

Abstract

Despite a plethora of texts on the ‘wounded healer’, little systematic research has been conducted on unpacking the implications and embedded assumptions of this concept. This paper takes the ‘wounded healer’ into the research arena by approaching it reflexively as an analytic tool to explore therapists’ personal and professional development. Six therapeutic practitioners who identified with the concept were selected by means of theoretical sampling and were interviewed with a view to provide a narrative of their development as ‘wounded healers’. Interviews were analysed using a tailored, multi-lens approach within a narrative epistemology. Besides attending to the narrative features of the accounts, the paper discusses findings in relation to three key themes: ‘entering a community of wounded healers’; ‘formulating the wounded healer’; and ‘deconstructing the wounded healer’. Unpacking this modality flexible yet historically loaded construct necessitates challenging the ‘wounded healer’ as fixed identity and replacing it with an ethos that can lead to training, supervisory, and clinical recommendations facilitating psychotherapists’ reflection on their woundedness. This complex process could allow them to engage in all aspects of professional practice, including research, from a position of an expert by both experience and training.

Keywords: wounded healer; narrative analysis; social constructionism; psychotherapy; training.

The Ethos of the Nourished Wounded Healer: A Narrative Inquiry

Introduction

Within the realms of medicine, psychiatry, psychology, psychotherapy as well as shamanism (Torrey, 1986; Brody, 1997; Wampold, 2001ab) therapeutic practitioners have been portrayed as healers and, as such, possessing particular qualities which are brought to bear on their practice. Juxtaposing psychotherapeutic and shamanic literatures reveals that practitioners from these domains have been constructed in broadly similar ways; namely as charlatans, mentally ill and ‘wounded healers’ (Hadjiosif, 2020). Although the concept of the ‘wounded healer’ (WH) originates in shamanic traditions, it springs up in the discourse of several interrelated mental health professions such as psychiatric nursing (Conti-O’Hare, 1998; MacCulloch & Shattell, 2009), counselling psychology (Martin, 2011), clinical psychology (Farber et al., 2005), psychiatry (Kirmayer, 2003), social work (Straussner, Senreich & Steen, 2018), criminology (LeBel, Richie, & Maruna, 2015) and many schools of psychotherapy (Rice, 2011; Zerubavel & Wright, 2012; Arnaud, 2017; Farber, 2017); most notably the Jungian tradition of psychoanalysis (Wong, 1997; Merchant, 2011). Portrayals of psychotherapists as WHs have proliferated in the past few decades (Rippere & Williams, 1985; Millon, Millon & Antoni, 1986; Sherman & Thelan, 1998; Stadler, 1999; Amundson & Ross, 2016), the suggestion being that the experience and overcoming of emotional pain imbues one with both interest and insight in human suffering.

In shamanism, ‘wounds’ are seen as a pathway to knowledge (Miller, Wagner, Britton & Gridley, 1998), often displayed as evidence attesting to the authenticity of shamans’ skills (Remen, Young, & Berland, 1985). The path towards ascendancy to shamanic status is strewn with thorns, since illness is often the trigger of a spiritual awakening or shamanic

calling. Colman (1997) suggests that pain lies at the very heart of shamanic initiation practices that include severe physical, mental and emotional deprivation:

Those who successfully survive the experience return as shamans fully authorized by their community to begin their healing work. Whatever their initial motivation – personal test, penitence, or duty – these initiatory experiences are so transcendent that those who pass through them have crossed into the collective realm of wounded healers (p.126).

Descriptions of the WH in the psychotherapeutic literature range from Jung's (1951/1993) evocative illustration:

We could say, without too much exaggeration, that a good half of every treatment that probes at all deeply consists in the doctor's examining himself, for only what he can put right in himself can he hope to put right in the patient. It is no loss, either, if he feels that the patient is hitting him, or even scoffing at him: 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 (p.116).

to less dogmatic formulations: “what we really expect in a psychoanalytic candidate is that he should have a good heart and that he (sic) should have gone through some suffering without denying it” (Heimann, 1968, cited in Mander, 2004; pp.166-167). Classical Jungian thought sees the wounded healer as an inbuilt archetype which inevitably plays out in the analyst-patient interchange, although the merits of adopting an archetypal approach to the WH have been debated in relation to analysts and shamans alike (Merchant, 2011). Virtually all orientations would converge on the fundamental observation that the wish to help is rooted in the experience of suffering, even though the exact nature of one's own wounds and their intimate connection with therapeutic skills' development is less often detailed.

