

# Making Sense of the “Wounded Healer” Phenomenon

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## Abstract

The conceptualization of the “wounded healer” is so historic that its roots can be traced back to the mythological figures of ancient Greece. The construct has also been used to illustrate the capacity of a certain inner “woundedness” within individuals that affects (if not enhances) their abilities to heal others, even while attempting to heal themselves. Yet, confusion remains as to what a “wounded healer” is, or how the woundedness serves to help others. A review of this subject matter was undertaken by the first author, under the supervision of the second author, due to a personal interest in the topic, as well as in anticipation of a career in counselling psychology. The paper was written with the intention to demystify the concept of “wounded healing” with further consideration of its influence on the therapist-client relationship. After describing the mythology, vocation and wounded healer paradigm, the paper considers the empirical research on the wounded healer phenomenon ending with some reflections on wounded healing in psychotherapy, and suggestions for further research.

## Waitari

Nā te tino tawhito o te hiranga whakaaro mō te kaiwhakaora taotū ka taea te whai i ōna pūtaketanga ake ki ngā whakaatanga pakiwaitara o Kiriki. Kua whakamahia anō hoki tēnei aria hai tauria i te whānui o te ētahi mamae tautahi whakaroto ā-ngākau ā, ka pawerahia tōna kaha ki te whakaora i ētahi atu ahakoa e whakatau ana ki te whakaora i a rātou anō. Ahakoa tērā, kai te huri haere tonu ngā whakaaro ki te tikanga o tēnei mea te “kaiwhakaora taotū” ki te mōhio rānei he aha tōna painga ki ētahi atu. I arotakehia tēnei kaupapa e te kaituhi tuatahi, i raro i te maru o te kaituhi tuarua nā tōna kaingākau tonu ki te kaupapa me te wawata ka tae hai kaimahi hinengaro. I āta tuhia tēnei korero ki te whakanoa i te aria o te whakaora taotū, ki te te aro atu anō hoki ki tōna pānga ki te whakawhanaungatanga o te kaihaumanu me te kiritaki. Kia mutu te whakamārama pakiwaitara, mahi me aria o te kaiwhakaora taotū, ka tahuri ngā whakaaro ki ngā rangahau kitea-ā-kanohi mō te wheako kaiwhakaora taotū, ka hoki whakamuri ai ki ngā whakaoranga ake i roto i tēnei mahi me te whakatau anō ai i ētahi atu rangahautanga.

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## Historic Context

The concept of a “wounded healer” is so historic that its roots can be traced back to the mythological figures of ancient Greece (Miller & Baldwin, 1987). Its motif has also been used cross-culturally for millennia in an effort to illustrate the capacity of a certain inner “woundedness” that individuals possess. This wounding is believed to allow individuals to empathise with others who have similar “wounds”, bringing about a positive effect on their ability as healers, even while they work to heal themselves (Jackson, 2001). Despite its long-standing — even archetypal — conceptualisation, confusion remains as to what a wounded healer is or how the woundedness serves to help heal others. The aim of this paper is to demystify the concept and make greater sense of what it means to be a wounded healer. Beginning with a look at the mythology underpinning the original concept, the paper will also review literature on the vocation, including its links to the self-help movement, before describing the wounded healer paradigm. After considering the empirical research on the wounded healer phenomena, the paper will end with some reflections on wounded healing in psychotherapy and considerations for further research.

## Mythology

The story of the wounded healer refers to the Greek myth of Chiron, son of two immortals, Cronos (leader of the Titans; not to be confused with Chronos- the personification of time) and the nymph Philyra (daughter of Oceanus). To disguise herself from Cronos, Philyra transformed herself into a horse. On hearing this, Cronos also disguised himself as a horse, and tricked the nymph into conceiving his offspring. When Philyra gave birth to Chiron, who was born as a Centaur (half man, half horse), she was horrified at the thought of raising such a monstrous child and pleaded with Zeus (father of the Gods) to transform her into something other than an anthropomorphic being. Zeus granted this wish and so Philyra was changed forever, albeit into a lime tree (Dawson, 1959).

