

**Embracing the Wounded Self in Social Work Practice:
Leverage on Vulnerabilities**

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Abstract

Despite the reality that many of those individuals who enter the field of social work are wounded healers, research in this field pertaining to the local context is lacking. This dissertation explores the lived experience of wounded social workers and in what ways social workers experience their 'woundedness' as facilitating or impeding their practice. The first part of the literature review focused on research pertaining to the 'use of self' in social work practice, complimented by the history of this notion. The rationale was to provide an understanding of the pivotal role of the 'self' in said practice. The second part of the literature review placed woundedness under the lens, exploring ways it permeates professional practice and thus shifted attention to the wounded part of the 'self'. This dissertation involved a qualitative study of twelve participants who self-identified as wounded healers. In this study, I implemented a hermeneutic phenomenological design, employing thematic analysis for the interpretation of data. Data were gathered through the use of semi-structured interviews. Analysis of the data resulted in the emergence of five overarching themes imbued with the meanings participants gave in relation to the embracing of their wounded self. These themes were the wounded healer profile, contribution to practice, the negative aspects in relation to woundedness, self-awareness and the healing journey. In conclusion, a summary of the findings, limitations of the study and recommendations for research and practice, were presented.

Keywords: woundedness, use of self, self-awareness, resonance, self-disclosure.

Dedicated to Julian,
the boy whose smile makes my soul dance.

Healers

It takes a wounded soul to fully understand
Another wounded soul, I am convinced of it.
Some of the most precious humans that I have
Come to know are caregivers because they too,

Have been there once.

Where it was dark.

Or burdensome.

Or eerily quiet.

They have had to fight for something.

Struggle through.

Come face to face with decisions that no one should ever have to make.

And now look at how they bravely shine their light for everybody else to see.

Tending to the broken.

Mending.

Always mending.

Still with a few missing pieces here and there but loving brightly nonetheless.

What a beautiful thing is it to give because you have known lacking and longing and loneliness.

I have come to believe that the hurt ones are also the healers.

Ullie-kaye

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Chapter 1: Introduction

“One of my favourite themes in literature is that of the quest – the search for some great possession which takes one through peril which is often necessary to complete the quest. A great quest leaves the protagonist changed forever” (Patterson, 1990, p. 1). This quote sets the scene for this dissertation as it is the opening quote of the book “In Search of the Wounded Healer”, the very book that started off my journey as a wounded healer. This study takes its cue from the word ‘vulnerabilities’ as the origin of its quest, a quest that lay the ground for my inquiry which directs its attention to human wounds as a medium for growth, transformation and connection to others through professional practice. It is the quest of a wounded healer, the quest to inquire into the potential vulnerability of a wounded ‘self’. A quest that has left me changed forever and that prompts me to start off this study from the premise that in our humanity, we are all touched by woundedness, we all have our emotional vulnerabilities, and in our professional role we have an ongoing obligation and responsibility not only to be conscious of these but possibly work on them in the context of the individuals for whom we care, given the sensitive nature of our work. Numerous clinicians and scholars (e.g., Bloom, 2016; Dickenson & Smout, 2018; Newcomb et al., 2015) have addressed the relationship of therapists' personal emotional struggles with their therapeutic work, advocating for resolution in order to make leverage on these vulnerabilities to enhance the effectiveness of the professional ‘self’.

Significance of Study

Through this study, I would like to explore the lived experiences of social workers who identify themselves as wounded healers in an attempt to understand their perceptions as to

whether their ‘woundedness’ has an influence on their professional practice. The study aims to explore how embracing the reality of the wounded self might provide experiential knowledge that transforms into insight and facilitates a connection that is pivotal in one’s work when engaging with clients as well as, perhaps, contributing to challenges associated with impairment in one’s profession.

This research also hopes to gain insight into the social workers’ ability to make use of their ‘self’ in their day-to-day practice, with emphasis on the wounded part of the self. It is hoped that the findings will encourage social workers to embrace their wounded selves and that the study can give direction in relation to training, supervision and practice.

From various searches for local literature in different databases so far, the concept of woundedness does not seem to have been explored locally, from a social work perspective. Thus, the research question might be addressing a research gap. This lacuna is also reflected through Dickeson’s (2017) thorough systematic review on the prevalence and subsequent implications of the archetype in helping professions. This review uncovered that out of the 24 reviews Dickeson examined, only 9 (37.5%) focused solely on the discipline of social work. Moreover, in investigating ‘woundedness’, this review revealed that dominance of the studies carried out, is secured by aspiring professionals rather than practicing professionals.

Hadjiosif (2021) argued that the wounded healer concept is at risk of becoming a master narrative within the therapeutic world and thus merits every attention to better understand what identity it engenders. As Adamson (2006) put it, adversity may not have only provided the motivation to pursue a helping career but a shortcut between one’s own past and the experiences of clients. I believe that the general perception of the wounded healer is quite a negative one, and

that being wounded is somehow seen as tarnishing or lessening an individual's ability to be a good practitioner.

Throughout my experience as a student, practitioner, supervisor and fieldwork teacher, I came across colleagues, peers and students who have discussed their own experiences of being wounded with me. Such experiences were generally accompanied by a feeling of shame, as if 'woundedness' equates to being less competent, inferior. Therefore, another rationale behind this study is to explore whether the social work field is cultivating a deeper understanding of the wounded self because it seems logical to deduct, from the literature (e.g., Newcomb et al., 2015; Thomas, 2016) and from my experience, that many who pursue social work may have experienced wounds at some point in their lives.

Undoubtedly, nowadays there is demand and need for effective social workers who can work with diverse populations. This need is addressed by producing more graduates, with many of those graduates potentially entering the field due to their own 'woundedness' whilst additionally taking into account their vulnerability to experiencing additional wounds (Kern, 2014). It is thus critical for the social work field to address what being a wounded healer means for social workers and how this may impinge on their training and practice. Lack of information and failure to discuss the topic in training may contribute to fear of disclosing and addressing wounds despite the prevalence of 'woundedness' (Bowlby et al., 2015; Dayal et al., 2015). Fear may then perpetuate the lack of integration of vulnerability within social work professional identities, thus preventing true authenticity, which is core to the social work process. The study offers the wounded healers participants a space to share experiences and have feelings validated,

facilitating a deeper movement into the space of the wounded healer archetype and preventing a sliding into an isolated space which stunts growth.

Research Question

The research questions that guide this research are as follows:

1. What is the lived experience of social workers who identify as wounded healers?
2. In what ways do social workers experience their ‘woundedness’ as facilitating or impeding their practice?

Positioning

The pervasive perception in qualitative research is that the researcher is the instrument through which they conduct the research and that, thus, disclosure of the researcher’s perception of the phenomenon under study is imperative as it provides the context to the research as well as offers readers the ability to understand the lens of the researcher (Hunt, 2011; Patton, 2015). I embrace this transparency as necessary, prompting me to disclose my thoughts, assumptions, and biases related to the phenomenon. In this research study, I identify as an insider. An insider is someone who has encountered the same phenomenon as the participants (Hunt, 2011). My understanding of my ‘self’, my own suffering and healing journey and my observations and experiences with others have shown me that we are all wounded to some degree. This construct is definitely not unique to me and I chose to study it for a number of reasons. My own experiences with wounding in my childhood definitely inspired me to enter social work and prompted my foray into the construct of the wounded healer.

As a possible bias, I tend to have a positive view of the wounded healer, if resolution of such wounds is reached, perhaps even partially, because I think it can help social workers

develop empathy and compassion. I compare ‘woundedness’ to a knob that helps you tune in exactly at the right frequency with that of the client. My ‘woundedness’ enhances my ability to listen beyond the words and reach into the pain and the silences with my own resonance.

A Note on Language

Although, in this dissertation, attention is given primarily to social work theoretical knowledge, my analysis inevitably consists of theoretical input and insights from other related disciplines, as a means to deepen and expand the appreciation of the knowledge base. When the knowledge base is extracted from other disciplines the usage of ‘therapist’ or ‘practitioner’ will be adopted to denote that such knowledge can be universally applied to the spectrum of helping professions.

Given the power of language, especially in an area where people deal with stigma, the terms used to describe individuals carry great meaning (Church, 2014; Granello & Gibbs, 2016). Although some literature (e.g., Cherniss, 1999; Conchar & Repper, 2014; Hollis et al., 2017; Holmes, 1991; Kennedy et al., 1994; Rompf & Royce, 1994; Ryff & Keyes, 1995) associated ‘woundedness’ with mental health, I avoid doing so myself, not to perpetuate the stigma with mental health concerns but rather to avoid stigmatizing the concept of ‘woundedness’. This stems from the fact that adversity in childhood has been associated with negative outcomes in adult life (Merrick et al., 2017). Many authors hypothesised that the wounded healer phenomenon leads to a high prevalence of pathology in the helping professions (e.g., Cushway et al., 1996). Dickeson (2017) analysed five empirical studies which directly investigated this hypothesis, none of which correlated childhood adversity to detrimental mental health outcomes amongst the professions.

Definitions of Main Terms

An explanation of the main terms used in this dissertation will allow the reader to fully understand the rationale and implications of this research.

‘Use of Self’

Throughout social work history and theory, ‘use of self’ has been deemed to be a pivotal concept, yet still seems to lack a unified definition. Although the term has become like a mantra in social work practice, definitely standing its ground in the profession’s lexicon over time, it is still considered a contentious topic in literature (O’Hagan, 2014), because of its subjective nature.

The most familiar ‘use of self’ we are generally exposed to is that presented by Dewane (2006) who explained it as “the use of self in social work practice is the combining of knowledge, values, and skills gained in social work education with aspects of one’s personal self, including personality traits, belief systems, life experiences, and cultural heritage” (p. 545). A considerable number of authors have added to this generic framework. Daley (2013, as cited in Kaushik, 2017) grounded the ‘use of self’ as “sharing myself with my clients through skillful self-disclosure and empathy and authentically bringing all I’m made of into the therapeutic relationship for use as a therapeutic tool” (p.3). On the other hand, Davies (2012) defined it as a package of honesty, spontaneity, genuineness, vulnerability, and self-awareness.

Wounded Self

The ‘wounded-healer’ is an individual “aware of and paying attention to her own wounds, and healed or in a process of healing, thereby able to relate to and support the ‘wound-healing’ of others” in a professional capacity (Stone, 2008 as cited in De Zoysa, 2019, p.31).

The wounds I am making leverage on are the pain and hurt founded in emotional wounds whilst healing is registered as a form of “emotional or psychological restoration” (De Zoysa, 2019, p.31) generated through the process of recovery.

Dissertation Framework

Following this introduction which gave an overview of the significance and rationale of the study, the research questions and my positioning as the researcher, I will provide an overview of literature relevant to the topic in Chapter 2 and 3. These chapters will examine the use of self in social work practice and how woundedness permeates one`s professional practice. In Chapter 4, I will outline the methodological approach and the rationale behind it, and, explain, in detail, how I conducted the study. Chapter 5 will then frame the findings, analysis and discussion of this study, first by analyzing individual interviews, then by placing the interviews in conversation with each other so as to extrapolate dominant themes. Lastly, Chapter 6 contains the conclusion, an outline of the study`s limitations, whilst pointing out implications and recommendations drawn from this research.

Chapter 2: Literature Review - The Concept of the 'Use of Self'

The literature review will be structured into two main parts: a generic overview of the concept of the use of self in social work practice, whilst the second part will examine the concept of that self which is wounded. The rationale for choosing to examine the concept of use of self in the initial part of this literature review is to position the wounded healer in the social work context so that one can understand and appreciate the significance that the 'self' holds in social work practice. Unless this is done, I believe one cannot really understand and validate the implications of a wounded self and how 'woundedness' plays a part in the therapeutic relationship. The self I am mindfully attentive to unravel is more that which becomes a process in itself rather than a set of definitions. By defining self as a process, confirming the highly contextual perspective, I do not intend to undermine the application of formal theory but rather deviate from the notion of self being a solid rational entity.

Literature Search Strategy

When searching for literature which would inform my study, between October 2020 and March 2021, initially, I looked for the terms originating from my research question mostly from articles written in social work journals or those associated with clinical practice, primarily related to psychology and psychiatry. Thus, I inputted the main terms such as 'woundedness', 'healing', 'emotional intelligence', 'resilience' and other terms which were generated by the suggested keywords in the articles accessed. Eventually, such searches became more focused with terms such as 'posttraumatic growth', 'wound resolution' and 'self-disclosure' governing the search strategy. Literature and research papers were identified through searches mainly using the University of Malta search engine, HyDi, as well as Google Scholar.

I tried to include social work literature, as much as possible but it was inevitable to make leverage on other disciplines. The major challenge was finding literature on modern day wounded healers since the construct is well dated, so I relied on older literature when more recent literature was not found.

The ‘Use of Self’

The notion of the ‘Use of Self’ in social work, which was defined in Chapter 1, is “entwined with the very being” of the practice (Anderson & Strupp, 1996, p.78) and constitutes a fundamental part of its professional identity. Most notably, when speaking of social work practice, Dewane (2006) argued that use of self is "a hallmark of skilled practice... [and]... what partially distinguishes us from other professions" (p. 544). Likewise, Ganzer (2007) suggested that use of self "has a profound and meaningful influence on social work practice" (p. 122) and therefore the need to understand its “relational components” (p.122) for the purposes of teaching and supervision. As a professional I always sought to understand what is the recipe that enhances one’s helping ability and the essential components that garnish the effectiveness of one’s practice. Reupert (2006) threw some light on the issue and, quoting McConaughy (1987) stated, “We know that *something* is working” (original emphasis), ... “it is the individual therapist, regardless of school, who determines the quality of the therapy ... and that it is not the techniques or theoretical strategies per se that are curative” (p.307).

Literature (e.g., Kaushik, 2017; Walters, 2008) on social work practice presents social workers themselves as the instruments of the profession, whereby the ‘self’ is seen as analogous to tools/instruments used in other professions. The worker’s self has been framed as the most “primary instrument or tool” (Reupert, 2007, p.107). The input of Satir (2013) directed

practitioners to shift practice stances from being technicians (developing skills) and clinicians (using those skills, coupled with practice wisdom) to becoming magicians (using skills, practice wisdom, and self). Satir (1987) explained that the hallmark of skilled practice is the actual melding of the professional self with the personal self, and this is where the real magic occurs.

These statements allude to a personal self and, as a logical corollary, a professional self, too. Shulman (2009) clearly sustained the inseparable nature of the personal and professional, arguing that

we are faced with a false dichotomy when we believe we must choose between our personal self and our professional self... we are at our best in our work when we are able to synthesize the two by integrating our personal self into our professional role (p. 32).

Ash (1995) added that that given the sensitive nature of our work, it is almost inevitable that some of the issues presented by our clients will resonate with us, on occasions in disturbing ways, as, after all, we are not spared from the suffering and ‘woundedness’ that life challenges present.

In this chapter, I aim at exploring the most salient and universal features of the concept of the ‘use of self’ by making leverage of two models. These models are to be used as a springboard to attempt a deeper understanding of the various perspectives governing this subject matter. Moreover, I am also presenting a brief outline tracing the origins of the use of self in the social work history, tapping on its evolutionary process (see Appendix A). I think this exploration is important as it helps the readers place the metamorphosis of this notion in a context. This reflects my purpose in positioning the ‘woundedness’ in a social work context as, after all, ‘woundedness’ is one part of that self which social workers can bring into their practice.

I chose to concentrate on two particular models in providing direction and insight into how use of self can be applied effectively to aid the therapeutic relationship. Coined in different times, both have their value in offering a magnifying lens on the self in an attempt to better understand the impact of a wounded self. Although the second model is extrapolated from another discipline, the notions of these models can be universally applied to any helping profession.

Dewane`s Model

One of the main models adopted by scholars in defining and describing self is that theorized by Dewane (2006). It consists of a five-category typology which delineates a pathway along which one can examine practitioners' specific uses of self, reflected in practice. The author proposed aspects of the self which a social worker uses and these are personality, belief system, relational dynamics, anxiety, and self-disclosure.

Personality. Undoubtedly, one`s personality, or as referred by some scholars as “personhood” (Aron, 1996 as cited in Edwards & Bess, 1998) plays a critical role in use of self. In fact, a good number of scholars (e.g., Edwards & Bess, 1998; Baldwin, 2000; Satir, 2013) asserted that the personality traits of a social worker have more bearing on client satisfaction than their mastery of skills and knowledge. This personhood is considered to contain elements of mutuality, intersubjectivity (Edwards & Bess, 1998), and congruence (Lum, 2002). Moreover, personhood includes the “practitioner's disposition, charisma, temperament, spirituality, or use of humor, coupled with the person's value and belief systems, their background, previous history, present life experiences, as well as their gender, ethnic identification” (Larrison, 2009, p.13). The wounded healer archetype is a common archetypal element explored in relation to the therapist

personality (Amundson & Ross, 2016; Bryant, 2006; Cvetovac & Adame, 2017; Foreman, 2007; Watts, 2014).

Belief system. The second component of the self that has a bearing on social work practice is one's belief system, considered to be the "outcome of our socialization process" (Kaushik, 2017, p.22) which comprises values, ideologies, attitudes, and perceptions. In simple terms, belief systems are the lenses through which we understand, categorise, and make sense of social situations and interactions with individuals, often referred to as one's worldview (Walters, 2008). In defining this worldview, we are in a better position to understand and identify the congruence between our personal beliefs, those held by the clients as well as the values and ethics upheld by the social work profession. It thus follows that skillful use of self implies being able to intersect belief systems pertaining to both self and client (Sue & Sue, 2003).

Relational Dynamics. The third aspect of use of self is relational dynamics. This aspect infers a two-person orientation whereby learning occurs in a meaningful interaction as two 'selves' expose different key features in ways that have been "shaped by personal history and psychological and emotional experiences" (Mandell, 2008, p. 237). Considerable attention has been devoted to the components of such dynamics, which place the self of social workers alongside the self of clients focusing on the importance of relationality and intersubjectivity. Stern (2004) spoke about an "interaction of two minds" (p. 156) - a belief that the mind of an individual can be influenced by the mind of another through being able to "share common states, feelings, or experiences" (Benjamin, 1995, p. 183).

Anxiety. The therapeutic relationship can undoubtedly provoke anxiety due to its intense nature but there is reassurance in literature (e.g., Feldman & Powell, 1992) that such anxiety is

not only normal but is part of the growth or change process in the therapeutic alliance. It is often deemed that anxiety stems from one`s own insecurities and from doubting one`s competence. Corey (2009) contended that a level of anxiety is needed as it prompts therapists to undergo an honest self-appraisal and stimulates reflective practice.

Dewane (2006) recommended the embracing of anxiety rather than denying it or else becoming paralyzed by the fear of it. Likewise, Edwards and Bess (1998) suggested that the best way to approach anxiety is by adopting a conscious willingness to be vulnerable and accepting risks in being open in the exploration of the ‘self’, as this promotes growth in the therapeutic alliance, and simultaneously model and invite such exploration in the client. Felton (2019) argued that the ability of workers to tolerate uncertainty and anxiety are critical to their efficacy and well-being. This experiencing of anxiety mirrors the need for those we work with to be open to experience and bear heavy laden emotions as being essential for the initiation of their healing journey (van der Kolk, 2014). Here, social workers are asked to move out of their comfort zones and the rigid adherence to approaches such as total abhorrence of self-disclosure because if we are committed to present a more authentic self “we need to take the risk of giving up that safety to promote healing” (Dewane, 2006, p.553). Extrapolating on the concept of anxiety, one can interpret this as an invitation to accept and use our vulnerabilities as a pathway to growth and for providing an impetus for change in one`s professional journey as well as in the therapeutic relationship.

Self-Disclosure. The use of therapist self-disclosure has unquestionably triggered controversy in the field. Continued caution around self-disclosure perseveres for a number of reasons, mainly that it shifts focus from client to practitioner (Raines, 1996), it disrupts the

therapeutic process as it may influence the client and it might interfere with professional boundaries (Sugarman, 2012). Notwithstanding the considerable number of scholars lobbying against the use of self-disclosure, there seems to be an increased tolerance to it with some even validating it (e.g., Hill et al., 2018; Knox & Hill, 2003; Lee, 2014; Richards, 2018; Sugarman, 2012; West, 2017). Due attention to this notion is required since, as Raines (1996) asserted, a certain degree of self-disclosure is inevitable.

Self-disclosure requires a conscious judgment about the appropriateness, the right timing and the degree to how much ‘self’ one is willing and needs to disclose. In fact, Smith (2020) warned about the risks associated with the blurring of boundaries as a result of social worker’s self-disclosure which may lead to over-identification, especially in cases when social workers have experienced similar adversities to those of clients. This blurring poses serious risks as social workers might be unable to differentiate between their own needs and those of the client. Creating practice boundaries that are “transparent, considered and acceptable” necessitates a good dose of self-reflection, careful judgements and practice wisdom which enables one “to use one’s history and experiences to best effect in any given practice context” (O’Leary et al., 2013, p. 148).

Sleater and Scheiner’s Model

In relation to the therapist’s ‘use of self’, the researcher-therapists Sleater and Scheiner (2020) presented a model within a counselling psychology framework, based on three superordinate themes, all of which exist in a symbiotic relationship: connection, awareness and wellness. This model is very relevant as it confirms the fact that the therapist’s ‘use of self’ has

an impact on practice. It paves the way perfectly for the understanding of how ‘woundedness’ effects social work practice.

Connection. The primary theme identified in this model was connection, labelled as the fulcrum of therapeutic work and defined as the ability of using ‘self’ to develop and subsequently nurture a therapeutic relationship with every client. ‘Self-disclosure’ and ‘personality’ were identified as major key components in fostering this connection. What came out strongly is the therapist’s ability to appropriately tailor their intervention to the client, exposing the uniqueness of the connection for every particular client, and that such connection matures and solidifies over time as awareness increases for both therapist and client. This tailoring indicates one’s capacity to embody one’s own self-awareness into professional growth as one gains more experience. This embodiment then enables a natural transfer to the client through a positive usage of the self, a notion social workers identify as practice wisdom or tacit knowledge.

Awareness. Awareness was the next identified theme and it emanated from the acknowledgment that that the therapeutic relationship is co-constructed by therapist and client who contribute “from both within and outside their awareness” (Sleater & Scheiner, 2020, p. 135) making such relationship unique. The traditional psychoanalytical approach referred to this as transference and countertransference (Sleater & Scheiner, 2020), while others (e.g., Paul & Charura, 2015) alluded to an interaction of the inner worlds of client and therapist. This interaction facilitated an ambience whereby resonance could occur with particular clients, usually as a result of a link to the therapists’ own experience. Another interesting find from Sleater and Scheiner’s study (2020) was that more experienced therapists felt more confident in

exposing themselves to be more emotionally vulnerable with clients while still keeping within appropriate boundaries, reporting less defensiveness and more openness in their approaches.

