounded healers used their wounds in work with clients, particularly with regards to self-disclosure. Grapp conducted semi-structured interviews across two sessions with each of the nine participants. Six participants were licensed psychologists and three were psychologist associates. Results included nine thematic categories, including: (a) types of trauma experienced, (b) personal therapy, (c) birth order and roles in family of origin, (d) presence or absence of witnesses, (e) decision making to become a psychologist, (f) influences on personal and professional development for males, (g) the use of self in therapy, (h) use of self case examples, and (i) professional development stages (Grapp, 1992).

Grapp (1992) noted that four participants reported never disclosing their experiences to clients, four said they disclose occasionally, and one stated they disclose often. Those who never disclose, though, stated that they use themselves and their experiences in a therapeutic manner with clients without disclosure. When discussing disclosure participants expressed a cautious attitude and noted that their perspective on disclosure changed over time, becoming more open to it. Participants also described the ways in which their wounds connect to their helping ability. They stated that their wounds help them with such things as being with clients, listening, empathizing, understanding, and intuition. Four participants identified that they work with populations who have wounds like their own wounds. Some participants offered illustrations of their self-disclosure. Through these illustrations they indicated that they experienced a

breakthrough with the client, intuition activated by a part of them that was wounded, and the presence of their own wound in the session. Participants described how they developed over time in their professional careers in terms of their woundedness. Grapp (1992) concluded by noting that participants utilized their wounds in various ways, not only through self-disclosure, but also through immediacy, confident presence with clients, and greater ability to witness client pain.

Wolgien and Coady (1997) conducted a qualitative study exploring good therapists' beliefs about the development of their helping ability. Wolgien and Coady conducted semi-structured interviews using questions that were provided to participants in advance of the interview. Five social workers, two psychologists, one psychiatrist, and one therapist with a doctorate in social sciences constituted the participant group. Findings reflected two broad thematic categories, personal experiences and professional experiences. Personal experiences included difficult experiences in childhood, difficult experiences in adulthood, and positive/protective experiences in adulthood. Professional experiences included learning from clients, ongoing professional development, and positive and negative experiences in professional education. The authors indicated that the themes seemed to illustrate how participants perceived their journey to becoming good therapists. Essentially, the themes indicated that there are two integral aspects to developing into a good therapist. The first aspect is having a wounding experience from which the therapist worked to heal, typically without professional help, though with having a degree of distance from the wounding as well as support from intimate relationships. The second aspect is continuous learning, both about clients as well as about their personal and professional self, through education, professional development activities, and work with clients. The authors indicated that the lived experiences encompassed in the themes allowed the therapists to develop and act with sensitivity, empathy, interest, humility, respect for

normalcy of wounds, and openness to continued learning. Although Wolgast and Coady (1997) were not seeking to study the wounded healer concept, they concluded that the themes from their study speak directly to some connection between the development of good therapists and the experience of being a wounded healer.

Cain (2000) studied the personal and professional experiences of wounded healers whom he identified as psychotherapists who had personal histories of psychiatric hospitalization. In his research he primarily focused on countertransference. Cain conducted semi-structured interviews to gather data. There were 10 participants in this study including seven social workers, two psychologists, and one psychiatrist. Cain's findings revealed four primary themes. The first theme was common countertransference experiences, with subthemes of concerns about hospitalization of clients, comparison of therapist with client, identification with clients, and over identification with clients. The second theme was the impacts of countertransference on the therapeutic process, both positive and negative. Examples of positive impacts of countertransference included greater empathy, trust, and hope; whereas negative impacts of countertransference included discomfort, anxiety, frustration, and reminders of trying times. The third theme was processing and using countertransference with clients and themselves. The final theme was experiences of the stigma associated with mental illness. This theme underscored the presence of mental health stigma even within the mental health field, which was an obstacle to therapist disclosure of their history. Cain (2000) noted that his research supports the idea that helping professions, practitioners, and clients would benefit from the presence of wounded healers in helping professions due to their capacity for empathy, belief in recovery, and experiential knowledge and expertise.

Rawson Foreman (2005) studied the experience of the wounded healer archetype among art therapy graduate students using a phenomenological approach. She conducted two semi-structured interviews with eight participants. The second interview included facilitation of the creation of artwork related to the wounded healer archetype and related discussion. Results were provided in two separate sections, one based strictly on interviews and one based on artwork. The author found many themes in the interview data, including: (a) awareness and understanding of the wounded healer concept, (b) wounded healers have greater empathy and understanding of clients due to their own wounds, (c) possessing wounds, (d) wounds allow for growth, (e) art as self-expression, (f) art as healing, (g) being called to art therapy, (h) journey to art therapy, (i) concerns for classmates who had not had therapy, (j) belief that personal therapy should be required, (k) working through wounds, (l) the nature of wounding, and (m) wounds as rationale behind career choice (Rawson Foreman, 2005).

Results based on artwork created to represent how the participants view the wounded healer archetype included four themes. The first theme was floating images, which was cautiously interpreted as potentially indicative of some kind of instability somehow connected to emotions or participant contextual factors in terms of personal and professional states of transition. The second theme was circles, which the author noted typically relates to the self and to wholeness and that may suggest that participants feel pulled toward wholeness and self-understanding. The third theme was core images, with both inner and outer parts. The author interpreted this as meaning that participants may experience a private self and a public self in terms of being a wounded healer. The final theme was bridges, which the author believed illustrated the path from woundedness to healing. In conclusion, Rawson Foreman (2005) noted that her findings suggested that wounded healers are individuals who experienced wounds,

worked to heal themselves, and went on to heal others. She highlighted the apparent pervasiveness of woundedness in art therapy graduate students and strongly encouraged further exploration and examination of this issue and its meaning for the helping professions (Rawson Foreman, 2005).

Bryant (2006) completed a study meant to explore and understand strengths of resilient wounded healers, the relationship between childhood experiences and therapeutic effectiveness, and validity of the wounded healer concept using a qualitative phenomenological case study approach. The study was grounded in an Adlerian theoretical perspective. Participants were a total of 10 individuals who had a doctorate in psychology, or a master's degree in social work, counseling, or counseling psychology. To gather data, she conducted semi-structured interviews and provided Adlerian assessments both formal (e.g. Basic Adlerian Scales for Interpersonal Success) and informal (e.g. discussions eliciting early recollections, memorable adolescent experiences, and family constellations) (Bryant, 2006).

Bryant's (2006) findings included a number of themes, including: (a) wounded healer, (b) resilience, (c) positive mental health, (d) social interest, (e) intelligence, (f) intuition; (g) compassion, (h) creativity, (i) spirituality, (j) anger, (k) empathy, (l) leadership ability, (m) best area of work, (n) use of suffering to transcend problems, (o) boundaries and limits, (p) ability to work with people who others cannot, and (q) coping and/or mentors. Bryant (2006) concluded that her findings appeared to support the idea that resilience is an inherent part of the experience of wounded healers. She believed that resilience was inherent because the wounded healers in her study experienced wounds, were aware of their wounds, worked to heal themselves from those wounds, and through that process not only experienced greater therapeutic effectiveness

but also gained resilience. She also noted that awareness of wounds and subsequent healing appeared to differentiate wounded healers from impaired practitioners (Bryant, 2006).

Ham (2009) explored lived experience of recovering substance abuse counselor, whom he termed as wounded healers, particularly in relationship to self-disclosure, countertransference, and spirituality in therapeutic work. His phenomenological study included 10 participants, five of whom possessed a bachelor's degree, four a master's degree in counseling or social work, and one a doctoral degree in psychology. His findings included four overarching categories, including overall meaning and essence, self-disclosure, countertransference, and spirituality. Each category contained several themes that were included within it. One of the themes within the overall meaning and essence category was empathy, understanding, and identification: I know where they are coming from. Ham connected this finding to Jung's notion that the transcendence of wounds contributes to the development of such skills as those Ham identified in this theme (Ham, 2009; Ham, Stauffer LeMasson, & Hayes, 2013).

Davison (2013) also studied wounded healers, though in this case they were therapists who were diagnosed with mental health issues, with the intent of exploring the impact that has on their clinical practice. Davison employed a phenomenological qualitative design, specifically implementing an interpretive phenomenological analysis approach. Participants included six clinical psychologists and four counseling psychologists. Davison's analysis revealed five themes, each with their own subthemes.

The first theme was use of the personal self of the psychologist, with subthemes including: (a) empathy, (b) perspectives on self-disclosure, (c) drawing on experience, and (d) approaches to self-care. The second theme was ambivalence related to being both in the helping profession and consumer of the helping profession, which involved a number of subthemes

including: (a) insider/outsider, (b) personal and professional boundaries, (c) models of therapy and practice, and (d) ownership of emotional distress. The third theme was identity as a psychologist, with the following subthemes: (a) dual identity, (b) self as fortunate, and (c) self as troubled (acceptance). The fourth theme was psychologists as agents of change, which included a subtheme of role as advocate/upholding patient rights. The final theme was finding meaning in suffering, with subthemes of gratitude and attributing career choice to own experiences. In closing Davison remarked that wounded healers appear to possess valuable experiential knowledge that can have use in therapeutic practice, and that such knowledge should be the subject of further research in order to harness and implement that knowledge in ways that increases the effectiveness of therapy (Davison, 2013).

Burda (2014) studied wounded healers lived experience of countertransference using interpretive phenomenological analysis. There were six participants, all Jungian analysts, including three master's level analysts, two analysts with doctorates, and one analyst with a medical degree. He gathered data through conducting semi-structured interviews with each participant. His analysis of the data revealed a large number of themes and subthemes. Themes and subthemes were as follows: (a) countertransference has origins in analyst's wounds, with subthemes wounds rooted in personal history and wounds as complexes; (b) countertransference triggers, with subthemes client similarities, projections from the client, and client troublesome interactive style; (c) manifestations of countertransference, with subthemes analyst full engagement with client disrupted, analyst wishes to care for client, and analyst drawn into spiritual experience; (d) countertransference effects, with subthemes negative effects on analytic process/outcome, strengthened or weakened the analyst-client bond, analyst gained confidence in countertransference, and mutual healing and transformation; (e) countertransference

management, with subthemes in-session modulation with awareness and understanding, analyst works on personal self throughout analysis, and modifying/adapting the analytic frame; and (f) contextual factors in analysis, with subthemes time factors or considerations, the unconscious or some other transcendent power, and cultural factors. In his discussion, Burda (2014) stated that participant wounds contributed to the manifestation of countertransference, when countertransference occurred participants would actively use awareness and understanding as a means of management. Furthermore, participants noted how countertransference influenced the therapeutic relationship, while time, culture, and spiritual factors also played a part in the experience (Burda, 2014).

DeVita (2014) studied wounded healers through the lens of their somatic experiences. She sought to gain an understanding of what somatic experiences wounded psychotherapists have when working with clients and what the value of their somatic experiences are in that context. DeVita employed a qualitative phenomenological methodology using semi-structured interviews and interpretive phenomenological analysis. There were seven participants, all licensed psychotherapists. Data analysis revealed a number of themes which she organized into two primary domains, then into themes and subthemes. The first domain was somatic experience phenomenon, with themes being parts of body affected, physical sensations and physiological responses, behavioral/postural impulses, emotional feelings in the body, localized conceptual images, images of the somatic field dynamics, and most frequently reported occasions of somatic experiences. The second domain was discernment and use of somatic experiences, with themes of process of differentiation and therapeutic use of somatic experiences. DeVita (2014) underscored the fact that for participants, wounds were strongly connected to their somatic experiences. In addition, participants employed their somatic experiences in their therapeutic

practice. She pointed out that her findings echoed previous research in terms of resonating with the wounded healer archetype; participant experience of woundedness having a role in their therapeutic work, particularly in regard to the pursuit of psychotherapy as a career; countertransference; and awareness, understanding, and empathy within the therapeutic relationship.

Viado (2015) investigated wounded healers, psychodynamic and Jungian therapists with wounds similar to their clients, from the perspective of their experience of countertransference, its management, and its beneficial aspects. There were seven participants in this qualitative case study, two of whom possessed doctoral degrees in clinical psychology, one of whom possessed a doctoral degree in depth psychology, and five of whom possessed graduate degrees in various fields including marriage and family therapy, counseling, depth psychology, counseling psychology, and social work. She utilized semi-structured interviews to gather data which resulted in a number of themes divided into four separate categories. The categories included: (a) the experience of the wounded healer, (b) countertransference management, (c) benefits of countertransference, and (d) additional themes. The experience of the wounded healer category included the following themes and subthemes: (a) wounded healers are individuals who suffered one or more wounding experience, subsequently using those experience to help heal others, with subtheme that being wounded is not enough, one must work through their wounds; (b) connection between wounds and personal experiences and work as therapist, with subtheme wounds and experiences facilitated ability to work with clients with similar wounds; (c) experienced healing or change due to work as therapist; (d) experienced countertransference with clients who had similar wound, which indicated an unresolved issue or vulnerability; and (e)

internal and external countertransference reactions, internal being feelings, emotions, thoughts, and body sensations, while external reactions we verbal and nonverbal behaviors.

The countertransference management category encompassed the following themes: (a) countertransference perceived as normal and expected; (b) self-insight, especially of wounds and vulnerabilities; (c) personal therapy or analysis; (d) disclosure related to countertransference when beneficial to client; and (e) supervision. The benefits of countertransference category covered one theme, which was the experience that countertransference can benefit the therapeutic process. The final category of additional themes included: (a) presence of five factors of countertransference management including self-insight, self-integration, anxiety management, empathy, and conceptualizing ability; (b) countertransference can be detrimental to client or therapeutic outcome, particularly when therapist lacked awareness or does not acknowledge it. Viado (2015), in closing, stressed that her research appeared to support past research particularly in regard to finding that client *and* therapist benefit from the therapeutic process (Viado, 2015).

Quantitative Wounded Healer Studies

There have been few quantitative studies concerning wounded healers, particularly in comparison to the number of qualitative studies previously discussed. Perhaps this lack of quantitative research stems from the absence of a strong, and consistent foundation on which to base research. Only one study was found that related to the current research.

Welch (1996) examined woundedness in relation to typologies and differences across specialties, seeking to identify the frequency of typologies related to woundedness in a sample of counselors. In addition, the researcher sought to identify whether there were significant differences with regard to mental health, woundedness, and burnout among counselors within different specialties including mental health, school, and college counseling specialties. She also

studied whether woundedness could predict burnout in her sample of counselors. Lastly, she examined counselor use of treatment and perceived success with various methods. There were 939 participants in her study who were fairly equally distributed across specialty with 36% being school counselors, 33.3% being mental health counselors, and 30.6% being college counselors. Participants were given a demographic survey as well as the Woundedness and Treatment Scale, the Maslach Burnout Inventory, and the Social Interest Scale (Welch, 1996).

Welch first presented results with regard to the distribution of counselors across six typologies related to woundedness. The results were as follows: (a) non-wounded/non-impaired, 37%; (b) non-wounded/situationally impaired, 3%; (c) non-wounded/pathologically impaired, 9%; (d) wounded/pathologically impaired, 10%; (e) wounded/situationally impaired, 5%; and (f) wounded/non-impaired, 35%. She also found that mental health counselors were significantly more likely to have wounds and use treatment than both school and college counselors. At the same time, school counselors were significantly more likely to experience emotional exhaustion though significantly less likely to experience pathology than both mental health and college counselors. Additionally, she reported that woundedness explained 7% of the experience of burnout in her sample. Lastly, she stated that overall treatment use in her sample was low, though those with wounds were significantly more likely to seek treatment. In terms of treatment, she also found that participants experienced talking to friends and family and the use of nutrition and exercise as most effective, while individual counseling, self-help books, workshops, and education were moderately effective. The least effective forms of treatment were pastoral assistance, support groups, marriage counseling, and medical interventions such as electroshock therapy or medication. Welch (1996) underscored her findings that mental health counselors reported the more woundedness compared to school and college counselors, and

school counselors reported greater levels of burnout than their school and college counseling peers.

Mixed Method Wounded Healer Studies

As with quantitative studies, there has been little mixed methods research with regard to wounded healers. What researchers have done with mixed methods research on wounded healers is incorporate wounded healer and patient perspective rather than simply the wounded healer's perspective alone. Brady, Bambury, and O'Reilly (2015) conducted a mixed-methods study of physicians some of whom had experienced illness and some of whom did not as a means of comparison. The study was intended to examine doctor and patient view of empathy and whether personal experience of illness increased empathy. Participants included 361 medical professionals, including both medical students and doctors, and 125 patients. Researchers provided patients with a qualitative questionnaire and provided the medical professionals with a quantitative assessment of empathy. Analysis of patient data revealed a number of themes about patient requirements of doctors including: (a) good bedside manner – empathy, (b) listening, (c) discussing/explaining, (d) proficiency/expertise in clinical case, (e) patience, (f) reassurance, and (g) honesty. The researchers also highlighted how patient dissatisfaction with doctors seemed connected to bedside manner in which the doctor acted with little humanity or empathy (Brady, Bambury, & O'Reilly, 2015).

Results from the quantitative portion of the study on medical professionals revealed on average a good score on empathy. Medical professionals with personal experience of an illness had a statistically significant higher score on empathy than those who did not have such experience. When the authors synthesized the results, they noted that generally patients were satisfied with care though improvements needed to be made in terms of bedside manner,

specifically empathy. Because doctors with experience of their own illness appeared to possess more empathy, the authors concluded that wounded healers, in this case doctors, are needed, not only in terms of treating patients but also in terms of teaching other doctors how to be empathetic with patients (Brady, Bambury, & O'Reilly, 2015).

Summary

In this chapter, I provided an overall orientation to the current literature from three different perspectives. First, I reviewed and discussed the origin of the wounded healer concept. Next, I provided and reflected on the opinions of prominent practitioners regarding wounded healing and therapeutic practice. Finally, I gave a thorough summary of research relevant to the wounded healer concept. The next chapter encompasses the methodology and design of the present study.

CHAPTER III: RESEARCH DESIGN AND METHODOLOGY

Introduction

I created this study for the express purpose of exploring the lived experience of counselors who identify as wounded healers. My intention with this research was to seek out the essence of the experience of being a counselor who identifies as a wounded healer, or what it means to be a counselor who identifies as a wounded healer. Therefore, I designed a hermeneutic phenomenological research study in which I interviewed counselors who self-identified as wounded healers. This chapter provides details regarding the research design and methodology employed to explore the phenomenon of the counselor who is a self-identified wounded healer.

Qualitative Approach and Rationale

Qualitative inquiry is a nuanced and exploratory approach to research meant to guide researchers in studying particular phenomena. Hunt (2011) discussed specific reasons that researchers would employ qualitative research. Researchers would use a qualitative approach in order to explore areas of study wherein there is lack of information to allow for use of a quantitative approach as well as to explore areas of study that require a greater level of depth. Researchers would also employ a qualitative approach to allow findings to emerge from the data, whereas in quantitative research they would most likely have a prediction or hypothesis about the findings. Patton (2015) described ways qualitative inquiry can contribute to knowledge, including: (a) revealing meaning(s), (b) providing information about how phenomena or processes work, (c) gathering stories that allow the understanding of perspective and experience, (d) explaining how systems function as well as their consequences, (e) understanding context as well as how and why it matters, (f) identifying unanticipated consequences, and (g) making case comparisons to identify patterns and themes.

Regarding the current research, I chose qualitative inquiry because there was a paucity of research regarding the wounded healer in counseling, especially when utilizing an encompassing definition of the wounded healer like that used for this study. Second, the qualitative approach gave me the ability to reach greater depth in seeking to understand the meaning of being a counselor who self-identifies as a wounded healer. Third, qualitative inquiry fit with the type of research question I developed at the initiation of this study.

Phenomenology

Phenomenology is qualitative approach that involves seeking to explore and understand the meaning of the lived experience of persons who closely encounter or have close involvement with a specific phenomenon. The intent of phenomenological research is to discover the essence and meaning structure of the lived experience of an identified phenomenon for one or more persons. In this approach, the subjective experience of participants is the focus and the researcher recognizes participants as being the experts about their experience. Thus, researchers who conduct phenomenological studies typically isolate a specific phenomenon to explore. Researchers using phenomenology are able to explore topics or concepts previously unexplored or underexplored in order to gain an initial or deeper understanding of the phenomenon in question (Patton, 2015; Sheperis, Daniels, & Young, 2010).