Raised by Apollo (son of Zeus; God of light, healing and prophecy) and Artemis (twin sister of Apollo; Goddess of the hunt) on Mt. Pelion, Chiron grew up without the barbaric reputation commonly associated with most Centaurs. He was seen as good natured, intelligent and well versed in the art of hunting, healing, herbalism, and prophecy. He also mentored Asclepius (son of Apollo), named today by the Greeks as the founding God of medicine (Dawson, 1959). One day, Chiron was accidentally shot by a poisoned arrow belonging to Heracles (son of Zeus and Alcemene). His injury manifested in eternal suffering; as an immortal he could not, of course, die.

In a plea to end his suffering, Chiron begged Heracles to strike a deal with Zeus in order to trade places with Prometheus and relinquish his immortality. Prometheus (a Titan and trickster) had sacrificed his life for initially fashioning man from clay and then gifting him the use of fire, which he had stolen from the Gods. Zeus agreed to this by

setting Prometheus free and sending Chiron to Tartarus to take his place, whereby Chiron's suffering was ended with his death (Hansen, 2005; Hayes, 2002). Today, Chiron is still recognized and honoured with the constellation of Centaurus.

Reflecting on modern versions of this myth, the concept of the wounded healer refers more to Chiron's abandonment by his mother after birth, and an unfortunate non-existent relationship with his father, as the underlying cause for his woundedness (Torii, 2005). The older versions of this myth, on the other hand, speak of the paradox of his physical wound, eternal and incurable, as a basis for the wounded healer phenomenon (Jackson, 2001). The paradox, it appears, is that the healer continually partakes in the healing of others yet s/he remains in a constant state of the healing process. Moving between these polarities, the actualisation of one's healing ability is in some ways authenticated, in the view that both poles are the necessary components of the healing processes and in unison, have been likened to the "wholeness" of being (Torii, 2005). This supports the idea that as a prerequisite for the ability to heal others, individuals must continuously endeavour to acknowledge their own inner woundedness (Holmes, 1991).

## Shamanism

Images of the wounded healer are also prevalent in various other healing traditions and systems of medicine. In Shamanism, for example, the relationship between the Shamans' own afflictions and their powers of healing are greatly emphasized (Kirmayer, 2003). The initiate's transition into Shamanism fundamentally entails a period of sickness and withdrawal whereby psychological crises and tutelage underpins his/her transformation and, thereafter, a re-emergence into society in possession of a new-found intimate knowledge regarding the nature of man, illness and its cure.

It appears to be the Shaman's encounter with, and the overcoming of, these elemental forces of the disease (personified as beings), that give rise to the special abilities that allow him/her to gain communicational access with such forces, as well as the power to control them (Fabrega, 1979). Therefore, a Shaman's battle with his/her wounds plays a pivotal role in the process of initiation into Shamanhood. From this battle Shamans emerge to "establish their credentials as a person who knows first-hand about suffering, who have suffered and emerged from that experience stronger and wiser, and who now have the capacity to serve others as the healers of souls" (Jackson, 2001, p. 6).

## The Vocation

More often than not, circumstances surrounding the healer's life have often been a catalyst for his/her vocation in the healing profession. A heterogeneous mixture of inborn traits and environmental factors, unfolding from early childhood, appears to mould the developmental process of the paradigm (Henry, 1966). Interactions with, and reactions to, members of the extended family begin to gently sculpt the attitudes and behaviours of those individuals who might already be predisposed to contemplation and introspection. Usually, wounded healers may try to deal with family issues by displaying an expressed

desire to recognise their own behaviours and those of their peers (Todaro, 1995).

Adding to this, Farber (1985) noted that the aspirants of psychotherapeutic practice incessantly observe that a transcendence over their own pain and suffering has allowed them to access the insight and empathy toward the distress of others, and has granted to those aspirants the authority and ability to effect change and help cure both themselves and others. The notion that periods of wounding and suffering might be necessary for the healing skills of the healer, by learning from one’s own suffering and developing a capacity to heal through that process, is not a new concept but has only rarely been mentioned in the excerpts of the history of medicine and healing (Jackson, 2001; Wheeler, 2007).