Schneider-Corey and Corey (2002) asserted that any therapeutic person needs to be aware of their own identity, limitations, feelings, and frustrations in order to know their clients better. Likewise, Cournoyer (2000) stressed that, since social workers themselves become the medium through which knowledge, attitudes, and skills are conveyed, without self-awareness, despite best intentions, social work professionals fail to help clients. As I see it, awareness of one`s own beliefs, values and perceptions is not just germane to connection but is pivotal in locating oneself in relation to clients. Development of self-knowledge can come through reflection, therapy, supervision or consultation, and in being with clients (Edwards & Bess, 1998). As Remen (2000) admitted, although working on one`s wounds can be painful and tiring, embracing them promotes a deeper presence in the therapeutic relationship which comes from awareness that the wounds are part of our identity and connect us to others.

To summarise this component, the findings on which this model is built highlight the importance of the therapist developing and expanding their awareness in tandem with the need to be emotionally vulnerable with their clients. The latter implicates a conscious risk “of experiencing previously unconscious aspects of self” (Sleater and Scheiner, 2020, p. 135). Inevitably, this accentuates the need for the nurturing of the self, leading us to the third component.

Wellness. The last component of this research was wellness which, in simple terms, implies that for therapists to use the self effectively, they have to take good care of themselves. Two levels of self-care were identified in this research: fundamental and supportive, respectively

referring to supervision plus personal therapy as needed, along with physical self-care and work-life balance. These levels of self-care featured strongly in the research, with the recently qualified participants holding them more acutely in their awareness than the more experienced ones. Self-care denotes a degree of compassion towards oneself and according to this model, this attitude facilitates self-development. Sleater and Scheiner (2020) believed that wellness and awareness are in an obligate symbiosis in that one's function depends on the other. They sustained that securing wellness places the therapist in a better position to fine-tune their awareness. The Sleater and Scheiner's model solidifies what is already universally acknowledged in the helping professions, that is, the fundamental role of supervision and the need of personal care. These two factors are determining factors especially in relation to a wounded self.

Other authors have directed their attention to the worker's wellness. For example, Shaw (2004) reasoned that the therapist's physical health can be impacted by the fact that their body resonates with that of the client within the intersubjective space created in the therapeutic alliance. A social worker by profession, Melton (as cited in Gonzales & Melton, 2017) actually wrote how wounded healers need to "become passionate advocates" (p. 454) for themselves in creating intentional self-care space, taking time to reconnect with themselves.

Conclusion

What emerges clearly from this chapter is that the use of self is the base of therapeutic social work and it thus follows that the worker has an obligation and an opportunity to personally grow through the experience of that unique therapeutic relationship. The onus here lies on the worker to not only develop the cognitive domain, but also the emotional and relational domains

and this demand of self-awareness needs to be appropriately supported by supervision and if needs be, personal therapy. This expansion of social workers' awareness guarantees authenticity and yet respects boundaries. Moreover, this use of self does not happen in isolation, in a vacuum, but is synonymous to mutuality and is a calibration and gauging the right frequency that allows the worker to tune in perfectly with the same wavelength of the client. The self is the medium that acts as a permeable membrane, paving the way for connection whilst also having a knock-on effect on the worker's personal growth. The notion of self that leads me to the exploration of the wounded self, embodies the questions about how our complex and disturbing experiences can be symbolized, verbalized, and put in use in the context of client-worker relationships that are central to practice. As Marie Louise Von Franz (2000), said: "the wounded healer is the archetype of the Self - one of its most widespread features - and is at the bottom of all genuine healing procedures" (p. 114). The concept of the wounded self as it appears in the literature is explored in the next chapter.

Chapter 3: Literature Review – The Concept of the Wounded Self

In order to place the current study in the context of existing research on this topic, in this chapter I provide a review of literature in relation to the wounded self. This chapter examines ‘woundedness’ as one of an individual’s many identities or parts of ‘self’, and how it intersects with one’s professional identity. The duality of wounded and healer will be explored, focusing not on the degree of ‘woundedness’ but on the ability drawn when embracing such pain in the service of healing and on the danger it poses to one’s professionalism.

‘Woundedness’ as Initiation to the Profession

The contention that those who seek to engage in a helping profession do so on the basis of their own ‘woundedness’ is backed by substantial body of literature addressing the wounded healer status (e.g., Dykes, 2016; Newcomb et al., 2015; Sellers & Hunter, 2005; Straussner et al., 2018; Thomas, 2016). More recently, Steen et al. (2020) conducted a large-scale study in the U.S. amongst licensed social workers in relation to adverse childhood experiences (ACEs). The findings that social workers tend to have ACE scores that are higher than the general population proved to be consistent with these previous studies. Systematic reviews which the author investigated, both in relation to established and aspiring professionals (e.g., Dickenson, 2017; Dickenson & Smout, 2018), repeatedly reported higher rates of childhood adversity than comparison groups. Findings remained consistent across varying decades of publications (e.g., Marsh, 1988; Thomas 2016) and ethnicity of sample (e.g., Nikcevic et al., 2007; Yew et al., 2017). This also held for every definition of adversity (Dickeson, 2017) although focus was primarily given to childhood adversities (e.g., Martin, 2011; Bager-Charleson, 2010; Cohen, 2009; Barnett, 2007). All these studies pointed to the fact that negative experiences catalyse a

motivational status in predisposing individuals to therapeutic professions. The more difficult question which remains is that of establishing how such ‘woundedness’ impacts the quality of therapeutic provision.

Whilst adversity can be experienced at any age, it seems that a larger body of research has focused on the early years of the therapist’s personal life (e.g., Bager-Charleson, 2010; Barnett, 2007; Cohen, 2009). This preference might have been sought in order to establish that early family life might act as a primary motivation for choosing a career as a therapist, also known as the hypothesis of the wounded healer (Farber et al., 2005; Martin, 2011). The most popular theoretical mechanism for this association is ‘parentification’, a role reversal in which children or adolescents assume developmentally inappropriate levels of responsibility in their family that often go unrecognised (Lackie, 1983). Maeder (1989) interpreted the choice of a helping profession in these situations as the therapist’s attempt to revisit their past and try to set right whatever wrongs they had been unable to prevent as children.

‘Woundedness’ as an Archetype

Records of the construct of the wounded healer dated over 2500 years ago exist and the construct has its origins in Greek mythology and shamanistic traditions (Groesbeck, 1975; Kirmayer, 2003). Images of this construct have permeated several disciplines ranging from art to religion, counselling to medicine, denoting that powerful duality between woundedness and healing in a therapeutic relationship. The concept is deemed to have been inspired by the Greek myth of Chiron who, although having received an incurable and excruciating wound, became a healer himself (Cohen, 2009; Newcomb et al., 2015). The implication of this narrative is that an individual who has personally faced adversity will be better able to support others through

similar experiences, believing that adversity allows one greater empathy and greater transformative power when intervening with others. This belief is consistent with Shamanic traditions whereby healers make leverage on their wounds or vulnerabilities as the primary source of healing abilities.

Jung (1951) was the first to coin the term ‘wounded healer’ referring to this woundedness in relation to applications to psychology (Kirmayer, 2003) and in reference to the psychotherapists` vulnerability. Jung (1961) believed that, in order to be a good healer, one must be able to feel deeply, to be present and vulnerable to the therapeutic process and even let oneself be “wounded by the patient, the deeper the better” (p.108). Jung recognized this process of healing as a dialectic process, comparing it to combining two chemical substances into an “analytical” test-tube (1980, p. 172). Jung stressed that it is the analyst`s “own hurt that gives him the measure of his power to heal” (1980, p. 116) as “only the wounded physician heals” (1961, p. 134). Jung`s words echo both the ability to empathise and relate to the clients` pain and, equally importantly, the necessity of healing the self, as, in his opinion, healers can only heal others to the extent that they can heal themselves (Dunne, 2000). Thus, central to Jung`s interpretation of the archetype is that the practitioner should engage in personal therapy for this healing ability to be activated. Jung`s interpretation of the archetype might suggest that everyone who enters the healing professions could enhance their therapeutic effectiveness if they, first, have vulnerabilities and second, are prepared to work on them therapeutically in the pursuit of healing. In a contemporary social work setting, this transformation may occur through supervision or individual self-reflection (Baum, 2012; Beddoe et al., 2014; Knight, 2012).

The archetype seems to have stood the test of time in that it has even been associated with shared trauma created by the current Covid-19 pandemic. In their study, Holmes et al. (2021) attempted to measure posttraumatic stress, grief, burnout, and secondary trauma experienced by social workers in the U.S. Although not measured directly in this study, the authors remarked that, in line with the wounded healer framework, because social workers have experienced the same trauma and adversity, they may be more suited to understand and empathize with their clients. Similar assumptions from research on social workers' shared trauma with clients carried out during the aftermath of Hurricane Katrina (Tosone et al. 2014) and the 9/11 terrorist attacks (Bauwens & Tosone, 2010) demonstrated that social workers reported greater empathy with their clients, increased compassion, enhanced clinical skills, and higher levels of self-care. However, they warned that, because of this shared traumatic reality, social workers may experience an increased sense of vulnerability with a higher potential of self-disclosure because of the blurring of professional and personal boundaries (Tosone et al. 2014; Baum 2010) as well as burnout.

'Woundedness' as Vulnerability

Each professional has a history of accumulated experiences that translated with time into knowledge, values and beliefs. Amongst such experiences can be traumas and wounds but for fear of experiencing stigma and discrimination, the vulnerable part of these professionals' identities is never revealed, and they allow their 'woundedness' to be a hidden secret masked as 'professionalism' (Martin, 2011). Jordan (2008) reminded us that, in contemporary society fearful of trauma and abnormality, values such as vulnerability, empathy and connection pose "a challenge to the dominant paradigms of separation, radical individualism, certainty and images

of invulnerability both in and out of therapy” (p. 210). We derive an explicit instruction which denotes that the practitioner is expected to be whole and well, without wounds, eliminating the mere consideration that ‘woundedness’ and healing power can co-exist. This polarized relationship is contrasted with Shamanism, which contends that the power of healing lies in the bridging of the two worlds: wellness and illness. In Shamanism, ‘woundedness’ is linked to knowledge: "Rather than concealing their wounds, shamanic healers often display them as marks of the authenticity of their skills" (Miller et al., 1998, p. 124). This view of healers seems applicable to the therapeutic relationship, if one embraces the fact that it is our humanness that allows for both creative solutions and errors (Kottler & Hazler, 1996).

Kottsieper (2009) tied the meaning of wounds directly to hope proffered by the wounded healer, as an embodiment of possibility, and described it as a powerful motivational tool for the client. This increased capacity for hope is reflected in Cain’s study (2000) which claimed that that the wounded healers “tended to have greater confidence that their clients would recover even from the most acute mental illnesses than did other professionals” (p.26).

‘Woundedness’ as Resilience

A wounded healer as depicted by Zerubavel and Wright (2012) is not just someone who has gone through psychological pain but is also a symbol of resilience. Since wounded healers utilise insight and resilience from their own their experiences to enable transformative interventions with clients, McMullen (2015) predicted that wounded healers will continue to offer much to the field as a whole, “as long as the stigma of mental illness does not interfere” (p 10) with the development of this construct.

On a similar note, a qualitative study by Ivey and Partington (2012) investigating selectors' perceptions of psychological 'woundedness' in applicants for clinical psychology training, found that they tended to favour wounded candidates in that they believed having experienced and overcome adversity would equip the individual with psychological hardiness or resilience that would benefit potential clients. Here resilience is understood as power of recovery. Consistent with the literature (e.g., Adler, 1956 as cited in Groesbeck, 1975; Chippindall & Watts, 1999; Dunne, 2000; Guggenbühl-Craig, 1971; Hayes, 2002; Heimann, 1968; Mander, 2004), these selectors viewed emotional hardship as a necessary resource in helping heal others.

However, Farber (2016) reminded us of the existence of a delicate balance between normalizing the experience of working from one's own pain and keeping in check the embedded risks. She described this as a tightrope that healers are asked to walk, "remaining acutely sensitive to our own vulnerability as human beings in an uncertain world, while being charged with the emotional well-being of our clients" (p.25). Farber recognized the resilience of a wounded healer and highlighted the common occurrence of post-traumatic growth leading to greater compassion, skill, and capacity to connect.

Similarly, although Davis (2009) recognised that personal experiences can be a valuable resource in fostering empathy, he believed that making leverage on one's wounds can be potentially dangerous and that, therefore, a measure of "compassionate detachment" (p. 77) is necessary to avoid countertransference of the therapist's issues to the client.

‘Woundedness’ as Shame

In dissecting the notion of a wounded self, one must examine and discuss how stigma and shame might prevent therapeutic practitioners from the authentic examination of their wounds. Gerlach (2015) compared the scars of wounded healers to scarlet letters as therapists might be fearful of judgment from colleagues if they are open about their wounds, especially of those deemed “unmentionables”, consigned to the social realm of ‘some things are better left unsaid’” (Zerubavel, 2006, p. 76). “Social conspiracies of silence”, as named by Zerubavel and Wright (2012, p. 485), stipulate that particular wounds are to be deemed taboo (Butler, 1978; Herman, 1992 as cited in Zerubavel & Wright, 2012). Conspiracies of silence sentence the wounded healer who experienced a ‘taboo’ to adhere to silence as the most judicious approach and generate what Van Heugten (2011) termed as a “hidden self” (p.54).

Zerubavel and Wright (2012) suggested that it is actually this secrecy and not the wound itself that may impact the therapeutic outcome negatively since secrecy may deter therapists’ from asking for support. The wounded healer has to duel with the myth of the “white knight” (Street, 2005, p. 131), consciously knowing that their own ‘woundedness’ may influence their ability to facilitate healing, in relation to themselves and others (Hirsch, 2009). In this respect, Jordan (2008) argued that the shame and fear of not being a “good enough therapist” (p. 229) create blockages to that connection with the client and might influence the recognition of the clients’ resources and abilities. Gerson (1996) and Page (1999), in their input on this subject matter, debated that the surreal idea of the therapist being superhuman, excluded from experiencing similar life challenges and adversities as their clients, disables the therapist’s ability to embrace their humanness. Similarly, Remen (1997) disclosed stories both in the capacity of a

physician as well as being a cancer patient and of being wounded. Remen argued that we put on a professional mask purposely to disconnect from grief, infallibilities and vulnerabilities, adding that this might preclude the possibility for healing. She reflected that the heaviness of wearing this professional mask might be linked to burnout.

As a solution in avoiding these challenges, Page (1999) proposed that, first and foremost, one needs to challenge the “overinflated self-image” (p. 25) whilst Brown (2006) proposed the acknowledgement of one’s own vulnerability and “speaking shame” as these lead to what he termed “shame resilience” (p. 47). Indeed, it is argued that humility catalysis relational depth owing to the therapists being open to make deeper connections in their practice, an aptitude that has been acknowledged as having a positive impact on therapeutic outcome (Ackerman & Hilsenroth, 2003).

A major point made by Straussner et al. (2018) was that when colleagues and supervisors stigmatize therapists for being open about their psychological wounds, they weaken the therapists’ chances of seeking support directly weakening the effectiveness of their work with clients. Since many therapists choose their profession due to their own history of pain or suffering, it is particularly important that no such blockages to seeking help are evoked since such wounds may make the therapist vulnerable to vicarious trauma and burnout (Newcomb et al., 2015). Moreover, this dread that openness about woundedness might potentially trigger professional repercussions, is also widely addressed in relation to self-disclosure (e.g., Martin-Calero Medrano, 2016).

‘Woundedness’ in Supervision

Although one might acknowledge that painful life experiences tap into the therapists’ vulnerabilities contributing to skill, sensitivity and insight, one must likewise acknowledge the difficulties that might emerge primarily due to countertransference. Wheeler (2007) insisted that, in order for ‘woundedness’ to culminate into effective therapeutic ability, a balance needs to be struck in the supervision process that enables exploration and support without allowing this process to evolve into therapy. According to Wheeler, attention needs to be directed as to how supervisors can support the wounded healers, through a broad range of skills, insight and courage to challenge and confront whilst being compassionate in order to create “an understanding that underpins the reflective, transitional learning environment of supervision” (p. 24). As already stated, emphasis is placed on the fact that supervision can never replace personal therapy but the supervisor’s responsibility ties to the recognition that the therapist’s wounds are potentially a conduit for a deeper understanding of the client’s emotional distress. In fact, Wheeler insisted that the supervision process must acknowledge the vulnerabilities of both parties and be attentive not to imply that the term ‘wounded healer’ be reserved for damaged therapists.

‘Woundedness’ and Resolution

No literature has attempted a clear definition of the degree of healing that must take place to enable the healer to derive benefits and be able to apply acquired assets in their work with clients. Whilst Benziman et al. (2012) credit ongoing ‘woundedness’ of a therapist as a positive element of the archetype, others (e.g., Ivey & Partington, 2012) see mere ‘woundedness’ that has not attained complete resolution, simply as suffering which cannot be adopted as a practice resource. In fact, as Zerubavel and Wright (2012) noted, “being wounded in itself does not

produce the potential to heal” (p. 482), but it is the “lessons learned that later serve constructive purposes” (Jackson & Ta, 2001, p.2). The study conducted by Ivey and Partington (2012) attributed the capacity for healing to “psychological qualities such as insightfulness, self-awareness and self-reflectiveness, psychological mindedness, ego strength, and a capacity to think about and acknowledge difficult feelings” (p.173). The authors gathered these attributes as simply the capacity to tolerate and sit with the pain.

Cvetovic and Adame (2017) directed attention to two contrasting viewpoints. They cited Hayes (2002) who claimed that what is fundamental is not complete resolution of the wound but that in the healing process, the therapist must always be a step ahead of the client. Similarly, Ivey and Partington (2012) distinguished between “obstructive and healthy or facilitative forms of ‘woundedness’” (p.174), with the latter forms being characterized with some degree of resolution or evident capacity for resolution, coupled with self-awareness. On the other end of the spectrum, they referred to Costin and Johnson’s (2002) assumption that therapists must have fully recovered from their wounds before working with clients. In other words, it is sustained that the wounded therapist must necessarily have left their wounds behind in order to attain the status of healer (Cain, 2000; Dunne, 2000; Groesbeck, 1975).

In general, views converge that a therapist’s wounds must at least have been understood and processed sufficiently in order for ‘woundedness’ to act as a positive catalyst, viewing healing as being on a continuum (e.g., Gelso & Hayes, 2007; Zerubavel & Wright, 2012). It is universally acknowledged, that ‘woundedness’ is too complex to be dissected and categorised both in terms of the varied nature in which it can manifest and psychological impacts. Refining this taxonomy necessitates the mobilization of further extensive research and possibly

frameworks for assessing appropriately 'woundedness,' although being such a subjective matter I am rather skeptical whether this is entirely possible, also because there are many paths to healing.

A study by Wolgast and Coady (1997) explored resolution from a completely different viewpoint to traditional notions of personal therapy and supervision. The most interesting feature of this study was that the therapists who participated identified learning directly from clients as another major contributor to their helping ability and to their healing journey. They acknowledged a cycle of learning and healing conceived through their 'woundedness,' whereby 'woundedness' equipped them with better skills in their therapeutic endeavours and in turn this allowed them to learn from their clients' struggles and to apply this learning in their personal and professional lives. Similarly, this factor was also touched upon by Pearlman and Mac Ian (1995) in their examination of vicarious traumatization in self-identified trauma therapists. Those that identified as wounded healers (or in their case survivor therapists) showed less distress than others, with the authors suggesting that this factor might be explained by the fact that wounded healers may "...contribute to their own healing as they share in their clients' growth and change" (p.563).

In Jungian theory, the essence of healing refers to restoring a sense of balance and wholeness (Egnew, 2005; Mehl-Madrone, 2010), the development of a unified personality. Sedgwick (1994) pointed out that it was Jung who first acknowledged the need of the therapist to undergo their own analysis, and hinted that, unless this analysis is carried out, the therapist runs the risk of polluting the therapy, as absence of work on the self, denotes a risk of transferring

one's blind spots onto the client. Jung (1963) suggested that reflective practice may start off by undergoing analysis but must be sustained by continuous professional development.

Dickeson and Smout (2018) tied wound resolution with psychological flexibility, which encompasses the abilities to “tolerate and accept discomfort, detach from negative automatic thoughts, remain clearly aware of an important course of action, and follow it through” (p.5). This study found no direct relationships between childhood adversity and either the propensity to engage in boundary violation or enhanced empathy. Instead, it was noted that it is actually psychological inflexibility which appears to play a part with the risk of impaired practice in relation to the wounded healer archetype.

Embracing ‘Woundedness’

“When we become aware that we do not have to escape our pains, but that we can mobilize them into a common search for life, those very pains are transformed from expressions of despair into signs of hope” (Nouwen, 1979, p. 93). In order to extract the benefits of our woundedness, apart from reaching some form of resolution, one must be ready to embrace the wounded self. Jordan (2008) mentioned the tendency amongst therapists to consciously differentiate themselves from their clients and shy away from their vulnerability. He suggested “giving up certainty and embracing humility, we choose to leave behind shame and inadequacy.” (p. 213). Likewise, Rogers (1957) talked about creating an equal relationship in the therapeutic relationship through abandoning this sense of certainty and allowing vulnerability and existential experience in the relationship. After all, as Martin (2011) debated, if we are to present an authentic self, we need to be ready to celebrate “our scarred, glorious, mis-shapenly successful,

and often faulty selves for what we are” (p. 10). The author invited wounded professionals to celebrate the faulty humanity, as ‘woundedness’ can actually save us from the world’s alienation and superficiality and it is our umbilical cord with humanity. He referred to the wound as “the bloom of our humanity” (p.18) whilst indicating the dual position of therapeutic power and peril of being “nakedly human”, emphasizing the obligation we have of protecting our clients from the worse of our failings but “that it is worth it” (p 10).

Brown (2010) offered support in the act of embracing one’s vulnerability to create openness to facilitate connection with others and to be moved by them. Therapists Miller and Baldwin (2000) vouched for the need and the benefit of an intimate awareness and acceptance of one’s vulnerability in order to activate their inner healer. Jordan (2008) further noted that it takes courage to accept and allow vulnerability and uncertainty, according to him ‘speak shame’, in order to be moved by others. He labelled this process as developing shame resiliency and argued that this process is paramount in enabling a safe space for the client to express vulnerability and foster connection, spiraling into mutual empathy. I link this to a metaphor of cross fertilization whereby there is no denying the two-way processes of both practitioner and client’s mind, constantly engaged in a mutual relationship as even the practitioner stands to gain and learn from the client, even if solely for the fact that they are courageous enough to open up about their struggles.

De Zoysa (2019) explored four concepts which need to be adopted in order for the embracing of woundedness to take place: “conscious vulnerability, boundaried openness, emotional agility and self-compassion” (p.21). She identified these elements needed for a professional metamorphosis leading to a wounded healer where vulnerability is not only not seen

as a weakness but as a pathway enabling relational depth. She points out at the ability to make new meaning from the wounds, letting go of the shame and acknowledging and validating one`s own human journey.