The current research relied upon a phenomenological approach for two primary reasons. First, there is a lack of knowledge about wounded healers, particularly in the counseling field and when expanding the definition of wounded healer beyond that of mental health diagnosis. The wounded healer phenomenon remains underexplored in counseling. Second, the purpose of the research and the research questions demand the use of a phenomenological approach, as they were both about exploring the lived experiences of counselors who self-identify as wounded

healers. While there are a variety of phenomenological approaches, this study utilized hermeneutic phenomenological inquiry as described by Van Manen (2014).

Hermeneutic Phenomenological Inquiry

Heidegger, a philosopher, initiated the cultivation of hermeneutic phenomenology after disagreeing with Husserl's perspective on phenomenology. Later Gadamer and eventually Van Manen continued to cultivate and explicate the approach (Reiners, 2012; Van Manen, 1990). According to Van Manen (2014), hermeneutic phenomenology is a "method of abstemious reflection on the basic structures of the lived experience of human existence" (pg. 26). In other words, hermeneutic phenomenology is an approach to qualitative inquiry that employs reflective interpretation of the lived experience, as it was lived and before it was named or themed, of a specific phenomenon.

Van Manen (1990) outlined essential characteristics of hermeneutic phenomenology. From his perspective, hermeneutic phenomenology is the: (a) human scientific study of a particular phenomenon, (b) study of lived experience, (c) study of the essence of a phenomenon, (d) articulation of a phenomenon as it presented itself to human consciousness, (e) description and interpretation of experiential meanings of our experiences with regard to a particular phenomenon as it was lived, (f) intentional practice of thoughtfulness, in the sense that one attunes to life and the various experiences encountered within it, (g) seeking of what being human means, and (h) activity that demands and requires connection and congruence throughout the process from forming the research, to gathering data, to analyzing data, and finally writing the findings in such a way that the writing authentically communicates the phenomenon as it presented itself in the study.

Van Manen (1990) identified six activities that researchers utilizing hermeneutic phenomenology must engage in throughout the research process. He specifies that these activities are characterized by their continuously changing relationship between and amongst each other. The first activity Van Manen (1990) described is remaining open to discovering an issue or concern that brings feelings of wonder, engagement with the world, and curiosity to understand the issue or phenomenon. Second is studying the experience as it was and is lived. This means that researchers must turn to the identified experience and live it deeply, wholly by living it as it was lived and as it is lived. Practically speaking, this activity means studying the phenomenon as we are present within it. For the purpose of this research, this activity naturally assumes that the researcher has experienced the phenomenon in question.

The third activity Van Manen (1990) described is reflecting on requisite themes that truly and as wholly as possible communicate the essence of the identified phenomenon. This activity means that researchers must identify the true, unique essence of the experience, rather than the appearance of the experience. In order to do this, researchers should ask themselves about what it is that comprises the experience of the phenomenon in question. The next activity is the process of writing and rewriting. Van Manen placed great importance upon the act of writing and rewriting because researchers must write and continue rewriting with the purpose of applying language to the phenomenon as it was presented. In other words, researchers need to communicate carefully and accurately the phenomenon as it revealed itself.

The fifth activity Van Manen (1990) discussed involves the relationship between the researcher and the phenomenon. Van Manen stated that researchers must remain oriented to and grounded within the phenomenon and question(s). Van Manen believed that to accomplish that researchers should avoid apathy and disinterest; rather, they should delve deeply into the

phenomenon with intentional focus and curiosity to know and understand deeply. The final activity Van Manen (1990) explained is maintaining a balance in the research process through considering part and whole. For researchers using hermeneutic phenomenology, this means that throughout the research process they must take the time to consider the various parts of the research and the whole or overarching goal of the research. This really relates to ensuring that the research proceeds smoothly as the researcher avoids hypervigilance with one or more parts and forgets the whole. This also includes aspects of data analysis, in that the researcher should carefully consider the data from different perspectives through the utilization of different methods of coding discussed later in this chapter.

I chose to implement Van Manen's hermeneutic phenomenology for two primary reasons. First, Van Manen's description regarding the development of a hermeneutic study matched the way in which I discovered and cultivated this research study. As discussed above, Van Manen (1990; 2014) noted that to begin a hermeneutic phenomenological study, the researcher must first be open to discovering an issue or concern that instills both wonder and curiosity. When reading an article that referred indirectly to the concept of wounded healing, I was struck with a feeling of fascination about wounded healers and the experience of being a self-identified wounded counselor and what that means for me and other self-identified wounded counselors. This experience initiated such a curiosity that I began reading more about being a wounded healer, and thereafter began this study.

The second reason that I chose to implement hermeneutic phenomenology was the clear importance Van Manen (1990; 2014) placed upon the researcher's integral part in the study, in that the researcher from the hermeneutic perspective would naturally be an insider or someone who had directly experienced the phenomenon in question. For me, this was imperative because I

am a counselor who self-identifies as a wounded healer, as did my participants. Thus, hermeneutic phenomenology appeared to align with the process of developing and conducting the study, as well as my role in the context of being a wounded healer and conducting the study.

Hermeneutic Phenomenology and The Researcher's Role

In qualitative studies, the researcher has a specific and nuanced role dependent upon the approach the researcher chooses to guide their research (Hunt, 2011). In hermeneutic phenomenology, the role of the researcher is about the relationship the researcher engages in with the identified phenomenon. Van Manen (1990; 2014) noted the need for continuous, in-depth involvement with the phenomenon from the beginning of the study as well as epoché-reduction. The research begins when a researcher who is open and mindful observes and acknowledges an issue or concern they experience that draws their attention, wonder, and curiosity. Van Manen (1990) indicated that the phenomenon, otherwise known as issue or concern, naturally presents itself to the researcher, and in this way the researcher has experienced the phenomenon. Thus, hermeneutic phenomenology requires that the researcher be an insider, or someone who has direct experience with the phenomenon (Hunt, 2011). This aspect of the relationship requires no action; rather, it relates more to my experience with the phenomenon. In this research, I identified as an insider because I identify as a counselor who is a wounded healer.

Van Manen (1990) revealed even more about this relationship when he discussed the oriented and strong relationship researchers must intentionally maintain with the phenomenon under study. He stated that the researcher must remain grounded in the research question and phenomenon through actions that maintain and even increase the sense of openness, curiosity, and wonder. In other words, researchers should continuously engage with the phenomenon. This means that from the hermeneutic phenomenological perspective, the relationship between the

researcher and phenomenon and question must remain close and consistent. To ensure this close and consistent relationship, I directly and openly engaged with the wounded healer concept through journaling my experiences, thoughts, and questions. In addition, I engaged in open and continuous discussions with colleagues and faculty members with regard to the wounded healer construct (Greene, 2009; Hunt, 2011).

Van Manen (2014) provided the final piece that illustrates this relationship in his discussion of epoché and reduction in hermeneutic phenomenology. He stated that epoché-reduction in this context ultimately refers to openness. The researcher must articulate and explicate any assumptions, biases, expectations, and theories in order to minimize their influence on data collection, analysis, and communication of findings. Van Manen (2014) acknowledged that as human beings we cannot simply forget or totally eliminate assumptions, biases, expectations, and theories, which was the reason he instead focused on expressing and acknowledging what we bring with us into the research process in order to avoid acting rashly in conducting data collection and analysis or in articulating findings.

Therefore, researchers must identify and express assumptions, biases, expectations, and theories in order to gain the openness required in employing hermeneutic phenomenology. Doing so indicates that the relationship between the researcher and phenomenon is characterized by a sense of openness, as opposed to immediate judgment and thoughtless action (Van Manen, 2014). To accomplish this objective, I engaged in consistent journaling and discussion. My journaling focused on myself in relation to the phenomenon, particularly my experiences, thoughts, and questions. The discussions I had with colleagues and faculty were reflective conversations regarding being a wounded healer. Both of these activities helped me to remain open to hearing participant experiences and interpreting them with the intention of simply seeing

what was there, without manipulating what I saw and heard to fit my own experiences and theories.

Hermeneutic Phenomenology and Trustworthiness

When researchers employ a qualitative approach, they must address trustworthiness, or rigor, because it speaks to the quality of the research. Researchers must take certain intentional actions throughout the process of their research in order to establish trustworthiness. The actions look different across various research studies because methods of establishing trustworthiness vary across the specific kind of qualitative research employed. For the current study, I focused on actions that demonstrate trustworthiness according to Van Manen's (2014) perspective on hermeneutic phenomenology. Van Manen delineated a number of actions related to trustworthiness in hermeneutic phenomenology.

First, Van Manen (1990; 2014) stressed the importance of developing and using a relevant and appropriate phenomenological research question. In hermeneutic phenomenology, this means that the research question must: (a) be a what or how question, (b) inquire about how a human being experiences the world in some way, (c) identify a single phenomenon or event, and (d) direct the exploration of the experience as it was or is lived. I carefully constructed my research questions over time with specific attention placed on ensuring the format of the questions were what and how questions focused on inquiry into counselors lived experience of being wounded healers. The next action Van Manen (1990; 2014) identified was reliance on primary and scholarly sources of phenomenological literature in the process. Throughout the research and writing process, I worked to identify and utilize primary sources and scholarly work particularly focusing on qualitative research, hermeneutic phenomenology, and the wounded healer construct and corresponding research.

Next, Van Manen (2014) noted the need for continuous reflection in the research process. Reflection is required to avoid thoughtlessness and mindlessness particularly in gathering and analyzing data and writing findings. To address this, I often wrote in a physical journal and recorded an audio journal, and had discussions with my peer reviewer about being a wounded healer in counseling and my own experience and thoughts related to the phenomenon. Van Manen (1990; 2014) also highlighted the importance of maintaining a close and grounded connection with the phenomenon and research question. Like in the last step, I consistently engaged in journaling and meetings with my peer reviewer, all focused on staying grounded in the phenomenon of being a counselor who self-identifies as a wounded healer.

The fourth issue Van Manen (1990; 2014) identified as important to trustworthiness was gathering and utilizing rich data. In hermeneutic phenomenology, rich data refers to experientially descriptive, vivid, and concrete data that illustrates the experience as it was lived. To accomplish this, I cultivated interview questions meant to elicit concrete and vivid experiential data regarding the experience of being a counselor who self-identifies as a wounded healer. This also meant that I utilized a semi-structured interview process that allowed me to ask follow up questions to ensure that I could guide the interview process to address and inquire about specific experiences. The final method Van Manen (1990; 2014) identified for establishing trustworthiness was continued involvement of participants in the research process, particularly in terms of reflection on themes. For this research, I invited participants to review initial themes in addition to their transcript. Inviting participants to review the initial themes in particular helped to engage with them for the research in a meaningful way beyond the interview.

Research Questions

For this research study, I employed one overarching research question: What is the lived experience of counselors who identify as wounded healers? I also utilized secondary research questions in order to guide specific aspects of the research. The secondary questions included: (a) How do counselors who identify as wounded healers experience working with clients who have experienced wounds that are similar to or different from their own? and (b) How do counselors who identify as wounded healers experience working with colleagues?

Population and Setting

Participant Recruitment

For this study, I used purposeful sampling to recruit participants. I intentionally used purposeful sampling because qualitative research typically demands it, as the researcher must enlist participants who are capable of speaking in depth about the phenomenon in question. This means that I designed inclusion criteria as well as procedures for participant recruitment that targeted a specific population (e.g. counselors who self-identified as wounded healers) so as to gather the most meaningful and rich data (Van Manen, 2014). Therefore, participants initially sought for this study were: (a) over the age of 18, (b) currently working as a counselor, (c) possessed the Licensed Professional Counselor license in the state of Texas, and (d) self-identified as wounded healers according to the definition I provided within the informed consent. However, after I sent initial invitations through postcard and listservs, I noted meaningful interest and potential ability of individuals with the Licensed Professional Counselor – Intern license. Thus, I expanded the inclusion criteria to include Licensed Professional Counselor – Interns licensed in Texas.

In order to reach out to and recruit participants most likely to fit inclusion criteria, I employed two different methods of contacting potential participants. The first method I used was a call for participation disseminated in the form of a postcard. I mailed this postcard to 150 randomly selected Licensed Professional Counselors in the state of Texas. To get the mailing addresses of the Licensed Professional Counselors in Texas, I downloaded the public roster of Licensed Professional Counselors posted on the Texas State Board of Examiners of Professional Counselors webpage. I used the random number generator found on random.org to select which individuals to whom I mailed postcards. In the case that the randomly generated number corresponded with an individual with no address provided, I used the random number generator to get another number corresponding with a different individual with an address. The postcard invitation to participate had a simple design (See Appendix A) and provided potential participants with information about me, inclusion criteria, participation requirements, URL for the consent and demographic survey, and a request to forward the invitation others the potential participant knows who might have been eligible and interested in participation (See Appendix A).

The second method I used to reach out to potential participants was posting a call for participation on two separate listservs. The listservs I used included an interdepartmental listserv and the listserv of the Texas Association for Counselor Education and Supervision (TACES). The interdepartmental listserv reaches faculty and past and present students in the department in which I am currently enrolled. The TACES listserv reaches individuals who are members of the Texas Association for Counselor Education and Supervision. Members of this organization include counselor educators, supervisors, and doctoral students in counselor education who may fit inclusion criteria, and may know individuals who also fit the inclusion criteria and who might

possess interest in participation in the current study. The listserv invitations to participate included the same information as the postcard, which was information about me, inclusion criteria, participation requirements, URL to access the consent and demographic survey, and the request that potential participants forward the invitation to anyone they know who may meet the inclusion criteria and have interest in participation (See Appendices B and C).

Subsequently, I expanded corresponding inclusion criteria to include both individuals with the Texas Licensed Professional Counselor or Licensed Professional Counselor – Intern license. First, I reposted the invitations to both the TACES and interdepartmental listserv. Additionally, when I noted the need for additional recruitment, I send out 50 more postcard invitations to randomly selected Texas Licensed Professional Counselors and Licensed Professional Counselor – Interns, again using random.org to generate numbers I used to select those to whom postcards were sent. Likewise, I posted the invitation on both listservs once again. Both the second postcard and listserv postings included the expanded inclusion criteria.

Description of Participants

A total of 10 people completed the informed consent and demographic survey. Seven of those individuals responded to requests to schedule interviews and thus were participants in this study. Three participants provided commentary and feedback on their transcripts. Three participants provided commentary and feedback on initial themes. The ages of participants ranged from 26 to 49, with the average age being 36.4 years. Regarding gender identity, six participants identified as women and one participant identified as a man. Concerning racial and ethnic identity, four participants identified as Caucasian, two participants as Hispanic, and one participant as African and Latina. As for educational level, all participants indicated they held at least a master's degree, and two indicated they were pursuing a doctoral degree. The average

number of years that participants had worked as a counselor was 3.7, while the range was two to seven years. I also invited participants to describe what drew them to participating in this research. Their responses to that question varied, with participants discussing a mix of the following: (a) how they identified as a wounded healer and in what ways, (b) their interest in the topic, (c) the value of researching this topic, (d) their desire to contribute to the knowledge about this topic, and (e) their desire to support me in this endeavor.

As this is qualitative research, it is important to acknowledge the context of each individual participant. However, participant confidentiality is also critical, arguably more so when the topic of research may be sensitive. I considered the requirements for robust and rigorous research; the need to protect participants, especially when findings or the topic may be sensitive; the increased risk of breach of confidentiality when research is geographically limited (i.e., Texas); and the information provided by participants during interviews in considering how to describe participants. In order to protect their confidentiality and honor the openness with which participants shared their experiences, I have limited participant description to the general group data already provided.

Data Collection Process and Procedures

Informed Consent and Demographic Survey

The first step in data collection was the informed consent and demographic survey. I provided a URL in the call for participation (See Appendices D and E) where the informed consent and demographic survey could be found. The purpose of the informed consent and demographic survey was to provide participants with information they would need to provide informed consent, to gather demographic information, and to gather contact information. I created the informed consent and demographic survey using the website Qualtrics. The first page

of the survey provided the informed consent which participants were required to provide in order to move on to the general demographic survey (see Appendix E). In addition to demographic information, the survey included a request to provide a pseudonym and contact information in the form of an email address, and inquired as to interview method preference (i.e. Skype or telephone). Participants took no more than fifteen minutes to complete this part of the research.

Interviews

As I received responses to the demographic survey, I contacted participants via email to schedule a date and time to conduct interviews. These semi-structured interviews were the primary component of data collection. This method of interview allowed me to develop questions to guide the interview process and ask follow up questions as needed. As this research employed hermeneutic phenomenology, I created specific interview questions (See Appendix I) meant to inquire about the phenomenon as participants lived it, rather than focusing on their reflection, perception, or opinion of it (Van Manen, 1990, 2014). Furthermore, the ability to ask follow up questions was particularly imperative to this research as it allowed me to ensure that I elicited rich data from the participants. In terms of follow up questions, this means that I was able to direct and re-direct participants to discussion of the experience and various components of the experience as they lived it (Van Manen, 1990, 2014). I conducted and recorded interviews using either Skype, recorded with QuickTime, or a telephone call, recorded with a telephone application called NoNotes. Each interview lasted approximately one and a half hours.

Participant Feedback

Transcript feedback. An additional source of data for this research was participant feedback on their transcript. The purpose of gathering transcript feedback was: (a) to ensure accuracy of the transcript; and (b) to involve participants in the research process. Both of these

reasons were important and related to the trustworthiness of this research, particularly as hermeneutic phenomenology emphasizes rich data and continuous involvement of participants (Van Manen, 1990, 2014). I presented this as optional to participants and emailed each with an invitation to review their attached transcript (See Appendix G). I asked participants to provide any corrections or comments, including any needed additions or modifications. In the case that participants decided participate in this portion of the research, I directed them to reply within two weeks from the date I sent the email with a Word document including their comments and feedback. In the case that participants did not want to provide additional comments, feedback, or corrections, I noted that they would not need to do anything in response to the email. Three of the participants responded to confirm transcript accuracy and that there was no need for additions or modifications, whereas four chose to opt out of this portion of the study. I did not adjust transcripts based on participant responses.

Initial findings feedback. The final source of data utilized in this research was participant feedback on initial themes. The intent of gathering this source of data was: (a) to continue to involve participants in the research process and (b) to ensure accuracy of the themes. Both are imperative to conducting research from a hermeneutic phenomenological perspective because the hermeneutical phenomenological perspective emphasizes continued involvement of participants, especially in the process of cultivating themes that truly represent the phenomenon in question (Van Manen, 1990, 2014). I also presented this part of the research as optional to participants. I contacted all participants with the invitation to partake in this part of the research. In the email, I requested that any willing participants take the following steps: (a) review the document with the initial themes listed and described; (b) take time to reflect on whether the themes were true to their experience and what ways in which they were or were not reflective of

their experience; and (c) respond with a Microsoft Word document including their thoughts, being as specific as possible (See Appendix H). I requested their feedback within a period of two weeks from receipt of the email. I also noted that those who opted out of participation at this point did not have to do anything in response to the email. Three participants provided their thoughts on the initial themes, whereas four chose to opt out. I carefully considered and utilized participant thoughts on initial themes in the process of adding, deleting, reviewing, adjusting, reforming, and eventually solidification of final themes.

Data Analysis Process and Procedures

Data Analysis Process

I began the transcription of interviews as each was completed. Once a transcription was completed, I emailed it to the corresponding participant. I requested in the email that participants review the transcript, provide comments and feedback about accuracy and needed additions, and send any comments and feedback within two weeks of the date I sent the email. Based on participant response, I made relevant adjustments and additions or deletions to the transcript. When the participant did not respond, I left the transcript as it was. During the analysis process, I utilized a peer reviewer who was a doctoral student who had experience as a counselor, had completed qualitative research coursework, and identified as a wounded healer. Our meetings were oriented to reflection on being a wounded healer in counseling focused on accurately interpreting the data, and addressed any issues that arose relevant to the analysis process. For this reason, I provided my peer reviewer with finalized transcripts, as a large part of her role was to help me ensure the accuracy of my interpretation and authenticity of themes.