## Freud and Jung

Strong evidence suggests that, through the emergence of psychotherapeutics, psychoanalysis, and analytic psychology, in the late nineteenth and early twentieth century, the systematic foundations of the wounded healer paradigm were laid. More specifically, the forefathers of psychology, Sigmund Freud (1856-1939) and Carl Jung (1875-1961) have made many contributions to the constructs of the wounded healer. Jackson (2001) explained that both men underwent their own periods of personal distress, both struggled through their own suffering, and both emerged from those periods of transition changed men. Out of this process, Freud and Jung formulated modes of psychological healing, drawing upon the ways in which they analysed themselves in order to resolve their psychological crises. By embodying those theories, postulated by their own experiences of suffering, they attained a new understanding about the nature of suffering in relation to their healing work with others.

These new insights are referred to in Freud’s autobiographical writings, interlaced throughout his psychoanalytic works, in which he described his personal psychological distress and the ways in which he coped with it. Jung also documented details about his periods of psychological disturbance and even went as far as to say that he felt he was menaced by psychosis. In the several years that Jung carried out intensive self-analysis, he came to know firsthand about the ongoing struggle of the wounded physician. Reflecting on this, Freud and Jung both appear to have been wounded healers, whereby psychological sickness re-modelled their views on healing and led them to a new direction of understanding in their professional practices (Jackson, 2001).

## Self-Help Movements

Themes of the wounded healer have also developed into self-help groups. Reissman (1965) made some reference to how individuals with problems helping others with the same problems was not a new concept but an age-old therapeutic approach. In his milestone article “The ‘Helper’ Therapy Principle”, Reissman (1965) valuably expanded on the wounded individual’s increase of self-esteem, resultant encouragement on progress and self-persuasion that came from persuading others when engaged in helping others. He made particular mention of Alcoholics Anonymous (AA). Around

the mid-1930s, AA was established and run by alcoholics for alcoholics in order to help themselves, as alcoholics, maintain sobriety through the use of therapeutic mutual aid (Alcoholics Anonymous, 1976). According to Bill Wilson, a co-founder of AA, the 12-step philosophy of AA was itself influenced by the spiritually-oriented thought of both William James and Carl Jung (Finlay, 2000).

The recovery course for alcoholics consists of alcoholic healers who have, in turn, been supported by others in achieving sobriety themselves — others who continue to receive support as they continue with the work of helping other sufferers, even as they deal with their own ongoing battles for sobriety. All AA members believe that achieving and maintaining sobriety is paramount, and they aspire towards this through group interactions, by sharing problems and by supporting each other in recovery through the 12-step programme. The recovering alcoholic support team, for newcomers, provides an empathic relationship from the place of their own woundedness, whereby, through their own experiences with alcohol, they can offer relevant knowledge, experience and understanding.

Varying degrees of the same phenomenon can also be seen in other “affliction-centred” healing groups, such as cancer sufferer support groups, HIV-related support groups and other chronic physical and mental illness support groups. Whilst these associations often have been referred to as self-help groups, the term mutual-aid might better describe the therapeutic gains made from helping others. In the self-help, mutual-aid process, each member indirectly takes on the role as both the sufferer needing help and the healer, assisting others with similar afflictions thus contributing to the cohesion of the group as wounded-healers. Each person, as an individual and a group member, contributes understanding, empathy, experience, practical advice, and guidance to the group. Whilst receiving the necessary support and help from others, the sufferer indirectly contributes to her/his own healing process as s/he helps the group. According to Jackson (2001), therapeutic gains are made, metaphorically speaking, by providing each member with a “booster shot” for his or her own “immunity” against further illness (or at least against a worsening illness).