Fenton (2019), in describing his social work practice with children and youths in care, and drawing on his own experience as a wounded healer, encouraged embracing woundedness whilst highlighting the need for the worker to skillfully utilise and display their vulnerability appropriately, arguing that this does not take anything away from the confidence and competency of the professional and that confidence and vulnerability can coexist.

Conclusion

In essence, as has been seen throughout this chapter, studies exist that support the two contrasting profiles of the wounded healer: the individual with first-hand knowledge of woundedness potentially equipped with higher levels of insight and empathy and, alternatively, one whose past permeates their practice negatively creating an impairment of professional judgement. Moreover, although both these profiles are discussed repeatedly in the literature, Dickeson (2017), in his thorough systematic review of this construct, concluded that such findings have only been supported on a preliminary level by empirical evidence. It is hoped that, if empirical evidence for such profiles were to emerge in future research, they will cast light on how to accurately distinguish facilitative from problematic adversity as this would contribute to a more balanced appraisal of the wounded healer construct. My research is intended to contribute to this evidence and, in the next chapter, the methodology which was used to undertake it is explained.

Chapter 4: Methodology

“Qualitative researchers are always thinking, reflecting, learning and evolving – we do not reach a point where we have nothing more to learn. We are journeying, not arriving!” (Braun & Clarke, 2019a, p. 9). Through this dissertation, I endeavored to understand the lived experience of the wounded healer in the local social work field. This chapter explores the research question together with the epistemology and structure of the study. An analysis of the research process, with a rationale for choosing a qualitative orientation, specifically thematic analysis, is presented, as are the ethical considerations.

Philosophy of Social Science

Constructionist Epistemology

My epistemological stance embraced a social constructionist paradigm as this particular study recognizes that human science data does not simply exist awaiting to be discovered but is generated through interactive processes between researchers and participants (Aasgaard, 2005). The stance taken was that “the world does not exist independently of our knowledge of it” (Grix, 2004, p. 83), meaning the concept of the wounded self is socially constructed and does not exist independently as it is the experiences of the social workers that give it meaning. Tied to this is an interpretive approach, as the explanation behind social action is tinged by subjective meanings. The interest here lied not in the generation of new definitions in relation to the concept of use of self or the wounded healer but rather in interpreting, judging or evaluating this reality against the background of lived experiences. In this type of research, the researcher is sensitive that the data is highly reliant on the linguistic processes of understanding of both participants and researchers (Denzin & Lincoln, 2005 as cited in Hiller, 2016).

Hermeneutic Phenomenology

Hermeneutics governed this study's attempt in understanding the lived experience of the participants' journeys. Hermeneutic phenomenology lends itself well to the insider position, as it does not require a rigid framework to bracket the researcher's perceptions, reflections and biases; rather, it demands the researcher to explicate these in order to engage the phenomenon more authentically without impulsive interpretation of the data (Streeter, 2014). In this type of research, through the information elicited from the in-depth interviews, the researcher attempts to interpret the participant's meaning to the experience, engaging thus in double hermeneutics (Pietkiewicz & Smith, 2012; Smith et al., 2009). Since, to maintain the hermeneutic phenomenological perspective, a degree of transparency is required, I used a research journal to minimize the risk of hindering an objective exploration of a wounded self, as well as sought open and direct engagement with my tutor (Greene, 2009; Hunt, 2011; Van Manen, 1990, 2014).

Despite these measures, since engaging in a purely interpretative process, I acknowledged that I attempted this study with tainted vision and thus committed myself to a constant examination of my own feelings and thought processes through ongoing reflection and reflexivity, to ensure that my dissertation included "the voice of the participants, the reflexivity of the researcher, a complex interpretation of the problem, and its contribution to literature or a call for change" (Creswell, 2013, p.44).

Research Question

The research questions that guided the research are as follows:

1. What is the lived experience of social workers who identify as wounded healers?

2. In what ways do social workers experience their woundedness as facilitating or impeding their practice?

Research Plan

Design and Methodology

A qualitative study, using a hermeneutic phenomenological design, intended to explore the lived experiences of social workers who self-identify as wounded healers was undertaken. Since the focus of the research was to explore and validate each and every narrative, and to truly understand personal perspectives, I considered qualitative research methods as the most conducive for this purpose. This qualitative approach was chosen as this allows “subjectivity and in-depth exploration” (Willig, 2012, p.90) of the phenomenon under study. The interviews were based on a topic guide (see Appendix B) intended to cover all relevant themes and allow flexibility and fluidity throughout the interview.

Sampling

Initially I utilised purposive sampling in order to reach out to potential participants, mainly through social media platforms (see Appendix C) as well as the Maltese Association of Social Workers. The Association was asked to distribute an Information Sheet (see Appendix D) and an invitation to participate to potential participants, through a Dissemination Letter (see Appendix E).

This qualitative research subsequently adopted snowball sampling which Bryman (2016) categorised as one type of purposive sampling and Rubin & Babbie (2017) categorised as a type of accidental sampling. This kind of sampling was used since I needed to ensure that the

participants could address the phenomenon that was the focus of the research: woundedness. Thus, the inclusion criteria and sampling method targeted a specific population: social workers who self-identify as wounded healers according to the definition provided in the Information Sheet. Snowball sampling also lent itself well to this exploratory qualitative research since it targeted a relatively small and quite specific population that is hard to identify or locate (Crossman, 2020). In this case, this strategy was adopted for a population where the individuals might desire to conceal their identity. Twelve participants participated in this study. No tabulated demographic data is being presented in this dissertation to reduce risks that can tamper with anonymity.

In the absence of a sampling frame in the population of interest, as a researcher, I made leverage on professional contacts to serve as “the seeds of the snowball sample” (Kirchherr & Charles, 2018, para 15.) As Waters (2015) contended, to enable diversity in the sample using this method “depend[s] almost exclusively on the researcher’s prior personal or professional contacts” (p. 372). I tried as much as possible to build my sample via multiple varying seeds (Morgan, 2008, as cited in Given, 2012, pp. 816-817) to defend this study against a deficiency in sample diversity.

The study took off from eight participants who approached me and thus acted as a primary data source. These participants were invited to recommend and invite other potential participants who were able to participate in the research study. I made available information letters to be passed on to other interested prospective participants, making it clear with each participant that they were under no obligation to participate in the recruitment stage, and neither

would they be requested to be involved in any follow up process. As a researcher, therefore, I established initial links by means of social networks, which generated momentum until the desired target sample size was reached.

Although I had a contingency plan should there not have been enough social workers who volunteered to participate, which involved expanding the criteria to include social workers who carry or have carried a supervisory role, this was not utilised because I had enough participants.

Data Collection

Upon confirmation of potential participants' interest to participate, arrangements were made for the interview to be held at a time and place which were convenient for the participants. Due to the restrictions for face-to-face contact in place because of the pandemic, four participants opted to hold online interviews.

Prior to the start of each interview, participants were asked to complete a consent document (see Appendix F), which they were given a copy of once signed, and a short demographic questionnaire (see Appendix G), which questionnaire sought to gather a brief and generic profile of the participants. I employed an individual, semi-structured interview, which, with the participants' consent was audio-recorded and took, on average, an hour.

Interviews

The interview topic guide was developed based on the literature available and the research objectives. The schedule was loosely followed to enable the participants to share their story in their own way. In being aware and sensitive to the nature of their narratives, this method was adopted so as to facilitate rapport building and provide a safe space for participants to talk.

Two pilot interviews were held, as advised by Smith et al. (2009), to test the original topic guide and the interview process was amended accordingly to enable a smoother flow in the interviews. The data collected from these two pilot interviews were included in the analysis.

Data Analysis

Being an exploratory study, data analysis was performed from the hermeneutic phenomenology perspective involving the analyses of data for themes. I adopted thematic analysis since, as Braun et al. (2019) denoted, it lends itself well to describing and addressing questions about the ‘lived experiences’ of specific social groups or about particular aspects of their lives. Moreover, it is argued that thematic analysis helps in the examination of those “factors that influence, underpin, or contextualize particular processes or phenomena, identify views about particular phenomena” or identify and probe into existing “dominant patterns of meaning surrounding particular phenomena” (Braun et al, 2018, p. 850). This was important since qualitative research embodies meaning-making and context-bound and qualitative data analysis is about voicing and interpreting the narratives not uncovering some truth buried within the data.

I transcribed each interview shortly after conducting it to undertake the analysis. In my analysis I found myself much guided by the thematic analysis (TA) approach outlined by Braun and Clarke (2019b) referred to as reflexive TA. This approach was adopted as it captured the framework I wanted to build my analysis upon and it is based on the premise that the “researcher’s role in knowledge production should be at the heart of the analytical approach” (Braun & Clarke, 2019b, p.591). These authors consider researcher’s subjectivity as a resource rather than a threat as this approach relies heavily on research as being an amalgamation of

subjectivity, creativity and reflexivity. Braun and Clarke described this approach as the pathway to a product which involves thorough reflection, thoughtfulness and deep and prolonged data immersion.

Although it demands a rigorous and systematic approach, the fluidity does not denote a fixed recipe to follow but rather offers an adventure (Willig, 2008). Braun and Clarke also made a point about the product being “active and generative”, claiming that “themes do not passively emerge from data” in the analytical process but rather these analytic outputs are a product of the “intersection of the researcher’s theoretical assumptions, their analytic resources and skill, and the data themselves” (2019b, p. 594). Most importantly, these authors explain that reflexive TA needs to be applied from a position which secures the researcher being cognisant and sensitive to theoretical knowledge as well as being transparent in the analysis and reporting of the research.

Having familiarised myself with the data through transcribing, the wholistic reading approach (Van Manen, 2014) started off my initial coding procedure whereby the reading of the whole interview transcript served to extract the overall meaning. As Braun et al. (2019) explained, this process involved a somewhat relaxed yet thoughtful and curious process whereby I found myself noticing and noting down features in the narratives both in relation to individual data items, as well as the whole dataset. This process was done against the background of the study’s research questions, while still remaining open to broader questions about what could be featuring in the data.

I then moved on to a more systematic engagement with the data whereby generation of codes (see Appendix H) evolved in the development of a phrase or sentence that captured the meaning communicated in the transcript (Van Manen, 1990, 2014). This process involved a more

detailed and rigorous assignment of meaning to the data at hand. Data was organized into collated chunks of text around similar meanings and the content labelled accordingly to assigned meanings. I approached coding with an inductive orientation, whereby, as Braun et al. (2019) explained, codes and themes derive directly from the data and not from imported ideas a ‘bottom up’ approach. The aim was that the meanings I mapped during the analysis matched the actual content of the data. I attempted to maintain the narratives as the starting point of my analysis, rather than my existing knowledge and viewpoints (Terry et al., 2017).

Collating all the recoded data into potential themes continued the active process and generated an initial thematic map of the analysis (Braun & Clarke, 2006). Prototypes, or as Braun et al. (2019) referred to them, candidate themes, were forged from the analytic work carried out in the initial phase and examined against the backdrop of the study’s research question, although attempts were made not to be limited solely to this. Some of these themes were subsequently discarded or integrated into others. I was guided by the principle offered by Braun et al. in that “good themes are those that tell a coherent, insightful story about the data in relation to the research question” (p. 854). Generated codes were used as building blocks, collated together into clusters of meaning to form the bedrock for the construction of themes produced by a mixture of data, my subjectivity, and research questions. Braun et al. described this process as akin to processes of engineering or design.

Ongoing analysis governed the final stages as I defined and refined these themes in the attempt to truly reflect the essence of the data and, ultimately, the voice of the participant. This phase was crucial to try to avoid, as much as possible, what Braun et al. (2019) defined as “analytic ‘thinness’ or conceptual overlap” (p. 855). I attempted to minimise this danger through

delineating boundaries for each theme by having clear definitions. All this process was a scholarly attempt to weave a deep analysis of this data so as to make connections to existing research and literature pertaining to the wounded healer construct. The final themes were thus supported by rich and thick verbatim descriptions of participants' accounts.

Once analysis was done, I emailed the sections of the transcript intended to be quoted in the dissertation to the corresponding participant with the request that they review the quote, specifically for the purpose of commenting on accuracy and adding anything they may have left out as well as reaffirming their consent in the publishing of their narratives.

Trustworthiness

Trustworthiness or rigor is a fundamental component that needs to be addressed when completing qualitative research (Hunt, 2011). I addressed this component in my study by following the guidelines as presented by Van Manen (2014). These are: (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. When it came to the third guideline, I sought to incorporate personal reflections within the research process with the use of a research journal and regular meetings with my tutor. The journal proved a good documentation device for my observations, queries and decisions and a useful compass to ensure my study stayed focused with the phenomenon in question.

Regarding the last guideline, although I did not engage directly with participants to elicit their

reflections on the themes, this component was indirectly addressed when I asked them for permission to publish their narrative as this added another layer to ensure that I faithfully represented their voice.

Strengths and Limitations of Study

Limitations

Undoubtedly, a number of limitations relate to my status as a member of the social work profession, to my living on a small island and to my having worked in the field for a good number of years. These factors made it likely that most of the participants would know me personally and this may have led participants either to decide not to participate or to censor their responses. As Tourangeau and Yan (2007) contended, social desirability leads participants to bias their responses in order to appear in a more favorable light, often motivated by the desire to avoid embarrassment and repercussions. A factor that might have limited the pool of potential participants, is that participants might have felt uneasy to acknowledge their identity as wounded healer with someone they consider a friend and/or a colleague.

In this research study, I identified as an insider as I am someone who has encountered a phenomenon which made me identify as a wounded healer, like the participants (Hunt, 2011). An insider position can create biases as subjective perceptions might have come into play in relation to data collection, analysis and reporting. In addition, participants might have left things unsaid as it was taken for granted that it does not need to be spelled out to an insider (Dwyer & Buckel, 2009). Similarly, Stanley (1992) contended that, knowingly or unconsciously, researchers tend to incorporate their personal narrative alongside that of the participants. Thus, it was important for me to be extra vigilant about this and present an honest account of my feelings

and understanding, making it clear where any biases lay. To weaken this bias, I endeavoured to clarify assumptions, biases and reflections in order to openly contribute to the study with minimal subjective interpretation of the data. I sought direct engagement with my tutor in order to enable such transparency throughout the whole process as well as keeping a reflective research journal to facilitate the reflective process on my part. Disciplined bracketing (Dörfler & Stierand, 2021) coupled with this reflexivity and a close awareness of my personal biases and perspectives, were my main defence in reducing the concerns related to the insider positioning. My presence as a researcher focused on being facilitative, but the identification as an insider offered more than just detached objectivity and contributed to improve the process of data collection (Davison, 2004).

Other potential sources of bias might relate to the pre-constructed assumptions of what participants think in relation to which data the researcher is after and to “what participants choose to emphasise, include and exclude” (Shivane, 2019, para. 4.). Similarly, the definition of the wounded healer I provided in the informed consent might have resulted in certain individuals who were qualified to participate deeming themselves as unqualified or influencing their preconceived notions or ideas about what it means to be a wounded healer.

Although the sample is not representative of the entire population since the aim of this qualitative research is not to secure representativeness and consequently generalization of data, this sampling bias might not attest itself as an obstacle. In fact, Waters (2015) rebutted such criticism arguing that this method would compensate for this as it has the potential to actually “generate a unique type of social knowledge” (p.368).

Strengths

The strength of an insider researcher, as Hodkinson (2005) argued, places the researcher in an advantageous position to generate those research questions which will better address the truth one will be after, and their prior exposure to the field can make them less prone to being “misled by participants” (p.135). It might also be the case that, identifying as a wounded healer myself, I would have sent out a clear message that there is nothing shameful in being one and thus might have facilitated more openness and reflection from the participants. As Taylor (2011) noted, the participants might likewise have felt more at ease, deeming the researcher to be more sympathetic, bringing about “greater intimacy and openness to research interviews” (Breen, 2007, p. 169). Being an insider might have contributed to richer narratives that are more likely to reflect the phenomenon I was seeking to examine.

Ethical Considerations

The principle of no harm governed this study, keeping in mind that I did not seek to elicit sensitive data and participants were left to choose whether to share the particular traumatic experience of their own accord. The fact that I was being supervised by a qualified academic further helped to ensure that all ethical considerations were made. Moreover, my years of experience working as a social worker within various services, continued to add value and assurance not only that ethical safeguards were in place, but that I would be able to deal with the situation in a professional manner should this experience prove stressful for any participant. After all, it is strongly contended that qualitative, narrative methods enjoy a synergy with professional practice (Stenson, 1993; White, 1997) and thus embodied skills were beneficial in my role as a researcher.

Since, as already mentioned, the participants might have been fearful of being stigmatised, this study took into consideration the need to be sensitive to the context (Yardley, 2000). Holloway and Jefferson (2000) accentuated the importance of an “equal power balance” (p.85) between the researcher and the participant. In order to promote these, participants were interviewed at a location which they themselves indicated so as to try to maximise their comfort. Also, during the initial briefing process, participants were reassured that there were no wrong or right answers but that my interest was only hearing their experiences, particularly those focusing on their practice. Furthermore, they were assured that they could refuse to answer any question which they felt uncomfortable with and, if they experienced any distress during the interview, they could pause or stop at any point. If they decided to stop, they could request that all data collected that far to be destroyed. Participation in this study was also completely voluntary.

During the briefing, information about the research was given and the consent form was discussed and signed. Throughout the study, I bound myself to safeguard the confidentiality of the participants. For this purpose, the transcripts were coded using pseudonyms which participants had suggested in the demographic form, completed at the start of the interview. All identifiable details mentioned were changed to protect their identity. All data was stored and locked in a secure place. Transcripts of the interviews were carried out by me and, once the quotes to be used in the dissertation were identified, I emailed the sections of the transcript intended to be quoted to the corresponding participant as a means of reaffirming their consent in the publishing of their narratives.

Although it was not the intention of the study to elicit in-depth information about

participants' traumatic past experiences, I was sensitive that this might occur so structures were put in place to offer support should it be needed and requested. This was done by providing each participant a list of support services (see Appendix I). Participants were also informed that they could discuss the issues raised during the interviews during their supervision sessions.

During this study, I chose to challenge the traditional claim of absolute neutrality by the honest ownership of being an insider. This confession contributed to a more equal power balance in the relationship and gave the study a more empowering view of research relationships.

Conclusion

In this chapter, I provided an overall and in-depth account of how this study was conducted. This account incorporated a description of the methodology adopted, together with the rationale behind it, an outline of the framework used as well as a list of the study's limitations and strengths. This exploration of the wounded healer phenomenon was carried out using an ethical approach, since, after all, both qualitative research and therapeutic work embody the principle to empower the persons who participate (Wolcott, 1994). The next chapter presents the findings from the research.

Chapter 5: Findings, Analysis and Discussion

This chapter presents the findings, analysis and discussion of my study under the headings of five main themes and subsequent sub themes. Considerable prominence has been given to the raw data since it is not only rich in nature but it is what is at the core of this study which aims to explore the lived lives of wounded social workers. Thus, the themes address the research questions, aimed at identifying in what ways social workers experience their ‘woundedness’ as facilitating or impeding their practice. Moreover, these themes will be linked with existent literature. This raw data will be presented in a tabulated format at the beginning of each theme and sub theme as a way of introducing the theme and giving the reader a collective view of the meaning and choice of these themes. Data will be presented according to the pseudonyms the participants have selected.

As the interviews charted the relevance of the wounded healer identity in the social workers` development, it became clear that there was a substantial variation in how strongly participants identified with the construct, with some even being unaware of its existence. Going beyond their personal formulation of their ‘woundedness’, participants shared their healing journeys and of how these experiences have shaped their practice, in how they relate to clients and colleagues, as well as provided insight on the impact that education has had on their identity as wounded healers.

Although each narrative can be naturally deemed to be highly complex and individual, providing varied insights into the phenomenon of woundedness in social work practice, in-depth analysis of the narratives indicates that substantially participants share a similar journey and this congruence of insight was what translated into the identified themes. Much effort and care was

placed in the process of analysis so that no important data would be lost and it would do justice to the participants` narratives.

Demographic data

Some demographic information was gathered from each participant, which data will not be presented in a tabulated form so as not to jeopardise in any way the anonymity of the 12 participants. Nine female and three male social workers were interviewed. Their years of practice ranged from 1.5 years to over 30 years, with an average of nine years. Their current area of practice covered generic and community services as well as specialised services, primarily youth and children services. Three of the participants were also involved in academia, besides their roles in management and supervision, but only one no longer practiced directly in the social work field. All participants were asked to answer in relation to their social work practice. Participants were not asked directly about the nature of their wound but seven of them disclosed that it was in relation to childhood adversities, three in relation to loss, whilst another two in relation to mental health difficulties.

Themes and Sub themes

The themes and sub themes which emerged from the data can be found in Table 1. An analysis and discussion of the themes and sub themes as they emerged from the data will follow this table.

Table 1*Table of Themes and Sub themes*

Themes	Sub themes
1. The wounded healer profile	A redemption story Woundedness shapes the social work identity
2. Contributions to practice	Wounds as a toolbox Ability to stay with the pain Wounds ground you Woundedness fuels passion for the profession
3. Negative aspects in relation to woundedness	Wounds that come to haunt you Resonance as litmus test Leaving a gap The struggle of the initial years
4. Self-awareness	Being open about woundedness Balancing Openness Blockers to self-disclosure The thirst for supervision/reflective practice
5. The healing journey	Different pathways to resolution Embracing is accepting one`s vulnerability Embracing is self-compassion A celebration note

Theme 1. The Wounded Healer Profile

Table 2

Quote Supporting the Wounded Healer Profile

As a concept of wounded healer, what I understand by it is that individual or professional who has gone through personal experiences, be it hardship or loss or I think the sort which had cost a personal pain on an emotional level and that they carry with them and potentially influenced and shaped their perspective which in turn they used to help others (Bob).

Bob's description reflects the common response from participants which is somewhat congruent with the literature (e.g., Raab, 2022) on the wounded healer discourse. This theme encompasses how the universal experience of suffering shapes professionals in utilising such pain in a therapeutic setting. Above all, this theme is a confirmation from all participants that their personal life permeated their professional development and practice, often leading to pivotal growth. Such confirmation is sustained by similar studies in relation to wounded healers whereby woundedness has been recognised to "deeply" (e.g., Schonau, 2012, p.170) inform the therapeutic work.

Within this theme, two sub themes emerged, the first being that of a redemption story.

A Redemption Story

Table 3

Quotes Supporting the Redemption Narrative

I was aware that I chose social work because of what I had gone through and my frustrations in that situation, that at that time I couldn't be of help to my family...to do something good with that pain (Jane).