I began analysis of each transcript at the end of the two-week period after making any requested adjustments. I analyzed each transcript using two methods sequentially: (a) the

detailed reading approach and (b) the wholistic reading approach. Each method allowed me to perceive the data in a different way, emphasizing part and whole. Regardless of which perspective I took, I focused on discovering thematic aspects within the data. After I completed analysis of each transcript, I organized the corresponding data, in the form of thematic interpretations, into what were essentially potential themes. Once all transcript analysis was finished, I started the process of identifying overall initial themes through integrating all participant data. Then I began reviewing all of the potential themes identified in that process, while also exploring the potential need for subthemes. Once each initial theme and subtheme was established, my peer reviewer and I began the process of naming each theme and subtheme, as well as explicating the meaning of each. At the end of that process, I developed a document naming and describing each theme and subtheme that I subsequently sent to participants for review. Once I received their feedback I made final adjustments.

The peer reviewer and I met again to focus on adjustments made because of participant feedback and to examine, reform, reinterpret, and fully articulate the themes. We also considered omitting or adding specific themes to ensure the themes were congruent with the lived experience. We then discussed the essentialness of each theme, or its importance in the accurate articulation of the lived experience. We did not delete any themes or subthemes as we did not deem any nonessential.

Coding Procedures

Selective/highlighting reading approach to analysis. This approach to coding included three steps. These steps were as follows: (a) reading through the transcript, (b) noting what statements or phrases stood out, and (c) interpreting each statement and phrase with a sentence or

two that captured the meaning expressed in the highlighted material about what it means to be a counselor who self-identifies as a wounded healer (Van Manen, 1990, 2014).

Wholistic reading approach analysis. This type of coding procedure involved two steps. The first step was to read the whole interview transcript with the intention of gleaning the overall meaning communicated within. In other words, I had to seek the essence of the whole transcript. The second step was to develop a phrase or sentence that captured the meaning communicated in the transcript (Van Manen, 1990, 2014).

Data Recording and Management

Informed Consent and Demographic Survey

Once data collection terminated, I directly transferred the data from the informed consent and demographic survey to a Microsoft Excel file. I then deleted the project from Qualtrics, which consequently erases all data. I will maintain the Microsoft Excel file with the data from the informed consent and demographic survey with the interview and feedback data for a period of three years on my password-protected personal computer. After the period of three years has ended, I will delete the folder that contains the Microsoft Excel file on my personal computer. Then I will delete the same folder from the trash folder to dispose of the file completely.

Interviews

I conducted the interviews using different software, dependent on participant preference for telephone or Skype. When I interviewed participants through Skype, I utilized a computer program called QuickTime to record the call. I saved the recordings on my password-protected personal computer. When I interviewed participants on the telephone, I relied on NoNotes, a recording application, which recorded the phone call and subsequently emailed the recording as an attachment to my private email. My personal telephone was also password protected and

inaccessible to any other person. I then downloaded the attachment and saved it to my personal computer. I utilized only the pseudonym provided by participants during the interviews.

Once each interview was completed, I transcribed it in Microsoft Word and saved it to my personal computer. The transcript included the participant pseudonym and the transcribed interview. I kept the interview recordings only until the point when I finished transcription and received participant verification of accuracy. I will maintain the electronic copies of the transcripts on my personal computer and hard copies in a locked file in my residence for a period of three years. After the three years has passed, I will dispose of both the electronic and hard copies of the transcripts. I will delete the electronic folder containing transcripts and the deleted files will then be removed from the trash folder. The peer reviewer had access to de-identified transcripts during the analysis process; however, it was limited as I would simply bring the transcripts with me each time we met.

Participant Commentary and Feedback

I saved any participant commentary I received to my personal computer as a Microsoft Word document. I will maintain these documents for three years. After the three-year period, I will dispose of these files by deleting the folders that contain them and then deleting that folder from the trash folder on my computer.

Data Organization

Data collected was lengthy; thus, it was important to establish an organizational process for managing hard copies and corresponding notecards through the analysis process. First, I printed each finalized transcript on a particular color of paper, assigning each participant to one color. When I was not using these transcripts, I kept them in a locked file in my personal home. During analysis, I analyzed each transcript in two different ways, using notecards to document

thematic statements. For each separate transcript, I kept one large bag containing the notecards for both types of analysis. To help me differentiate between the types of analysis, I utilized regular size notecards for the selective/highlighting reading approach to analysis and larger notecards for the wholistic reading approach. While analyzing, I implemented two synchronous strategies to ensure I was able to trace themes back to thematic statements and then back to participant statements to illustrate themes in chapter four. First, I saved each electronic transcript with a number related to the order in which I interviewed participants, and labeled each notecard, both for the selective/highlighting and wholistic reading approach to analysis, with the same number from the corresponding transcript. Second, I labeled each highlighted passage with a number that I also placed on the notecard with the corresponding thematic statement while analyzing each transcript from the selective/highlighting reading approach. This allowed me to trace each notecard back to the particular transcript it was based on, as well as the statement that I highlighted for the selective/highlighting analysis.

Summary

In this chapter, I provided all relevant information regarding this research study and manner in which I conducted it. I included in-depth discussion of qualitative approach, phenomenology, and hermeneutic phenomenology and corresponding rationale for implementation. In the section on hermeneutic phenomenology, I also covered aspects of the research directly related to this approach including role of the researcher and trustworthiness. I also provided information about participants, and covered all aspects of data collection through discussion of all procedures and processes I utilized. I then provided information regarding all processes and procedures related to data analysis, and the management of data and recordings, as

well as data organization. The next chapter names and explains the findings, which I present in the form of themes and subthemes.

CHAPTER IV: FINDINGS

The themes and subthemes are numerous for a study of this size. In addition, themes overlap; however, in keeping with Van Manen's (1990, 2014) way of thinking about hermeneutic phenomenology, I chose not to collapse findings further. To do so risked omitting themes that appear essential to understanding the meaning of the phenomenon and artificially combining themes that appear for these participants to be qualitatively different.

Through the process of data analysis I discovered and established the presence of 15 themes that illuminate the lived experience of counselors who identify as wounded healers.

These themes and subthemes are as follows:

- With the client, we enter and exist in their world
 - The uniqueness of being with a client who has similar wounds
 - The uniqueness of being with a client who has different wounds
 - Differentiation of our experiences from client experiences
- We are open about our wounds
 - We are intentional in our use of openness and vulnerability
 - We learn about how to be open
 - We are open with colleagues and supervisors when . . .
 - We have been hesitant to share
 - Our openness has changed therapeutic and supervisory relationships
 - Our colleagues and supervisors have misused our openness
- Wounds are . . .
 - Wounds are a part, yet not all, of ourselves and clients
 - Wounds are humanizing

- Wounds are inspiration for our career
 - Wounds are of different types
- From the myth of the perfect counselor to embracing the reality of the wounded counselor
 - Making and breaking the myth
- We provide and receive support related to our wounds
- We experience similarities between our wounding experiences and clients wounding experiences
 - The severity and commonness of similarity
 - There are degrees of similarity
- Our work with wounds gives us experiential knowledge that transforms into insight and intuition
- Our clinical work illuminates the extent to which we are healed
- Our wounds move us toward and away from clinical work and clients who have particular wounds
- We avoid using our wounds to make assumptions about clients' wounds
- Our healing process is intentional and continuous
- Our work with clients is both parallel and reciprocal
- Our wounding experiences are with us in our work
- The pain of being a wounded counselor
- We serve as models for healing

With the Client, We Enter and Exist in Their Experience

This theme is about how we tune into our client's wounding experience and join them in it, sitting and moving with them through their healing process. Carmen's experiences epitomized this theme. She stated that being a wounded healer "allows me to access different parts of myself with different clients to meet them where they are." Her wounds give her this ability to join her clients in their wounding experience, wherever they might be within it. She continued explaining her experience:

. . . when I'm working with clients and being with them in their pain and sitting in that place that for them may be uncomfortable, that may be where they may be really hurting and uncertain and helping them get through that slowly, sometimes very slowly, also touches that place in me that may have at one point been in that place too, and allows me to go there and go deep with them in their pain and sit in it for as long as it takes.

The above experience alludes to this experience of sitting and moving with the client in their wounding experience at a measured pace. She then stated, "And it's allowed me to experience painful ass stuff that allows me to be in that painful ass place with clients . . . just really allowing them to be in touch with it but also feel that I was supportive." Carmen's wounds meant that she had encountered and dealt with very painful things, which she experienced as providing her the ability to exist in her client's wounding experience and sit with them there inside of it. Other parts of sitting with a client in their wounding experience were about letting the client experience it and feel it with support. Cassidy described a very similar experience, though unique, in her work with adolescent clients. She stated:

So, there have been times we'll – I've seen – and I've seen some of the counselors do it too where you just sit down on the floor beside them, not right beside of them but just so that they feel like, you know, hey somebody is with me in this.

She would join the client and sit with them in their wounding experience in this very physical sense. Like Carmen, she alluded to the idea that sitting with them in their experience would provide the client with support while they were very much in their wounding experience. Lynn also discussed such an experience of being with clients in their experience and moving with them through it, specifically regarding the grief process. She stated, "When I've worked with people who are dealing with grief and I'm just there to help them navigate that process . . . I think what stands out is the kind of ability to be with them in that moment . . ." Pepper used the same words to describe her experience of being with clients in their wounding experiences and moving with them within it and stated, "But they're grieving and I'm feeling it and I'm moving with them through that."

Within this theme, participants talked about being with clients who have similar wounds, being with clients who have different wounds, and differentiating their own experiences from those of their clients.

The Uniqueness of Being With a Client Who Has Similar Wounds

This subtheme has to do with entering the client's world and being in it with them when our wounds are similar to those of our clients. We tend to experience a sense of understanding and relationship, difficulty separating ourselves from our work, and attachment. Psyfer discussed his experience working with clients with similar wounds and reported a sense of understanding and relationship. He stated, "There's an awareness of a deepening – a deeper understanding perhaps or maybe it's empathic or it's just relation for a lot of the individuals I work with." He

continued, stating, “So there’s a sense of understanding and relating to the population . . .”

Leslie discussed a challenge she encountered in working with clients who had similar wounds.

For her, it was challenging to separate herself from her work, try as she might, when she was working with clients who had wounds like her own. Leslie stated, “There’s something about working with a population that you have close experience with – close hands on experience with that even though I try to leave my work at work, it went home with me a lot.” Easter’s experience highlighted the attachment to a client who had similar wounding experiences. She stated:

I had one who was very similar to – she had kind of gone through something similar that we’d gone through in our family and I just really – I don’t know. My heart broke for her and so maybe I got a little more attached to her than I should’ve.

The Uniqueness of Being With a Client Who Has Different Wounds

Participants noted that entering the client’s world and being in it with them when their wound is different requires more time and effort on our part. To transcend these issues we focus more so on the universal experience of suffering. Pepper encountered the need to put more effort into connecting with clients with different wounds. She stated, “It’s a little bit harder for me to really connect and I have to try a little – I have to – I think I have to try a little bit harder.” Like Pepper, Easter’s experience reflected the additional effort required to understand the wounding experiences of clients with different wounds than her own. She stated, “Sometimes it’s harder to tap into, you know, what that might feel like or what kinds of things he might be going through as a result of that.” Lynn discussed this issue as well. She noted that it takes more time and effort to understand her clients who had different wounds and their wounding experiences. She stated, “The thing that stands out for me is that I almost have to take several sessions to really

understand how they were impacted before I can even begin to connect.” Psyfer’s experience was one of using suffering to transcend differences in wounds and seeing woundedness and different manifestations of suffering. He stated,

I’ve never experienced a sense of like ‘oh my gosh I can’t relate.’ I’ve never been under the mindset like . . . I generally see suffering as a universal human condition and there are different manifestations of it, I guess different colors of it.

Differentiation of Our Experiences From Client Experiences

This subtheme has to do with how we have the desire to ensure that we are with clients in their worlds, so we are aware of our experiences and intentionally differentiate those from our clients to ensure we are with them in their experience and not with them in our experience. Leslie described an experience with differentiation when she stated:

We had – we always had debriefing after our shift and so it was having to talk about the cases and the client and I could talk about my reaction to their experiences but really doing a lot of work on am I seeing their experience for theirs and not putting mine into it. Leslie emphasized the effort that she puts into this differentiation of her experience from her client’s so that she could ensure she was seeing her client’s experience for what it truly was, and not her interpretation of it based on her own experience.

Lynn and Carmen discussed experiences with differentiation that were almost identical. Lynn provided a specific experience where she found it essential to differentiate. She stated:

When I work with people who’ve lost a loved one, especially a parent or a friend, those things are still things that I’m currently dealing with. And so that’s when I notice that I have to be mindful of what’s mine and what’s theirs and try to take that step back and be in their experience and not my own.

Lynn's experience with loss and grief for her meant that she had to remain aware of her own experiences and her client's experiences as separate experiences. Her experience suggested that this awareness helped her step into the client's experience. She continued discussing her experience with differentiation, noting the role that her emotions play in the process. She stated, "... it's typically my emotion that tells me that there's something up and when I feel it I know it's about me." Carmen's experience closely resembled Lynn's as Carmen intentionally worked to differentiate her experience from the client's in order to enter into the client's experience rather than simply stay within her own. Carmen stated:

And then I had to process that. Like is this worry that I'm feeling, this concern, is it about the client or is it about me and my experience that is coloring the client's experience?

Yeah. And being able to then draw that distinction and acknowledge it and then better immerse myself into the client's own experience.

Carmen echoed what Lynn stated about emotions as an indicator of when she was sitting in her own experience rather than her client's. Carmen was more specific, however. She noted that her emotions were a red flag when they were at a higher level of intensity after seeing her clients than she would normally experience if the emotions had been her clients. She stated:

And I also go back to like the intensity of the emotion. Like how intense is this emotion for me because what I've noticed is that my emotions, once I've stepped away from the client and have taken maybe like a walk and have really like disengaged, then if that emotion is still pretty intense for me that's typically a little red flag like mmm maybe not totally just their experience.

We Are Open About Our Wounds

The second theme has to do with our experiences related to openness and disclosure of our wounds. There are a number of subthemes related to openness, each of which is distinct within this overarching theme.

We Are Intentional in Our Use of Openness and Vulnerability

This subtheme is about how we are deliberately open and vulnerable in our work, sometimes despite potential risks, and involves intentional openness with various individuals including clients, colleagues, and authority figures such as supervisors and professors. Furthermore, our openness involves the consideration of many contextual factors, and we have an informal process for deciding whether to share. This shows how our openness relies on intention, rather than impulse. Leslie discussed her experience with intentional openness.

I would say that I probably practice that without telling myself that I'm practicing that until . . . I have conversations like this that tell me oh yeah you do practice vulnerability because you say something without being able to control the responses from your supervisors, the professors, that are in the room.

Leslie revealed that for her, intentional openness means practicing being vulnerable, essentially intentionally engaging in being open and thus vulnerable. Lynn described how she is purposefully more or less open with others depending on her relationship with them and stated:

And I think because it's a professional relationship, even though there are boundaries there, we – at least I – tend to be a little more open and I do self-disclose a little bit more with a supervisee. Well a lot more with a supervisee than I would with a client but not as much as I would with a friend, so to speak.

Leslie's experience was of a continuum of openness, which she takes into consideration when being open. Easter discussed an experience with a supervisee. She stated:

Even my patients knew because I would take my cell phone in there and be like hey, you know, it's not a cell phone for anything or whatever. I will completely ignore this but my mom's kind of, you know. They all knew that she was terminal and they knew when she passed.

Easter cited a specific experience in which she was intentionally open, letting her clients know about why she needed a cell phone with her while in working.

Psyfer also discussed the issue of intentional openness and indicated that some settings encourage more openness and are even an expectation. He stated, "This is the one specialization where you can be – where actually like full self-disclosure, of course measured, is more beneficial than not." He also noted that openness must be carefully considered in terms of both timing and the way in which we are open. He stated, "It has to be timed and in a precise manner." Similarly, Cassidy discussed the issue of when and how in terms of being intentionally open. Regarding colleagues, she stated, "I don't disclose something like that right off the bat because I just think you need to, you know – you don't want to share too much too soon." Later in the interview she also discussed her experience of openness with clients. She stated:

I was literally sort of having a war in my head over do I tell him, do I not tell him, what do I say, what do I not say. That's literally what was going through my head at the time.

Cassidy's experience with openness reflected an internal process that was integral to being intentionally open. She put a lot of thought into whether or not she should disclose to a client, and in what way she should disclose should she chose to.

Carmen had a similar experience in of openness and described the internal processing that occurs, especially related to colleagues and authority figures, as she considers the decision of whether to be open. She said:

But when it does entail also revealing this part of me and this part of me that has been hurt before or this part of me that has some emotional charge to it then I am apprehensive sometimes and I do take a step back and say – and also think sometimes . . . how well will this be received . . . like in the context of where I am . . . how will this be received and is this something that can be received in this space. And also . . . trying to process it before I even say it. And sometimes even doing . . . a cost benefit analysis, like is it worth it for me to share this piece.

Carmen also noted that, while she considers the risk of being open, she would proceed. She indicated:

Yeah, two words keep coming up and it's like courage in spite of feeling uncomfortable and acknowledging the risk of sharing pieces of myself and wounds that I choose to like I actively, on a daily basis, choose to and to me that's courageous.”

For Carmen, this openness despite potential risk was an act of courage.

We Learn About How to be Open

This subtheme is about our experience of learning how to be open in therapy and supervision. Therapy and supervision experiences provided a setting wherein we could learn how, when, and why we would be open. Lynn learned to self-disclose through her own therapy, including when and how much to disclose. She stated:

Well, so it's been a positive experience because I learned long before I became a therapist or a counselor when to disclose that, when not to, and how much to disclose. That was a process that I had to learn as I went through therapy long before I got into this field.

Easter's experience was very similar, though it was in supervision. In conversations with her supervisor, they addressed appropriate and inappropriate rationales for disclosing. She stated:

My most recent supervisor, when I was an LPC-I, she and I kind of talked about that – about, you know, why am I sharing this. Am I sharing this because hey my story is much more horrific than yours. Let's play the who's wounded more story, that game, who's story is worse? Or is it because – is it helpful?

Cassady's experience resembled Easter's in that she learned how to disclose from her LPC supervisor, though she also noted learning in her educational experiences. She explained, "Well the training that I've always been through, they've said that if you're going to self-disclose, and even my LPC supervisor has drilled this in our heads that if you're going to disclose it need to be of therapeutic value to the client and not to serve your own needs.

We Are Open with Colleagues and Supervisors When . . .

This subtheme is about how we are open with colleagues and supervisors when we experience and observe certain things in our relationships or environments. Leslie described what allowed her to be open with colleagues. She stated:

But I think in those moments when I decide to share with colleagues it's a sense of connection with them and that my relationships with them are going to go beyond just oh yeah we went to school together, oh yeah we graduated together, or oh yeah we see clients in the same area.

Leslie's openness with colleagues hinged on feeling a sense of connection, particularly a long-term sense of connection. She indicated something similar in relationship to supervisors. She stated, "I think that again goes back to me having a sense of connection for them or with them." Psyfer's experience of openness with authority figures focused on those he noticed were receptive and open. Their receptivity and openness were factors in his own experience of openness with them. He stated, "And that kind of openness made me feel comfortable. Made me feel comfortable and secure in what I was doing, and where I was going, and what I wanted to do." Cassady expressed something similar in connection with colleagues. She stated, "I noticed that as you start to get comfortable with people and you realize it's a good work environment and everybody has each others' back then, you know, I told people about it." Cassady's openness depended on her comfort level and a sense of support. Carmen was more specific. For her, an integral factor in her experience of openness is whether she experiences the other person as open to learning. She said, "... when I see that openness to learning . . . that's typically when I will share more pieces of me." Thus, a sense of connection as well as openness on the part of colleagues and supervisors plays an important role in the decision to be and experience of being open.

We Have Been Hesitant to Share

This subtheme is about those times when we have hesitated to be open about our wounds. This theme boils down to the idea that we hesitate in our openness when we do not know how others will perceive our sharing, respond, and use the knowledge, as well as what may happen because we shared. Carmen discussed how for her hesitance has occurred when she was thinking of sharing with a colleague whom she was less familiar with, particularly due to uncertainty about how they would perceive what she shared. She stated:

I was hesitant to share because I – there were only certain peers that I was close with and felt comfortable – cause I think sometimes these things can be interpreted as challenging someone or challenging someone’s assumption that I was hesitant to share with my peer, my colleague at that time.

She seemed especially concerned this other person perceiving what she was going to share as a challenge. Carmen continued discussing hesitance in relation to openness. She stated:

I think there are several things but the one that comes to the surface most immediately as you ask that question is really like fear of rejection, especially within my doctoral program. If I share maybe a dissenting experience or dissenting view, that I will be rejected and it is a pretty small bubble, that I will be rejected by others.