It is thought that the healer, who suffers and eventually transmutes his/her experience into a mode of healing for the benefit of others, often believes that forms of suffering and psychopathologies are likely to exist in any aspirant who undertakes tuition toward a profession in the practice of psychological healing. Jung (1966/1979) believed that it was important for individuals of the healing profession to take into account their own foibles and biases, and that a thorough training analysis should be implemented in order for them to come to terms with implanted psychological issues.

Without too much exaggeration ... a good half of every treatment that probes at all deeply consists of the doctor examining himself, for only what he can put right himself can he hope to put right in the patient ... it is his own hurt that gives the measure of his power to heal. This, and nothing else, is the meaning of the Greek myth of the wounded physician. (Jung, 1966/1979, p. 116)

## The Paradigm

The wounded healing paradigm appears to contrast with that of the Apollonic form of healing, in which there appears to be a distinct separation between the “wholesome” healer and the “impure” patient (Torii, 2005). Apollo, mythology states, is seen as mortally clean, conducting his healing through acts of catharsis, purification and sublimation, whilst the wounded healer, on the other hand, is tainted and affected to the core of her/his being by the healing work that s/he has undertaken (Kerenyi, 1976).

Racker (1986, p. 132) maintained that “the first distortion of truth is the myth of the analytic situation, that analysis is an interaction between a sick person and a healthy one”. Another clear distinction has also been made in reference to the “guru model” of therapeutic practice. Mahoney (1991, p. 354) stated:

The wounded healer has not only experienced historical wounds and subsequent healing, but is able to maintain a current status of continuing vulnerability. ... the guru on the other hand, is at great pains to be a perfect rather than a wounded practitioner. This model encourages psychologists to represent themselves as paragons of socially defined adjustment.

These attitudes can cause a split in the therapeutic relationship, whereby the therapist is seen as authoritarian, strong and able, while the client remains in a state of passivity, weakness and excessive dependency, suffering from the latter. Adding to this, if the therapist affiliates him/herself only with the role of the healer, it may further separate him/her from the patient or further reinforce the role of the client as a sick patient (Torii, 2005; Laskowski & Pellicore, 2002). Not only might it appear that the therapist is introjecting a persona of “the healer” but also by presenting her/himself as woundless, s/he may be cutting off a part of her/his own inner world. If the patient is seen only as sick, on the other hand, then s/he will begin to cut off from her/his own inner-healer, as well as the capacity for self-healing (Hayes, 2002; Samuels, 1985).

Miller and Baldwin Jr. (2000) suggested that, within the healing relationship, a number of interactions and processes occur, some of which are positive, some negative. This is more simply explained when broken up into 10 steps (See Table 1 below). Each of the following gives a concise description of the occurring interactions which appear to shape the healing relationship (Torii, 2005).

*TABLE 1. TEN STEPS OF A WOUNDED HEALING TRANSACTION*

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1.	An individual becomes wounded from some aspect of life s/he faces, and from a lack of ability to self-heal, consciously seeking out help to relieve her/himself from the wound-inflicted misery.
2.	The trained and qualified therapist attempts to work objectively with the wounds of the client.

3.	An emotional or physical imbalance, inflicted from the wound, triggers the wounded healer polarity in the client, and a strong desire to be healed and return to wellness is created.
4.	This strong desire to be cured, with a focus on the pain deters the client from observing the healer within him/herself. Due to this, the polarity of the inner-healer projects onto the therapist (the client's "outer-healer" metaphorically speaking).
5.	These projections of the wounded client, in turn, activate the wounded healer polarity within the therapist, accentuating the therapist's own vulnerability.
6.	From this, the wounded pole may be left unconscious or inadequately integrated into conscious awareness, and in such instances, the wound will then be entirely placed in, or projected onto, the client.
7.	If both the therapist and the client, consciously or unconsciously, identify with each other through some form of commonality, a projection of the outer-healer's own inner wounding onto the client may occur.
8.	The client's inner wounds, on occasion, are identified in the outer-healer, even if not always actually present.
9.	The outer-healer makes a direct and conscious effort to support the inner-healer of the client thus facilitating the integration and awareness of the client's own inner-healer.
10.	The client unconsciously becomes the healer from this interaction and, in the experience of true healing, elicits healing within the wounded pole of the therapist.