I wanted so much to be seen as Eliza who did her effort, continued studying that sometimes I went over and above. Case in point, for example, I take on more cases, I work harder, I help out more, I make myself more available and flexible for people, so that people see my value as a social worker, and to try to compensate for all that I had been through (Eliza).

This sub theme commemorates the participants' powerful life stories as narratives of personal redemption, which funneled the transformation of their emotional pain into a spirit designed to be of welfare to others. Jane's narrative mirrors what Maeder (1989) claimed in his interpretation of the choice of a helping profession in child adversity scenarios, seeing it as the therapist's attempt to revisit their past and try to set right whatever wrongs they had been unable to avert. Although in the literature (e.g., Barnett, 2007; Sussman 2007; Klein et al., 2011) this redemption is often associated with evoked images of unbridled and unfit professionals, who chose this career path for personal resolution of wounds, this data speaks also of breaking free from the paralysis of pain and trauma. It is true, Eliza's narrative of how self-redemption prompted her to work harder coincides with Adam and Riggs's (2008) hypothesis that wounded

healers tend to indulge in excessive self-sacrifice, making them more prone to vicarious trauma and burnout. Witnessing other peoples' trauma and pain is a reality of social work and becoming vicariously traumatised is a possible consequence. But these narratives do not stop at this reality. They speak of the opportunity to learn that care-giving can lead to personal transformation that turns them into wounded healers.

In fact, Chrissy's elaboration of the wounded healer profile, allows a deeper exploration of this redemption story. According to Chrissy the wounded healer purposefully chooses to help:

One to satisfy a need and the other one to find a scope that they're not losers just because they are wounded, and others, I think feel that because they would have gone through the suffering of the other person, they are in a good position to be able to help out.

This sense of redemption surfaces in a number of narratives and can be linked to what Bonello (2011) identified in her study, classifying the call to social work as a redemptive self-story (McAdams, 2009) with its focus on caring, commitment and moral steadfastness. In her narrative, Eliza presents herself as a testimonial of one of the three possibilities, explaining her need to redeem herself:

In the beginning I thought I chose social work to be able to help out people but with time I realized that that reason was too generic. I chose social work as everybody deserves a second chance, I chose social work as I needed to prove myself, I needed to make a stand, I needed to make a voice, I needed to be appreciated.

I link this directly to McAdams' (2009) theoretical perspective whereby in speaking about the healing quality of stories, he stated "stories may also function... to heal that which is sick or broken" (p. 392). This healing is linked to the commitment script which as McAdams et

al. (2001) and McAdams (2009) stated, denotes a long-term investment in “improving things” (2009, p.402), whereby the individual has a vision of the ideal life and feels bound to dedicate their life to achieving this vision. This commitment script can also be read in Francesca`s words: “I enrolled at university with that anger that I did not want to be like them, I wanted to be different, I wanted to make the difference!”

Woundedness Shapes the Social Work Identity

Table 4

Quotes Supporting the Shaping of the Social Work Identity

...if you take away this relationship, what is social work? What`s left? Is it a social security service booth? Relating with own woundedness is knowing how to relate to others` woundedness (Doris).

You come across so many different stories that if you are not authentic in your work, you will be stuck on what is superficial and people do not connect to what is superficial...if there isn`t that true connection and without this connection, I do not feel that in-depth work can be carried out, or in them opening up, it does not happen (Elizabeth).

This second sub theme reveals the pivotal role of the wound in the social work profession, as absence of that connection with the client generated by our own woundedness, diminishes the therapeutic value of the relationship. In highlighting how woundedness fosters that connection with clients, Elizabeth and Doris explain that the profession would be losing its identity, its authentic ethos, without connections between clients and social workers which are enhanced through the experience of woundedness. Eliza elaborates further, saying:

As professionals we use our 'self' to work with clients, so our experience is pivotal in informing us and helping us in our professional practice, apart from the social work skills and techniques. I believe that since we always use the 'self' in our interventions, this is crucial because there is no one way in which you hold conversations with clients but it is influenced from our own woundedness.

As found in the literature (Arnd-Caddigan & Pozzuto, 2008; Edwards & Bess, 1998) participants in the current study acknowledged the role of the self as a therapeutic agent and expressed conviction in the healing properties of the therapeutic relationship. Elizabeth emphasized the need to bring an authentic self into sessions, unmasking oneself, spiralling the potential of healing for the client. After all, as Dewane (2006) suggested, the use of self is "a hallmark of skilled practice... [and]... what partially distinguishes us from other professions" (p. 544) and thus the link with social work identity.

The use of self by wounded healers also honours the values and ethics held in such high esteem in social work practice. Doris's narrative indicates how woundedness forges deeply into the identity of a social worker, weaving its way to the core of ethical practice.

Being a wounded healer who has worked through their woundedness, a practitioner who can be reflective, can handle the complex ethical dilemmas...and they can be grounded and therefore they can differentiate between what is theirs, what is the service users' voice and what is their role in the system... Empowerment is helping finding our voice and service users' voice and therefore our voice for ourselves, for our profession, our voice for our service users and even service users' voice for themselves as this can be

locked or suppressed by their traumatic experiences...By knowing your voice then you are in a much more ethical position. (Doris)

Empowerment is seen as a process of becoming more competent in distilling therapeutic content, leading to critical awareness and professional integrity, a finding which is congruent with the local study on social work identity by Bonello (2011). Bonello found that social workers identify empowerment both as a value and as a skill connected to their social work identity. Empowerment is an element associated with the ability of social workers to perform their role well (Boehm and Yoels, 2009), “possibly leading to feelings of competence and a stronger identification with the profession” (Bonello, p.110). In fact, Francesca said: “When I’m actually with the client and I can be their voice, it is there that I say I embraced my wounded self”. It is the empowering effect that the wound generates that provides fulfillment. Most valuable is the correlation of empowerment to effective practice as, according to Boehm and Yoels, “social workers who feel professionally empowered have a sense of confidence and act more determinedly, thus promoting the different aspects of effectiveness” (p. 1372).

Theme 2: Contributions to Practice

Table 5

Quotes Supporting Woundedness` Contribution to Practice

[wounds]...makes us human, able to connect to our humanity...to be able to sit with all that is human, the good, the bad, the painful, the helplessness. It is like a sixth sense, or rather a seventh or an eighth or it is an excess to the senses (Doris).

The wound does not only give me pain but it gives me more experience, ... this is happening since I know I am at a point in my life that I am allowing my wound to give

me such an opportunity. Before, I was afraid to take the risk, to give the wound permission but now I am at a stage where I allow it as I know it will give me something in return. The wound is a ray of light for me (Eliza).

This second theme, which contains four sub themes, is a creation of a trademark, a kaleidoscopic collection of ways in which the social worker`s wounds directly influence their interventions. Woundedness is primarily seen as a bridge to humanity, an enlightening experience for one`s professional practice. This theme can be seen as an umbrella one, in that it is a collection of the meaning making of wounds and how they impact practice. It is a recognition that wounds do not only equate pain but positive energy can flow through them too. The subsequent sub themes dissect this “excess to the senses” in more tangible forms explaining how woundedness contributes to added value, direction and balance in social work intervention. This theme also embraces a unique format whereby narratives are presented through a storyboard (Appendix J), which illustrations speak for themselves without the need of further analysis from my end. The storyboard is used to depict the imagery presented by some of the participants in describing how their past emotional struggles impacted their professional selves. Participants were asked their personal meaning making of woundedness in a word, phrase or imagery in a direct attempt at gauging their perception of woundedness. It is an expression of pain and resilience, of fragility and strength, of permanence, power and beauty.

Wounds as a Toolbox

Table 6

Quotes Supporting how Wounds Act as a Toolbox

Connection

There is a certain connection that sometimes it is difficult to create for someone who has not been through similar experiences...that they too start experiencing this connection, a connection on another level (Therese).

Trust

I believe that it is beneficial to the client, it will help to build trust, maybe for those clients who are more resistant in opening up, on different levels (Therese).

Understanding

I identify and understand so much and feel able to feel his pulse completely, that like when I communicate with that person, that person feels understood. Once this person feels understood, then it is there that the real work can begin (Elizabeth).

Compassion

If you have gone through suffering you have to be compassionate towards people who are suffering. There is that link... you can stay through these delicate moments, and help the people through compassion (Chrissy).

Insight

Then if I examine it under the lens of the wounded healer, I understand it as that which can help you get in touch with certain realities, that you understand more the clients, but

not understanding merely the content that you are presented with but rather the wound gives you something more, to better see and understand behind that content (Elizabeth).

Empathy

My experiences give me the courage to understand more and I behold the clients` experiences, I treasure it and through it all, I try to integrate the concept of love, the therapy of love of Carl Rogers to be precise, being empathic, congruent. I recognise how much I needed this at that moment and thus I try as much as possible provide it and embrace those skills so ultimately the client hopefully feels loved (Greg).

Better judgement

Your outlook on things, better judgment, if you have dealt with it and healed from it in a way that you gave meaning to it (Carla).

Better pacing

My experience has helped me better pace the timing of my interventions, to recognize the best time when to challenge...I was in tune, I was understanding more (Francesca).

Hope

The fact that I went through it, I can recognise the courage I can instil in that person or what can help her even though our experiences might not be similar, but thankfully I can still offer hope... I started to instil much more hope or an encouraging message before they come for the appointment...(Greg).

Sensitivity

I am more sensitive even small changes, body language, tone, use of words...it gives me more insight, even with my empathic skills I think it helped (Ryan).

Experiential knowledge

There are not just theories, obviously all experiences are different but I have an idea of what it means that you have experienced these wounds, although I am not going to measure the client`s problem with mine. I just know the meaning of the wound (Jane).

This theme lists the assets identified by the participants in relation to their emotional pain. I am choosing the word toolbox for two main reasons. Primarily, because our wounded self is a tool as I have amply discussed in the first chapter, whereby I outlined the use of self in social work practice. The second reason is because it offers an accurate imagery of these assets in that they are all equally important and each, although they might overlap in function and definition, ‘can be taken out of the box’ depending on the job at hand. It then depends on the skills and competency of the wounded social worker to choose and utilize them appropriately. Therese herself refers to this imagery as well when she states: “I think that when you go through certain experiences it is like you added on more tools, you are equipping yourself.”

These assets are in line with Jung`s theory (1951) of the archetype in that wounded therapists can offer their clients a deeper level of empathy, patience, acceptance and tolerance when a client`s progress seems slow, appreciation for the emotional demands of therapy, and maintaining faith in the therapeutic process (e.g., Gelso & Hayes, 2007; Gilroy et al., 2001; Wheeler, 2007; Martin, 2011; Zerubavel and Wright, 2012). Likewise, Ham`s (2009) and Streeter`s (2017) findings about studies in connection with wounded healers, support my research`s findings about empathy, understanding, and experiential knowledge. The essence of such discoveries is that since wounded healers have already travelled the journey “they have

encountered the hazards and dead ends, navigated the detours and discovered the most breath-taking vistas” (Cahak, 2021, para 9). Greg offers a very simple yet meaningful explanation of all this: “I can understand the shame, the anxiety perhaps, whilst waiting for the professional... The fact that I experienced the wound, it helps me understand more its intricacies and that it is not easy to tell someone, to seek help”. This experiential knowledge provided participants with insight into their clients’ experience and thus adversity privileged them with the embodiment of intuition over theory, contributing to practice wisdom.

Participants hinted that accepting one’s vulnerability facilitates the establishment of relational depth in the therapeutic relationship, corroborating the findings of Jordan (2008) and Mearns and Cooper (2005). The assumption here is of ‘woundedness’ acting as “an internal reference point for understanding a client’s pain” (Hayes, 2002, p.97). In their exploration of posttraumatic growth, Calhoun and Tedeschi (2006), in fact, identified developing deeper interpersonal connections and greater empathy as one of the five domains in which growth is often reported following successful engagement with traumatic experiences. The wounded worker is placed in a position that might prove “more effective with their clients” (Joseph, 2021, p.68) because as Elizabeth explains, woundedness helps to “respect the timing and where the person is at that moment in time. I believe that in those moments that connection with the clients is so strongly sealed as you are seeing those clients in their most vulnerable moments”.

Although these narratives speak of a deeper level of understanding, Jane’s narrative throws light on the importance of not making assumptions about clients’ wounding experiences, even if they can be similar to those of the worker. This avoidance of projecting one’s own wounds onto their clients resonated with a similar study conducted by Streeter (2017) in relation

to wounded counsellors. Yet, a study carried out by Sabine (2020) revealed that even healers carrying the same wound of clients, in this case suicidality, were actively making leverage on their wounds, using them as “roadmaps” (p. 111) in their therapeutic engagement that equipped them with “deeper knowing, greater empathy, and helped them to feel more equipped to work with suicidal people in nuanced, authentically empathic, and caring ways” (p.111).

Ability to Stay with the Pain

Table 7

Quotes Supporting the Ability to Stay with the Pain

Not in the sense of not being sensitive, indifferent, but thick skinned that you are not so sensitive that you crumble. ... So, if we as wounded healers know what it means and we are not afraid because we haven't been beaten by our suffering, at least we can help somebody else. When I see problems, they don't scare me as much as they would scare other people. So, suffering wouldn't be something that you are going to run away from and you will feel for somebody else who is suffering...you can stay through these delicate moments ...(Chrissy).

I believe that you are stronger, that when you face others' sufferings, you do not collapse, or become overwhelmed with the emotions and experiences of others. Your resiliency level, even when, with regards to work pressure, you are more resilient as these things are small in comparison to those that affect you internally (Carla).

...you stay there, you do not run, you do not hide, but you just stay there (Elizabeth).

This sub theme identifies the wounded healer's ability to approach pain with presence, openness, compassion, and acceptance. It describes how adversity may have provided these workers with resilience which allows them to adapt to traumatic events in a positive manner, a resilience which, according to Rajan-Rankin (2013), enhances their professional growth. The participants spoke about the capacity to endure, a capacity referred to "psychological hardiness" by Ivey and Partington (2012) and explained as having "sufficient ego strength to sit with their own and others' pain and vulnerability without becoming defensive or overwhelmed by this" (p.171). Similarly, this factor was also touched upon by Pearlman and Mac Ian (1995) in their examination of vicarious traumatization in self-identified trauma therapists. Those that identified as wounded healers "showed less distress than others", with the authors suggesting that this might be explained as wounded healers may "...contribute to their own healing as they share in their clients' growth and change" (p.563).

The participants spoke about being what was described by Ricardo (2012) as a "compassionate witness" (para 11) to themselves and to others in allowing feelings, thoughts, and stories to flow through them without judging the experience or succumbing to its intensity. This theme indicates that woundedness can be associated with emotional competency (Kinman & Grant, 2011) and, as elicited in chapter 2, also has a link with psychological flexibility, which encompasses the ability to tolerate and accept discomfort, detach from negative automatic thoughts, remain focused on therapeutic goals, and follow them through (Hayes et al., 2006).

This theme does not speak only of the ability to being able 'to sit' with the pain but suggests that woundedness fortifies workers against work pressure and thus does not support Steen et al.'s (2020) findings, which suggested that childhood adversity potentially compromises

one's ability to manage workplace duties and relationships. On the contrary, these narratives indicate that wounded healers might be psychologically blessed with enhanced protective factors (DiCaccavo, 2002; Jenkins et al., 2011) making them uniquely talented therapists (Briere, 1992).

I am closing this powerful sub theme with Elizabeth's words which testify to the stamina of the wounded social worker in choosing the most difficult pathway, the one that leads to staying with the pain, the one that leads to healing.

You cannot choose that which is good or sparkles and that which is vulnerable and requires more work you avoid it. Rather, this part of the work gives you more strength and informs your practice... Many times, because I am in touch with my pain and how it affected me, how it shaped me, I chose that road... I stop and give space so that the individual can speak about the pain; I do stop and acknowledge the pain. People feel seen, they feel heard and they feel connected when you see their pain, in that place. I believe most often that this is one of the reasons why they come back to you and trust you, because you saw 'them', and you saw the pain. (Elizabeth)

Wounds that Ground You

Table 8

Quotes Supporting the 'Grounding' Impact

More down to earth, more in touch, I'm aware that I do not pertain to a bubble that I never encountered pain, there is this world out there, I feel grounded (Jane).

It is definitely a source for me, giving me perspective, a bigger perspective...keeps me grounded (Ryan).

I think, in our professional status, we had to eliminate our wounds, somewhat, we would end up being paternalistic in our approach. Thanks to this knowledge that we are wounded as well, whilst providing a service, I personally find myself on the same common ground as that of my clients, that I am not privileged. It humbles me (Greg). It's made me who I am and it is grounding me in what I do... It's part of me and I can do good things with it... throughout the years it made me humbler, more human...and realise how much I don't know and that between me and that client there's just one fine line ...very, very thin, at any moment it can snap, (Nathalie).

The narratives point out clearly that wounds break down the power imbalance in the therapeutic relationship and this may well be another cause behind the enabling power of creating that connection with the clients. Participants' narratives are congruent with Conchar and Repper's (2014) beliefs that 'woundedness' bridges the worlds of wellness and illness breaking the divide between the roles of practitioner and client. Jackson (2001), quoting Guggenbühl-Craig, related "This sort of experience [being a wounded healer] makes of the doctor the patient's brother rather than his master" (p.23).

This sub theme engraves woundedness as one of those ingredients needed to attain those "moments of meeting" (Stern, 2004, p.75) enabled by the worker's humbleness which denotes distancing from a paternalistic attitude towards the client and hence adopting a nonjudgmental stance. It is this that then enables a more authentic connection and brings about the magic that Satir (2013) speaks about. This emphasis on humbleness is an indication that, since the client is not merely viewed as the helpless victim, woundedness acts as a catalyst for the strengths-based

approach in the social worker's practice. The findings echoed the need for power equality in the relationship, a claim sustained also by the findings from Sleater and Scheiner`s study (2020). The emphasis lies in the need for professionals to be “grounded in awareness of mutuality and vulnerability... Without become vulnerable and being in it together, therapy grinds to a halt” (Brenner, 2020, para 14).

Woundedness Fuels Passion for the Profession

Table 9

Quotes Supporting Passion for the Profession

These hurts that I have during work, my working life where I see people who are not dedicated, they`re not committed or they are messing up the services, ... I think the wounds that I have felt have made me in a way more determined to do a good job (Chrissy).

... passion, this fire...and by looking at it therapeutically, valuing the therapeutic aspect of it (Doris).

(The wound) Gives me more strength to better myself, to make a difference (Jane).

The sense of injustice and it angers me a lot.... at the same time this anger is a driving force which obviously is the value of social justice... (Natalie).

In this sub theme, the narratives speak of a powerful force that describes how woundedness gears social workers with passion for their work. This passion can be seen as a driving force as well as an intolerance to incompetence. It could be that being wounded, the worker knows how valuable it is to receive professional assistance and feels deeply about anyone

receiving help from an impaired professional. This also highlights the love for the profession and their passion in safeguarding its integrity. The results of Bonello's (2011) study are not reflective only of wounded healers but they do speak of the social workers' attraction and commitment to the profession, their passion and pride about their professional identity, something which Bonello defined as the 'love story' (p.228). This is the love story that comes across in these narratives as well.

For those whose woundedness might not have ignited the initial passion for the social work profession, it might have then glued them to it. Chrissy talks about it when she wonders how, after so many years of practice, she is still loyal to the profession:

People will say hearing these problems, how can you keep hearing problems every day? I understand yes this is very tiring but somehow, I think, because I have my wound, I think it helped me... gave me fuel to carry on, because I've been working for so many years, something else has motivated me.

This evolving and growing passion is likewise mirrored by Doris who highlighted the transition of such passion and love for the profession throughout her career, ultimately defining woundedness as a "treasure".

From this unknown, shameful, scary, unconscious place, I started to find some other treasures and started noticing that there is the voice, the action, the energy, the passion, being with a person from the point of view that we are two human beings. The person centeredness of social work, not the patient relationship". (Doris)

Theme 3: The Negative Aspects in Relation to Woundedness

Table 10

Quotes Supporting the Negative Aspects of Woundedness

Total resolution can never happen as you will always find yourself in situations that make you explore new issues. I believe what happened cannot be erased and sometimes I find myself in situations I cannot explain (Francesca).

My current philosophy is that you do not necessarily need to be in a good place to be able to offer a service. It could be I will never be in that good place, good place in the sense of social function -yes, there needs to be that base, that is why therapy is needed...I never see myself as a 'whole' person (Greg).

I label it as a wound that leaves a scar on your skin, that will always be visible, will always be there, but that with time and help it healed but still shows... I used to feel overwhelmed. I remember, I was very sensitive and anxious about the cases, feeling overwhelmed. Then I did not recognize my mistakes initially in my work...as I was becoming enmeshed. I was dealing with abused children and in the beginning, I was biased against their parents...I was not seeing the whole picture (Carla).

In a way, this theme takes the bull by the horns as it addresses the dichotomy of wounded healer/impaired professional directly (e.g., Forrest et al., 1999; Jackson & Ta, 2001; Zerubavel & Wright, 2012), with participants acknowledging that wounds can never be erased but become integrated in one's personal and professional self. This theme explores the negative facets of the wound and in what ways it permeates into practice. In acknowledging that total resolution might

be a myth, the participants normalise the ‘continuum’ aspect of wound resolution (Gelso & Hayes, 2007; Zerubavel & Wright, 2012) and validate that wounds need not strip one from the capacity of being a healer but they do leave their mark and pose a risk to effective practice.

While there is no consensus in the literature, most authors (e.g., Forrest et al., 1999; Jackson & Ta, 2001; Howard, 2006; Zerubavel & Wright, 2012) tended to agree that this uncertainty of the healing measure and stability of recovery, offers a disconcerting prospect posing a potential danger to the helping relationship and, thus, the client. This was actually echoed by Carla who confided that, in her initial working years, not having reached an adequate level of resolution, her wound was heavily and negatively impinging on her professional judgement.

Wounds that Come to Haunt You

Table 11

Wounds that Come to Haunt You

I think in those vulnerable moments when you are stressed, the triggers and fears will resurface, the anxiety, lack of trust. It is something so complicated to describe, if you experienced it yourself, you`ll understand better how difficult it is to unwire what happened (Carla).

Caution on how to use the ‘self’ keeps you guarded...you always keep in mind that what you have been through will affect you, transference and counter transference...

(Therese).

I believe that one day or another, your experiences will get you, they come back and find you unguarded (Jane).

Sometimes in the subtlest of ways, for example I am resistant in calling someone, instead of doing it within 5 minutes, I procrastinate for an hour, two or three (Greg).

Sometimes I feel that the wound does not help as it could be that the client needs to talk about something really important but, in the meantime, the client does not realise that what he is saying is affecting my personal life. Thus, because of my caution perhaps, I will be doing a disservice to the client who is asking help for a particular problem and I find myself unable to help him in that moment, as I am not in the right position to do so...I feel it difficult to stay with the pain, I recognize that I am rushing through things for example (Eliza).