Carmen also experienced hesitance due to fear, and in the above description it was fear of rejection. She also expressed fear of loss of relationships. She said:

And the loss of relationships. So, especially in this program and not in other counseling jobs that I’ve had – this hasn’t been as prevalent, the fear of losing professional relationships hasn’t been a thing but it is definitely a big thing for me here because we are so close to each other that my fear is the loss of a relationship because in this program it’s not only a professional relationship, there are also personal relationships. And we share very deep things and very similar experiences through this program and we are close, that I would be – this isn’t with everyone – but that I would be – that I am afraid of losing significant relationships, not in all moments but in some moments.

However, she seemed to identify fear of the loss of relationships creating hesitance as an experience primarily isolated to her experience in a doctoral program and the nature of relationships in such a program. Leslie also experienced hesitance. She stated:

I don't like to think about what I would not want to share but if I had to think that it would more so be around is the next question they're gonna ask me is if I ever went to counseling or what am I doing to – or what did I do to make sure that that didn't come up for me later in life.

Leslie's experience of hesitance related to the potential that whomever she shared with might question her about what she had done to heal herself from those wounds.

Cassady experienced hesitance as well though in a much different sense, particularly in terms of the impact it had on her and her willingness to share. She stated:

I was not comfortable sharing any of my wounds with her. I was just not comfortable at all because – this sounds horrible but it's true – she was the kind of person that would take whatever you shared with her and then she would find some way to use it in a way that was upsetting or use it in a way that sort of made you feel degraded almost. So, that is an instance where I did. I hesitated all the time on disclosing anything about wounds and things that I'd experienced with her. I just – it was constant hesitation like what do I share? If I do share, how much do I say? Things like that. How do I say it? Or the potential situations that she's going to bring this back up in that's going to make me feel uncomfortable.

Cassady's hesitance had to do with the actions of a supervisor who she knew would commonly utilize knowledge of others' wounds as a weapon, to harm them in some way making her feel extremely hesitant to share.

Our Openness Has Changed Therapeutic and Supervisory Relationships

This subtheme is about changes in our experience of therapeutic and supervisory relationships after being open. Psyfer discussed his experience with how openness changed the

therapeutic relationship. He stated, “The rapport building is usually shortened. I think, I mean it’s – it comes quicker, the more open I am.” In that general sense, he experienced quicker rapport building. He also stated, “It allows them to feel safe and secure faster.” His openness also then contributed to a sense that his clients felt safe and secure more at a quicker rate. Psyfer provided a specific experience where he was open with a particular client. He stated:

And the fact that a therapist actually said hey I know what it’s like to be so scared of everything that you avoid it or that you wanna die. And that right there was the one thing that allowed them to move forward.

Psyfer’s openness was a pivotal moment in the therapeutic relationship and resulted creating movement in the therapeutic process. Like Psyfer, Esther experienced openness as something that positively influenced rapport building with clients. She stated, “And it does kind of help with the whole, you know, good rapport and them feeling like I can help them.”

Lynn also discussed this subtheme though it was regarding a supervisory relationship. Lynn described a recent instance in which a supervisee’s wounds came up in session and she responded with statement about having her own wounds as well. She stated, “And so I feel like it helps them kind of trust me. They tend to relax a little bit when they realize I’m not freaked out by whatever this is.” Lynn’s openness seemed to contribute to a sense of trust in the supervisory relationship. Lynn’s experience was that the supervisee’s reaction to Lynn’s openness communicated a sense of reassurance on the part of the supervisee.

Our Colleagues and Supervisors Have Misused Our Openness

This subtheme has to do with our experiences with colleagues and supervisors who have misused the knowledge gained from our openness about our wounds in different ways such as bringing it up with others without our consent or bringing it up in conversation when we had no

intention of bringing it up. Leslie described an experience where a colleague misused knowledge of her wounds. She stated:

And I remember when one of my other peers started talking about her clinical cases and I looked over at my colleague and she's looking at me, asking if I'm okay and I say yes. I didn't think anything about it and then when we talked later she said how was that for you to hear that her client is experiencing – cause it was very similar. I mean, I couldn't deny that her client – it was almost like if you changed it from dad to mom it would have been – it could have been my story right there. But yeah, the 'are you okay' and my defense response was – mine happened a long time ago – because I just didn't know how else to respond. And then talking to her about it later was just, I appreciate your concern but it's – I don't want things to always be if I'm okay. And can I – if I walked out of the classroom to go to get something to drink or to go to the bathroom, you're thinking that I'm in there crying about something.

Leslie's colleague in a sense called her out and communicated an assumption about her reaction to hearing about a clinical case similar to her own wounding experience. She expressed frustration as her colleague's reaction made her wonder whether, regardless of her actual reality, her behaviors would be interpreted as if she were somehow distressed. She even later stated that she said to her colleague, "I felt like your reaction was stronger than mine." This seemed to illustrate the disconnect existing between Leslie's reality and her colleague's reaction.

Cassady also encountered a similar circumstance in which a supervisor brought up her wounding experience in front of others. She stated:

(Be)cause there have been instances where it's come up just maybe with a coworker or a student at school or something like that and it's like well maybe – somebody else maybe

would reference it and it's like well this isn't really something that I would've normally talked about in this situation but since somebody mentioned it in front of people, even though I didn't plan to talk about it, then I've been put in the position where I've had to acknowledge it even if I didn't talk about it in a lot of detail.

Cassady's supervisor disclosed Cassady's wounding experience to other colleagues without her consent, which led to her feeling the pressure to at least address her wounding experience in some way though had neither intended nor wanted to. Cassady described another experience where a supervisor misused knowledge of her wound and that of another colleague's wound. She stated:

She said, 'Well,' she's like, 'we can't constantly be reassigning just because of stuff.'

She's like, 'Cassady's mom died and then you have (supervisee) not wanting to work with domestic violence victims.' And she was like, 'We really can't just keep reassigning cases based on our feelings.'

Cassady's supervisor essentially disclosed her and her supervisee's wounds in a staff meeting. Not only were Cassady's and her supervisee's wounds disclosed to a large number of other people, it was done without their consent and done in such a way that caused both Cassady and her supervisee to experience distress. Cassady continued describing this experience. She stated, "She took our whole experience and reduced it to something that we feel and . . . no, trauma is so much more than just a feeling." Cassady's supervisor used the information about Cassady's and her supervisee's wounds in a way that was minimizing in the sense that she reduced their entire experience to emotions.

Wounds Are . . .

The third theme is about various facets of wounds in a very general sense. Participants described a number of ways that reflect unique aspects of the ways in which we experience wounds. While some subthemes may overlap other themes, the sense of describing wounds broadly from the perspective of participants is the defining factor of this theme as a whole.

Wounds Are a Part, Yet Not All, of Ourselves and Clients

This subtheme focuses on how our wounds are a part of us, yet they are not the only part of us. We are more than our wounds. This also refers to clients and how wounds are a part of them rather than the whole of them as people. When Psyfer was discussing his experience with self-disclosure over time he addressed this subtheme. For Psyfer, his wounds were a large part of who he was; however, as he has continued to heal those wounds he has noticed they were not such a big part of him at this point as other things have begun to take up more space in his identity. He stated, “It’s gone down over the years and probably just the longer I don’t live that way of life anymore it’s not as – there’s new things that make up the construct of this current version of self, I guess.” Cassady also discussed this issue during the interview while she was discussing her experience of her wounds. In Cassady’s experience, wounding experiences remain with her throughout her life; in other words, her wounding experiences were part of her and her life because they were part of her reality. She said:

And I would sort of think about things like well they say time heals everything. Well, I don’t think it does. And I – what the conclusion that I came to was that the pain of death itself gets easier, like the pain of the loss gets easier but I think it’s – we always live with the reality of missing that person and that is what gets worse. And so that’s why I would say that time makes some things easier but it doesn’t heal everything.

Carmen's experience also provided support for this theme, though in a more direct manner. Carmen stated, "So, it's really I think owning those parts of me that have been wounded and hurt and that may still be hurting and wounded." Carmen thinks of her wounds as parts of her self, and in her experience, it was important to own those parts. Toward the end of the interview, she returned to this subtheme, stating, "Yeah, and I think that's what those wounds are. They are part of me." Carmen's experience also indicates that wounds do not make up our whole self, as they are simply a part of the self.

Leslie also discussed this subtheme in her interview when she discussed her openness to sharing her wounding experiences. Leslie identified wounds as part of her self, not all. She stated, "I think I still find myself willing to share because it's a part of me and it's a part of my identity." Later in her interview, Leslie alluded to this same subtheme though with regard to clients. Leslie emphasized how she works toward seeing clients as more than their wound or wounding experience so that she can simply see who they are as people and not feel consumed by the presence of similar wounds. She stated:

I think it's just been a lot of work for me again to not make it about myself, um, to see them as more than just a client who's dying, to see them as more than just a survivor of sexual assault but who they are, really, because the wounds become very similar.

Pepper discussed this, albeit in a more indirect sense. Pepper was unexpectedly left with the need to find a new site in her master's program clinical experience. This led her to working with children who had experienced abuse. The experience she provided was about how her expectations of these children were changed once she began working with them. She said:

But they were survivors and they would smile at the end of your sessions and they would give you a hug and be happy to see you and they would be having a fun day. After their

session they were going to go do something fun. I mean these were not like wounded children.

Before working with these children, Pepper viewed them as wounded children. After working with them, however, she came to realize there were all of these other parts to these children and their lives outside of the wounds they encountered.

Wounds Are Humanizing

This subtheme refers to how wounds make us human, and through the presence of our wounds we are humanized in our work with clients and thus able to work with them not as an expert but rather as another human being. Carmen illustrated this particular subtheme well. Her experience was that her wounds allow her this humanness in her work with clients. She stated, “And then I also see it as a privilege to be able to be a counselor and also be a person that’s been wounded and it just makes me more human in the room.” Pepper had a similar experience. Pepper’s experience, though, was more in the form of a realization as to the meaning her wounds while she works with clients and for her that was they mean that she is human. She stated, “And I thought, you know, if I have these problems doesn’t that makes me more human?” Psyfer also had this experience though he did not directly point to humanness. He stated, “It allows them to see me as not an expert and just somebody else who’s on this journey also.” Psyfer’s wounds gave him this ability to eschew the role of expert and simply work with his clients as another human being on a journey of healing.

Wounds Are Inspiration for Our Career

This subtheme is about how wounds call us to pursue education and a career in counseling, as well as who we are as clinicians. Lynn discussed her experience with wounds

inspiring her career. Her wounds moved her to want to whelp those who have experienced the same wound as she did. She said:

I think for me it's been – it started out with I want to understand people, I want to understand why people do what they do. And then it moved to well now I want to help people who've had that done to them and help them see how they can get through it. And so I like the – that that's something we all share I guess.

Pepper's experience with her wounds also inspired her to work with a particular population. In a more general sense, Pepper's wounds inspired her pursuit of counseling as well as the way in which she works as a counselor. She stated, "I think wanting to work with children because as a child – everything I experienced as a child, and feeling so misunderstood, and really understanding children because of that . . . It inspired it in the first place and it just made me the clinician that I am."

Easter's experience contributed another nuance to this theme about how her wounds inspired her career. She stated:

I think it's played a huge role. The things that we choose to really dive in and study are usually something – there's a reason for it. I got my trauma certification cause I was like well everybody I'm working with has trauma, I have trauma. We tend to be interested in something that has a personal connectedness to us.

Easter's inspiration stemming from her wounds lead her to pursuit of a particular knowledge and skill set regarding working with clients who experienced trauma.

Wounds Are of Different Types

This subtheme is about how we experience direct, indirect, and systemic wounds. Leslie discussed her experience with different types of wounds. Leslie's experience was that she had a

wound that was direct, something that she personally lived. On the other hand she identified another wound as being more indirect, and for her that meant that she had experienced others being in hospice care and dying. She stated, “I had actual experience with identifying as a survivor of sexual assault whereas with hospice I could never say oh yes I’ve personally been someone who was on hospice.”

Carmen most clearly described the ways in which wounds are different in terms of type as she described her experiences. She said:

And I – when I think of myself as a wounded healer also the first thing that I thought of were experiences in the past, right, like things that were really challenging in the past like when I was an adolescent and I came out and what that experience was like for me and then when I experienced sexual trauma and what that experience was like for me. So, those were the first things like when I responded to the study that came to mind for me, like ‘yes I totally identify as a wounded healer and these are some of the experiences that have really caused I think some deep scars and that took a long time, like years, to heal.’ And now I’m also thinking of like what are some of these maybe scars that aren’t necessarily physical scars or things that have happened to me directly but more like systemic things that do impact me or people that I love and care for that impact me in a very emotional way. Those things are still, for me, wounds that have emotional resonance to them.

Carmen had experiences similar to Leslie’s of wounds that were direct, which she herself personally experienced. Beyond that she discussed these other types of wounds, which she described as systemic. Even within her discussion of systemic wounds she differentiated her

personal experience of those wounds and this indirect experience of wounding as people she loved and care about were wounded, reminiscent of Leslie's experience.

From the Myth of the Perfect Counselor to Embracing the Reality of the Wounded Counselor

The fourth theme is about how in the beginning of our careers we believe we must be without our wounds, and part of that experience is fear and shame related to the presence of our wounds. At some point, we move beyond that experience toward recognizing that the perfect counselor is simply the myth, not the reality. The reality is that we are human beings with the potential to experience wounds and so we are all, for the most part, wounded in some way.

Pepper discussed her experience with the myth of the perfect counselor. Pepper's experience related mostly to this struggle between fitting into the perfect counselor mold and the reality that she had experienced a wound. There was this sense that she needed to fit herself and her experiences within that mold of face some kind of consequence if people found out she did not align with it. She stated:

I was very afraid that people were gonna find out that I was not all together because I had gone through this really painful experience with my mother passing away and I was pretty much a wreck. And I didn't want people to know that I was a wreck because I thought that I was supposed to be "super healthy counselor person."

She continued explicating her experience with the myth, going so far as to name the ideal of the perfect counselor as a myth. This particular statement from Pepper, together with her previous statement, alludes to this sense of secrecy that comes with the myth. Since she already had the wound or wounds, what else could she do to fit in but hide that she had a wound? She stated, "There's this stigma that we, you know – or this myth that we as counselors are supposed to have

it all together and be – never let our guard down or never let other people know we’re having problems.” Her final statement shows Pepper went from this fear and thought that she should not possess wounds, to this rejection of the myth and acceptance of the reality of her wounds. She stated, “I think in the very beginning I was really afraid of that. I thought I just wasn’t supposed to have those problems. And then I realized, nope. And then I kind of maybe came to embrace it.”

Leslie’s words also describe the myth, though in an indirect manner, and her sense she had that she should not have wounds. Like Pepper, she felt badly that she had wounds. She said:

Let’s just say these counselors are my peers and before that if we were like in a program together and they knew about some of my experiences which I’ve had that happen a lot of times where I’m working with a client and the other counselors are aware of things that I’ve been through it’s like a feeling of shame thinking that they’re going to not think that I’d be able to put my stuff to the side and just work with the client. Or even I think just feeling ashamed that I – not maybe so much shame around that – but feeling sorry for my experiences when that’s not necessarily what I want to happen.

Leslie continued speaking about this experience, giving more information. Her next statement revealed that the shame surrounding her experience of wounds was related to this idea that having her wounds meant she was somehow impaired or incompetent, especially if she could not separate her experience from her clients’. She stated:

And, you know, it’s just always been something that I’ve – there’s like the shame around that of are they going to think I’m not – going back to not feeling equipped enough to be a counselor or counsel the population that you share similar experiences with, for fear of not being able to separate the two.

Psyfer also added additional understanding about the myth. Not only should we be perfect and unwounded, others are perfect and unwounded. “And then I saw that I was wrong to assume that they weren’t wounded either.”

Participants also discussed the reality which was that we are wounded. For Pepper that meant coming to terms with her own reality, her wounds, and her imperfectness. She stated:

I have definitely let go of a lot of this feeling like I can’t be – I can’t let people in on the secret that I am not wonder woman and I do not have it all together and I fall apart and have issues as well . . . What I’ve learned is of course that everybody is – everybody’s got their stuff. Everybody’s got their issues and that nobody is this super healthy – there’s no qualification for being, you know... every counselor has their issues.

She had a kind of journey to this knowledge of reality, this true knowing that everyone encounters wounds including counselors. Psyfer also described his experience in terms of encountering reality. Psyfer came to know the reality of the wounded counselor, or perhaps for him the universal experience of suffering. He stated:

I must say that when I was going through grad school my own personal growth was just at the beginning. I was deluded or unclear on a lot of things and so my perception of these others – of my peers in school as not being wounded was wrong because we all come to the table with our own unique attendant suffering.

Lynn’s experience was akin to Psyfer’s, though uniquely hers. For Lynn, the reality of the wounded counselor, and even simply human, was engrained in her experience. She stated:

And I think it’s somewhat hypocritical to sit there across from someone and expect them to open up and for you to deny that you have anything ever going on. I just don’t think – I mean that’s not reality. We know everybody has stuff.

She was emphatic in her knowledge that everyone has wounds and that pretending otherwise is not authentic.

Making and Breaking the Myth

This subtheme refers to the role that authority figures and colleagues play in terms of either reinforcing the perfect counselor myth, or allowing us to break out of it and be human and wounded. Additionally, this subtheme covers our role in eschewing the myth. Psyfer discussed both professors who reinforced the myth and those who allowed it to be broken. First he discussed those who reinforced the myth. Psyfer noted how he was typically open but encountered some pushback from certain faculty members. He stated:

I've been kind of – maybe some of the older, old school conservative professors told me quite often not to be so open, a lot actually. About half of them told me I shouldn't be as transparent or shouldn't be as open.

He continued discussing the experience of pushback. Psyfer experienced a feeling of judgment and concern about job prospects when the pushback to his openness occurred. He stated, "I felt – at first felt a little judged and like maybe I was in danger of losing my job in the future or that – yeah, that I'd be maybe rejected by other professionals." On the other hand, Psyfer discussed professors who would allow the breaking of the myth. In Psyfer's experience, he noticed how certain professors, typically those who were newer and younger, were more accepting of breaking the myth through openness. He stated, "The newer – some of the newer, younger generation of professors or colleagues are more open with it, are more attuned to the advantages or benefit of being open." Leslie described encounters with professors who were quite accepting. To provide context, Leslie had mentioned times where she was open and vulnerable with professors and supervisors and they would respond with something like I'm glad you're here, or

what she termed some kind of cliché. She later discussed this further after I inquired about a certain aspect of the experience:

I'm like gosh that was so cliché of them to say that. They probably didn't know what else to say besides that but in those moments it's like okay good like they are accepting me as I am and how I come in with any scars or wounds that I have.

Regardless of the apparent use of cliché, Leslie was met with acceptance when she was open and vulnerable. Thus, it appeared that her professors were receptive like some of those who Psyfer encountered.

Easter had experiences with supervisors and colleagues that resembled one of Psyfer's experiences. Her experience was like Psyfer's because there was an authority figure communicating that she should not be so open, reinforcing the myth through silencing. She stated, "I've had, I guess, supervisors and stuff kind of say things like, you know, it's not good to share too much information about yourself." She also had an experience with a colleague. Her colleague reinforced the myth through communicating to her that somehow she should not be so wounded, or should not act so wounded. She stated, "One of my coworkers had said, she was like I think maybe you're just kind of milking this thing." Pepper also discussed experiences with colleagues. Pepper's experience with colleagues was of this journey from being closed to being open, which then broke the myth of the perfect counselor. Once the myth was broken she discovered that other counselors had their wounds as well, and were not perfect. She said:

Just working with lots of counselors and hearing them tell me – you know, break the veil – a lift the veil. Like you meet them and they go ah I've got my life together, I'm a

counselor, look how healthy I am. And then you start to share some of your stuff and they start to share some of their stuff and then you go okay so yeah they're not – they're not all together.

Pepper continued discussing her experience with colleagues in relation to breaking the myth. She stated:

It's affirming that okay I don't have to feel like I've gotta hide this because everyone else has this and I feel like if I can share my experiences, if I am transparent to a certain degree then that makes me feel like it's okay. I can communicate to them it's okay you don't have to have it all together.