In contrast, however, if the client becomes more aware of the therapist's wounds than the therapist does, the sudden repression of this awareness might cause the client to unknowingly become the healer. In this potentially detrimental reversal of roles, the therapist is inappropriately benefitted while the progress of the client is arrested. On the other hand, if the therapist's wounded pole is activated in the right way, this will activate the client's healer pole, and this is regarded as a fundamental step in the true nature of healing. In the most ideal outcome, the therapist and client will both find themselves developing a deeper awareness of their individual potential to embody both the wounded and healer polarities.

This intra/inter-personal exchange, and conscious experience of bipolarity, allows for the greater amplitude of balance and wholeness to be experienced by both parties (Miller & Baldwin Jr., 2000). Further expanding on step five above, and reflecting on Mahoney's (1991) mention of the healer's vulnerability, the Latin word *vulnus* literally means "wound" and might be thought of as a defining element of his/her completion. It portrays that sense of wholeness from which the bipolarity of the wounded healer archetype is constellated. Furthermore, the word "heal" is derived from the Anglo Saxon words *hal*

and *healen* meaning “to make whole”. Wholeness, referred to in the wounded healer context, is one that embraces both polarities — woundedness and cleanliness — and is thought to be essential for practitioners to conduct their therapeutic work (Laskowski & Pellicore, 2002; Torii, 2005; Wheeler, 2007).

It may just be that a period of wounding and suffering is an important requirement for the development of one’s healing skills within a healing profession. It may also be inevitable that the residues of healers’ wounds always exist within them, and perhaps it should not be overlooked that wounds can re-surface from occurrences in everyday life, such as stress, strained relationships, conflicts, unconscious processes, and more notably, from the actual attempts to heal others (Mahoney, 1991; Miller & Baldwin Jr., 2000; Torii, 2005).

## Empirical consideration of the wounded healer phenomena

Empirical consideration of the concept of the wounded healer can be found in early psychotherapy works focussing on the therapist’s personality traits and sense of identity (Ford, 1963; Holt & Luborsky, 1958, as cited in Wolgien & Coady, 1997; Strupp, 1958, as cited in Wolgien & Coady, 1997). Not surprisingly, some studies (Bermark, 1977; Deutsch, 1985; Ford, 1963) have also indicated that wounded healers have a higher rate of psychopathology, such as depression, anxiety and relationship problems, than the general population (White & Franzoni, 1990).

A similar theme exists in more recent literature, with some current authors suggesting that many practitioners are drawn to the healer-patient archetype based on their own early traumas (Ham, 2009), with some clinicians choosing to specialise with clients who have experienced wounds similar to their own (Grapp, 1992). Grapp also reported that many of the participants’ clients asked the therapists if they had any experiences similar to their own traumas, and/or if the therapist had done any of his/her own healing work. Highlighting the value of self-disclosure (also considered by Ham, 2009 and Todaro, 1995), these findings also demonstrate the client’s preference for clinicians who have wounds of their own, which they have already worked through (Grapp, 1992).

Looking at more recent research, two papers described the dark places that therapists enter — often triggered by the work that they do — which makes them more vulnerable. One of these studies emphasised the importance of practitioners choosing to enter those “dark places” (Kirmayer, 2003) while the other discussed methods (reflectivity and clinical consultations) to both protect and enhance wounded healers (Laskowski & Pellicore, 2002). The phenomenon has also been the subject of doctoral and Masters theses, as it signals therapeutic effectiveness and the development of helping abilities in clinicians (Grapp, 1992; Ham, 2009; Todaro, 1995; Torii, 2005).

Some studies have explored the personal experiences of woundedness (on the part of the therapists), and the challenges of how they coped with countertransference issues resulting from identifying with their clients (Cain, 2001; Hayes, 2002; Todaro, 1995), as well as the very visible and potentially intrusive nature of a therapist having multiple sclerosis (Christy, 2001). Wheeler (2007), on the other hand, emphasized the important role that the



clinical supervisor plays in the care of the wounds of the healer/therapist. “Everything that has been said about therapists as wounded healers applies to supervisors too” (p. 255).