This sub theme mentions the risk of resurfacing wounds which, in one way or another, all participants were concerned about, and they repeatedly mentioned that caution dominates their attitude towards their ability to help others. The uncertainty of the healing process makes them question the stability of recovery as there is a wariness about being vulnerable to the reopening of such wounds (Howard, 2006). These narratives also speak of a recognition that woundedness can make them impaired professionals (Jackson & Ta, 2001; Zerubavel & Wright, 2012).

The narratives captured the dysfunctional aspects of woundedness, playing out in mechanisms Ivey and Partington (2014) termed as harmful “blind spots” (p.168), enacted in the form of resistance, boundary violations, countertransference and gratifying unconsciously one`s needs at the expense of the clients, which are a recurring concern related to wounded healers in literature (e.g., Cain, 2000; Rasmussen & Mishna, 2008; van Heugten, 2011; Zerubavel & Wright, 2012; Ivey & Partington, 2014).

*Resonance as Litmus Test***Table 12***Resonance as Litmus Test*

As soon as I went out, I called my supervisor. I told her I need to speak to you because I think I'm going to cry now! (Nathalie).

At the beginning it was very difficult for me to work with clients who experienced loss as obviously the wound was still big. I would block, block and could not express myself. A lump in my throat. You become another client, not the healer. When the wounds are close to home, there is an element of exhaustion... when they are similar, psychologically and emotionally it is much more draining... I need more time even to process it myself (Therese).

At times something really hits close to home that, for example, there is a parent who I see particularly absent or dismissive, that hits me, triggers certain anger that does not necessarily originate from that client, but that which that person would be symbolizing.

And if I am not careful and I take a step back, I get caught in this process (Elizabeth).

For example, once we were discussing a case and the foster carer confided that he had been sexually abused as well, and it affected me so much that I started having a lot of palpitations, that I could not stay in the office and I had to leave. Physically and psychologically, it was affecting me more than I was aware of (Carla).

I literally felt sick in the stomach. I felt physical pain. I needed to go upstairs, walk a bit, as I could not tolerate it (Francesca).

This sub theme covers the phenomenon of resonance whereby participants described their sensations when the client's wounds actually touched a chord with their personal wounds and where resonance resulted as the indicator of their resolution. They felt that these occurrences triggered emotions from their own traumatic experience and revealed that this identification poses a serious risk for over identification (White, 2000). Jung (1982), labelled these effects of countertransference as a result of resonance as "psychic infection" (pp. 176-177), suggesting that the therapist's suffering is "both induced and activated" by the client and "finally it is or becomes" the therapist's own suffering (p. 75). In line with this, studies by Cvetovac and Adame (2017), Oates et al. (2017), and Streeter (2017) echoed that having lived experience might pose a challenge to the wellbeing of the professional, as client work can bring up unresolved or unexamined issues.

It is interesting to note that participants directed their reactions to bodily sensations, which are quite strong in nature and which is another area of congruence with the wider wounded healer literature (e.g., DeVita, 2014). In his analyses of self-awareness, Brenner (2020) counselled therapists to be aware of bodily experiences as these can be a conduit to important clues to what is happening with individual clients. This awareness can provide critical information for understanding processes such as countertransference, as sensations are easily split off from thoughts about what is happening. These narratives are a confirmation that resonance is the strongest clue to show wounded healers the state of their wounds in terms of the extent of their resolution.

Moreover, some participants spoke about how resonance drives them to go that extra mile for the client which, although it may translate into hard work, may also result in boundary

violations. Francesca commented, “the argument they used was that I used to pamper my clients.” Undoubtedly, such words confirm that challenges exist from over identification with client experiences (White, 2000) and, if taken exponentially, this may well lead to burnout (Tosone et al. 2012; Baum 2010).

Streeter`s (2017) findings, specifically in relation to the wounded healer, indicated that clinical work illuminated the extent of healing but there was no reference to this being brought about by resonance, as my research indicated. On the other hand, Telepak`s (2010) study indicated that providing therapy to clients who experienced similar wounds helped in the therapist`s own healing process and was considered a cathartic experience. Likewise, this was not confirmed by my study, whereby narratives described it more as a locator and indicator of where healing needs to be addressed.

It also follows that resonance does not require solely being in tune with one`s body but a more holistic process of self-awareness as Eliza clearly explained in her discourse about how she manages containment to avoid enmeshment with the client when resonance occurs.

At times there are those experiences that without wanting they resonate with my wound. You won`t know that such an experience would resonate and touch you personally...once I become aware of this, I keep it in a particular packet and then I will find time to explore this particular experience in more detail. When I find myself rushing, I ask myself ‘what`s going on? Why can`t I stay with this pain? Why can`t I contain this pain, what does it mean for me?’ (Eliza)

Throughout this analysis, it became apparent that whilst going through their struggles with countertransference, participants` experiences follow the model of Hayes and Gelso (2001),

containing origins, triggers, manifestations, consequences, and management. Such reactions were triggered by resonance with their own personal wounds and this reactivity employed emotional, behavioural, and cognitive manifestations (Hayes et al., 1998; Cain, 2000; Hayes & Gelso). In line with the literature, the origin of this reactivity may be linked to participants' unresolved issues in relation to their personal pain. Moreover, these narratives also depict the participants' attempts at managing this resonance through a number of strategies, noted likewise in the literature, which include self-reflective practice and the use of personal therapy or supervision (Hayes et al., 1998; Hayes & Gelso).

Leaving a Gap

Table 13

Quotes Supporting the Gap Experienced in Relation to Education

Sometimes, when you are self-aware and become aware of those struggles which might be quite heavy to face, then how are you going to use all this? It is here that I think there is a gap. We focus on the use of self but how can we use this very important tool in a so ever-changing work environment? I think this is where education is failing us. (Greg)

The course helps you to open up and I did open up but then there was no one who helped me how to contain me. I was overwhelmed with these emotions and there was no one to help me process them. We focus on the theory and practice but on the 'self' we forget about it. And it is the foundation of everything as, if you are not well yourself, you cannot then provide a service. I think this is why there are considerable turnovers, burnout in this profession. Looking back, it was not easy, not at all! Worse period in my life when it should have been the best as you are still without any responsibilities. University touches

a very, very sensitive part for us. And it did damage, a lot of damage. I was too overwhelmed that I ended up with OCD. It is not diagnosed but I ended up obsessed on cleanliness, and I was depressed. Looking back, I just stayed inside, to focus on my studies, but that was just an excuse (Carla).

In my experience, in relation to the course, the concept of use of self was always mentioned, as that important tool, but I feel we never stopped and got in touch with the components of that tool. How do we interpret it? How is it formed? How are we going to use it? How can it hinder me? When I feel vulnerable, what can I do? The self was left at the side. At the same time the irony is that we are all the time hearing that the self is the most important tool. So, if this is so, it should come naturally that we invest in our 'self'.

No there is not enough attention. (Elizabeth).

University gives you those cues of woundedness. It mentions the wounded healers, perhaps in a comment in your logs. It gives you a space for reflection to grow but one is left at that. It will give you the word, the notion but then it is up to you what to do with it.

I think certain emotional work needs to be addressed by academics (Eliza).

Perhaps what hindered me then ...being more in contact with my own personal issues and being more aware of them, it was a double-edged sword. So, I was growing in emotional intelligence, I was becoming more aware of certain issues, but what to do with that awareness then became a question (Bob).

This sub theme enlists the remarks of the participants in relation to their educational experience. It is a collective acknowledgement that course work during the formation of the

wounded student can also trigger emotional struggles. The participants described their educational journey with great emphasis claiming that it could very well have been a make-or-break experience for them or, as Bob described it, “a double-edged sword”. This sub theme reveals the existence of a gap whereby the self is presented as the ultimate tool, students are encouraged to start the journey of self-discovery but there is no guidance on the pathway of this journey and thus participants felt that their feelings were not contained, with feelings surging to an overwhelming vertigo. The sensation collectively given is like the opening of Pandora’s box.

The antidote to this gap identified by participants consisted of compulsory therapy incorporated into formal education. This reply was probably fuelled by the fact that most participants felt the need for further guidance in relation to the healing journey and they figured that a good solution would be to have some form of therapy. Personal therapy as a mandatory requirement in both the training phase and in on-going supervision finds support in a number of studies (e.g., Wampold, 2001; Rice, 2011; St Arnaud, 2017). This view was supported by a large number of participants, sustaining that:

Your tool is the ‘self’. Yet again, I think, in the course, the work on the self is not emphasized that much. When our ‘self’ is that important...perhaps they can regulate that, as part of the course, one has to attend some form of therapy, even a few sessions (Jane). I think that at, some point, it needs to become compulsory. I am aware that in certain situations counselling was made compulsory for students. However, some students managed to hide it because they are high achievers, they are doers.... I think that a minimum number of therapy sessions should be made compulsory to everyone. If it's not

therapy, something even like social work mentoring rather than therapy because not everyone needs therapy (Nathalie).

The Struggle of the Initial Years

Table 14

Quotes Supporting the Struggle of the Initial Years

In my first years of being a social worker, I don't think it was a safe place or there was enough space to even have that journey of vulnerability. I remember having nightmares in the first three months working there and needing to find ways to cope (Doris).

...and unfortunately, once I graduated, started working and had a caseload, from there everything started hitting me in the face that honestly I was shocked at first. Thus if, looking back, we had more attention given to this theme as much as for skills and other information, I think I would have felt, not prepared, but more aware at least, more informed (Elizabeth).

Initially, until I became more resilient, I felt more vulnerable in my work. When you come across serious problems, I felt more vulnerable (Jane).

This sub theme discusses the gap spillage into the initial years of the profession. It describes the emotional state of the wounded social workers in this rite of passage, especially those who recounted not having had any containment or wound resolution. In describing this period, Doris added that these emotions were so strong that, although contributing to important energy, they made her lose her professional compass as she remembered ending up somewhat of a latter-day Don Quixote: “intense emotions, passion, important energy. I would be very

vociferous, there was always some enemy to fight against, some policy...". Unfortunately, this led her to leave the profession in these initial days as she herself claimed that she felt "ashamed of the social work way, the way I experienced the profession." In line with this, Zoskey (2013) sustained those students and young social workers who have experienced adversities might be more at risk of experiencing triggers of traumatic memories. Those workers working in fields that correspond with their own personal experiences are deemed to be at a higher risk (Regehr et al., 2000).

Theme 4: Self-Awareness

Table 15

Quotes Supporting Self-Awareness

I think that some people choose to do something, let's say to try to do something positive, some people choose to be destructive and some people choose to be constructive yet they don't know how... I see this across the caring professions so what I think it's important is that the wounded healer knows the wounds (Nathalie).

At the beginning I was afraid of it, of not going to become a good professional because of it, and then it changed to 'I can actually be a good professional, I just need to keep it under control sort of, to be aware of it.' You need to understand it...and the realization that I do not need to be disqualified because of it. I have to put it in the right place as otherwise that is where the negative effects can come into play and leave a negative mark onto others (Ryan).

I feel like that's where a lot of bracketing comes in, in the sense of kind of being aware. That's why I feel like it's good to be aware of certain hurt because then you can identify that hurt as being yours (Bob).

This theme was singled out by all participants as the factor that tips the balance in qualifying woundedness as an asset or a liability. After all, as the Dalai Lama (2006) stated, in the absence of true self knowledge, there is pretention, and a blockage to a genuine feeling of compassion for others. It is argued that this pretention hinders our search for exploring the true self and enacts a mask to cover our negative emotions, a state that disables us from healing.

The following sub themes will explore in depth experiences related to intentional openness and disclosure of wounds, each of which is distinct within this overarching theme. Reference is made to keeping the wounds under check, about the “striving for objectivity and self-awareness in professional practice” (British Association of Social Workers, 2012, p. 15) as one of the ethical principles social workers are expected to adhere to. The crux of the message of the participants is consistent with Cournoyer`s (2000) views in that, “since social workers themselves become the medium through which knowledge, attitudes, and skills are conveyed, without self-awareness, despite best intentions, social work professionals fail to help clients” (p.23). Awareness of one`s own woundedness is pivotal in locating oneself in relation to clients and is germane to ethical practice. Carla`s words echo this in her explanation of how self-awareness can impact professional judgement.

You do not need to be completely healed but that you are self-aware is very important as in our work it will surely have an effect, our issues...it is certain, as we work so closely

with the clients. And I still remain Carla in my work. It can't be that what I did in my past, I am going to be a different person at work. You will carry it, and it affects our professional judgement.

Likewise, Greg agreed that “without self-awareness sometimes your judgement of another person is not complete”. From her end, Nathalie emphasises the liability aspect of wounded healers, claiming they are destructive in their work if they lack self-awareness. This is supported by Schneider-Corey and Corey`s (2002) claim that any practitioner needs awareness in relation to own identity, emotions and limitations in order to promote a better understanding of the client. Ultimately, Elizabeth`s words cast light on how being self-aware leads to openness in co-creating the meanings of experiences.

At that moment I stop and say to myself ‘ok, a very sensitive issue has been presented to me, so I need to stop and understand.’ I will have my meaning, but I do not allow this to dominate the meaning of that individual. We can meet and co-create the meaning together.

Being Open about Woundedness

Table 16

Quotes Supporting Being Open about Woundedness

<p>I am very, very cautious. If I am not close to someone, I would not even consider it. I do not expect everyone to understand it the same way I understand it. I do not expect everyone to have good intentions as well. With clients I will be even more cautious (Ryan).</p>
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The more I am aware of my woundedness, the more I am able to make that ethical decision of self-disclosure, of when it is appropriate or not. With colleagues I find it more natural, easier. You have less responsibility in a way. With clients you use it when it is important for them to see that even you are human. Sometimes you can use it as a way to help them tap into their experience (Doris).

With clients I try to be more cautious as at times I do not feel I am trained enough to self-disclose and even because of issues of boundaries...I do not always feel comfortable (Therese).

In terms of colleagues, it is safer. With clients there were occasions that I shared minor things. It is not like you need to tell them the whole story (Eliza).

In terms of clients, I don't usually express my own hurt unless I feel like it could serve as a lesson ...so they can see that I also experienced certain hardships which I overcame and there's no reason why they can't either, so it is more of a lesson.

Again, I pick and choose very cautiously, I don't like relating too much (Bob).

This sub theme has to do with how this self-awareness is translated in practice through self-disclosure. Participants hold a range of opinions on this matter, with the majority generally finding it easier and more ethical to be open with colleagues rather than clients. It is a theme characterised by caution, hurt and awe. In accordance with the literature (e.g., Knox & Hill, 2003; Richards, 2018) the 'client's need' should be the guiding compass in relation to disclosure.

Moreover, like Therese sustained, social workers do not always feel prepared about how to use self-disclosure appropriately, as outlined by Knight (2012). The narratives also showed that the timing and approach conditioning self-disclosure is influenced by beliefs about professional boundaries (Gilbert & Strickley, 2012) and involves the consideration of many contextual factors.

Literature indicates that this willingness to self-disclose is affected by one's years of experience in practice, in that, earlier in one's career, particularly during training, it is perceived riskier to be open about one's wounds (Bloomgarden & Mennuti, 2009; Sawyer, 2011). Although this study's sample is too small to exert any generalization, it appears that this is not the case. For instance, Chrissy, being the most seasoned participant, argued against any type of self-disclosure. Rather than years of experience, narratives revealed that, often, the comfort level of the practitioner in relation to their wounds (Davison, 2013) and the nature of the wound determined the readiness and degree of self-disclosure.

What is congruent with the wider wounded healer literature is the fact that different wounds carry different stigma (Cvetovic & Adame, 2017) and that there seems to be a hierarchy of stigma (Rüsch et al., 2005) whereby certain wounds are taboo and deemed "unmentionables" (Gerlach, 2015). Both participants whose wound related to mental health testified to this, with Greg saying, "I think it still remains shameful, because psychiatry carries along with it a taboo. Seeking psychiatric help was a huge step forward, especially in view that the systems around me were not encouraging me for it". Indeed, literature that focused on the stigma of mental disorders indicated that professionals who suffered from emotional distress are more aware of this stigma (Arbodela-Florez, 2003; Barney et al., 2006; Corrigan et al., 2006; Watson et al., 2007).

Balancing Openness

Table 17

Quotes Supporting the Balancing Openness

When it comes to clients, I try to be very cautious as sometimes I feel this urge, sometimes the connection with the client is so strong that this urge to disclose is strong as I believe it might help the client understand that I am really feeling her pulse, I am there with him or her. But then I am cautious as I believe it can hinder as well. I do not want to pass on the message that it is all about me, so what I do at times when I find myself trapped in all this, I use my experience but I use universalisation. That is, instead of positioning it only about myself, I use it in a generic form. But yes, there were times that I did share something personal, that happened to me, it would not be something that happened in the present but it needs to be something I already had time to process (Elizabeth).

I see it as important but it is a sensitive and delicate matter. You need to be attentive and certain when using it, before using it you need to filter the situation. It is a question of to whom, what and why and with what purpose? I used self-disclosure, first of all, to show the client the importance of addressing one`s concerns to the right professional and secondly to offer support (Eliza).

Most of the time I disclose not to share my experience in a vacuum. Most of the time, I try to address my experience to elicit the right questions from the client`s end. Other things, in relation to therapy, I do not find any problem to disclose. Rather I feel more

empowered when I talk about it with clients. We are all in the same boat. Although I am the helper, I still needed help, so there is no shame in it really (Greg).

This sub theme incorporates participants` words of caution about the appropriate timing, manner and purpose in sharing one`s story as otherwise this disclosure may remove the focus from the client and might stop the professional from being regarded as a potential healer. Hence the sense of balancing and being clear about the purpose of self-disclosure. These findings concur with research which speaks of self-disclosure as a judicious act that is “exceptional” (Oates, 2017, p.476), with participants confiding the need to navigate decisions carefully before disclosing woundedness. The emphasis is that openness relies on intention (Grapp, 1992; Streeter, 2017), rather than impulse.

Participants noted that entering the client`s world and fine tuning the balancing of self-disclosure requires a high degree of competency on their part and, thus, they generally choose to bypass this fine tuning by making use of universalization of experiences, creating a bridge of shared humanity, in disclosing their personal wounds. Ryan expressed this when describing his self-disclosure in an indirect, but still authentic manner.

I had a client and she became more and more violent...so I gave her a very humane reaction showing her that I am the same human as you are ...and I think she understood. I did not give her the feeling that ‘listen, do not yell at me as I have been yelled at throughout my life’ but, through my intervention, she sort of got it...and, by the way, I then had one of the best client social worker relationship with her...she needed someone more human.

On the other hand, Francesca's narrative while still pointing out the need of this balancing, offers a window through which one can observe the power of disclosure, this time in a totally direct manner.

I remember with one particular client whose mother had just passed away. He was breaking a room and angrily told me not to interfere as I could not understand what losing a mother means. I remember sitting down and saying to him, "I remember all the anger I was experiencing when my mother passed away" and I explained all this to him. He stopped, a 12-year old kid, came next to me crying his heart out and from that moment we started talking and our relationship grew stronger (Francesca).

Both Ryan and Francesca stress that the outcome of their disclosures resulted in the strengthening of the therapeutic alliance. Eliza added a vital perspective to this, the client's point of view, "and then I asked my client if it helped that I shared my story with her. And this particular client said 'yes sure. That I look at you and know that you succeeded, I rejoice'".

This outcome can be interpreted in the light of assertions that the healer's disclosure acts as an invitation for clients "to access their own inner healers" (Hayes, 2002, p. 94), thereby the connection between 'woundedness' and healing (Miller & Baldwin, 2000). Clients' "own healing resources may be evoked by their recognition of the healer's vulnerability" (Kirmayer, 2003, p. 251). More importantly, disclosure promotes redistribution of power, as it facilitates sharing in an authentic manner from both therapist and client (Kirmayer, 2003; Knox & Hill, 2003) and breaks the illusion that the therapist might possess some superior qualities. Disclosure also demonstrates the healer's readiness to engage with heavy loaded content, contributing to a

therapeutic relationship based on trust and ultimately providing permission to the client to continue sharing.

This willingness and ability of the healer to be vulnerable in the therapeutic relationship through self-disclosure is specifically reflected upon by Greg who pointed out that “there is no shame in it, rather it necessitates a lot of courage, you really need to be selfless.” Greg’s words faithfully echo those of Fenton (2019) who argued that confidence and vulnerability can coexist, explaining that the “willingness to accept and appropriately show one’s vulnerability to another is not a sign of weakness, rather, it is a sign of strength and confidence” (p.93). There is no denying that self-disclosure demands a direct leverage on one’s vulnerability and Mauger (2013) explained that it is in times of greatest vulnerability that a deeper intelligence comes. In accordance with this discourse, De Zoysa (2019) spoke about “conscious vulnerability” (p.39), which is the practice of courageously being open about one’s feelings and thoughts, beating shame, and where vulnerability is not only not seen as a weakness but as a pathway that enables deeper connections with another person.

Blockers to Self-Disclosure

Table 18

Quotes Supporting the Perceived Blockers to Self-Disclosure

With colleagues I do not think I feel comfortable as not everyone would understand.

Certain things I would not share as, unfortunately, although we are persons who should not be judgmental, but the judgements are there and they are big. In some way or another it will backfire. That is why I do not speak about my story...It is not shame, it is fear of being judged, using that against you... I felt so much judged...I remember something, I

regret doing it, in supervision, it was used against me. And I believe this happens a lot in our profession. They made me feel ashamed that I disclosed (Francesca).

Whereby before I did not used to disclose anything, I kept everything to myself because it was so shameful. Now I accepted that it is ok that you have been through certain difficult periods in your life (Carla).

I know of situations where the supervisors were not trained to handle such situations, they didn't know how. I know situations where the disclosure was used against the person in the performance appraisal or whatever and, as I said again, so it all depends (Nathalie).

This sub theme is dominated by narratives which recount the fear and stigma that people with certain lived experiences are deemed to be impaired professionals. Participants spoke of a climate of shame and fear in which professionals do not feel safe to disclose their lived experience, even in contexts that are deliberately set up for this purpose, for example, in supervision. They spoke of a fear of being judged that such disclosure might actually impinge on their professional ability in the eyes of their superiors. Greg describes it as “a dent in your pride.”

This sub theme also uncovers a possible lack of trust in the supervision system, but also a realisation that personal histories should be shared deliberately and with a purpose (Wilson, 2011) since the revelation of one`s vulnerability can be disempowering (Davison, 2004), even in supposedly safe spaces related to peer-staff support.

Irrespective of the nature of the wound, this awareness of perceived stigma can affect the relationships with colleagues and supervisors, sometimes even more than with clients, as these narratives indicate and as confirmed by Telepak`s (2010) study of wounded healers. According to stigma research, the rationale behind the unwillingness to disclose personal narratives stems from fear of becoming subject to discrimination or that one`s competence and credibility is questioned due to the stigma (Cain, 2000; Hinshaw & Stier, 2008; Jamison, 2006).