Pepper's experience really illustrated how breaking the myth of the perfect counselor somehow involves our own openness, as well as the openness of our colleagues and peers. Through that openness, we reveal the reality of the wounded counselor.

We Provide and Receive Support Related to Our Wounds

This fifth theme is about how we have supportive relationships with supervisors, colleagues, and friends with relation to our wounding experiences and our work. We provide that same support with regard to wounding experiences and work to our colleagues and supervisees. We also have some kind of community of others from whom we receive support when we need it. Easter discussed her experience of giving support to colleagues. She worked in an inpatient hospital setting, in which there was a sense of community among her colleagues where one of the norms was supporting each other through accommodation in regard to who could work on tasks that did not require that they see clients for that day. The person who received this accommodation, as she discussed, would let the others know that they were experiencing a wound like a break up. She stated:

And frequently when like we worked at the hospital, inpatient, you know, someone would come in and be like, “Hey, I will do all the paper work stuff today. I’m not in a place to be working with clients today.”

Cassady also experienced providing support, though in her experience it was to supervisees. Her experience was really about recognizing when a supervisee was struggling before it became a crisis situation, and taking action through providing support to the supervisee in question. She said:

And so just trying to talk to them, find out what’s going on and not let it get to the point to where their work or performance has declined so much that HR has to get involved.

Find out before then, you know, start talking to them, start encouraging.

On the other hand, Cassady also experienced seeking and receiving support. In Cassady’s experience, she sought out support from a supervisor in a situation where she found herself unable to work with a family because of the state of her wounds. She stated, “So, I just told my supervisor. I said I need somebody else to be assigned to them because I can’t – I can’t do it.” She continued, explaining how experienced the support from her supervisor, through her supervisors’ responsiveness. She stated:

I think warmth, just an overall warmth, like I could just pick up on the empathy if that makes sense. I could also pick up on, you know, whenever I went in the first time to talk to him about it he moved away from his computer and put his phone on silent. He created the time as well as the safe space for me to I guess be vulnerable.

Leslie also described her experience of getting support though it was in relation to her wounding experiences and how they influence her work. She specifically Leslie sought and received

support from others who knew about her wounds as a means of being accountable in her clinical work. She explained:

And it's just I think I always want to make sure having the ones close to me hold me accountable for if I ever make it – make a client's case or supervisees case about myself that they're holding me accountable for that. And saying no maybe your reaction was your reaction, not theirs. Or maybe your thought about what they're going through is your thought, and not theirs. And there's no other way for them to know that unless, you know, I'm willing to share that.

Carmen discussed receiving support in two different ways. First, she discussed it in terms of general support for her wellbeing from others. Carmen not only seeks support through counseling services, but also from supervisors and friends. She also appeared to seek support actively when she was feeling an impact from her work. She stated:

That's where I am now is trying to find that balance and sometimes really trying to disconnect from that place after sessions and trying to take care of myself when things feel really heavy and finding my own support outside of counseling services, I know I go to counseling, but also outside of supervision and my friends and really being around people that love and support me.

The second experience she described was akin to Leslie's experience in terms of accountability in her work:

It really helps to talk to someone else about it if I'm really unsure and I just like have no idea. Then I will watch the tape and pay attention to my reactions and I will also have someone else watch the tape with me and help me process it.

Carmen sought support from others through having them watch tapes of her sessions with her to help her identify and process what was hers and what was the client's during the session.

Psyfer described such an experience as well. Psyfer's experience with seeking and receiving support seemed to occur in those times where his work with clients was stressful or frustrating, and having colleagues there to support him allowed him to get those thoughts and feelings out to people who listened and understood.

It's just nice to know I can go to a coworker and just tell them I'm super fucking frustrated with this client cause he's gonna die if he doesn't listen to us and not have to have – he doesn't even – my coworkers don't even have to sit there and like – they don't have to give me counseling. They just have to do the same thing I do with the clients and just kind of like just be there. I don't know. I need it.

Psyfer also referenced giving support. For Psyfer, it seemed, there was a sense of community at his workplace, a mutual provision of support among his colleagues, which he both received and provided. He stated, "It's great to be able to sit down and talk about our own countertransference with clients and we just work it out with each other and just kind of support each other." Lynn discussed both receiving and providing support; however, she also described a unique situation that other participants did not. Initially, she began discussing her community of colleagues and friends. She said:

A lot of my friends who are counselors, some of whom I work with, some that I just – we just consult each other occasionally but I think we have, I say we because we talk about that openly, about how comforting it is to have other counselor friends who have their own stuff and are willing to talk about it.

She continued, describing more about her experience with her community of colleagues and friends. Lynn, like Psyfer, seemed to experience this sense of mutual support given within a supportive community, though for her this was not isolated to her workplace. The presence of such a community and the way Lynn spoke about it communicated this sense of a space where each individual is seen and known, wounds and all. For Lynn, such support allowed her to speak about issues that came up for her during sessions with others who knew about her wounds. She stated:

And for a lot of them we found that we all shared some of the same wounds, you know, with some differences but they were all kind of in the same category, early childhood stuff and some teenage stuff, things like that, bad things that happened in life. And I think it's been for the colleagues, not the supervisees, but for my colleagues and I, I think it's been almost a therapeutic experience just to have someone that gets it, that we can just talk to if we just have a bad day and feel like some stuff came up and we had to shove it down for the next six hours we were at work. And then you get in the car on the way home and you can call that person and go ugh that thing came up again. And it just kind of feels good to have someone who gets it.

Lynn, as alluded to above, also had an experience with providing support to a friend and colleague who rejected it:

I actually have a very good friend who's a colleague, we graduate together, and she has some really difficult grief issues going on and her husband's asked her to go to therapy, her daughter's asked her to go to therapy. She was so depressed at one point that she quit her job. And the last time I spoke with her I said, "So, I'm just wondering if you found a therapist," And her response was, "They can't tell me anything I don't know." And I

thought well then you should know that's not why you're going and I answered that. It just really bothers me.

Lynn's experience pointed out that though we may provide support, and participants experienced a kind of community of mutually supportive relationships, not everyone will be receptive to our support.

We Experience Similarities Between Our Wounding Experiences and Clients' Wounding Experiences

The sixth theme is about our wounds in relationship to clients' wounds, and how participants did not experience it as a matter of either/or. Instead, participants experienced it as a matter of both/and in the sense that there they noted degrees of similarity, though overall there were generally some similarities between wounding experiences.

The Severity and Commonness of Similarity

This subtheme is about how we often find similarities between our clients wounding experiences and ours, and that we have found that often there are great similarities. All participants encountered clients who had wounds quite similar to their own, though only five discussed it in this way during their interviews. Leslie described an experience where she worked with a client who encountered a wound like her own. In the situation, she was quite aware of this experience of a great amount of similarities between her wounding experience and the clients in the moment with the client. She stated, "And I don't ever think that I said anything to her but all I kept thinking about was how very much similar my experience was when I decided to tell a family member what happened."

Carmen had something similar occur. Carmen essentially described a situation almost identical to Leslie's experience, wherein she was working with a client who revealed a wounding

experience very much like her own. In that moment, she took note of that similarity. She said, “It was something that happened when they were in high school, which is when my sexual trauma happened. So, I know that – now in that moment I remember I kept thinking oh I have this too.” Easter had a somewhat similar experience. To provide some context, Easter’s experience occurred during her first experience returning to group after taking time away from working with clients after her mother passed away. Thus, she ended up encountering a client right away that had experience the same wounding experience at around the same time period. She stated, “And this one woman had been really quiet and then she opened up about her mom just passing away and I just like in my brain everything just kind of stopped.”

Lynn’s experience was slightly different as it related to her work with supervisees, rather than clients. She stated, “I hadn’t really thought about it that way but it actually came up this past week in a supervision session with one of my supervisees who was talking about her own woundedness and I recognize that it’s very similar to mine.” Going back to experiences with clients, Pepper described her experiences working with a number of clients who had wounds very much like her own. In Pepper’s description of her experience, she alludes to working with many clients who have experienced the wounds she had, and was so struck by how similar her experiences were to her clients. She said:

And when I’m with someone – when I’m with a client and they’re telling me about their boyfriend and their boyfriend does the same things, exact same things. You know, it’s like oh my gosh. It’s like they all read a textbook. Where did they get all this stuff? The same kind of gas lighting tricks and emotional manipulation and it’s like fascinating to me. And I had this great article that I printed out because it had all of these ways that

people emotionally abuse people in relationships. And every time I give that to somebody they go, “yep, they did that. They did that exact thing.”

Lynn also alluded to the experience of the commonness of working with clients who have wounds like her own. She stated, “I don’t mean that to sound like I’m incredibly wounded but I’ve just had a lot of experiences and so I guess I haven’t really worked with anybody yet who hasn’t had something that I’ve experience in some form or fashion.” For Lynn, the commonness related to her experience of various wounds throughout her life, which for her meant it was more common, rather than less, to have a wound similar to her clients’ wound.

There Are Degrees of Similarity

This subtheme is about how regardless of the wound itself, there are degrees of similarity between our wounding experiences and the clients, which relate to things like emotions, reactions, and coping methods. Carmen directly addressed her experience with this to a great extent. Carmen referred to these degrees of similarity in terms of what similarities she has experienced between her own wounding experiences and her clients. She stated:

I think with wounds that are similar to mine, some of the things that I’ve experienced as similar when working with clients are some of our feelings like our core feelings and responses to original trauma or the original pain. Those things for me have been most of the time pretty similar to my clients’ experiences. And sometimes with some clients even some of the ways that they’ve coped with this pain and this hurt has been similar to maybe ways that I did in the past. Not exactly the same, but some degree of similarity. And with other clients it’s been really different even if it was something similar to what I experienced. It was very different how they experienced it and how they dealt with it or are currently dealing with it.

The above discussion focused on clients who she identified as having similar wounds. Various parts of wounding experiences she noted as similar included emotions, reactions to the wound, and coping methods. Yet she also noted how parts of the wounding experience differed in terms of reactions, and response.

Carmen then moved her focus to working with clients whose wounds she experienced as dissimilar. Like with clients whose wounds she experienced as similar to her own, she noted certain aspects of the wounding experiences that were like her own and dislike her own. She noted that the primary differences were the wound itself or reactions to it; however, parts of the experience were similar such as emotions, coping methods, and support systems. She stated:

And then with clients who – that I do not have wounds similar to theirs, our experiences may be the same sometimes in terms of the emotions and some of those like core human emotions may be the same or some of those coping responses or some of the support systems may be the same. But what is different is like what caused the pain or the hurt and like the original situation or even what occurred that caused these wounds is what's different. And sometimes also their reaction to, or their emotional reaction to, the original event or situation is what is different as well.

Carmen also made a comment later in the interview in relation to another experience that alluded to another degree of similarity found between her wounding experience and clients despite differences in the wounds themselves. Her statement revealed that we may also experience meaning placed on wounds as an aspect of similarities between our wounding experiences and our clients'. She stated, "And although my wound was different we had both lost something."

Carmen had another experience related to this subtheme. She said:

I also realize that I have a degree of separation as well because for me although because of the political climate and because of the way that I look I've started to carry proof that I am a U. S. citizen in case I get stopped by the police or something but I know I have that level of protection and that I am not necessarily in constant fear for myself and that I have that degree of separation that my clients don't.

This experience, though, was stated in terms of an aspect of difference, which was how she experienced the wound in question as indirect while her clients' experienced it directly.

Two other participants addressed this subtheme. In Leslie's experience, emotions served as an aspect of similarity beyond the wound itself. Leslie stated, "It was similar in a way as far as I shared the fear. I remember being very fearful when I was 12 and that happened." Psyfer also referred to an aspect of similarity, as well as difference. He stated, "And because of his drug addiction and how that just kind of amplifies sex drive, it made him or influenced him to engage in behaviors that would be seemingly contrary to my own moral code." Psyfer's experience was that the wound itself was similar, however certain aspects of the client's wound were quite dissimilar to his own experience, particularly the sexual behaviors of his client. Hence, participants did not experience either similarity or dissimilarity, rather there were degrees of similarity in the form of one or some or many parts of the wounding experiences being similar and dissimilar.

Our Work With Wounds Gives Us Experiential Knowledge That Transforms Into Insight and Intuition

The seventh theme encompasses the sense that we gain knowledge and understanding from our wounds and working with our wounds, which consequently provides us with both insight and intuition that we utilize in our work. Some participants discussed experiences solely

related to their possession of experiential knowledge of particular wounds. Pepper, for instance, discussed how having a certain wounding experience gives her some kind of knowledge about the wounding experience of her clients, particularly when they're similar. She stated:

I think now it makes me feel a little bit more kind of wise, you know, it's like oh yeah cause if they haven't – if I have experienced that, something that they're – clients – are experiencing then I know how – I know what they're going through. And I can even share that.

Since she possesses such knowledge, while working with a client who has that wound she can utilize that if she chooses, as she noted. Leslie also discussed having experiential knowledge in reference to her own wounding experiences giving her this experiential knowledge. In Leslie's case, she used what she knew from her wounding experience, that experiential knowledge, to avoid clichés commonly used to comfort people who have experienced sexual assault. She said:

And even in my previous experience working with survivors of sexual assault just as soon as they're disclosing what happened, again, not going back into the clichés of like well I'm glad you're here, well at least now you're safe, well now you don't have to worry about it and just pushing all that aside and changing the language piece of it. I think my own experiences and my own observations of settings have taught me that language part is really important.

Carmen discussed something similar, though she focused more so on the experiential knowledge of the emotions connected to the wound. She stated:

I know how real their pain is and I also know how real, especially in this political climate, their fear of deportation is and their feelings of hopelessness and powerlessness. And I often also struggle with those feelings of hopelessness and powerlessness...

For Carmen, having that experience gave her this experiential knowledge and understanding of her client's experience and the truth of it.

Participants also experienced their experiential knowledge in terms of the way in which it appeared in the therapeutic situation, transforming into insight or intuition. Cassady encountered this experience. Cassady's experience was as a caregiver in such a family and she noticed in that experience how she was looked over in various ways. Her experiential knowledge of that wound contributed to insight about what it is like to be a caregiver in a family where one member is gravely ill. This insight allowed Cassady to then address this issue with clients. She stated:

So the caregiving and maybe some acknowledgement of self-sacrifice not that I wanted to be acknowledged but I think it's important for when you're working with families where maybe there is a caregiver in that instance. Check in with them a little more and see what's going on. See if they need to talk about anything. Maybe sure they know about resources that they have available and things like that.

Leslie had quite a similar experience, though in relation to a different wound. Leslie's experiential knowledge of the wound in question provided her with the ability to gain this insight integral to understanding her client's experience. In Leslie's case this happened through her remembering her own wounding experience, using and applying the knowledge gained from it, and developing this insight about her client's experience. This then allowed Leslie to understand her client's experience to a greater extent. She said:

I think that experience in itself was very much different because if I hadn't known that her abuser was female and she identified as a female as well I would have questioned more so why she opened up to a male rather than a female. But then if I think about my own experience, I didn't open up to – I mean, even sometimes now I feel guarded with

males. I'm always afraid that they're agenda is not, like, a good thing. So that was really different. Different in a way that before I knew why she possibly opened up to the male nurse – when that happened I just kept thinking I chose to open up to all of my family members who were female and I didn't want a lot of my male family members to know or to talk to me about it because my perpetrator was male.

Carmen had quite a similar experience. Using her experiential knowledge from her own wounding experience allowed Carmen to gain insight into how her client was experiencing their wound. She stated, “For this client that's kind of the experience that came up for me is really that they just weren't ready to call it sexual trauma and that for now it was okay for them to just say that and to just explore like maybe if they could report it.” Easter discussed experiential knowledge and insight in a different way. Easter gained experiential knowledge through her wounding and healing experiences, and because of that had insight into her client's healing experience though she struggled with using it. She stated:

I just, you know, like the stuff that I've really gotten through cause I've had other wounds besides that but that's just my most recent one and if it's something I've really gotten through like you said and really processed and am on the other side of I do find myself sometimes having to slow down and let them take it at their pace because I know the answer. I know that if they just listened to me they would be so much better off.

Psyfer discussed this experience in an intriguing manner. Psyfer's experience was that his wounding experiences were a kind of experiment which allowed him to gain experiential knowledge about certain wounding and healing experiences. He was then able to develop insight about what might work for certain clients based on what he knew from his own experiences, or in his words experiment. He said:

It's worked as a sort of laboratory for what may or may not work in certain situations even though it has a huge subjective bias cause we all kind of respond to different things. But – and so it's allowed me to, you know, in working with clients with severe addiction or severe depression and hearing how they have ideas of what may work and why this may not work and since I've been through all of that and just – it's allowed me to maybe help clients or – not help but gear them towards more beneficial routes of getting better. Psyfer later came back to this experience later in the interview. However, this instance focused more so on how his experiential knowledge gave him an intuitive sense of when a client was heading toward relapse. He stated:

I think knowing that a client is heading – like just knowing from my own experience and what I've seen within the field – when I know a client is just on the path towards relapse, even though they don't think they are. And of course sometimes I'm surprised...

Lynn also referenced such an experience. For Lynn, this experience was very present in her awareness. She stated:

And I'm trying to advocate for the child and I had a very difficult childhood and I relate very much to the children and I understand kind of on an intuitive level what's happening with them. And I'm seeing it in their play, and they're confirming all of these things...

For Lynn, this experience was very present in her awareness. She noted how she had her own experiential knowledge because of her wounding experience, and thus had this intuitive understanding of her children clients. Though, interestingly she noted how she confirmed what she sensed through her clients' behavior.

Our Clinical Work Illuminates the Extent to Which We Are Healed

The eighth is about how through our clinical work we come to a better or more clear awareness and understanding of where we are at in our healing process with regard to specific wounds or parts of wounds. Essentially our work with clients allows us to accurately gauge the state of our wounds. For Lynn, clinical work allowed her to develop an awareness of wounds that needed more healing. She said, “I think they’ve always been personally beneficial because they’ve helped me identify things that I didn’t realize were still going on and helped me to continue working on those.” Through working with foster care, Lynn learned where she was at with her wounds related to that particular population. For her that mean there were wounds that needed more healing, even though beforehand those wounds had felt healed. She stated:

I think – I think what it ended up being was an opportunity to recognize that there was still a whole lot of wounds there that I had not healed, that I thought I had. And I don’t know that I would have recognized those had I not gone into foster care work.

Carmen discussed a similar experience of engaging in her work with clients and noticing how certain wounds needed healing. Carmen had a unique way of communicating her experience, focusing on the engagement of certain parts of herself and how through that occurring in her work she was able to see where she needed healing. She stated:

And then there could be parts of me that are at times activated that then I’m like woo I need to also – and not that they’re bad but in that activation process I come to an awareness and a realization that oh these parts of me need more care or these parts of me need more processing or whatever it is.

Easter, however, truly exemplified this experience. Easter described the experience in such a way that it also provided a sense of the other side of the coin. Not only do we come to an awareness

and understanding of when our wounds need more healing, we also notice when we have made progress in healing our wounds. She said:

Okay, so I guess it kind of makes my healing more real for me sometimes like okay yeah I really am getting better with this. I really am at a better place with this. Or sometimes it's maybe like oh that's something that's a little rawer than I thought it was. Maybe I need to go see my therapist. So it kind of can give me a gauge of how I'm doing with my own healing.

Beyond that, it even validates our progress. Through the use of a metaphor about pregnancy, Easter highlighted how our work allows us to go beyond an intellectual awareness of our healing, to an emotional awareness of it. Easter explained:

Well, you know like when you say something for the first couple of times, kind of like when people find out they're pregnant they're like oh I'm pregnant. And so at first you kind of have this disbelief about the whole thing but after a while the more you say it and the more comfortable you get saying it then it kind of makes it more real for you.

Cassady encountered this as well. For her this was about realizing she was perhaps more healed than she had believed or known at that point. She stated:

I think at that time I was just – that's when I first realized – it was like – that I felt like that I was gonna be okay, if that makes sense. It's like okay I'm finally at the point where, you know, I was able to – I made it through sessions with them without crying. I would get a little emotional but not to the point – I never cried.

Through working with a family who was encountering a wound much like her own, a situation she previously had to avoid due to the state of her wound, she noticed signs that communicated to her some progress in her healing from that particular wound.