Finally, the phenomenon of woundedness is also found in the research literature, without direct reference to wounded healing (Poal & Weisz, 1989), illustrating the pervasive influence of one’s early “problems” and how those experiences can have a positive effect on interactions with people who have suffered similarly.

## Reflection on and discussion of wounded healing in psychotherapy

In our attempt to offer the reader a better understanding of the wounded healer phenomenon, we have explored its historic roots, recounting first the myth of Chiron (Hansen, 2005), followed by a brief consideration of Shamanism as an example of wounded healing (Fabrega, 1979). After acknowledging the establishment of the wounded healer construct in early psychotherapy (Jackson, 2001), the emergence of its use in modern contexts was considered in the practical use of its applications in self-help and mutual-aid groups (Alcoholics Anonymous, 1976; Reissman, 1965). To a certain extent, we sought to de-construct the wounded healer paradigm so as to better understand how it has manifested in modern health contexts.

There seems to be strong evidence of woundedness being an experience that is, in some way, necessary to becoming a skilled healer, as would be suggested by shamanistic traditions, self-help groups and the many empirical studies to consider this concept. While it might appear unlikely to some that all therapists are — or need to be — wounded healers, it has been argued that “woundedness is not prerequisite to becoming a healer; rather, they maintain that it is unavoidable, as everyone has been wounded in some way or another” (Jackson, 2001, p. 34).

It may also be necessary for psychologists, psychotherapists and the like to partake in their own personal analysis in order to better understand the afflictions of their own woundedness; for many of them, being a wounded healer may be an accepted concept. Nonetheless, questions remain as to how much of the clinicians’ own wounds are allowed to enter into their clinical work (Jackson, 2007; Wheeler, 2007). Miller and Baldwin (1987) assert that senior members of psychological organisations should perhaps promote an establishment of practices whereby woundedness is something that is conceptualized on a continuum, in turn creating a sense of more authenticity between therapists and their clients.

Another implication of the wounded healer in psychotherapeutic practice is the confirmation that the expression of emotions is a meaningful part of a therapist’s effective practice (Todaro, 1995). The advantage of the wounded healer concept of “expressiveness” in clinical practice highlights the level of acceptance and permission given the therapist to actively engage in the therapeutic process. This active participation, in turn, allows the therapist to automatically engage in “accelerated development”, according to Mahoney (1991). It seems that for therapists, the proper integration of their inner conflict makes the wounded healer phenomenon a possible interactive model between them and their clients, as described earlier in this paper.

## Recommendations for further research

The concept of the wounded healer dates far back in history, yet the phenomenon has not attracted a great deal of empirical inquiry. While research has been carried out on many aspects of the wounded healer during the past 50 years, the majority of that research occurred in the 1980s and 1990s, with a dominant focus on wounded healing associated with increasing therapeutic effectiveness and the concept of therapeutic countertransference. Other aspects of the wounded healer archetype have received very little research focus. Areas worthy of more inquiry include client experiences of having a wounded healer/therapist; mediating the role of type of wound or trauma; and some consideration of the training and supervision of wounded healing.

Todaro (1995) and Poal and Weisz (1989) were among the few to employ quantitative methods. On the other hand, an overwhelming majority of studies have utilised qualitative, case-study or single-subject designs (Cain, 2001; Christy, 2001; Grapp, 1992; Ham, 2009; Kirmayer, 2003; Laskowski & Pellicore, 2002; Wheeler, 2007; Wolgien & Coady, 1997). While these methods are not criticised per se, as they are suitable for the subjective and exploratory nature of the phenomenon, there would also be value in more quantitative research or mixed-methods designs, which could test and validate findings from the qualitative literature, or that determines, for example, woundedness relationships, correlates to effective healing and even causal links between some of these complex constructs.