Ho (2015) spoke about how self-disclosure might be perceived as a role reversal, something which was picked up both by Carla and Chrissy, who were very vociferous when they referred to self-disclosure to clients as boundary violation and thus did not contemplate the idea of ever using self-disclosure as a therapeutic mechanism. These participants agreed that in disclosing their wounds to clients, they would be seeking their own gratification, possibly even at the expense of the client, a notion supported by various authors (e.g., Dickeson and Smout, 2018; Lazaras, 1994; Plaut, 2008; Smith & Fitzpatrick, 1995). This rejection of self-disclosure can also be interpreted as a preference to secure the distinctive distance between expert and client (Sugarman, 2012).

I do not think it is our role. Sessions are there for the clients not for ourselves. Why should clients be burdened with our problems? I do not think there should be any self-disclosure with the clients, as it is too sensitive, it's too personal. I do not think it's the space to speak about your problems (Carla).

*The Thirst for Supervision/Reflective Practice***Table 19***Quotes Supporting the Need for Supervision/Reflective Practice*

Unfortunately, supervision is mostly case based. Although it is important to discuss cases, but not solely in terms of what you have done, what is the problem and which action needs to be taken. But why are you identifying this as the problem in the first place? (Eliza).

It is up to you to be conscious of these parallel processes that will be happening and take them to supervision (Elizabeth).

Once you are working, self-awareness is highly important in supervision but also that the supervisor is skilled and has dealt with their own pain before providing supervision to others (Carla).

Working whilst your wound is open, it's also very painful and there is risk of emotional involvement and enmeshment and so there comes in supervision... That's why I was saying that supervision, peer support that are part of the environment, they are very important because I do remember times when clients, for example, choose to hurt you and I took it personally and the first feeling would be so now I will keep her waiting for the phone call. I won't call now and then you go to consult with your supervisor and you say 'this is stupid reasoning because that person had just touched your wound and you reacted and your reaction was about to be destructive (Nathalie).

They do not see that even as social workers we need this kind of supervision and support; we are so geared to work on casework that unfortunately we do not receive individual support (Francesca).

This sub theme looks at how wounded social workers combine self-awareness with supervision and reflective practice as another checking mechanism. In this sub theme supervision is now being seen as an important resource unlike being seen as an unsafe space as discussed in the previous sub theme. Apart as a source of support for the worker, supervision acts as a checking in securing the separation of personal emotions from work situations. Throughout the narratives, this sub theme was navigated with mixed perceptions in that some overly stressed its significance while others gave it minimal attention and some neglected it completely. This lack of interest in supervision by some might partially confirm that wounded healers may be particularly prone to disregard supervision (Ivey & Partington, 2014) or perhaps it is related to the quality of supervision they experienced, as seen in the previous sub theme.

Linked with supervision is the notion of reflective practice, denoting a continuous need for self-awareness and diligent preparation for a supervision session. “Another skill that perhaps is not so directly apparent in my interventions and in which I believe that ultimately my clients benefit from, is the continuous need of reflective practice” (Greg). Sedgwick (1994) hinted that failure to work on the self through self-analysis could end up polluting the therapy, whereby there could be a transfer of therapist’s blind spots onto the client.

Participants analysed supervision from diverse angles, one of which was the onus of responsibility. There were narratives, such as that of Carla, which focused on the competence of

the supervisor, or those who, like Eliza, advocated the need to go beyond the classical casework-oriented supervision that most social workers receive. These narratives also debated the responsibility of supervision, placing the onus on the supervisor. These assumptions can be interpreted through Telepak`s (2010) study, which signaled that a mixture of awareness, reflection and supervision is needed to manage countertransference and underscored the role and competencies of supervisors in order to protect wounded healers along the pathway of their healing process.

On the other hand, Nathalie placed considerable emphasis on the responsibility of the individual worker in seeking to be provided with adequate supervision. She states:

I know this is in our code of ethics and there is the Social Work Profession Board.

However, I feel many social workers are not empowered enough to take that action. I believe that as social workers we tend to grumble, we act out in the moment and then it`s ok.

Although the onus of responsibility saw some divergent views, the notion that wounded social workers need clinical supervision rather than solely the standard case oriented one, converged the narratives. Cole`s (2003) study, which offered an analysis of supervision practices in Malta, did actually confirm this tendency to focus on case-oriented supervision in local practice. Cole concluded that case-oriented supervision is more prevalent in local agencies since the focus on clients and in-depth case analysis, “were easily within the area of competence of all supervisors whether they were internal or external to the agency, social workers or counselling psychologists” (p. 398). This notion of the competence of the supervisor resonates with this study and might indicate a lacuna in the local expertise in the social work field. It might be

another rationale for the lack of interest in supervision from some of the participants, with them not identifying it as a principal checking mechanism. Elizabeth reflected that, ultimately, the onus lies both on the competence of the supervisor in identifying the processes that the wounded worker needs to reflect upon and on the accountability of the worker to purposefully bring certain issues to the supervision session:

There needs to be someone who helps me with this awareness, that I explore what's going on. In supervision sometimes it is easier to present that which the client or the family is going through. It is very easy to dismiss the other side of the coin, the effect on you, as you are in control on what to present. It can be a conscious or unconscious process.

Theme 5: The Healing Journey

Table 20

Quotes Supporting the Healing Journey

It is a journey towards wholeness, the journey in itself is not whole but it is a human one. I think human is who aspires to be whole but at the same time is fragmented. There is the need to be whole, for the pieces to be reintegrated. I never see myself as 'whole'...There are things you heal from and others that you carry through (Greg).

My wounds, my baggage will always condition who I am to a certain degree. The wounds are an experience of pain and perhaps traumatic... in your life process, you are healing as well, and at the same time helping clients heal in their own story. As I see it, over the years, my wounds took another shape. There are times when you see them as

hindering your interventions with clients, but then you will start seeing how they helped you and start viewing them as resources... (Eliza).

For me it is a work in progress, when I speak about my personal wounds, I have been through and am still going through different phases. There was a point in my life that I was just aware, that there is something big and intense that I need to explore more. Then there were moments where I placed them at the side. There were moments where they hit me, and at the moment I am finding the support to explore them with a person who can help me, that makes me feel safe to go there, to understand. Sometimes you take a step forward, sometimes two steps backwards, and it is ok as sometimes you need to take those two steps backwards to take that step forward (Elizabeth).

This theme explores healing as a journey towards restoring a sense of balance and wholeness (Egnew, 2005; Mehl-Madrone, 2010), as well as factors that affect the management of the wounds. This theme acknowledges that healing can be seen on a continuum, with an oscillating motion whereby one learns to reconcile the two schisms of wounds: fragility and strength. As Kirmayer (2003) debated, in defining the fifth stage the wounded healer progresses to in the healing process, strengths and weaknesses become one and the same. Similarly, Calhoun and Tedeschi (2006) identified a correlation in the self in that its strength stems from its vulnerability following successful engagement with traumatic experiences. Moreover, participants established that healing is not always brought about by personal therapy but the mere interaction with others as a professional can promote recovery in and of itself, as was found by Telepak (2010).

This theme is also a narration of the participants` struggles towards the development of a unified personality, towards an integration of their wounds in their professional selves. As one delves into these narratives, one undoubtedly recognizes that “healing is always a unique and deeply personal experience” (Kabat-Zinn, 2013, p. 197). Notwithstanding that the healing process proved to be painful and difficult, most participants framed this process as a learning one. Additional insights in relation to their self were acquired and subsequently cultivated professional growth and learning. Possibly, being confronted with this continuum of healing catalysed processes of self-acceptance and tolerance towards others. It is the journey that Levine (2010) described as dissolving one`s defences, and “in this surrender they move from frozen fixity to gently thawing” (p. 356) and, finally” “reintegrating lost or fragmented portions of your essential self” (p.61).

Different Pathways to Resolution

Table 21

Quotes Supporting the Different Pathways to Resolution

Therapeutic help

Psychotherapy was one of the factors that helped, rather than only to heal, but to become more aware of that experience. Eventually psychiatry, in that chemical intervention was needed, although for a temporary period (Greg).

Theoretical input

The courses and training and the readings, as when you see them written, they help you understand what is happening to you, and what is happening in your brain. These helped me considerably to become more self-conscious and self-aware (Carla).

Lecturers

I remember without me having said anything to the lecturer of what I was feeling inside, I remember she told me that what I went through could be used to help out other people... she taught me how to use my 'self' to intervene and I will never forget that experience. ...because she taught me how and when to use it, timing and everything...for me university gave me hope (Francesca).

A good supervisor

I was lucky to have a good supervisor for the first seven years of my career. This person remained a support for me as a mentor throughout, and I think that she was a key factor in this development, in identifying the wound and working with the wound and in transforming it into something good as much as I could (Nathalie).

Colleagues and clients

I managed because I had good colleagues, because I had good friends, because of people, because clients sometimes respond very well to me ... a good rapport, I mean you know when they smile when they see you, it does make a difference! I like to see them smile when they see me rather than 'oh no, she came again!' (Chrissy).

Spirituality

To arrive there the things that helped me most in my life were my spirituality, the experience of spiritual companionship and the direction I have had. First of all, I was reflective in the context of my faith, and I was accompanied in my spiritual journey, I needed an external map (Greg).

This sub theme groups together the array of pathways which participants described as leading to healing and those processes that facilitated the transcending of their wounds. This transformative process amounts to a recognition of their pain and the identification of those factors that have helped them arrive where they are today. Some pathways, such as therapy, are more intentional than others in nature. The integral role of personal therapy was accentuated by most participants whilst being surrounded by others who have offered some kind of support was the next most mentioned key factor in the plot of wound resolution. Subsumed within their motivation to seek therapeutic help, Carla and Nathalie both mentioned their need to be challenged. The participation in reflective practice, use of therapy and ongoing professional development, all mentioned by participants in this research study, appear to foster a growth mindset, and thus facilitate the post traumatic growth process (Jirek, 2017).

Nathalie mentioned her supervisor as the key person who modelled and channelled her to critically shift the perspective she held in relation to her woundedness while others mentioned the support network offered by colleagues. The confirmation that social support satisfaction has a positive relationship with post traumatic growth is outlined by Linley and Joseph (2004). Walsh (1996) argued that these surrogate relationships, such as with mentors, become sources of resilience that counterbalance presumably noxious family experiences. Such expressions were also highlighted in Streeter's (2017) study, this time indicating that, not only receiving support within their work community, but also providing it, constituted an integral part of participants' experience as wounded counsellors.

On a similar note, some participants mentioned how particular lecturers were instrumental in their healing journey, helping them identify the resources which lie hidden in

their painful experiences. It is a validation of the role of tutors who, in understanding the wounded healer archetype, together with the student, are willing to indulge in the exploration of the impact of such experiences in their social work training. As one of Francesca's tutors said to her "open the door for it" initiating her wounded healer journey and encouraging her to make leverage on her vulnerabilities in her practice. These findings display the beneficial effect of "surrogate relationships" (Walsh, 1996, pp. 262–263) on the growth of the wounded healer's resilience. These actually attributed the completion of her university course to lecturers:

When I started to get in touch with certain difficulties and experiences at university, there were people who I felt comfortable talking to and the fact that I confided in them... I believe it helped. I think if it wasn't for this help, I would never have completed the course.

Carla and Elizabeth mentioned the embodiment of theoretical input as part of their healing process. Similar expressions were presented in a theme in Schonau's (2012) results, mentioning that, instead of theory being solely "an external source of knowledge", it becomes "an integral part of a fused personal and professional self" (p.86).

As part of their recovery, two participants spoke about how spirituality solidified their healing. This is consistent with a meta-analysis (Ano & Vasconcelles, 2005) which suggested that across different difficult life experiences, religious coping methods are linked with enhanced psychological outcomes in a direct and consistent manner and may also facilitate growth in individuals who experienced trauma (Prati & Piertrantoni, 2009; Linley & Joseph, 2004).

Embracing is Accepting One's Vulnerability

Table 22

Quotes Supporting Embracing of Wounds as Acceptance

Embracing is coming in touch with your vulnerability, with your humanity and very strong contact with your limitations. For me it has been a weirdly wonderful experience because on the one hand you feel this limit, I can't save the world, while on the other hand failing this limit focuses you into your own space and being focused you gain more depth and creativity. It is like going from chaos, maybe the chaos of trauma, to the creativity of life, of growth (Doris).

This is me and it will continue to be me, I will never be perfect. Today I behold it, I embrace it, I came to a point where I accept, where I say this is me and this is who I will continue to be...it is a state of wholeness, it is wholeness in fragmentation (Greg).

It demands strength that you remove your masks, just speak about things as they are, ...it's not something I need to reject, rather it is what made me the person I am today. The experiences, the suffering, they have caused pain, they took from me but they gave as much as they took. They gave me a certain awareness, the capability of making true authentic connections with people... you need to find a way to co-exist and find meaning in them. (Elizabeth).

When I started this process, I gave leeway that I no longer push away this experience, that I do not feel ashamed of it, that I stop considering it as somewhat negative, something painful. Like this particular turning point when you embrace your difficulties, your shame, the pain and sufferings that you have carried (Eliza).

This sub theme is the recognition that at some point during the healing process, one finds oneself letting go of all the shame and fears that tie one to the perception that one will not be a good professional and celebrating the fragmented self, which process leads to posttraumatic growth. It is going beyond the mere acceptance of who one is and the realization of one's imperfections but of actually making leverage on these vulnerabilities in social work practice. Martin (2011) fully concurred with this discourse arguing that therapists should definitely “embrace” (p. 11) their ‘woundedness’ as it acts as a platform for growth.

This sub theme recognizes the participants' narratives that hold that healing denotes making peace with the past. Whilst recognising the emotional struggles they experienced, participants gave themselves permission to move forward. It denotes a mindful effort to ease the psychological chains of past hurts, guilt or shame refraining them from healing completely but dwell and reflect on the past as long as it embodies learning.

Elizabeth added that this acquired state of serenity defies vulnerability to the extent that it actually fortifies you and can be linked to facilitating resilience in the worker. According to her: “I do not necessarily interpret it (the wound) as something which makes you vulnerable, rather I interpret it, that if you make peace with it and you understand it, it is something that gives you strength”.

Narratives contained an entwined motive, that having made peace with the past allowed them to recognise the benefits of healing and, for some, it was this factor and not the wound per se, which influenced their career choice. It is their willingness to share the healing powers they discovered, as was also reinforced by Cahak (2021). Greg explained this perfectly, saying,

You would want to share that healing with others. It is like the benefits I derived from therapy and other factors that happened in my life, kind of... I found the food, we were both hungry, but I found the food and I would like you, in this case the client, to taste the same food I've eaten.

Embracing is Self-Compassion

Table 23

Quotes Supporting Self-Compassion

Self-compassion comes from getting in touch with your limitations, from being a helper, having respect for people and realising you are a person like them. It is a combination of humility, self-compassion and awe. The more I work therapeutically with people, I gained a big respect for them and then I noticed that if they sort of deserve that respect from me, what does my own woundedness deserve from myself? (Doris).

Evolving from the stance of acceptance is the development of self-compassion, which comes with a conscious decision to stop resisting one's pain but accept one's authentic self and work towards securing a space for healing and self-care strategies. It is loving yourself enough to allow ways to nurture the wound for greater personal growth. It is not an acceptance equivalent to resigning oneself about what has happened, but an active stance in accepting a management of emotions in the quest for growth. As Ryan justly puts it: "The responsibility is that if I want to help effectively, I have to take care of myself". This corroborates Schonau's (2012) study which found that being confronted with one's vulnerabilities, although at times being a painful process, enables an empathic outlook on the self.

De Zoysa (2019) pointed out that self-compassion is key to embracing, encompassing an acceptance and loving of oneself, freeing oneself from shame and acknowledging and validating one's own human journey. She added that likewise this is key for self-care, to understand when it is safe and appropriate to be consciously vulnerable, to respect boundaries, and continue to extract learning outcomes from one`s woundedness in the service of emotional wellbeing of self and others.

Carla`s contribution emphasised that the nurturing of wounds is continuous through self-care strategies. As seen in the first chapter, Sleater and Scheiner (2020) labelled these strategies “supportive self-care” (p. 17), highlighting that wellness and awareness are in an obligate symbiosis. It thus follows that securing wellness places the helper in a better position to fine-tune their awareness and facilitate self-development. The significance of this element is that it facilitates therapists’ ability to temporarily detach from their professional role and prevents them from being sucked in by the negative vortex created by listening to traumatic stories. Once again, this topic was mentioned only by a few, possibly because one tends to neglect personal needs as opposed to being there for clients. Carla explains it perfectly in the following quote:

Through things that make you feel good, in my case cooking helps me a lot, self-care strategies that help you balance out your emotions and make up for this negativity, for this wound, like a medicine that helps in re-healing your wound... So, you do not allow yourself to arrive at the edge before you do something, you learn how to self-care.

A Celebration Note

Table 24

Quotes Supporting the Celebration of Woundedness

You make use of it, it's part of you, enjoy it. It is not a burden and you see how you can use it to help others. (Therese)

...I made peace with the past, with that wound. Because I made peace I'm happy with myself, I now love myself. Embrace your wounds, embrace your healing process, embrace yourself as a person with all your baggage, with all your experiences, because at the end of the day, with all these hardships as well as beautiful moments, you are the beautiful person you are today. (Francesca)

It does not follow that because you are a wounded healer you are inferior to others who have not gone through such experiences when young. It can make you a better professional as long as you take care of yourself and check that there aren't any unresolved issues that can affect your work. (Jane)

This sub theme, as the title suggests, is a celebration and an acknowledgement that woundedness offers an opportunity for personal and professional growth and enhanced connection with others. It is almost a permission, as McCarthy (2018) mentioned, to find a sense of joy in one's own healing and growth. She contended that "the social work profession often downplays the vulnerability" of the worker, "possibly due to concern that to do otherwise would prioritize" (p. 349) the worker's needs over those of the client. As Martin (2011) proposed, therapists should not mask their woundedness behind their professional status, but rather invited them to accept "incompletion" (p. 11).

These expressions somewhat reflect Cohen's belief (2009) that a wounded healer is privileged to "a unique vantage point enabling them to recognize trauma, empathise with it and

treat it more effectively than does the ‘intact’ healer” (p.214). This celebrative feature came across even when participants were speaking about external perceptions of wounded social workers.

Conclusion

The narratives of my research are a testimony of raw and humane experiences, of individuals who navigated through emotional struggles and are now in a position to make leverage of these experiences in order to be of service to others in actually overcoming similar or other emotional struggles. Through this chapter one witnesses a deconstruction of the wounded healer concept and a relational paradigm in the meaning of woundedness through a process of stripping away of layers in order to arrive at the core of these experiences couched in the professional self. This analysis groups the participants` transformations towards increased self-acceptance and awareness, a restored sense of vulnerability, a concoction of caution, fear, humility and hope which impacted the participants’ self. It must be pointed out that this study did not focus on particular wounds and therefore the process presented in this chapter presumably falls into a description of more universal processes of woundedness and healing.

Chapter 6: Conclusion and Recommendations

This chapter presents a summary of the research findings and the study's limitations, primarily those in relation to the research analysis. It also offers a set of recommendations for future research, training and practice as elicited from participants' narratives.

Summary of Findings

The study achieved its primary aim of describing the lived experiences of social workers who have struggled with emotional distress and how this has impacted their work with clients. All participants crafted narratives with distinguishable core themes, marrying personal and professional trajectories, and presenting a number of implications for the social work profession. This study provides experiential evidence that points to wounded social workers having potential that they might not otherwise have had and that indicates that these professionals actually make leverage on their experience to relate better to clients.

The social workers who participated were acutely aware that their wounded selves were at the interface of the client's and their own reality and that their wounds are only of value in as much as were aware of their impact on their 'self' and consequently on their practice. Irrespective of whether or not they choose to self-disclosure to others, participants testified that they actively use themselves, that is, their identities of an individual with lived experience in combination to that of a service provider, as a tool in their work with clients.

The analysis of the participants' experiences revealed that past lived experiences often result in both positive benefits and difficult consequences and thus such experiences cannot be simplified and restricted to simply being facilitating or impeding work with clients. Furthermore, this study recognised that, arriving at a stage whereby woundedness can be embraced and used as

a leverage for effective practice necessitates a certain degree of wound resolution. The degree of resolution is a complex quest, as the narratives of resonance of wounds testify, particularly because healing is seen on a continuum. Still, this study recognised that if, at least, wound resolution has been initiated, coupled with a good dose of self-awareness and, if deemed necessary, additional support through reflective practice and supervision, such lived experience can prove as a resource for one`s professional practice. Many factors influence and aid the ability to function successfully as a wounded healer. The analysis suggested strongly that for wounds to lead to this transformation, social workers needed to engage in self-reflection, usually with the help of therapists, trainers and supervisors, with other measures such as spirituality and self-care strategies having an input as well.

Expressly, participants concurred that their lived experience adds another dimension to their theoretical knowledge, equipping them with a toolbox full of skills and competencies. The wounded social workers participating in my study pointed out that their lived experiences provided them with stamina in being able to stay with the pain evoked in the discourse of their clients and resilience in relation to work commitments. This resilience proved a two-dimensional construct allowing social workers to better adapt to stressful situations whilst stimulating their professional growth.

This study offers a description of how adverse experiences have shaped social workers and provided them with deeper insight, greater empathy, more compassion and enabled that connection which is pivotal in building and nurturing the relationship with clients. Woundedness has been described by a participant as “an excess to the senses”, implying that it is actually this

vulnerability that allowed wounded workers to make best use of the ‘self’ and respond to people in nuanced and authentic ways.

The results suggest that considerable emphasis needs to be placed on self-awareness, being crucial for social workers at any stage of recovery, especially in view that healing was seen as a continuum, an oscillating journey that could potentially turn these same wounds from an asset to a liability. The wounded healer practice does not have a fixed destination, but rather it is a journey and it takes time to arrive at a stage whereby one chooses to embrace one’s vulnerability, and celebrate the moments when one is in synch with one’s personal and professional ‘self’. This embracing denotes conscious vulnerability: a faculty to develop the wound as an opportunity for developmental growth. Thus, this study suggests that irrespective of where one stands in the healing journey, the experience of personal woundedness can become a valuable tool and, more importantly, a learning platform for professional growth. It seems that different pathways on this healing journey towards wound resolution are chosen by wounded social workers, with therapeutic input being the most valued. This led to an outcry for compulsory therapy to be provided as part of their educational journey.

Wounded social workers were explicit in their passionate belief in the continuous need to work on their own trauma since clients’ wounds can trigger an identification with their personal wounds, which can often manifest itself in physical ways. Emphasis was placed on the need, quality and good use of supervision. Participants identified resonance as an indicator that showed that their personal wounds can spill over into their practice and often disrupt the ability to focus on the clients’ needs. Resonance is lived as a learning edge that keeps one reflecting and inquiring in one’s healing journey.