Our Wounds Move Us Toward and Away From Clinical Work and Clients Who Have Particular Wounds

The ninth theme is about how our wounds inspire us to pursue working with populations who have particular wounds, yet at the same time, they also have the ability to stop us from working with any clients or certain clients due to the state of the wound in question. The phrase state of the wound refers to the extent to which the wound has healed, and is in effect a continuum. Through interviewing participants, I noted how it was typical for participants to somehow end up working with populations that possess wounds similar to the participant's own wounds. For the most part none of the participants directly addressed this in their interview. The exception was Lynn, who clearly described this experience. She stated:

And I think it's to some degree or another driven the population I like to work with. I like to work with people who are working on personal growth issues, empowerment, self-esteem. That's my favorite kind of work to do.

Thus, her wounds served as an inspiration to pursue work with a certain population. She continued in this vein, but with regard to a different experience. She said:

I think in the beginning – I think it did draw me to foster care and I think – I think – I don't know how to say that... Um, it drew me to foster care and it also drove me away from foster care and I haven't quite figured out what that means. I'm still working on that. But I think initially it was something I felt driven to do and then after doing it I sort of felt like I needed to not do that. So, maybe I just wasn't ready.

While she addressed how her experience drew her to working with the foster care population, she also noted how the reality of the experience paired with the presence of her wounds worked together to move her away from working with that population. Other participants affirmed

Lynn's experience, particularly that of wounds moving us away from work with particular populations. Cassidy discussed such an experience. She encountered a wound, the passing of her mother, and then began working with a family who was encountering a similar wounding experience. She stated:

I remember the first time like a year after my mom passed away and I was put in the situation where a family – I was working with a family and there was a member in a home who had cancer, and I couldn't do it. I had to – I asked my supervisor to be reassigned because I just – I would start crying.

Working with that family was very difficult from her as she had difficulty managing her emotions in that situation, ultimately leading to her requesting the reassignment of the family. She spoke more broadly about her experience of this wound and how it impacted her ability to work with similar issues for a period of time. She stated:

Well, there's a couple of things. One, I went – you know, I lost my mother to cancer several years ago whenever I was in my masters program. And so right after that as I did my practicum hours and everything I could not – and even in my first job out of grad school I could not really handle working with people who were in any phrase of grief. I just – I couldn't.

In that experience, she very specifically addressed for quite a period of time experiencing her wound she was unable to work with anyone who needed help with a wound like her own.

Easter had similar experiences of wounds influencing her in such a way, stating, "There was a time I had to take some time off cause I wasn't fit to give help to anybody. I was too wounded." Though, for Easter this meant that she was unable to work in general, and not only with a specific population. Later in the interview she referenced acting carefully in accepting

new clients, particularly those with certain wounds. She stated, “I can’t take any serious grief cases right now, that’s just not anything I can do at this moment.”

We Avoid Using Our Wounds to Make Assumptions About Clients’ Wounds

The tenth theme is about how we intentionally avoid the use of our wounds in such a way that we engage in the act of making assumptions about clients’ experience of their wounds and whether or not they define their experience as a wound. At the same time we have experienced times when we have made assumptions. Leslie had some experience with avoiding assumptions about clients. She stated, “It felt good to be able to work with a population and not ask questions based on my own experiences, not like label feeling words because those are my feelings.” She had this overall experience of being able to avoid assumptions with clients. Before she got to such a point though, she had experiences wherein she had to prevent herself from making assumptions as indicated by her statement, “But I was also trying to remember that it didn’t have to go that way for her.” This required her to actively remind herself that her client’s experience would not necessarily align totally with her own. There was also a time where Leslie made an assumption in the moment with a client who had a wound like her own. She stated, “And just again feeling confused as to – I mean, I assumed that her perpetrator was a male.” There was this part of the wounding experience that was a reality for her and so in her mind was automatically the reality for the client, which caused her some confusion in the situation she described.

Psyfer also discussed this experience, stating, “I think it – when they’re vastly similar I often think that’s more of a challenge for me because I have to be really mindful and objective with projection and assuming that they can arise out of their difficulties in the same way that I did.” For him then, avoiding assumptions relates most to clients whose wounds are somehow similar to his, though interestingly he addressed the issue of what he might assume something

about. For Psyfer, he noted he avoids making the assumptions clients wounding experiences resemble his own and that their healing experiences will resemble his own. Cassidy described an experience that exemplified this theme:

And I've worked with two different kiddos who were thankful. I mean they loved their parent and they were sad in that regard that things weren't different but they were relieved when something happened and that parent was no longer going to be in their life just because of the horrific things that had been – that they had been subjected to at the hands of their parents. So that – and that's always – that was a little bit of a shock for me, especially the first – with the first kid because I was like – how? It just, you know, it contradicted everything that was familiar to me and contradicted everything that I understood. It's like how can you be thankful that, you know, your parent died in prison? Um, but then you find out, you know, you let them have their voice and they start sharing more and all of that and it starts to make sense. It's like well... you know, and I think it also validates that there's a lot more that I'm – I had a wonderful relationship with my mother but that's not the reality for everybody else.

The above experience was about the potential for an assumption by Cassidy because of her own experience. She avoided it through continuing to listen to the experience and perspective of her clients despite how different her experience was from those clients' experiences. Hearing more about their experience and perspective then allowed her to make sense of their experience and eschew the potential assumption. In this case, the assumption was about whether the experience in question, the death of her clients parents, was or was not a wound for them. Cassidy recognized the need to avoid that assumption to honor her clients' experience and noted the importance of “. . . just respecting, you know, the lived experience of what other people... um,

and in my case, the kids that I worked with, what they have gone through.” She also recognized that her assumption would not be helpful for her clients. She stated, “It’s like wow I don’t need to project that this is something traumatic for them if they’re happy and relieved that they never had to be around this person ever again.”

Carmen described her own experience related to this theme. Carmen’s experience illustrates the aspect of this theme about those times when we make assumptions though we try to avoid them. She stated:

I was working with a queer client through their coming out process and I know that my coming out process was extremely – it was very painful with my family. There was a lot of rejection and pain and it took like ten years to repair and mend relationships with my family. So, I remember – cause this client was also Latino, so similar cultural background – and I remember just being – in that moment feeling very concerned for the client. And then learning more about their experience and their family and like realizing that their coming out process would be their own and that it would be different regardless of my experience. And I – so my worry was based on my experience and not necessarily what the client was sharing with me. So, I had made an assumption in some way about what this process would be like for them because of some of my experiences.

She made an assumption while working with the client about what the client’s experience was like, specifically that it would be a wounding experience like her own. She later realized that the client’s experience would most likely not resemble her own. Though Carmen had already made the assumption, she, like Cassidy, eventually recognized her assumption and acknowledged the reality of her client and her client’s experience.

Our Healing Process is Intentional and Continuous

The eleventh theme is about how we experience our healing process. Our healing process is both intentional and continuous. It is an intentional and integral part of our work that occurs over time with no ultimate point at which we are entirely healed. This theme is also about the challenges inherent in our healing process. Pepper spoke to the nature of our healing. She said:

And I kind of thought that I had it all together and I had really done a lot of work, and I had really moved past a lot of things. And my mother passed away when I was in my last semester of graduate school.

Pepper powerfully illustrated how she experienced the healing process in which she intentionally worked toward healing, yet she encountered a new wound. This meant that though she had pursued healing of wounds she had at that point in time, there was no ultimate end to the process due to this new wound. Pepper continued discussing her experience of healing. She explained:

My therapist says this to me. She says, “What would you tell your clients if they were going through the same thing you are?” I’m like don’t give me that because I would tell them all these fabulous things but I’m not doing them myself you know.

Pepper’s statement demonstrates how we intentionally seek out healing, in this case through seeking a therapist. It also alludes to this sense of healing as challenging because it requires we take action, or do the things we would have clients do as Pepper indicated. Pepper then circled back to the idea of the continuous process of healing. She said:

I mean, I kind of think of myself as a work in progress. I don’t think I’m ever gonna be like, ‘okay I’m done. I’m perfectly healed and everything’s fantastic.’ So, you know, I think it’s a constant growing process.

Thus, healing has no true end point. Instead, the healing process continues to occur throughout our lives.

Lynn discussed similar experiences of healing. For Lynn, though, she has experienced this continuous process of healing from certain wounds related to her mother for a long period of time. She stated:

And so the ones that are temporary though where, you know, it's just hard and it just means that I have to look at all this stuff, it's just a little annoying. You know, I – like I said to my therapist not long ago, 'Is it ever not gonna be about my mother? Like is there ever going to come a time where this is not gonna be about my mother?' You know, so that's frustrating. It's like oh my gosh, really? Because sometimes I go in there and I'm like okay I don't think this one's about her and then, you know, 30 minutes later ah it's about her again. Okay, nevermind.

Her experience also indicated that healing occurs with intentional action, which for Lynn meant seeing a therapist and addressing wounds connected to her mother. Lynn also discussed the challenge of healing in her above statement, where she talks about the frustration of the continuous nature of her healing process, in this case frustration with having to continue dealing with wounds related to her mother. She added, "And so it's good to not be feeling it all the time because now I'm kind of dealing with it and so that's good but to have to deal with it is frustrating, for it to keep coming back." For Lynn, then, dealing with her wound was also an intentional aspect of the healing process.

Easter's experience was also of healing as a continuous process. She stated:

Um, cause I mean my dad did a whole bunch of stupid things and, you know, I have some wounds from that but I'm on the other side of those so if it's something like that

I'm fine. But my mom died less than a year ago so if it's something kind of closer to that that's a little more raw.

In Easter's experience it was a continuous process in the sense that she worked toward healing from certain wounds and then encountered another wound.

Carmen discussed two experiences related to her wounds that illustrated the continuous and intentional nature of our healing. She said:

And then like through my master's program I was really aware of that like. . . 'ah I need to continue working on this,' and really took a lot of time to work on it. And even post my masters program to really work on it and work on it in different ways because I knew that that for me was a defining moment and that that experience had really shaped me.

This first account gave some indication as to the continuous nature of healing, though primarily indicated the intentionality of it in the sense that she had to actively pursue healing, which for her looked like working on healing her wound in various ways. She continued:

And if I'm ever around a horse and not accepting that hairy piece that has been pointed out, they're like, 'Mmm, no like you need to deal with it.' They're like, 'Lean into that' and I'm like, No!' Sometimes it's still difficult. Like I can't say that – you know, I think just a few weeks ago I was doing an experiential activity with a male horse and something came up for me and I was like oh man no. And over the past two weeks I've been standing in it and leaning into it and it's been uncomfortable, like super uncomfortable.

Carmen illustrated the process of healing as occurring continuously in her second account.

Together her experiences show that though she put in a great amount of work toward healing, she still has wounds come up in her work that need healing, thus, supporting the idea of healing

as continuous with no ultimate end point. Taken together, participants' experiences revealed a continuous process of healing not only in the sense that we continue healing from a specific wound over time, but that we also encounter other wounds even if we had mostly resolved our past wounds.

Our Work with Clients is Both Parallel and Reciprocal

The twelfth theme is about the experience of going through our own individual healing process as we work with clients, which is a parallel process, as well as a relational exchange that occurs between clients and us in the therapeutic process in which the client is changed and healed and we are changed and healed, which is a reciprocal process. Thus, not only are we providing healing, we are receiving it. Participants typically discussed the parallel and reciprocal aspects of the experiences with clients in such a way that illustrated these processes were interwoven.

Pepper stated, "I heal along with my clients. I think that it continues to help me process and heal as they heal." She pointed out her own process of healing that she experiences alongside the client. Pepper then stated, "And it has been healing for me," in reference to an experience in which she was moving with the client through their grief, which allowed her to move through her own grief. Easter echoed that experience, stating, "But if it's something that's more recent, um, it's kind of healing for me too..." Pepper continued to discuss her experience of healing. She said:

And I've learned and grown and done my own work throughout that process and I think my own work as a client of other counselors and my work with clients both have helped me to grieve, for example. And all of the stuff that came along with it, the grieving.

Thus, she experienced her own process of healing, in and of itself, as well as healing through her work with clients going through grief.

Leslie also experienced this parallel healing. As she worked in hospice, she was going through her own process of healing some of her wounds. She stated:

But there's something about being with someone who's dying or even just being able to talk about death and dying and then thinking about your own family members and your own personal self... that heals me.

As she worked in hospice, she was going through her own process of healing some of her wounds. She continued to discuss this parallel process, focusing on the part of her work experience where she learned about death and dying and what it looks like. She explained:

And that to me just meant everything. I mean, I couldn't stop. I was telling my mom. I was telling, you know, my friends and I mean, of course, no one thought it was as interesting as I did but I was like it makes sense, you know. Remember whenever grandpa did this and this. And so that would have to be my example of how I took certain information and tried to – I think that it healed some type of wound inside of me...

For Leslie, just being in the hospice setting really spurred her healing along. She learned things in her work experience that really allowed her make sense of her own wounding experiences, healing them in the process. While working with clients in the process of dying, she was given the opportunity to heal her own wounding experience. She said:

Yeah I think just being able to have the experience in a different way, if that makes sense. So being able to – it was almost like sitting with the teenager and being a 12 year old all over again and saying okay I'm going to relive this experience and I hope it's going to go a different way and it did.

Through being with the client in their experience of the process of dying, she received healing of her wound related to the process of dying through being able to relive it in a way that went differently than her own experiences that wounded her initially.

Lynn also discussed her experience of healing while she was working. In fact, working with certain clients encouraged her to seek her own healing through re-entering therapy. She stated, “Yeah, since then I’ve gone back into therapy dealing with some of that past stuff again, which was not fun.” For Lynn, this meant she had to seek her own therapy to pursue healing, and have the ability to focus on healing specific wounds she experienced. She went on to state, “And you know, I still, like I said, don’t feel like I am ready to go back into that work but I’ve learned a lot about myself that I didn’t think I still needed to learn.” This hints more so at the reciprocal process, which in this situation meant that Lynn learned something about herself through her work with clients. Lynn continued to discuss what she receives through her work with clients. She said:

In doing the work it – it sort of – I don’t want to say helps me too, although it does in a way because it helps me – it’s kind of like you learn things better when you teach them, you know. And so the more I’m reminded of that process because I’m helping the client understand the process, it helps me to remember the process.

Lynn expressed some hesitation when she stated that her work helps her in some way, though she continued to explain how it does help her in the sense that she learns about healing through providing healing.

Easter’s experience was slightly different in that she was healed through her work when she was able to own her wounds in her work with clients, indicating occurrence of a reciprocal

process. Finally, Carmen also discussed both the parallel and reciprocal process. She discussed such an experience during the interview. She stated:

I have a few clients where their experiences are really similar to some of my experiences in the past and with some of the things that are happening politically there have been things that have been reactivated for me and reactivated for clients. And we're really going through this parallel process of figuring out what it means for us and what is our place and all of these things but even while clients are processing what it is for them, I think it unlocks for me what it may mean for me even if I don't process it.

She essentially discussed how because of the political climate certain wounds had been reopened for both her clients and herself, and so she was with them in their healing process while she was also proceeding through her own healing process. She explained:

And sometimes it's really difficult to discern because I am still, of course, in the process of exploring those feeling because of my own family but it's difficult to really separate those experiences and do a lot of supervision particularly around my clients who are undocumented. And I think that one is so fresh that I'm not necessarily sure like of all the pieces that are challenging to me.

She moved more toward discussing the challenge of the parallel process, but ultimately the last statement revealed how she was experiencing her own healing process while her clients were experiencing their own. She also discussed how she went from attending to the client's healing process in the room to attending to her own process outside of the room. She stated, "Like sometimes it hits me really hard, typically at the same time that it's hitting my clients or impacting them really hard. And then we can both process it for them in the room and then for

me outside of the room...” Perhaps even more so than other participants, Carmen illustrated the reciprocal process that occurs. She explained:

Because that part of me that sometimes struggles to accept these other abilities that may – you know, these transpersonal abilities was (sic) activated and was also reaffirmed by this client and it is also encouraging me to use these different parts of myself with clients in a clinical way. And I know that for me that was also like that surge of energy. I would describe it as becoming more full and accepting that part of me even more.

In the above statement, Carmen described her experience working with a client with a similar wounding experience wherein they possessed certain transpersonal abilities that others did not accept or believe in some way. However, Carmen’s work with the client through the process of accepting transpersonal abilities allowed Carmen to also embrace her abilities. Consequently Carmen experienced a sense of healing and stated, “And for me, in and of itself, being in that relational place is healing and it’s healing for different parts of myself and it’s healing for different part of the client.”

Our Wounding Experiences Are With Us in Our Work

This theme refers to the metaphorical sense we have of the presence of who we were when we were wounded or that part of us that was wounded while we are working with clients. Leslie discussed the presence of herself at the time of her wounding experience while she worked with clients who had wounds like her own. She stated:

When I think of baby Leslie, she sits there with the teen with just so much hope that her experiences won’t be the same. And when I think about... with the client who was dying, I’m very grateful that the client was able to go peacefully.

She focused on symbolic the presence of that part of herself that was with her while with her clients, giving her hope or helping her appreciate positive differences in the client's wounding experience.

Lynn shared this experience, though perhaps in a different sense. She described the presence of her wounded self. She said:

And that can be hard because it triggers my own kind of little girl saying, "I'm not being heard. I'm not being listened to. I'm not important enough." And it's that little girl that's standing up for those little kids that I'm working with.

For Lynn, the presence of her wounded self reminded her of the needs of her clients while also advocating for them. Carmen described an experience like Leslie's and Lynn's, in which she experience the presence of who she was at the time of one of her wounds with her while with a client. She also noted what that part of herself was doing in that situation. She stated:

That really I think that wounded piece of me – that like sixteen – fifteen-year-old self was really present and was really in a way – and this may sound woo woo – it was really in a way like also caring for the client...

As others discussed, something was going on beyond simply the presence of the wounded part of the self. For Carmen, that took the form of that wounded part of herself caring for the client in some way.

The Pain of Being a Wounded Counselor

This theme has to do with the more challenging side of the experience of being a wounded counselor. Participants discussed how they experienced distress or pain in their work as well as a feeling of being drained, beyond their wounding experiences in and of themselves.

Many participants talked about the pain or distress that comes with working with clients. Carmen discussed the pain of being with a client who has a similar wound. She said:

I think now it's challenging because it's very heavy and painful in the room and sometimes it's difficult to disconnect from that when you're still experiencing some of those same feelings or some of those same situations.

She discussed not only the pain and heaviness of being with a client with a similar wound, but also this sense of being stuck in that place of pain and heaviness because her experience also involves that wound. A few other participants discussed situations in which they experienced some intense feelings and distress during work with clients.

Easter described a situation in which she was asked to conduct a group therapy session after recently experiencing a wound. She stated:

But I remember I tried. I was working at a hospital and it was – I went in and I was – they're like well just maybe you can do group, a really short, fast one, because they had been having me do, you know, medical records and all that. And I tried and, you know, just too many things were brought up in there. And I – when I went home I couldn't get out of bed for a couple of days. So, I said this is just more than I can do right now.

When she discussed the situation further she noted that there was a client in the group who had experienced a wound like her own. The client's discussion of her own wound was distressing for Easter, not only after the experience once she went home but also during the experience. She elaborated on her distress during the experience. She explained:

I kind of shut down and I let them out early for break and I went to the bathroom kind of just to pull myself together and I did. I went home and I could barely get out of bed for the next two days. So, I was not – I was not in a place to handle that.

For Easter, the experience of facilitating the group was distressing and simply too much for her at the time because she had recently experienced a wound that was brought up by a client who also experienced that wound.

Lynn also had to work hard to get through a session with a client when distressed. She discussed a situation in which she experience intense emotions and distress while working with a client who had similar wounds, at the same time, the client was like someone who wounded Lynn. She stated, “That was incredibly hard for me, just incredibly hard to the point where I quit doing it for a while because I just couldn’t because it just opened up too many of my own wounds to do that.” For Lynn, the experience of those clients was painful in the sense that it re-opened her wound. She continued her discussion of the experience, focusing on a particular instance. She said:

And I, you know, and I’m thinking okay she’s three and I just can’t believe you said that. Um, and so judgment. I mean I would start to feel judgmental. I’d start to feel angry. I mean I’d just – I literally had to just take a lot of breaths in the session and try to get through it. And I always ended up referring them out because I just couldn’t get past it. In that experience, Lynn was highly upset and had to work to make it through the session with that client. She also seemed to allude to the idea that she felt stuck in that state of emotion and distress, leading her to refer the clients she references in that experience and those like them.