Looking at the participant populations in the studies referenced herein, a majority have used therapists, psychiatrists, psychologists, psychotherapists, and counsellors in mental health fields, with a minority considering other professions like social work (Wolgien & Coady, 1997) and nursing (Conti-O’Hare, 1998; Hall, 1997). There would be added value in understanding more about woundedness and its relationship to healing or helping in other clinical and non-clinical settings, for example, social welfare, public health and emergency medicine to name just a few.

## Conclusion

Whatever form of personal suffering has been experienced by an individual, for those in the helping professions, adverse experiences seem to lead to increased sensitivity and empathy towards the suffering of others, and from that sensitivity emerges the capacity to offer up this experience in the service of healing others. The importance of the healer coming to terms with his/her own suffering and woundedness, in advance of his/her engagement with clients, has been strongly evidenced (Jackson, 2001). Through the exploration of self, healers might become more aware of their weaknesses, woundedness and liabilities, as well as their strengths, assets and progress towards healing. Thereafter, they might channel those experiences as a source of knowledge, and use it as a platform for recognising, acknowledging and empathising with the woundedness and suffering of others. The drives of certain individuals to resolve personal issues, it seems, may mitigate the cure for their woundedness, and these efforts urge them to amplify their transcendence out of that space, in a more meaningful way, by gifting their knowledge towards a profession and career in the science and art of healing.

## References

- Alcoholics Anonymous. (1976). *The big book*. New York, NY: A.A. World Services
- Bermark, G. E. (1977). Do psychiatrists have special emotional problems? *American Journal of Psychoanalysis*, 37, 141-146. doi: 10.1007/BF01254642
- Cain, N. R. (2001). Psychotherapists with personal histories of psychiatric hospitalization: Countertransference in wounded healers. *Psychiatric Rehabilitation Journal*, 24(1), 22-28. doi: 10.1037/h0095127
- Christy, B. L. E. (2001). Wounded healer: The impact of a therapist's illness on the therapeutic situation. *Journal of the American Academy of Psychoanalysis*, 29(1), 33-42. doi: 10.1521/jaap.29.1.33.17184
- Conti-O'Hare, M. (1998). Examining the wounded healer archetype: A case study in expert addictions nursing practice. *Journal of the American Psychiatric Nurses Association*, 4(3), 71-76. doi: 10.1177/107839039800400302
- Dawson, W. R. (1949). Chiron the Centaur. *Journal of the History of Medicine*, 4, 267-275. Retrieved March 19, 2013, from <http://iconics.cehd.umn.edu/Chiron/Lecture/default.html>
- Deutsch, C. J. (1985). A survey of therapists' personal problems and treatment. *Professional Psychology: Research & Practice*, 16, 305-315. doi: 10.1037/0735-7028.16.2.305
- Fabrega, H. J. (1979). Elementary systems of medicine. *Culture, Medicine and Psychiatry*, 3(2), 118-112. Retrieved April 14, 2013, from <http://www.ncbi.nlm.nih.gov/pubmed/498807>
- Farber, B.A. (1985). Clinical psychologists' perceptions of psychotherapeutic work. *The Clinical Psychologist*, 38, 10-13.
- Finlay, S. W. (2000). Influence of Carl Jung and William James on the origin of Alcoholics Anonymous. *Review of General Psychology*, 4, 3-12. doi: 10.1037/1089-2680.4.1.3
- Ford, E. S. C. (1963). Being and becoming a psychotherapist: The search for identity. *American Journal of Psychotherapy*, 17, 472-482.
- Grapp, P. (1992). *Wounded healers: An exploratory study of therapist early trauma, career development and self-disclosure*. (Doctoral dissertation). Available from ProQuest Dissertations and Theses Full Text database. (UMI No. 9305203)
- Hall, J. (1997). Nurses as wounded healers: The journey to healing the person and profession. *The Australian Journal of Holistic Nursing*, 4(1), 11.
- Ham, C. (2009). *The wounded healer: A phenomenological investigation of the recovering substance abuse counsellor*. (Doctoral dissertation). Available from ProQuest Dissertations and Theses Full Text database. (UMI No. 3380910)
- Hansen, W. (2005). *Classical mythology: A guide to the mythical world of the Greeks and Romans*. Oxford, UK: Oxford University Press.
- Hayes, J. A. (2002). Playing with countertransference and clinical epistemology. *Journal of Contemporary Psychotherapy*, 32(1), 93-100. doi: 10.1023/A:1015543531230
- Henry, W. E. (1966). Some observations on the lives of healers. *Human Development*, 9, 47-56. doi: 10.1159/000270368
- Holmes, C. A. (1991). The wounded healer. *The Society for Psychoanalytic Psychotherapy Bulletin*, 6, 33-36.
- Jackson, W. S. (2001). Presidential address: The wounded healer. *Bulletin of the History of Medicine*, 75(1), 1-36.
- Jung, C. G. (1979). Fundamental questions of psychotherapy. *The Collected Works of C.G. Jung*, 16,