With this appreciation of vulnerability, the participants in the current study possibly revealed a shift from a stance of shame and fear to that of resilience and self-acceptance. It is therefore hypothesised that the participants have arrived at the stage whereby they could embrace their woundedness as their adverse experiences might have catalysed an acceptance of their vulnerabilities, leading to an increased humility coupled with a willingness to emotionally connect with their clients even via the pathway of woundedness. Indeed, it seems that their experiences of humility, empathy and, sometimes, even self-disclosure increased the relational depth in the therapeutic encounter.

The data gleaned from this study undoubtedly highlighted how at times wounded social workers struggle with their dual identities as individuals with lived experience and helping professionals, and what resources they turn to in order to balance and counteract such challenges. Much of the struggle they described was related to the stigma in relation to being a wounded healer, to lack of direction and support especially in their years of formation or initial stages of their work, as well as to the management of the wounds, recognising the risks they pose for their profession. However, although this research, as well that from the wider literature (e.g., Arnaud, 2017; Baker, 2003, Bloom, 2016), did expose the fine line which exists between the wounded healer and the impaired professional, it has also exposed thoughtful wounded social workers who deeply care about their clients, who are ethical in their approach in not wanting to negatively affect their clients' healing process. This can be seen as the concept of caution appeared at every corner of this study recognising that these underlying issues could easily contaminate the effectiveness of the therapeutic relationship and result in professional impairment. A strong sense of ethical commitment was perceived in the narratives as well as love and passion for the

profession. Such passion was given prominence in the wounded healers` narratives, adding to their commitment in the preservation of their profession and abhorrence to unethical and incompetent practice.

Limitations

My small idiographic inquiry had the intention to be a preliminary study into the construct of the wounded healer with interviews being individualised and semi-structured to allow flexibility towards each participant`s personal context and ability to explore the construct from a more generic angle. The study did not aim for generalisability but its knowledge base was that of understanding each unique embodied experience in the local context. In consideration of these parameters, caution should be applied in the transferability of interpretation in relation to international research even though similarities to such research have been noted.

Other limitations relate to the fact that this study did not limit participation to those professionals who were practicing in the social work field at the time of their recruitment, but those who were not were guided to reply in relation to their social work experience. Only one of the participants was not conducting client work at the time of study. Moreover, as can be seen through the demographic data, participants tended to adhere to a more or less homogenous group in relation to their area of practice. This could have resulted primarily for two main reasons. One is that one of the recruitment platforms was my personal social media so participants in similar area of practice might have been more inclined to volunteer their participation. Secondly, snowball sampling might have reinforced this likelihood to choose potential participants who one is most familiar with.

A considerable limitation was definitely the word count as I would have liked to develop further and delve deeper into the construct, primarily having at hand very rich data. Besides, since the interviews were semi structured, it could be that some areas of this inquiry were not uniformly explored in each interview. For example, it was only after a couple of interviews, which effectively served as a pilot study, that certain inquiries were refined as the story board might indicate as I, initially, was asking only for a word or a phrase but the choice of imagery was adopted as the research developed.

Last but not least, the understanding itself created by and through the processes of gathering, interpreting and reflecting on the data, denotes that participants volunteered as they were emotional 'comfortable' to do so and likewise might have nominated other participants who they looked at as being emotionally capable of sitting for such an interview. This does not necessarily affect the research negatively as, after all, the cohort this study sought to engage was those participants who had embraced their woundedness. However, it is important to point it out as it might provide a skewed vision of the lived life of a wounded social worker.

Recommendations

Since the status of wounded healers appears to be the basis for calling of a number of social workers, there are a number of implications brought forward by this study that merit to be addressed. These will be entwined with a number of recommendations divided into two categories:

Academic Issues

- Sensitive to the considerable uniformity in the emotional tone within each account that spoke about the educational journey and its implications, I feel that considerable focus should be given to the academic formation, even in the light of the spillage in the initial years of work with which most wounded healers seem to struggle with. In the past years, a mentoring approach during students' placements was activated but dropped after a period of time. It might be a good idea to review and evaluate such approach to enable a reconsideration of its reintroduction as a further support to students on placement who after all would often start operating with an open wound. Basically, research and evaluative approaches that are galvanized to mobilize best structures that support wounded healers, especially in the formative years of their careers, need to be set up by academic bodies.
- Training bodies should continue to encourage self-awareness and possibly match identified wounded students with mentors to be followed and supported throughout their academic journey as well as be guided to attend personal therapy if deemed necessary. Therapy at such an early stage poses a chance of healing before undertaking client work. This could also minimise staff turnover and burnout.
- In order to counteract the stigma towards 'woundedness', workshops and academic content can be provided that directly address the wounded healer construct so that wounded students would be provided with a source of critical awareness, knowledge and guidance on how to navigate their adverse experiences and initiate the transformative

process to become a healer. This is paramount in paving the way to wounded social workers feeling more comfortable to be open, primarily in supervision, leading to more ethical and effective practice.

- The academic body can teach students about exercising self-care in the prevention and in a more effective management of emotional struggles during their field placements and eventually in the chosen field of practice. After all, as the Maltese Social Work Code of Ethics (n.d.) specifies, “Social workers should ensure their own proper care given that the principle tool of the social worker is the self” (p.16). Hence, implications from the results of this study indicate that emphasis should to be pointed at enhancing the physical, mental, and emotional health of the wounded social workers in their formative years and consequently academic bodies have a hand to play in all this.

Organisational Issues

- Keeping in mind that the status of wounded healers is often left concealed, as shown by the participants` reluctance in being open even to one`s supervisors, there is an obvious need for more transparency about their past adversity issues. Such transparency needs to be fostered by the enactment of support systems to promote wellness in the organisations which employ social workers. In considering the important aspect of meeting staff`s needs, recruiters should direct their input on opportunities for continuous professional development, as well as availability of personal therapy as part of the standard practices. Particular attention should be given early in social workers` careers as this may be the most important time for dialogue and therapeutic input. Workplace stigma and silence

about therapy should be eradicated and fought against within organizational cultures and procedures to normalise therapeutic input rather than have professionals secretly apply for it. Subsequently, agencies and organisations can offer incentives to encourage staff to attend in-service training and ongoing education that can provide knowledge regarding the meaning and implications of the wounded healer construct as well as recommending self-care strategies.

- It is crucial that wounded healers in the social work arena are supported to make leverage on their own woundedness in their service to others and prevent such woundedness in turning them into impaired professionals. Since this study showed that wound resolution is not static but rather is seen as a continuum, the best approach for offering such continuous support and safeguards is through supervision. Hence, supervision practices should guarantee a “receptive and facilitative space within which safe exploration of the wounds can unfold” (Hadjiosif, 2021, p.25) and should not be solely governed by case-oriented approaches. Supervisors should be adequately trained, even clinically, and enabled to encourage and create spaces for healing and openness within organisational life. Supervision is pivotal in securing healing rather than impairment in these professionals, and as long as a shameful aura continues to dominate work culture in relation to such lived experiences, or supervision is limited to case oriented resolution, it will be the nemesis of all the ‘richness’ which if appropriately addressed, such woundedness can donate. Every effort must be pursued from all stakeholders in securing supervision as a vehicle to safeguard the forging of the personal and professional self.

Future Research

- Given the sparseness of local research on the subject in this particular field of practice, there are a good number of avenues for future research. As this study included only a small number of participants and a relative generic perspective of the construct, other studies could take up the same question with a possibly differently configured population, for example individuals who have chosen to work in the field of practice in which they themselves have experienced trauma or adversity. Alternatively, research could more specifically call attention and zoom in onto particular aspects of the overarching wounded healer construct.
- In addition to continued qualitative research on workers' own experiences, other research might be directed at establishing connections between social workers' histories of distress and the impact it has on work with clients by interviewing supervisors or clients themselves. Such empirical support for the construct could provide objective evidence that is missing from the current literature.
- Extrapolating on the participants' reports in relation to resonance of wounds, the experience of physical effects of their trauma in their client work might prove interesting analogous research from this study.
- Participants spoke about how their wounds permeated through their professional development and shaped their professional 'self'. Since the 'self' is the most pivotal tool in social work practice and since it is developed through an amalgamation of various factors including cultural heritage, values and beliefs systems, this solidifies the

importance of researching this phenomenon in the local context as one cannot rely on international literature to understand this phenomenon fully.

Conclusion

In facilitating reflection upon their transformative journey as wounded healers, I would like to think that I was aiding participants in constructing a story of resilience and facilitating the fusion of past adverse events to what Hadjiosif (2021) refers to as a “consoling plot” (p.64). I do not wish to sound presumptuous, but this plot might have been confirmed by participants` eagerness at participating in this study and by their request for a copy of this study results. Hence the assumption that this opportunity provided a space to encourage “the comprehension of plight that, by being made interpretable, becomes bearable” (Bruner, 1991, p. 16). After all, as I said in the introduction, this study was a personal quest. Through my research journal, I recognised that this quest was simply a self-redemption story, a validation that my wounds have value and the need to create a collective space where to celebrate such value. This study testifies a collective acceptance that wounded healers will continue to experience pain, not merely as a cost of working with the wounds of others, but as a conscious choice in informing their work. The healers` woundedness becomes the pathway of direct access to realms of the “sacred inaccessible to most people” (Mauger, 2013, para 17).

Throughout the interview process, participants shared their stories, and my hope is that this dialogue can be perpetuated in other arenas to combat the stigma and enable others to become part of the conversation as well. The progressive structure of their narrative accounts conveys a message of hope and a need to celebrate this transformative journey. It was a

recognition of the value of healing and nurturing the spirit of the individual and primarily that our fragility is our strength. In coming face to face with their vulnerabilities, wounded social workers not only transcend such pain but make leverage on it in their celebration of their woundedness and offer the ultimate gift of all – “a living demonstration of hope” (Bond, 2020, p.78).

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Appendices

Appendix A

A Historical Overview

Mary Ellen Richmond (1861-1928) is credited with pioneering “the advance which social work had to make if it was to begin to emerge as a profession which could be practiced in an agency - or independently” (Younghusband, 1981, p 21). Richmond (1922) had initiated the idea of a link between an individual`s diversity to a philosophy of social case work with a particular theory related to the “wider self” whereby she suggested that this self “lies at the base of social case work” (p. 368). Moreover, she encouraged social workers` self-awareness in order to benefit from the ‘use of self’. Thus, with the inception of social work, there was already discourse about the use of self in practice.

Amy Gordon Hamilton (1892-1967) continued to build on Richmond`s work in defining the nature of casework. She also gave value to the self, recommending that social workers need to demonstrate appropriate insight, self-awareness and self-knowledge for an ethical use of the self. She advocated that “in any professions, especially those that concern directly with human beings, the total self must be fully and deeply engaged” (1951, p.57). She argued, in particular, that for therapeutic oriented casework, “greater are the demands upon [the worker] for self-knowledge, and for the more complete use of self” (p. 43).

Felix Paul Biestek (1912-1994) authored the famous book ‘The Casework Relationship’ in 1957. Like his precursors, he acknowledged that “knowledge alone without skill in relationship, is inadequate” and added that “in general, the purpose of the relationship is part of the overall purpose of the entire casework process” (1957, p.12). According to O`Hagan (2014),

Biestek distinguished between the “relationship skill” and the “knowledge component” (p.24) crediting both components with a good dose of self-awareness for the correct application of ‘use of self’. A key approach in relation to ‘self’ features in the distinction he made between what he perceived as being either subjective or objective interactions in the social work relationship which he labelled as the “soul of casework” and the “body of casework” (p. 18) respectively.

Charlotte Towle`s (1896-1966) contribution related to the client-centred casework curriculum through her study of human growth and behavioural theories. An interesting facet in her teachings was that a worker needs to take self-responsibility and consequently “be directed towards a pursuit of self-understanding, rather than encouraged to escape himself through the acquisition of more technical knowledge at a time when he is unable to assimilate and utilize it” (1969, p. 43-44). She clearly laid the onus on the worker to be emotionally prepared before engaging in social work practice and not rely on the fact that they have succeeded in achieving an academic goal. Her comment is interesting as here we see the harvesting of the dimension of accountability and the preparation of students not only in the acquisition of a solid knowledge base. Another inspiring comment of Towle in relation to ‘self’ was “increasingly as caseworkers realise growth one may expect a growing freedom in the utilization of concepts and a more effective use of their professional orientation” (p.45). An allusion is made to the concept that self is fluid and ever growing, and at some point gets incorporated with theoretical knowledge, germinating in practice wisdom, intuition and compassion. What Towle recommended can be interpreted as an evolution of the ‘self’ that facilitates self-disclosure as a potential means of therapeutic growth.

Harriet Bartlett (1897-1987) explored the common ground in the diverse strands of social work practice. She argued that “skill, self-awareness, and defined method are essential for a profession” (1970, p.51). What is of particular pertinence to this exploration of the use of self is that Bartlett, in an earlier text, identified the social work method as being “the responsible, conscious, disciplined use of self in relationship with an individual or group” (1958, p. 269).

In a plea to shift the focus from the organizational structure of the profession, Bill Jordan (1979) in his work ‘Helping in Social Work’, urged the professional body to seek an reorientation back towards the grassroots of the profession, to the face to face interactions claiming that “helping is not simply a skill or expertise or technique” but “it involves the disciplined use of the whole of the personality” (1979, p.26). Although Jordan eschewed the jargon of the behavioural and social sciences, his message comes across strongly in delineating that that the personal qualities of a worker are as important as their knowledge base.

David Howe, who is another prolific writer in the social work profession, echoed the notion that “the personality of the therapist is more important than [their] techniques” (1993, p.11). His groundbreaking work focused on emotional intelligence in understanding oneself and others as emotional beings making leverage on the ‘self’ in order to reach this capacity. He further argued that it is not an irrelevance or an indulgence for professionals “to become students of personal experience and social relationships” (1995, p.7). This is tied to our need to be self-reflective in that, even though we might be seasoned professionals, we must always stay humble enough in “resuming an ongoing student identity” (Howe, 1995, p.31) and be open to reflect on the interaction between self and practice. Howe (2008) described social work as “emotional work

of a high order...[and therefore] emotional intelligence is need [ed] in good measure” (p.2) as “the emotions may, in fact, be vital to intelligent action” (p.7).

According to Egan (1990), who is not a social worker by profession but has greatly influenced social work practice, in order to be an effective helper, one must be committed to self-awareness on a lifelong basis. Since helping cuts both ways, “understanding the clients is not enough. ...Helpers who do not understand themselves can inflict a great deal of harm on their clients” (Egan, 1990, p. 25). Egan, thus, introduced the concept of the impaired professional.

The next two authors taint the ‘use of self’ with new nuances and continue to add to the multifaceted meaning given to this concept. Cowley (1993) and Ife (1999) introduced the notion that social work needs to integrate an understanding of spirituality/consciousness development so as to fully facilitate the understanding and usage of the ‘self’. Cowley contended that transpersonal psychology is relevant for social work as it connects it not only to a spiritual dimension but also to a higher level of consciousness of human nature, adding that it is needed to combat “the social ills of the 1990s that manifest as violence, addictions and spiritual malaise” (p.1).

Similarly, Ife (1999) stated that “the reasons for social work’s ignoring of the sacred and the spirited life lie in its striving for scientific or professional status, its location as a discipline within mainstream university discourse, and its foundations in the ‘Western world view’” (p.10). Here we witness the schism with the positivist paradigm in social work practice. Ife argued in favour of qualitative discourse, one which integrates “intuition, practice wisdom, phenomenology, grounded theory” (p.20).

More Recent Perspectives

O'Connor et al. (2003) sustained that “the ability to make disciplined and constructive use of yourself in relationships is a prerequisite to all the activities that constitute social work” (p.53). They explained that our use of self is often composed of “small-scale, humble interactions” and that these interchanges “form ‘blocks’ upon and with which practice is constructed” (p.43). Their main message is of self-reflective practice arguing that each and every individual entering the realm of social work will do so with a personal biography, history, beliefs, and a unique way of perceiving the world. We have constructed meanings only some of which are we able to articulate clearly. Their argument is that in practicing social work, one needs to subject pre-existing beliefs and emotions to critical scrutiny, so our use of self is based on mindful and disciplined foundation.

Similar emphasis was shared by Heydt and Sherman (2005) who wrote “the realization that social workers themselves are the instrument of the profession usually has a sobering effect on beginning social work students” (p. 25). Based on their belief that the worker is indeed the instrument needed for social work practice, these authors advocated for workers to keep regular tabs on their self-awareness to preserve their use of self “in perfect working order...[to]...become the most effective instrument of change possible for as many of their clients as possible” (2005, p.28).

In later years, according to Arnd-Caddingan and Pozzunto (2008), ‘the use of self’ notion experienced a shift in focus to a relational perspective as “self as process in interaction” (p. 235). These authors aimed at demonstrating, on a theoretical level, how this perspective might impact clinically on social work practice. They highlighted that the qualities of the individual social

worker are the crux for a successful outcome in the therapeutic relationship and interpreted the use of self as a “fluid” and “intersubjective” (p.242) process that enables the worker to work therapeutically with the client and not for the client. The authors explain that this vision of the self enables a therapeutic encounter not governed solely by clinical theoretical input but rather this input “permits practice in which the clinician can respond to *this* client, in *this* circumstance for the ultimate benefit of *this* client” (original emphasis) (p.242). Arnd-Caddingan and Pozzunto suggested that, from a relational perspective, the concept of ‘self’ changes from the notion of it being separate, defined and constant to one which embraces the self as a process and thus acknowledges the possibility of growth.

Texts from Other Disciplines

One cannot tap into the evolutionary process of the use of self without making reference to the work of Carl Rogers. Rogers (1992) defied the objective, rather impersonal role of the therapist, explaining

... the therapist should be, within the confines of this [therapeutic] relationship, a congruent, genuine, integrated person. It means that within the relationship he is freely and deeply himself, with his actual experience accurately represented by his awareness of himself. It is the opposite of presenting a façade.... (p. 828).

Here one sees the reference to using an authentic self. For Rogers this was a must even though it meant that one would be facing the peril of countertransference. He believed that, with adequate self-awareness, the therapeutic relationship would not be compromised. This view was also held by Dewane (2006), who contended that transference is not only an inevitable aspect of the therapeutic relationship but acknowledged its power as a source for therapeutic growth. The

lesson here is that, rather than devaluing or suppressing the self, the therapist should learn how to use the self as it is the medium to facilitate therapeutic change.

The other key contribution of Rogers` (1995) theory on the therapeutic use of self, centered on self-disclosure. Rogers believed that self-disclosure of the therapist was necessary to ensure congruence in the work encounter between the therapist and client. Self-disclosure is a dominant feature in literature that advocates for the use of self (e.g., Dewane, 2006; Hill, et al., 2018; Knox & Hill, 2003). Lum (2002) drew attention to a concept known as the Satir Model (Satir et al., 1991) which provided an outline of effective ‘use of self’ in order for therapists to be of benefit to clients.

Analysing ‘self’ from a relational perspective, ‘self’ is considered as that tool needed in the therapeutic alliance to enable and enhance that connection between therapist and client. Mearns (1996) coined the term ‘relational depth’ to describe this interconnection. The therapist experiences what can be described as heightened states of empathy and connection towards the client enabling them to relate in a congruent way. This heightened interconnection has been referred to as the essence of therapeutic work described by terms such as “moments of meeting” (Stern, 2017) or “mutual intersubjectivity” (Jordan, 1991). In this quest of attaining relational depth in therapy, Mearns and Cooper (2005) reasoned that the pathway to this is an honest willingness to be transparent:

...becoming more attentive to the whole of our clients, taking the risk of being transparent with them, inviting our clients to express themselves more fully and creating the kind of safe and containing environment in which clients may feel more willing to receive us (as cited in Stevens, 2020, para 17).

Although perhaps not using the same semantics, literature from other disciplines (e.g., Rowan & Jacobs, 2002; Wosket, 2016), offers considerable convergence on the use of self in social work practice and the implied definitions allude to the fact that the social worker brings an independent ‘self’ and which is at the interface of the professional interaction. In the existing literature such convergence covers a number of dominant themes such as: personality and belief systems, intersubjectivity, self-disclosure and relationality. Great emphasis is placed on self-awareness – “if self is our mechanism of practice, then it follows that we must have a high level of awareness about who we are and how we behave” (Chenoweth & McAuliffe, 2005, p. 203).

Appendix B

Topic Guide

Themes:-

Choice of profession

Personal definition of the wounded healer

Personal perception of woundedness

External perception of woundedness

Openness about wounds

Embracing the woundedness

Resolution of wounds

Link of woundedness with practice/Notion of the wounded professional

Resonance of personal wounds with wounds of clients

Link with training/professional development

Appendix C

Facebook Post

Dear Colleagues,

I would like to invite you to participate in a research study I am currently conducting for my dissertation titled 'Embracing the wounded self: Leverage on vulnerabilities'. The aim of my study is to explore the lived experiences of social workers who self-identify as wounded healers and whether the journey which they travelled when integrating their wounds into their 'selves' has paid off in their work and in what way. If you are a social worker who identifies as a wounded healer, I would like to invite you to participate in my study. Your participation would help contribute to a better understanding of the archetype of the wounded healer and provide direction in relation to social work training, supervision and practice. Any data collected from this research will be used solely for purposes of this study.

If interested kindly contact me on katya.cachia.99@um.edu.mt and I will send you all the information about the study and about what your involvement would entail, should you decide to take part. May I take this opportunity to wish you well.

Thanking you in advance



Katya

Appendix D

Information Letter

1st November, 2021.

Dear colleagues,

For those who do not know me, I am Katya Cachia, a social worker currently working within the Youth in Focus Team within the Foundation for Welfare Services. I am a student at the University of Malta, reading for a Master of Arts in Social Work [Taught and Research (Mainly by Research)]. I am conducting a research study for my dissertation titled 'Embracing the wounded self: Leverage on vulnerabilities'. This is being supervised by Dr. Patricia Bonello. This letter is an invitation to participate in this study. Below you will find information about the study and about what your involvement would entail, should you decide to take part.

The aim of my study is to explore the lived experiences of social workers who self-identify as wounded healers and whether the journey which they travelled when integrating their wounds into their "selves" has paid off in their work and in what way. For the scope of this study, the 'wounded-healer' is defined as a person aware of and paying attention to her/his own wounds, and healed or in a process of healing, thereby able to relate to and support the 'wound-healing' of others (Stone 2008). The wounds I refer to specifically, are the pain and hurt rooted in emotional or psychological wounds. If you are a social worker who identifies as a wounded healer, according to this definition, I would like to invite you to participate in my study. Your participation would

help contribute to a better understanding of the archetype of the wounded healer and provide direction in relation to social work training, supervision and practice. Any data collected from this research will be used solely for purposes of this study.