Cassady also encountered a client who was going through the same wound she had just experienced. Her experience was one in which she was upset and distressed. She indicated:

For me the reality was I could not work with that particular family because their loved one was in the home and, you know, she had lost all her hair. And it was just – like there’s a – I don’t know if you’ve ever been around anybody that’s sick and dying from

cancer but there's a certain smell that they have too. And I could smell that the instant I walked in their house, every time. And I would just – I – within probably 10 minutes or less, every time, I was crying.

Cassady noted certain similarities between her clients' reality and the experience of her wound, ultimately leading to her feeling quite distressed and outwardly emotional as she was with her clients.

Part of the pain of being a wounded counselor also appears in the form of feeling energetically drained or taxed. Easter referenced instances when she had been recently wounded and tried going to work. She stated, "I mean on those days when I would try and go to work there it was like I would come home exhausted. You know, I hadn't done anything but sit in a chair and talk to people but I was exhausted." Though, as she expressed, she did not do anything physical she truly felt a large loss of energy after working, evidenced by her use of the word exhausted. Psyfer also encountered such an experience at least once when working with a client who had a somewhat different wound than his own. He stated:

Emotionally, it was draining cause we did a lot of EMDR work. It was draining. I had to do a lot of meditation and mindfulness and even then I had to take some days off after the EMDR sessions with him because they were so intense.

In that experience, he encountered a sense of being drained and had to take time off to account for the intensity of the work with that particular client. Cassady, though, provided a statement that seemed to epitomize this experience. She stated, "I mean I feel – I felt very heavy and like, you know, just not wanting to – not really – sort of like that analogy of a turtle trying to move through peanut butter was what it was like." With that statement, Cassady illustrated how when we feel that energy loss we have a difficult time functioning.

We Serve as Models for Healing

The final theme is we serve as models for healing. The essence of this theme is the idea that we serve as models in our work with clients in the sense that we show them what it looks like to have wounds and to heal. One participant referred to modeling healing in terms of modeling coping and resilience. Pepper stated, “I feel like in some ways I’m a model of how to cope and be resilient.” She continued by emphasizing that for her this act of modeling was an integral part of what she does as a wounded counselor as it is part of her role. She said:

And so that is my role. My role is not to be a perfect person who’s never had anything bad happen or never does anything unhealthy. My role is to be a model, or one of my roles is to be a model, of how to be resilient in the face of. . . being kind of a mess.

Not only, then, was part of this modeling about healing it was about authentically acknowledging the presence her own wounds and issues and working toward healing herself while working with clients so as to show how and what it looks like to have wounds and heal.

Easter expounded on what Pepper state about the issue of modeling. She stated:

When I’m working with people or working with clients or whatever, I just find that it’s – especially with my clients because it shows them – it’s kind of modeling. I am letting you know that I am going through something and I’m struggling with depression or I’m struggling with anxiety or whatever and that’s a normal emotion and this is how I’m handling it.

For Easter, modeling meant that she was authentic with clients about her wounds, whatever they may have been at the time, and how she was handling them to model for her clients what it looks like to have wounds and heal, and also to normalize the experience of the wound.

Summary

In this chapter, I presented and explicated the themes that emerged from interviews with participants about their experience of being a counselor who identifies as a wounded healer. I found themes through interpretive analysis of participant interviews as well as participant feedback and discussions and review of data with my peer reviewer. These findings described the various aspects of participants' lived experience of being a wounded counselor. Themes included: (a) with the client, we enter and exist in their experience; (b) we are open about our wounds; (c) wounds are . . . ; (d) from the myth of the perfect counselor to embracing the reality of the wounded counselor; (e) we provide and receive support related to our wounds; (f) we experience similarities between our wounding experiences and clients wounding experiences; (g) our work with wounds gives us experiential knowledge that transforms into insight and intuition; (h) our clinical work illuminates the extent to which we are healed; (i) our wounds move us toward and away from clinical work and clients who have particular wounds; (j) we avoid using our wounds to make assumptions about clients' wounds; (k) our healing process is intentional and continuous; (l) our work with clients is both parallel and reciprocal; (m) our wounding experiences are with us in our work; (n) the pain of being a wounded counselor; and (o) we serve as models for healing. The next chapter provides discussion of the relationship between these findings and the literature presented in chapter two, as well as implications for the counseling field and recommendations for future research.

CHAPTER V: DISCUSSION

In this study, I explored the lived experiences of counselors who self-identified as wounded healers. The concept of wounded healers has existed for millennia, permeating a wide variety of cultures and professions and yet it has received very little attention from the counseling field in particular (Bryant, 2006; DeVita, 2014; Ham, 2009; Rawson Foreman, 2005; Viado, 2015; Watts, 2014). At the time of this study, research studies about wounded healers, especially those within the field of counseling were lacking. This lack of research serves as an obstacle to the counseling field as it prevents us from addressing the very real issue of wounds in an informed, intentional, and systematic manner rather than haphazardly and inconsistently. Therefore, a large part of my intention in pursuing and conducting this research was to address this gap in research and consequently practice within the counseling field, as well as the incongruence between our actions and the reality of experiencing wounds. The other part of what inspired my pursuit of such research was my own experience as a wounded healer and my eventual realization as I connected with colleagues and literature that I was not the only one with such experiences.

There was one primary research question that directed this research study, as well as two secondary questions to guide certain aspects of it. The primary research question was about the lived experience of counselors who self-identified as wounded healers. The secondary questions focused on how they experience working with clients who had wounds similar and different to their own and how they experience working with colleagues, respectively. I implemented a hermeneutic phenomenological design as it aligned with the lack of previous research and the research questions. I obtained data via semi-structured interviews with seven counselors who self-identified as wounded healers. Findings from this study supported previous research as well

as literature on the origins of the wounded healer concept and perspectives on therapeutic practice. Within this chapter, I discuss my findings in light of past research as well as literature. I also consider implications for the counseling field and provide recommendations for future research.

My Findings and Their Relationship to the Literature

Despite the general lack of research about wounded healers, there are pertinent observations to be made regarding the relationship between my findings and the findings of past researchers. Furthermore, there are important connections concerning my findings and the perspectives on the concept of wounded healers as discussed by prominent figures including Sigmund Freud, Alfred Adler, Carl Jung, and Rollo May. Below, I discuss each theme as related to previous research and prominent figures' perspectives on therapeutic practice. Additionally, I discuss findings that appeared unique to this research study.

With the Client, We Enter and Exist in Their Experience

This theme also covers the following subthemes: (a) uniqueness of being with a client who has similar wounds, (b) uniqueness of being with a client who has different wounds, and (c) differentiation of our experiences from client experiences. In a general sense, this theme was about how as wounded counselors we possess the ability to join our clients in their wounding experience, moving with them through it as they move. Based on Carl Roger's (1980) definition, participants seemed to experience a high level of empathy with their clients, though it seemed to go beyond that as not only did it involve entering and being with the client in their experience, it encompassed the aspect of movement within the experience. This finding in and of itself was not surprising as Rollo May suggested that wounded healers develop empathy due to the insight gained from our own wounds seemed to support this finding (Schneider & May, 2012). The

presence of this true sense of empathy was very prominent in my participants' experience of being a wounded counselor.

A number of past research studies appeared to be supported by this theme in particular. In her study of psychology professionals, Grapp (1992) identified a theme of the use of self in therapy, which was partially about the sense that participants' expression of wounds allowed them to be with clients and experience empathy for them. However, Grapp's findings were primarily about self-disclosure, while the theme in this study was not connected to self-disclosure or openness with clients. Furthermore, the theme in the present study added an aspect of movement within the experience of being with and empathy that was not present in Grapp's findings. Bryant (2006) also discovered similar findings in connection to this theme and one of the subthemes. In Bryant's study a primary theme was empathy. In her study, the theme of empathy was about recognizing and feeling the pain of others. While recognizing and experiencing the pain of others represents part of the current theme, the finding in this study went beyond Bryant's theme in the sense that it gave a clear sense of being with participants in their wounding experiences, something that was not present in Bryant's findings.

Rawson Foreman's (2005) findings also seem to be supported by the current research. One of her findings was a theme about wounded healers having greater empathy and understanding of clients due to their wounds. While the findings of the current study are similar, participants did not express the sense of comparison inherent in Rawson Foreman's findings. What they did explain was how they experienced their wounds as allowing them to feel this sense of being with their clients in their experience, or empathy in other words. The current finding did not encompass the sense of understanding present within Rawson Foreman's

findings. Her findings also lacked any sense of empathy involving movement like reported in the current study.

DeVita (2014) revealed a finding that appears to be supported by the finding related to differentiation in the present study. One of DeVita's themes was discernment and use of somatic experience, which was about participant differentiation among their own somatic experiences and those of their clients, as well as experiences related to the relationship and interactions. This theme was similar to findings of the current study regarding participants' expressed differentiation of their own experience from their clients. In the current study, the subtheme regarding differentiation appears to be more general than DeVita's findings, particularly since DeVita's study focused specifically on somatic experiences. However, it appears her participants experienced something much like my participants did in terms of a focus on and process of identifying and separating their experiences from those of their clients and those encountered due to the relationship and interaction with the client. In the current study participants' experience with differentiation seemed connected to checking whether they were with themselves or with their clients so that when they were with themselves they could move back into the experience of their clients. DeVita's findings also identified an aspect of differentiation of self from experiences within the relationship and interactions with clients.

We Are Open About Our Wounds

This theme encompasses our experiences related to openness and disclosure of our wounds. Largely, we are open about our wounds and wounding experiences, and willing to share them with others. This theme encompassed a number of subthemes including: (a) we are intentional in our use of openness and vulnerability, (b) we learn about how to be open, (c) we are open with colleagues and supervisors when . . . (d) we have been hesitant to share, (e) our

openness has changed therapeutic and supervisory relationships, and (f) our colleagues and supervisors have misused our openness. A few past researchers found themes related to this theme or a particular subtheme.

Grapp (1992) stated one of her findings was about the use of self in therapy, which in the context of her study was chiefly about self-disclosure. Two aspects of this subtheme were similar to my findings. The first was the intentionality aspect that Grapp underscored within her theme about the use of self in therapy, which directly relates to my subtheme about how participants' were deliberate in this use of openness. However, Grapp's participants discussed this only in relationship to disclosure to clients. My participants discussed intentional openness in connection to colleagues and authority figures in addition to clients. The second similarity was the aspect of Grapp's use of self in therapy theme that was about the use of self-disclosure contributing to movement in the therapeutic relationship. My research revealed a subtheme quite like that noted by Grapp; however, in the current study, participants discussed instances of how openness changed both therapeutic and supervisory relationships. Regardless, Grapp's finding that self-disclosure contributed to movement in the therapeutic relationship appears to be supported by my finding that openness about wounds created movement in the therapeutic relationship

Ham's (2009) research included a finding regarding self-disclosure, with a subtheme about how participants moved from disclosing in a very long-winded and less precise manner to disclosing in a concise and intentional way. Ham's finding seems to be partially buttressed by the findings of the current research regarding the use of openness in a deliberate way; however, participants in this study did not provide any indication of a journey towards more concise, intentional disclosures.

Wounds Are . . .

This theme explains various aspects of wounds related to how we experience and perceive them. This theme also included subthemes: (a) wounds are a part, yet not all, of ourselves and clients; (b) wounds are humanizing; (c) wounds are inspiration for our career; and (d) wounds are of different types. Alfred Adler's proposal that our wounds motivate us to pursue careers in therapeutic practice (Groesbeck, 1975; Ivey, & Partington, 2014) appears to be supported in some ways by this research; what participants experienced as their wounds seemed to inspire their careers in various ways. Beyond Adler's proposal, Rawson Foreman (2005) and Davison (2013) both discovered findings that appear to support particular aspects of this theme, notably the subtheme regarding wounds as inspiring participant careers.

Rawson Foreman (2005) identified themes about participants' sense of calling to the profession and use of wounds as a reason for pursuing the profession. One of my subthemes was similar in that it is about how our wounds inspire our career, particularly our pursuit of counseling as a profession. Davison (2013) reported a similar finding to that of Rawson Foreman regarding wounds inspiring career. In Davison's study, participants indicated they found meaning in suffering and that their experiences influenced career choice. Findings in the current study, while supporting the idea that wounding experiences impact career choice, also revealed that wounds impacted career choice but also pursuit of education both within and external to academic programs and influence who we are as counselors.

Our Work with Wounds Gives Us Experiential Knowledge That Transforms Into Insight and Intuition

This theme has to do with how our wounds give us experiential knowledge, which consequently provides us with insight and intuition that we employ in our work. Rollo May

alluded to such a possibility when he explained that the experience of and struggle with our wounds provides us with insight (Schneider & May, 2012). When he referred to the experience of and struggle with our wounds I believe it is possible he was talking about experiential knowledge gained from our wounding experiences, and how the possession of such knowledge gives us insight. Beyond May's perspective, one researcher revealed a finding related to this theme.

Ham's (2009) findings about empathy, understanding, and identification seem to be supported, at least in part, by the findings of this study. The essence of his theme was that participants gained experiential knowledge from the experience of their wounds including insight into their clients' experiences that participants could then use to help their clients. This experiential knowledge also seemed to provide participants with insight into their clients' experience. This finding is similar to the finding regarding experiential knowledge in the current study. Unique to this study, however, is the identification of intuition related to experiential knowledge.

Our Clinical Work Illuminates the Extent to Which We Are Healed

This is about how our work with clients has the propensity to let us know about the state of our wounds in terms of the extent to which they are healed. One study included findings that provide support for this theme. Viado (2015) found that countertransference experiences sometimes showed therapists when they had certain unresolved issues or vulnerabilities. This was similar to my finding as it indicated that something in our work allows us to come to an understanding of where we are at with our own wounds or issues; however, Viado's finding was very focused on unresolved issues as opposed to wounds.

Our Healing Process is Intentional and Continuous

This theme refers to how our healing process is intentional and continuous. Sigmund Freud emphasized the importance of continuous healing when he proposed that psychoanalysts should continue resolving their own issues lest they be rendered wholly ineffective (Baldwin, 2013; Freud, 2010). Carl Jung alluded to something similar when he discussed the wounded healer archetype and noted that wounded healers typically cannot heal themselves fully. In other words, like the participants in the current study, wounded healers never reach a point where they have completely healed (Baldwin, 2013; Graves, 1955a; Graves, 1955b; Larisey, 2012; Jung, 1969; Jung, 1989; Viado, 2015). The perspectives of both Freud and Jung provide support to this theme, particularly in terms of the continuous nature of healing.

Viado's (2015) findings indicated that the state of being wounded is simply not enough in terms of being a wounded healer. According to her participants, the experience of being a wounded healer must also include the experience of healing in the past or currently. In addition, her participants discussed healing as a working through process, implying at least some level of intentionality. Her findings in this regard are similar to those of this study. However, participants in the current study also indicated that healing is a continuous process.

Our Work with Clients is Both Parallel and Reciprocal

This theme is about how our experience of healing is both parallel and reciprocal within the therapeutic relationship in that we go through our own healing process at the same time as our clients, and as we provide healing to clients we also receive it. Three researchers reported findings connected to and supportive of this theme. Among the findings of Wolgien and Coady (1997) was learning from clients, which included participants' experiences of learning about ones own wounding experiences through work with clients. Like Wolgien and Coady, the

reciprocal element in the current theme intimates that therapists experience some benefit from working with clients. However, in the present study participants described this benefit as change and healing rather than simply learning about wounds.

Burda (2014) also revealed a finding that closely resembled this finding. Burda noted that one countertransference effect his participants encountered was mutual healing and transformation in the therapeutic relationship. This finding supports the reciprocal healing aspect of this theme, as participants were changed and healed through the therapeutic relationship when countertransference was present. The inherent difference between these findings, however, relates to Burda's strict focus on countertransference, which was not present in this study. Viado (2015) discovered something quite similar to both the current study as well as Burda's study. She essentially found that participants encountered experiences in the therapeutic relationship and process that resulted in their own healing and change. Viado's study was even more similar as she also referred to the experience not only as healing or as transformation like Burda, but as change as well. However, a primary difference between the current study and those of Burda and Viado is their focus on countertransference.

Findings Unique to This Research Study

Approximately half of my findings were unrelated to previous research and perspectives on therapeutic practice. Each of the themes below seems to reveal something not yet described in the literature about the experience of wounded healers. Explanations for these unique findings could potentially relate to: (a) general lack of research, resulting in lack of previous findings; (b) the strict use of counselors as the population; (c) the general focus of this study; (d) my unique lens as the researcher; and/or (e) the way in which my own experiences as a wounded healer influenced the development of the research questions as well as the interview questions. One

important theme is the existence of a myth about counselors needing to be perfect, completely healthy, and without wounds. While there was no research supporting this theme, Kern (2014) discussed the presence of it within the field of counseling as she noted that the expectation is that counselors are whole, healthy, and unwounded. Furthermore, this theme revealed that participants' actual experience was that this myth did not match reality as they acknowledged their own wounds and heard about other counselors' wounds.

I did not find research concerning several other themes and subthemes in the literature at the time of this study. The theme of providing and receiving support is important because it suggests that participants have a willingness to receive and provide support. All participants in this study seemed to have some kind of community in which their wounds were accepted and they felt supported in relationship to their work and personal lives. My findings also revealed how wounded counselors experience similarities between their wounds and client wounds, which was a largely common experience for each participant. They also were struck by just how similar clients' wounds were to their own, which almost suggests that we do not necessarily expect our clients to have such similar wounds. Likewise, participants experienced various degrees of similarity related to various aspects of wounding experience, which insinuated that similarity is not strictly connected to the wound in and of itself. Similarities can also include emotional aspects of wounds or reactions to wounds. Another identified theme about which I could find no research had to do with the way in which our wounds move us toward and away from clinical work and clients who have certain wounds. Wounds may direct us to counseling and working with particular populations, yet later may drive us away from that same population dependent on the state of our wounds.

Findings also revealed how participants emphasized avoiding making assumptions about participants' wounds and wounding experiences. It was important to participants to avoid the act of projecting, intentionally or accidentally, their own wounds and wounding experiences onto their clients. Wounded counselors in this study give attention to ensuring they honor their clients' wounds and experiences for what they are. Another theme that did not appear in previous research was how our wounding experiences are with us in our work. This theme seemed to suggest that the presence of our wounded self, or in some cases the parts of us that had been wounded, are with us when we work with clients and can even be helpful in some sense. Another unique finding in my study was about the pain of being a wounded counselor, which ultimately referred to pain or distress participants experienced in working with clients. This theme seemed to highlight that the experience of wounded healers is multifaceted, not good or bad, but made up of various parts that we may experience as beneficial, neutral, or not so beneficial. The final theme that was not present in previous research was about how we serve as models for healing. This theme seemed to suggest that another way we can and do use our wounds is as a way to show clients what it looks to have wounds and to heal and thus is a tool in the counseling process.

Implications for the Field of Counseling

Research about wounded healers in counseling is limited. Nonetheless, there are a number of implications for the counseling field and ways in which we may consider moving forward in light of the findings of this study. A number of findings from this study support the need for the advocacy for and pursuit of a new norm for the profession that acknowledges the concept and existence of wounded healers and for an inherent system of support ingrained in the way the profession operates. While participants in this study had supportive communities, they

also had experiences wherein colleagues and supervisors used their woundedness in ways that were harmful or hurtful. In addition, participants in this study discussed the myth of perfect, whole, and unwounded counselors, an idea that previous authors (e.g., Kern, 2014) have written about. These findings indicate that too often woundedness is pathologized or viewed as a condition or deficit making those with acknowledged wounds more susceptible to missteps than those who do not consider themselves wounded. Open and professional dialogue in the field, though potentially uncomfortable, might contribute to normalizing the existence of wounded healers, combating erroneous ideas that may exist, and encouraging counselors in training to examine their own humanity and woundedness without fear or shame. Doing so might encourage development of an inherent system of support that may increase authenticity, create a match between the way the field operates and the reality of woundedness, and even reduce the possible risks associated with not addressing one's own wounds. Expanding communities and environments of openness, support, and acceptance with regard to the reality of wounds and continued healing might address and counteract hesitance to share, others' misuse of the knowledge of another's wounds, and the myth of the perfect counselor.