- 116-111. Princeton, NJ: Princeton University Press. (Original work published 1966).
- Kerenyi, K. (1976). *Hermes: Guide of the souls*. Dallas, TX: Spring.
- Kirmayer, L. (2003). Asklepiian dreams: The ethos of the wounded-healer in the clinical encounter. *Transcultural Psychiatry*, 40(2), 248-277. doi: 10.1177/1363461503402007
- Laskowski, C., & Pellicore, K. (2002). The wounded healer archetype: Applications to palliative care practice. *American Journal of Hospice and Palliative Care* 19(6), 304-407. doi: 10.1177/104990910201900611
- Mahoney, M. J. (1991). *The human change process: The scientific foundations of psychotherapy*. New York, NY: Basic Books.
- Miller, G. D., & Baldwin, D. C. (1987). Implications of the wounded-healer paradigm for the use of self in therapy. *Journey of Psychotherapy and the Family*, 3(1), 139-151. doi: 10.1300/J287v03n01\_01
- Miller, G. D. & Baldwin Jr., D. C. (2000). Implications of the wounded-healer paradigm for the use of self in therapy. In M. Baldwin (Ed.), *The use of self in therapy* (2nd ed.); (pp. 243-261). Binghampton, NY: The Haworth Press.
- Poal, P. & Weisz, J. R. (1989). Therapists' own childhood problems as predictors of their effectiveness in child psychotherapy. *Journal of Clinical Child Psychology*, 18(3), 202-205, doi: 10.1207/s15374424jccp1803\_1
- Racker, H. (1986). *Transference and countertransference*. New York, NY: International Universities Press.
- Reissman, F. (1965). The “helper” therapy principle. *Social Work*, 10, 27-32.
- Samuels, A. (1985). *Jung and the post-Jungians*. London, UK: Routledge
- Todaro, F. (1995). *The wounded healer: A study of therapist attitudes towards self as measured by selected psycho-social variables*. UMI Dissertations Publishing. Retrieved March 01, 2013, from <http://search.proquest.com.ezproxy.aut.ac.nz/docview/304153559>
- Torii, S. (2005). *The wounded healer in psychotherapy: A systematic literature review concerning an issue related to the psychotherapeutic relationship interspersed with illustrations from clinical practice*. Retrieved March 12, 2013, from [Authhttp://ereserve.aut.ac.nz/theses/ToriiS.pdf](http://ereserve.aut.ac.nz/theses/ToriiS.pdf)
- Wheeler, S. (2007). What shall we do with the wounded healer? The supervisor's dilemma. *Psychodynamic Practice: Individuals, Groups and Organisations* 13(3), 245-256. doi: 10.1080/14753630701455838
- White, P. E., & Franzoni, J. B. (1990). A multidimensional analysis of the mental health of graduate counselors in training. *Counselor Education and Supervision*, 29, 258-268.
- Wolgien, C. S. & Coady, N. F. (1997). Good therapists' beliefs about the development of their helping ability: The wounded healer paradigm revisited. *The Clinical Supervisor*, 15(2), 19-35. doi: 10.1300/J001v15n02\_02



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