Should you choose to participate, you will be asked to attend a semi structured, face to face or online interview depending on your preference and the pandemic situation. Before the start of the interview, you will be asked to fill in a brief demographic sheet to enable me to collect demographic information which will enrich the research data. The interview should last approximately an hour and, if not online, the location where it will be held will be somewhere which is convenient for you. With your consent, the interview will be audio recorded. Once all the interviews carried out as part of this research are transcribed and the data analysed, you will be emailed a copy of those parts of your transcript that will be quoted within the dissertation. This email will request that you review this data and provide any corrections or comments, including additions or modifications you would like to make. It will also give you another possibility for reconfirming your permission of said publication.

I bind myself to safeguard the confidentiality of the participants. In order to ensure confidentiality, the transcripts will be coded using pseudonyms which you would have recommended in the demographic form which will be completed at the start of the interview. All identifiable details will be changed to protect your identity. All data will be stored and locked in a secure place. Transcripts of the interviews will be carried out by me and no other person will have access to

them. The content will only be discussed with my dissertation tutor without your identity being revealed.

Participation in this study is entirely voluntary. Should you indicate your willingness to participate, you are free to refuse to answer any of the questions made or explore any of the topics suggested during the interview. You are also free to withdraw from the study at any time, without needing to provide any explanation and without any negative repercussions for you. Should you choose to withdraw, any data collected from your interview will be deleted.

You will kindly be asked by the researcher to provide information about this study to other potential participants who may be interested and/or eligible to participate. You will be provided with information letters that can be passed on to other interested prospective participants. You are in no way under any obligation to share this information, nor will you be involved in any follow-up of this process.

If you choose to participate, please note that there are no direct benefits to you apart from the opportunity and space to discuss your experiences pertaining to being a wounded healer and contribute in a meaningful way to the understanding of wounded healers in the field of social work. The risks associated in this study are minimal and although it is not the intention of the study to elicit in-depth information about participants' traumatic past experiences, I am sensitive that this might occur so structures will be put in place to offer support should it be needed and requested. This will be done by contacting each participant's workplace so as to ensure that EAP services are

in place and by providing a list of support services for your perusal. Your identity will not be revealed during this process. You can also discuss the issues raised during the interviews during your supervision sessions. Moreover, if you experience distress during the interview, be reassured that you can pause or stop the interview at any time you wish.

Please note also that, as a participant, you have the right under the General Data Protection Regulation (GDPR) and national legislation to access, rectify and ask for the data concerning you to be erased. All data collected will be stored in an anonymised form till completion of the study and destroyed within a two-year period after publication of the result. A copy of this information sheet is being provided for you to keep and for future reference.

Should you be interested in participating in this study, I would appreciate if you could get back to me by the 15th of December 2021. Should you require any further information, please feel free to contact me by e-mail and I will answer your queries as best as I can. May I take this opportunity to thank you for reading this letter, and if this is the case, for your interest in participating in this research process which, besides being very important to me, will hopefully contribute to our professional development.

With best regards,



Katya Cachia

katya.cachia.99@um.edu.mt



Dr. Patricia Bonello

patricia.bonello@um.edu.mt

Appendix E

Dissemination Letter

Maltese Association of Social Work

8/11/2021

Request for permission to disseminate invitation letters for participation in this research study.

Dear Sir/Madam,

My name is Katya Cachia and I am a student at the University of Malta, currently reading for a MA in Social Work (Mainly by Research). I intend to conduct a research study for my dissertation entitled 'Embracing the wounded self in social work practice: Leverage on vulnerabilities'. This qualitative study aims to explore the lived experiences of social workers who identify themselves as wounded healers and attempt to understand their perceptions as to whether their "woundedness" has an influence on their professional practice.

This study is being conducted under the supervision of Dr. Patricia Bonello.

I am hereby seeking your permission and assistance to disseminate the attached information letter among social workers who are members of your association. My data collection methods will involve a semi-structured interview with social workers. The semi-structured interview will only be done once for the duration of approximately one hour. If the call does not elicit the needed participant amount, another request will be submitted from my end to interview social workers who currently hold or have held a supervisory role.

Participation will be entirely voluntary, and participants will be free to withdraw at any point, without any repercussions. Data collected will be audio recorded and then transcribed. The data will be presented in an anonymised format, while pseudonyms will be used. Only my supervisor and I will have access to the data collected.

Should you require further information, please do not hesitate to contact me or my supervisor; both our contact details are provided below.

Thank you for your kind consideration of this request.

Sincerely,



Katya Cachia

katya.cachia99@um.edu.mt



Dr. Pat Bonello

patricia.bonello@um.edu.mt

Appendix F

Participant's Consent Form

Embracing the wounded self in social work practice: Leverage on vulnerabilities.

I, the undersigned, give my consent to take part in the study conducted by Katya Cachia. This consent form specifies the terms of my participation in this research study.

1. I have been given written and verbal information about the purpose of the study; I have had the opportunity to ask questions and any questions that I had were answered fully and to my satisfaction.
2. I also understand that I am free to accept to participate, or to refuse or stop participation at any time without giving any reason and without any penalty. Should I choose to participate, I may choose to decline to answer any questions asked. In the event that I choose to withdraw from the study, any data collected from me will be erased.
3. I understand that I have been invited to participate in a semi-structured interview in which the researcher will be asking a number of questions to explore the lived experiences of social workers who self-identify as wounded healers. I am aware that the interview will take approximately one hour. I understand that the interview is to be conducted in a place and at a time that is convenient for me.
4. I understand that although it is not the intention of the study to elicit in-depth information about participants' traumatic past experiences, there are minimal risks associated in recollecting past adverse experiences and should this occur, structures will be in place to offer support should it be needed and requested at no financial cost on my part.

5. I understand that there are no direct benefits to me from participating in this study apart from the opportunity and space to discuss my experience pertaining to being a wounded healer and contribute in a meaningful way to the understanding of wounded healers in the field of social work.
6. I understand that, under the General Data Protection Regulation (GDPR) and national legislation, I have the right to access, rectify, and where applicable, ask for the data concerning me to be erased.
7. I understand that all data collected will be stored in an anonymised form on completion of the study and following publication of results within two years of publication of the results. After these two years such data will be destroyed.
8. I have been provided with a copy of the information letter and understand that I will also be given a copy of this consent form.
9. I am aware that, if I give my consent, this interview will be audio recorded and converted to text as it has been recorded (transcribed). Transcripts will be coded using a pseudonym I will be providing.
10. I am aware that, if I give my consent, extracts from my interview may be reproduced in the dissertation, which will be a report of this research, using a pseudonym. The researcher will be sending me an e-mail of the quotes from my narrative which will be published and I will be asked to reply within two weeks to reaffirm my consent as well as any corrections and /or amendments I might deem necessary.
11. I am aware that my data will be pseudonymized, i.e., my identity will not be noted on transcripts or notes from my interview, but instead, a code will be assigned. The codes that link

my data to my identity will be stored securely and separately from the data, in an encrypted file on the researcher's password-protected computer, and only the researcher will have access to this information. Any hard-copy materials will be placed in a locked cupboard. Any material that identifies me as a participant in this study will be stored securely for the duration of this study and subsequently destroyed after two years upon completion of study and publication of the results.

12. I am aware that my identity and personal information will not be revealed in any publications, reports or presentations arising from this research.

13. I am aware that I may be invited by the researcher to provide information about this study to other potential participants who may be interested and/or eligible to participate. The researcher will provide me with information letters that can be passed on to these prospective participants. I also understand that I am in no way under any obligation to do so and nor will I be involved in any follow-up of this process.

I have read and understood the above statements and agree to participate in this study.

Name of participant: _____

Signature: _____

Date: _____



Katya Cachia

katya.cachia.99@um.edu.mt



Dr. Patricia Bonello

patricia.bonello@um.edu.mt

Appendix G

Demographic Data

Pseudonym: _____

Years of experience in social work: _____

Current area of practice: _____

Current role _____

Gender: _____

Please provide a valid email address in the space below. I will be using this email to contact you throughout the study.

Appendix H

Initial Coding

Superordinate themes	Subordinate themes	Selected Supporting quotes
In choosing social work		<p>Elizabeth: Meta ġejt imbagħad fil-faži tal- Università ma kontx ċerta x' ser nagħzel, pero kif smajt bis-social work rajtu li jista' jkun dak il-<i>medium</i> li jgħini nkompli nuża` din il kurżità u din is-sensittività biex forsi nagħmel xi ħaga ta ġid.</p> <p>(When I then came to enroll myself at university, I was uncertain on what to choose. but when I heard about social work, I thought it could be that medium through which I can continue to use this curiosity and this sensitivity of mine to try to do good.)</p>
	A redemption story	<p>Jane: Kont aware li jien għazilt social work minhabba dak li għaddejt u l-<i>frustrations</i> tiegħi f' dik is-sitwazzjoni, li dak iż-żmien ma tantx stajt ngħin lill familja...biex nagħmel xi ħaga tajba b' dak l-uġiġħ.</p> <p>(I was aware that I chose social work because of what I had gone through and my frustrations in that situation, that at that time I couldn't be of help to my family...to do something good with that pain.)</p> <p>Eliza: Tant kemm xtaqt li niġi <i>seen</i> bhala Eliza li għamlet l-isforz tagħha, komplet tistudja li xi kultant <i>I went over and above. Case in point</i>, per eżempju, niehu iktar <i>cases</i>, immedd iktar għonqi, nagħti iktar daqqa t'id, inkun iktar <i>available</i> u flessibli għan-nies, biex in-nies jaraw il-valur tiegħi bhala <i>social worker</i> u sabiex nipprova nikkumpensa għal dak kollu li kelli ngħaddi.</p>

Superordinate themes	Subordinate themes	Selected Supporting quotes
	Voluntary work	<p>(I wanted so much to be seen as Eliza who did her effort, continued studying that sometimes I went over and above. Case in point, for example, I take on more cases, I work harder, I help out more, I make myself more available and flexible for people, so that people see my value as a social worker, and to try to compensate for all that I had been through.)</p> <p>Eliza: Fil-bidu ħsibt li dħalt <i>social work</i> biex ngħin li dak li jkun imma biz-zmien indunajt li din ir-raguni wisq ġenerika. Jien għazilt li nidhol <i>social work</i> għax everybody deserves a second chance. Dħalt <i>social work as I needed to prove myself, I needed to make a stand, I needed to make a voice, needed to be appreciated.</i></p> <p>(In the beginning I thought I chose social work as everybody deserves a second chance, I chose social work as I needed to prove myself, I needed to make a stand, I needed to make a voice, needed to be appreciated).</p> <p>Francesca: Jien dħalt l-Università b'dik ir-rabja li jien ma rridx inkun bħalhom, irid ikun differenti, <i>I wanted to make the difference!</i></p> <p>(I enrolled at university with that anger that I did not want to be like them, I wanted to be different, I wanted to make the difference!)</p> <p>Natalie: Apart from that I'm coming from a family where voluntary work, missionary work, were always part of the everyday life; I mean even I remember during lent we used to buy sweets anyway but we don't eat them and then we would give them to people who</p>

Superordinate themes	Subordinate themes	Selected Supporting quotes
Wounds as toolbox	Connection	<p>who needed them.</p> <p>Carla: Nahseb <i>unconsciously</i>, il-<i>caring aspect</i> ha ngħidu hekk, dejjem hemm kien, anke fil-familja u hekk. Niftakar il-<i>mummy</i> jekk ha mmur nixtri tgħidli għaddi għand in-<i>neighbours</i> anzjani u ara iridux xi haġa <i>on the way</i>, u imbagħad kien hemm iz-ziju <i>with mental health problems</i> u il <i>mummy</i> kienet il <i>main carer</i>. Imbagħad li tkun għarrabt iktar u iktar qisu iwasslek għal hemm.”</p> <p>(I think unconsciously the caring aspect to put it this this was always there, even in my family. I remember if I went to buy my mother used to tell me to see of my elderly neighbours were in need of anything on my way there, and then there was my uncle who had mental health problems, and my mother was the main carer...then that I experienced the wound the more the likelihood to choose that path).</p> <p>Elizabeth: Dik il-<i>connection</i> nemmen li f dawn il mumentu tigi issigillata b` mod tant b` saħħtu li tibqa` għax jekk inti tara lill-persuna fl- iktar <i>moment</i> vulnerabbli, <i>and you stay there, you do not run, you do not hide, but you just stay there, you slow down</i>, nemmen li l-<i>connection</i> vera tista` tkun b` saħħitha. Inti thossok li dak li tkun qed jarak u jisimgħek ta li inti, l istorja tiegħek, bl-emozzjonijiet tiegħek, it tbatijiet tiegħek, u din hi xi haġa vera prezzjuża. <i>So</i> kif għidt il-<i>wounds</i> huma parti importanti mis-<i>self</i> u għas-<i>social worker</i>.</p> <p>(I believe that in those moments that connection with the clients is so strongly sealed as if you are seeing those clients in their most vulnerable moments, and you stay there, you do not run, you do not hide, but you just stay there, you slow down, I believe that the</p>

Superordinate themes	Subordinate themes	Selected Supporting quotes
		<p>connection truly is strong. You feel that that individual who is seeing you and listening to you, to your story, with your emotions, your sufferings, this is something so precious. So, as I said, the wounds are an integral part of the 'self' of the social worker).</p>
	Understanding	<p>Greg: Nifhem l-anzjetà per eżempju meta tistenna l-professjonisti jġu, ikun iktar <i>understanding</i> u ninkludi iktar tama. Il fatt li l-wegħha esperjenzajtha lili tgħinni nifhem iktar l-intricci tagħha u li mhux faċli li tgħid dak li jkun jmur għall-għajnuna.</p> <p>(I understand the anxiety for example when you are waiting for the professional to arrive, there is more understanding and I include more hope. The fact that I experienced the wound, it helps me understand more its intricacies and that it is not easy to tell someone to seek help).</p>
	Compassion	<p>Chrissy: If you have gone through suffering you have to be compassionate towards people who are suffering. There is that link, what is suffering, what does the word suffering mean? Obviously, I say why do people suffer? Why? But at the same time, you can stay through these are moments, they are delicate moments and you help the people through it, through compassion. I believe it a lot in compassion. I think that compassion is something that social workers need to do.</p>
	Sensitivity	<p>Bob: I think it certainly had me to be more sensitive to the pain of other people so in a way I see that it was a positive experience looking back because it gave me that insight</p>

Appendix I

Support Services List

Dear Colleagues,

It is definitely not my intention to cause any emotional distress but should this happen, apart from reaching out to your supervisors and/or EAP within your respective organisations, I have made a brief list of some services which you may wish to contact should you feel the need.

Emergency Contact Details:

Emergency services: 112

Emergency Department, Mater Dei Hospital, Triq Dun Karm L-Imnsida: 2545 000

24-hour support services:

Kellimni (24/7 online support service): www.kellimni.com

Support Line: 179

Richmond Foundation: +356 2122 4580 / info@richmond.org.mt

Mental Health Association Malta: +356 7980 0080 / Email: assistance@mhamalta.com

Cana Movement: support@canamovement.org

Millennium Chapel Malta: +356 2135 4464 / millenniumchapel@gmail.com

Mental Health Clinics:

1. Qormi Mental Health Clinic, Triq il-Vitorja, Qormi: 2144 1317 or 2144 0170

2. Floriana Mental Health Clinic, 25, Robert Sammut Square, Floriana: 2122 0454

3. Paola Mental Health Clinic, 40, Paola Square, Paola: 2182 1566
 4. Cospicua Mental Health Centre, Triq L-Iljun, Cospicua: 2397 2330, 2166 2088
 5. Mtarfa Mental Health Centre, Town Centre, Ir-Regimenti Maltin Str, Mtarfa: 2145 4917
-

Professionals who provide services for a fee:

Counsellors: <https://www.macpmalta.org/>

Family Therapists: <http://www.ift-malta.com/>

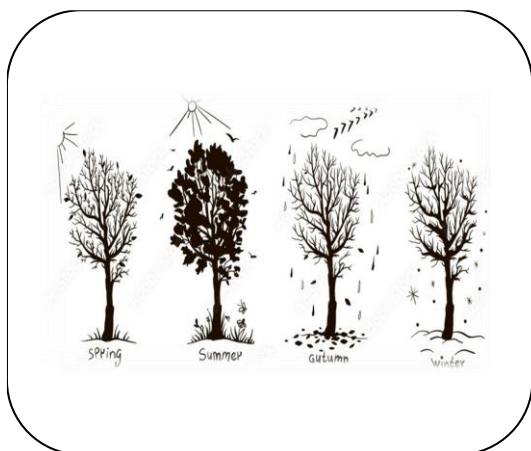
Psychotherapists: <https://www.facebook.com/MaltaAssociationForPsychotherapy/>

Psychologists: <http://mcp.org.mt/>

Psychiatrists: <http://map.org.mt>

Appendix J

Storyboard of Meaning Making of Woundedness



What I'm thinking of are the **seasons**, spring, summer, autumn and winter as it takes you for a journey. At times it makes you **feel cold**, and you need to cover up, at other times there are moments when **you undress everything**, you **expose yourself** literally.



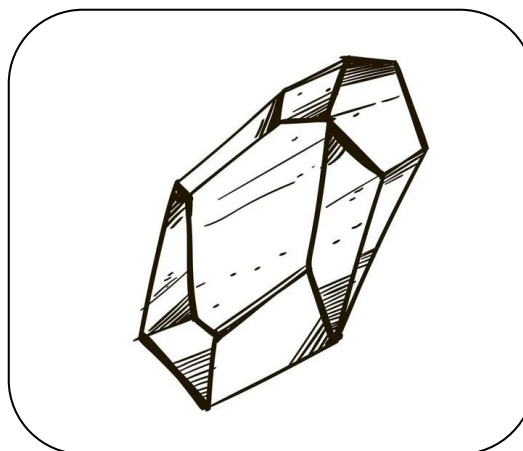
It takes you for a **journey**, for moments, **different emotions**, that one phase does not exclude the other, or that one is **wrong** and the other **right**, there is no one way of experiencing it, no one way of it informing you.

Elizabeth



The **wound** that leaves a **scar** on your **skin**, that will always be there, you can always see it, but with time and with help it healed, but is still **visible**, that left its **mark**.

Carla



Precious crystal which is slowly formed over time by little gentle drops of water.

Doris

Figure 1: Imagery of Meaning Making of Woundedness



"It's like a **volcano**, sometimes it sleeps, sometimes it erupts, sometimes you know is going to **erupt**, at times you don't know. It's triggered by something, so yes, I think it's like a volcano and then it **toughens** and makes you **stronger** and you can create something".



"Like you know when you go to the Etna and you get a souvenir; that is how I see it but it's going to be there forever, so the **heated** lava it's going to be there **forever**, and that is something which it will take me to my grave as well, I know I will **never get rid of it** and I don't want to get rid of it or to die in anyway. I want it to live with me, it's part of me and I can do good things with it.



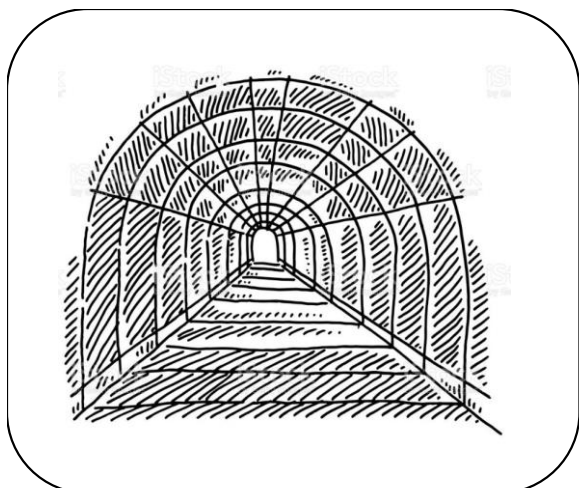
In a way what's just coming to mind is a **flower** and the reason why it is coming to mind is that I see it as being this **delicate** thing. So, I see it as something that I can look at and **appreciate** it for what it is but if I start grabbing it there is a risk that I can you know, crush this flower.



I see it as something that can be helped to **grow** in a way and utilise in a **positive way** or if I start fixating on it and like over watering the flower perhaps it can die...

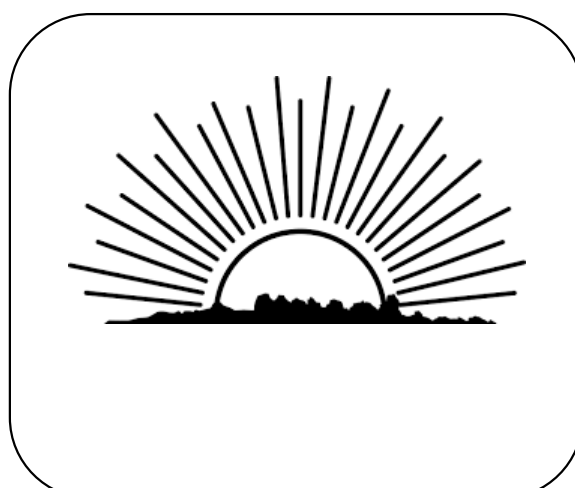
Bob

Figure 2: Imagery of Meaning Making of Woundedness



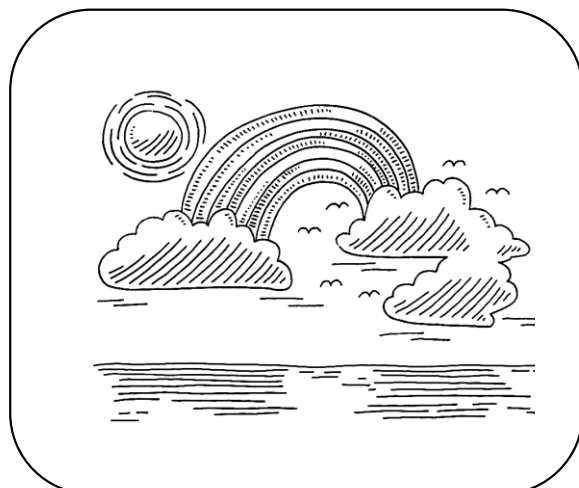
A **corridor** in the **distance**, somewhat **dark**, I am walking forwards and with **every step** there is much more **light**, it's increasing...

Therese



A **ray of sunshine**, an **enlightening** experience, right now using it more of this **resource**, I feel it broadens my **horizon**, increases my perspective that I still need to learn and grow. This ray of light gives me **strength**.

Eliza



I see it as the **rainbow** and the **sun**...the rainbow as it comes out after a **storm** and after the sun comes out, and I believe I am that person who has gone through the storm and who slowly formed the rainbow.



A **rainbow** which everybody on seeing it remarks on its **beauty**, but it is **rare**, **not every storm brings a rainbow**. The sun because now I feel I am where I was supposed to be, I made peace with my past.

Francesca

Figure 3: Imagery of Meaning Making of Woundedness