Normalizing the reality of wounded healers and even recognizing the value of well-addressed woundedness in work with clients may benefit the profession and the clients we serve. Such shifts within the field regarding expanded communities of acceptance and support along with recognition of the experiences of wounded healers as potentially valuable may permit and inspire educators and supervisors to rework the ways in which they address woundedness with students and supervisees, consequently creating more opportunity for those who have experienced wounds to address them openly and without shame or fear. The first step in accomplishing this task is for counselor educators and supervisors to directly acknowledge that

counselors, like clients, are likely to have encountered and continue to encounter wounding experiences at some point in our lifetimes. Along with such acknowledgement, counselor educators and supervisors can balance discussion of ways in which wounding experiences can impact counselors' work with clients in both helpful and unhelpful ways. Additionally, counselor educators and supervisors can validate their students' and supervisees' wounds when such are revealed.

A second implication based on the current findings is the need for professional and/or ethical guidelines about the ways in which authority figures and colleagues utilize knowledge of our wounds. Participants in the current study pointed out ways in which colleagues and supervisors used the knowledge of their wounds in a way that was violating and harmful. Addressing this issue seems integral as it often created distress within participants who encountered it and raises questions about confidentiality and privacy as well as beneficence and nonmaleficence within counseling and academic settings. Though the American Counseling Association (2014) code of ethics addresses privacy and confidentiality for clients, it does not address privacy and confidentiality or other issues related to academic and counseling settings between and among professors, supervisors, supervisees, and students. Competing ethical issues will no doubt complicate discussion of ethical issues between and among professors, supervisors, and others, particularly when woundedness may well impact work with clients. While it may be impossible to codify complicated and overlapping responsibilities of counselors, supervisors, and educators, the discussion is nonetheless an important discussion to begin. Blogs and interests networks within the American Counseling Association and the Association for Counselor Education and Supervision might provide a venue for opening discussion about such issues. In

addition to facilitating dialogue, members could work together to develop initial guidelines for professional behavior regarding wounds and knowledge of wounds.

The final implication is less about addressing a lack or a need, and more so about identifying an opportunity specifically for counselor educators and supervisors. A number of themes identified in this study revealed particular issues counselor educators and supervisors could intentionally raise in their work with students and supervisees as a means of directly increasing knowledge and facilitating growth. Counselor educators and supervisors, who already have similar conversations concerning diversity, spirituality, self-of-the-counselor, and similar topics important for counselors, are well situated to address topics related to woundedness among counselors. Initiating and facilitating conversations with students and supervisees about nuances of being with clients who possess wounds like and dislike their own, learning to determine whether they are being with a client rather than being with themselves, and how to differentiate their experiences from those of clients could provide meaningful learning experiences. Inclusion of such topics in classes such as those that introduce individuals to the profession, address ethics and legal concerns, and provide group supervision may provide a vehicle for discussion of concepts concerning the wounded healer. In addition, helping students and supervisees learn ways of transcending perceived differences regarding the experience of wounding is an important element in developing well-functioning counselors.

Helping students and supervisees understand experiential knowledge, insight, and intuition might also be important, particularly when combined with understanding that one's perceived insight and intuition may be inaccurate. Likewise, counselor educators and supervisors could initiate conversations about student and supervisee wounds and what they learn about them and their state when they work with their clients. This could also include discussion about how to

identify the state of their wounds in order to help them address any issues before seeing clients, when possible. Finally, this may include discussion of benefits counselors may experience through their work counseling others. However, further research about if and how woundedness may benefit or have a negative effect on the counseling process is needed before students and supervisees can be accurately informed.

Addressing woundedness among counselors will require that counselor educators and supervisors deliberately initiate discussions about wounds and what their presence means in the context of therapeutic practice in classes, tailoring the discussion to fit within their course curriculum. For instance, if a counselor educator were teaching a counseling process or basic skills class, discussion and practice of empathic responses to clients could include unique aspects of being with clients whose wounds are somehow similar or different in various ways, as well as ways of differentiating counselors' experiences from clients' experiences. Supervisors could implement this through consistently initiating dialogue about wounding experience and how those impact their supervisees' experience and the counseling process.

Recommendations for Future Research

There is little research about wounded healers, especially in the field of counseling. In general, the most essential thing regarding future research is simply to know and understand more about wounded healers in counseling so that as a field we can figure out what it means in the context of education and practice. With that in mind, the first recommendation I have is replication of the current study. Replication of this study is essential because, as Van Manen (1990; 2014) emphasized, researchers do not design studies of a hermeneutic phenomenological nature to discover all there is to know about the experience of the phenomenon studied. Thus, researchers should conduct studies that resemble this one to explore this phenomenon further to

see if findings support this study and whether there is anything else to discover. Studies that draw from a larger participant pool should also be conducted, both to be inclusive of those outside of Texas and to allow for more robust participant description with less risk of violation of confidentiality of participants.

The image of the perfectly whole and healthy counselor played an integral part in participants' experience as wounded healers and seemed to relate to shame and fear experienced about having wounds. Thus, future researchers should consider studying the myth of the perfectly healthy and whole counselor as discussed by participants in this study. Studies could involve both self-identified wounded counselors and those who do not identify as such. Similarly, studies regarding what counselors and students believe about woundedness among counselors might provide essential information to guide further research and practice. Additionally, researchers should consider conducting studies with potential clients and clients regarding their perception of wounded healers. Researchers could also conduct a grounded theory study to develop a theory about the development, perpetuation, prevention, and termination of the perfect counselor myth. Such research could also shed more light on the role openness plays in the experience of the perfect counselor myth.

Providing and receiving support also was an integral part of participants' experience as wounded counselors. Researchers might conduct studies about how providing and receiving support in a variety of venues affects counselors in a general sense and in relationship to our work. Researchers might examine the relationship between counseling effectiveness and identification or status as a wounded healer, potentially involving clients as well as both counselors who identify as wounded and those who identify as nonwounded. Finally, researchers could seek to understand and examine the aspect parallel and reciprocal processes of participants

experience in working with clients. This seems particularly significant as this theme has appeared within two other studies and appears to have received little attention beyond that. Although we as counselors primarily focus on facilitating client change and healing, this theme seems to suggest that there is an additional piece to the therapeutic process we need to understand as it may have implications for that way we provide counseling.

Summary and Conclusions

I conducted this hermeneutic phenomenological study with the intention of exploring and gaining an understanding of the experience of counselors who self-identify as wounded healers. In a holistic sense, the benefit of this study was explication of the experience of wounded counselors as well as ways in which wounds and wounding experiences provide wounded healers with abilities, knowledge, and experiences we might not otherwise encounter and that impact work with clients. The analysis process revealed a large number of themes. This large number of findings was unsurprising due to the breadth and depth of interviews conducted. In past research studies, researchers seemed to provide general support for approximately half of the themes found within this study, with the remainder appearing to be unique to the current research. Further research, particularly replication of the current study, is needed to examine whether the experience of the phenomenon of being a wounded healer is sufficiently understood. In addition, further research concerning particular findings of this study that not previously identified is important.

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Appendix A: Postcard Invitation to Participate

Greetings,

My name is Ashley Streeter, M.A., LPC – Intern and I am a doctoral candidate at Texas A&M University – Corpus Christi. I am humbly inviting you to participate in my dissertation research about wounded healers who are counselors. I myself identify as a wounded healer, and am hoping to bring light to this issue in the field of counseling because fear and shame seem to prevent such discussion. Though there is sometimes the perception that we should be perfect as counselors, I also know that like our clients we are human beings who are vulnerable to experiencing wounds. I believe that we need to be able to talk about this in order to develop necessary tools for the integration of wounds and vulnerability into the counseling process. Such an integration may then help us to achieve greater authenticity, a skill which is already encouraged in the field of counseling.

Therefore, I would much appreciate your help in this endeavor. I am seeking any counselors who meet the following criteria:

- a. over the age of 18
- b. currently work as a counselor
- c. possess the TX LPC or TX LPC – Intern license
- d. and self-identify as a wounded healer

Participation requires the following:

- a. completion of a short consent and demographic survey, where you provide a pseudonym and contact information
- b. a recorded interview about your experiences as a wounded counselor
- c. optional opportunity to provide commentary and feedback on the transcript of your interview
- d. and optional opportunity to reflect on and provide comments and feedback on initial findings

If you find that you meet the inclusion criteria and are interested, please go online and type in the following url: (*url for consent and demographic survey*).

I would be very appreciative if you would pass this invitation on to individuals you know who may be eligible and interested in participating.

Thank you for your time!

Appendix B: Interdepartmental Listserv Invitation to Participate

Greetings Faculty and Students,

My name is Ashley Streeter, M.A., LPC – Intern and I am a doctoral candidate at Texas A&M University – Corpus Christi. I am humbly inviting you to participate in my dissertation research about wounded healers who are counselors. I myself identify as a wounded healer, and am hoping to bring light to this issue in the field of counseling because fear and shame seem to prevent such discussion. Though there is sometimes the perception that we should be perfect as counselors, I also know that like our clients we are human beings who are vulnerable to experiencing wounds. I believe that we need to be able to talk about this in order to develop necessary tools for the integration of wounds and vulnerability into the counseling process. Such an integration may then help us to achieve greater authenticity, a skill which is strongly encouraged in the field of counseling.

Therefore, I would much appreciate your help in this endeavor. I am seeking any counselors who meet the following criteria:

- e. over the age of 18
- f. currently work as a counselor
- g. possess the TX LPC or TX LPC – Intern license
- h. and self-identify as a wounded healer

Participation requires the following:

- e. completion of a short consent and demographic survey, where you provide a pseudonym and contact information
- f. a recorded interview about your experiences as a wounded counselor
- g. optional opportunity to provide commentary and feedback on the transcript of your interview
- h. and optional opportunity to reflect on and provide comments and feedback on initial findings

If you find that you meet the inclusion criteria and are interested, please go online and type in the following url: (*url for consent and demographic survey*).

I would be very appreciative if you would pass this invitation on to individuals you know who may be eligible and interested in participating.

Thank you for your time!

Appendix C: TACES Listserv Invitation to Participate

Greetings TACES Members,

My name is Ashley Streeter, M.A., LPC – Intern and I am a doctoral candidate at Texas A&M University – Corpus Christi. I am humbly inviting you to participate in my dissertation research about wounded healers who are counselors. I myself identify as a wounded healer, and am hoping to bring light to this issue in the field of counseling because fear and shame seem to prevent such discussion. Though there is sometimes the perception that we should be perfect as counselors, I also know that like our clients we are human beings who are vulnerable to experiencing wounds. I believe that we need to be able to talk about this in order to develop necessary tools for the integration of wounds and vulnerability into the counseling process. Such an integration may then help us to achieve greater authenticity, a skill which is already encouraged in the field of counseling.

Therefore, I would much appreciate your help in this endeavor. I am seeking any counselors who meet the following criteria:

- i. over the age of 18
- j. currently work as a counselor
- k. possess the TX LPC or TX LPC – Intern license
- l. and self-identify as a wounded healer

Participation requires the following:

- i. completion of a short consent and demographic survey, where you provide a pseudonym and contact information
- j. a recorded interview about your experiences as a wounded counselor
- k. optional opportunity to provide commentary and feedback on the transcript of your interview
- l. and optional opportunity to reflect on and provide comments and feedback on initial findings

If you find that you meet the inclusion criteria and are interested, please go online and type in the following url: (*url for consent and demographic survey*).

I would be very appreciative if you would pass this invitation on to individuals you know who may be eligible and interested in participating.

Thank you for your time!

Appendix D: Informed Consent

CONSENT FORM

The Wounded Healer: Lived Experiences of Self-Identified Wounded Counselors

Introduction

The purpose of this form is to provide you information that may affect your decision as to whether or not to participate in this research study. If you decide to participate in this study, this form will also be used to record your consent.

You have been asked to participate in a research project studying what it means to be a counselor who is a wounded healer. The purpose of this study is to explore the lived experience of counselors who self-identify as wounded healers. For the purpose of this research, a wounded healer is defined as an individual who: (a) has experienced or does experience physical and/or emotional trauma or distress from which they have worked to heal (i.e. recover or manage); and, (b) has gone on to work towards healing with others as a counselor. You were selected to be a possible participant because of your credentials and experience as a counselor.

What will I be asked to do?

If you agree to participate in this study, you will be asked to enter a url into a web browser, which will bring you to an online consent and demographic survey that will request that you provide contact information as well as a pseudonym for use throughout the study. The survey should take no longer than fifteen minutes. Your contact information will be utilized to get in touch with you to set up an interview, which can take place utilizing Skype or the telephone, dependent on your preference. At the end of the interview, you will have the opportunity to inquire about the primary investigator's experience if you so desire. The interview will last approximately one to two hours. Once your interview is transcribed, you will be emailed a copy of your interview transcript. This email will request that you review the transcript of your interview and provide any corrections or comments, including additions or modifications you would like to make. This step will vary in amount of time depending on whether and the extent to which you wish to respond; thus it may require no time or as much time as you wish to give it. At a later date, you will receive another email that will include initial findings. The email will include a document that lists and describes the initial findings in the form of themes. The email will request that you send back feedback, if you choose to do so, regarding whether the initial themes I outline reflect your experience and any ways in which they are or are not reflective of your experience. This step will also vary in regard to time taken depending on whether and how much you wish to write.

Your participation be audio or video recorded, depending on your preference for telephone or Skype interview.

What are the risks involved in this study?

The risks associated in this study are minimal, and are not greater than risks ordinarily encountered in daily life.

What are the possible benefits of this study?

The possible benefits of participation are as follows: (a) the opportunity and space to discuss your experiences pertaining to being a wounded healer who is a counselor, which is sometimes considered to be a taboo subject; (b) the opportunity to have your voice heard; and (c) the opportunity to contribute in a meaningful way to the understanding of wounded healers in the field of counseling.

Do I have to participate?

No. Your participation is voluntary. You may decide not to participate or to withdraw at any time without your current or future relations with Texas A&M University-Corpus Christi being affected.

Who will know about my participation in this research study?

This study is confidential. Your confidentiality will be maintained in more than one way. You will only be asked to provide contact information and a pseudonym of your choosing. Your contact information will only be connected in the online consent and demographic survey mentioned above. The pseudonym you provide will only be connected to the transcript of your interview. This document is password protected, and only available to the primary investigator. Otherwise, you will only be referred to as your chosen pseudonym. Additionally, no identifiers linking you to this study will be included in any sort of report that might be published. Research records will be stored securely and only the primary investigator (Ashley Streeter, M.A, LPC – Intern) will have access to the records, with the exception of the finalized transcripts that have been adjusted in consideration of participant provided feedback. The transcripts will only include your pseudonym and interview. They will be accessible to a peer reviewer.

If you choose to participate in this study, you will be audio or video recorded, depending on your preference. Any audio/video recordings will be stored securely and only the primary investigator, Ashley Streeter, will have access to the recordings. Recordings will be deleted after you have verified the accuracy of the transcript.

Whom do I contact with questions about the research?

If you have questions regarding this study, you may contact Ashley Streeter, M.A., LPC – Intern, astreeter@islander.tamucc.edu. Additionally, if you would like a copy of this consent form, please feel free to request it by emailing Ashley Streeter with your request.

Whom do I contact about my rights as a research participant?

This research study has been reviewed by the Research Compliance Office and/or the Institutional Review Board at Texas A&M University-Corpus Christi. For research-related problems or questions regarding your rights as a research participant, you can contact Caroline Lutz, Research Compliance Officer, at (361) 825-2497 or caroline.lutz@tamucc.edu

Please be sure you have read the above information before responding to the question regarding consent below. You will have the opportunity to ask questions that you may have directly prior to beginning the interview, and may choose to withdraw participation again at that time. By selecting the response on the left, you are indicating that you are above 18, eligible and willing to participate in this research study. Once submitted you will continue to the rest of the online

consent and demographic survey. By selecting the response on the right, you are indicating that you are not eligible or willing to participate. If you are not eligible or willing, feel free to exit out of this page.

I am above 18 years of age, eligible and willing to participate in this research study.

I am either not eligible or willing to participate in this research study. (If so, please feel free to exit this page).

Appendix E: Demographic Survey Questions

What is your current age?

With what gender do you identify?

Male

Female

Other, please specify. _____

With what race and ethnicity do you identify?

What is your current educational level?

High school diploma

Some college

Undergraduate degree

Masters degree

Doctoral degree

Other, please specify. _____

How many years have you been a practicing counselor?

Describe what drew you to participating in this research.

Please choose and provide a pseudonym in the space below.

Please provide a valid email address in the space below. The primary investigator will use this email to contact you throughout the study.

Select the option indicating your preference in regard to method of interview. When the primary investigator contacts you to set up the interview date and time, they will verify preference and contact information for the interview. If you prefer an interview using Skype, please provide your email that is connected to your Skype account. If you prefer telephone, please provide your telephone number, including area code.

Skype _____

Telephone _____

Appendix F: First Contact to Set Up Interview Email Script

Dear Participant,

My name is Ashley Streeter. I am the individual who is conducting the research related to wounded healers in counseling. I am contacting you at this time to set up our interview. First, I would like to confirm your preference and contact information for the interview itself. You stated that your preference was (Skype/telephone), and that your contact information for that particular mode of interview is (email/telephone number). Please let me know if this information is accurate, or if something has changed or is incorrect.

Below, I have listed several possible times for the interview. If there is an option that works, specify that option in your reply. If none of these work for you, please let me know that and state some specific options that fit within your schedule. I will do my best to work within your schedule. I will respond to address any issues and to confirm. Since I am scheduling several interviews, I will respond in the order in which I receive responses. I will confirm the time as soon as I receive your response or will contact you if the time you select is no longer available.

Potential Dates & Times

- 1.
- 2.
- 3.
- 4.

I appreciate your participation. Please let me know if you have any questions you would like me to address before scheduling a time. I look forward to talking with you. Have a wonderful day.

Ashley Streeter, M.A., LPC-Intern
Doctoral Candidate at Texas A&M University – Corpus Christi

Appendix G: Second Contact for Transcript Review Email Script

Dear Participant,

I am contacting you once more to invite you to review the transcript of your interview. This is not a required part of the study; however, I would be very grateful if you are able to review your transcript and provide any corrections or comments, including any additions or modifications you would like to make. If you would like to participate in this step, please send your commentary and feedback in a Word document within two weeks from the date that this email was sent to you. If not, that is okay and you do not need to do anything.

The transcript is provided in the attachment. Please feel free to let me know if you have any questions or concerns. Again, thank you for your participation.

Best,

Ashley Streeter, M.A., LPC – Intern

Doctoral Candidate at Texas A&M University – Corpus Christi

Appendix H: Third Contact for Initial Theme Reflection Email Script

Dear Participant,

I am contacting you this final time to invite you to provide feedback relating to initial findings that are presented in the form of themes. This is not a required part of the study though, as with the previous step regarding the transcript, I would very much value receiving your feedback as I believe this will help ensure that the findings are meaningful. With this email I am including a Word document that lists and describes each of the initial themes. If you are willing, please review these initial themes, and reflect on whether the themes are true to your experience as well as what ways in which they are or are not reflective of your experience. In essence, ask yourself whether these themes fit your experience. Please feel free to create your own Word document or use the document I have provided to add your own thoughts. Please be as specific as possible so that I can make appropriate adjustments as needed. If you choose to participate in this step, please send me any comments and feedback within two weeks from the date you received this email.

The document, which provides the themes and their descriptions, is included as an attachment.

Please let me know if you have any questions or concerns.

With thanks,

Ashley Streeter, M.A., LPC – Intern

Doctoral Candidate at Texas A&M University – Corpus Christi

Appendix I: Interview Questions

- Tell me about what it's like for you to do what you do as a wounded healer.
- Tell me how it is alike and different to work with people whose wounds are similar and dissimilar to your own wounds.
- What stands out for you, if anything, about times when you have worked with clients who have wounds similar to your own?
- What stands out for you, if anything, about times when you have worked with those who have wounds dissimilar to your own?
- What is it like for you to be a wounded counselor working with other counselors?
- What has your experience been like in regard openness about your own wounds with colleagues?
- Currently, there seems to be a hesitance to acknowledge and discuss our own wounds in the field of counseling; tell me about any times, if ever, you have encountered this issue.
- In what ways, if any, has your woundedness played a part in your clinical work?
- Tell me about any experiences that you had, if any, wherein your woundedness was somehow helpful or hindering.
- Follow up questions and responses will vary by participant; however, examples include “tell me about a specific experience or experiences that would help me understand,” “tell me more about that,” or “can you describe that in more detail?”