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Despite being a useful construct around which therapist development can be conceptualised, systematic research on the WH is limited relative to outcome studies; it was only as late as 1997 that *Clinical Psychology: Science and Practice* offered a special series entitled “The therapist as a neglected variable in psychotherapy research”. O’Leary (2011) detects a degree of avoidance and denial in the profession’s unsystematic consideration of the reasons drawing us to it: “unwillingness to keep probing the shifting substrata of motivation may indicate fear that the shoes of the wounded healer may fit [psychotherapists’] own feet” (p.30). The WH might seem like a disconcerting prospect, **evoking images of unbridled and unfit professionals, against the widespread notion that therapists enter the field in order to resolve their own issues (Klein, Bernard & Schermer, 2011)**. It further hits a discordant note with those who subscribe to a view of psychotherapy as a set of empirically-derived, scientifically-applied techniques, which position the therapist as expert. As we move into more intersubjective conceptualisations of psychotherapy, and with increasing recognition even among ‘doing to’ rather than ‘being with’ frameworks, such as Cognitive Behavioural Therapy (Neuhaus, 2011), that the person of the therapist is as much a fundamental as complex contributor towards desirable psychic shifts, the WH becomes a useful analytic lens from which to examine it.

Wolgien and Coady (1997) found that formative difficult experiences in childhood and adulthood honed the helping abilities of 8 “highly esteemed therapists”. The healing potential of narratives has been identified by some authors (Frank, 1995) as the realized or acknowledged wound can potentially become a ‘boon’ (Etherington, 2000); to that effect Lemelin (2006) relayed his experiences of sexual abuse, survival and becoming a healer using narrative methods such as therapeutic writing and layered accounts. He understands the WH as a “stage when a survivor acknowledges his or her responsibility to other victims and

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survivors of male sexual abuse” (p.348). This suggests that the WH can also be described in personalized terms pertaining to one’s particular type of trauma.

Rice (2011) echoes the above insight in arguing that the nature of the wound presages domain-specific vulnerabilities that require attention, as he eruditely opens up the concept for discussion across several parameters. He identifies Freud, Adler and Jung as WHs and balances views of expressing therapist injury as useful material for therapy with unattended woundedness obstructing client healing:

The issue is not that in therapy the co-created intersubjective field must always be pleasant or good-it never is-but that the field allows space for the errors, for the bad and the good, for wounding and healing, where all parties can acknowledge and own them (p.181).

Rice (2011) further underscores the pivotal importance of personal therapy and continued supervision whilst drawing attention to the need for a containing community of healers within a larger context. “Society is made up of wounded citizens, who when fear is strong enough can wound those trained to heal...Through an interdigitation between social and professional groups, as well as societal oversight, we may reduce egregious errors in each area” (p.186). Zerubavel & Wright (2012) discussed how stigma and shame are preventing therapeutic practitioners from authentic examination of their wounds (current as well as historic) and, among many sound recommendations, called for further research on how personal and professional demands intersect amongst WHs.

Whilst clearly empowering, the WH concept appears to have infiltrated therapeutic vocabularies in what seems like an unpacked way (cf Stone, 2008; O’Brien, 2011; Martin, 2011). Concomitantly, the ‘ancient truth’ of the WH is impacting upon selection of candidates for training (Mander, 2004; Barnett, 2007). A social constructionist reading of the

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literature might take a less complacent stance towards the concept as well as the discourses sustaining it. In drawing a direct line from shamans to psychotherapists, invoking Jungian archetypes as self-evident templates, and constructing the WH on binary terms roughly expressed in terms of socially beneficial enlightenment vs. harmful self-interest, we run the danger of reifying a romantic discourse that hinders dialectical problematization. This discourse acquires both symbolic status by virtue of the Greek myths in which the centaur Chiron and the god Asclepius, thought as the original WHs (Kirmayer, 2003), reside, but also a sense of historical legitimacy; the further back we can trace an idea, the more authentic it becomes.

This process of ‘inventing’ the WH threatens to replace nuancing the cultural interpenetration between concepts and social institutions with a naïve psychological universalism. Further, Gergen and Gergen (1984) argue that narratives possess communicative value for certain audiences, yet remain opaque to others. The resulting discrepancy can lead to incommensurable narratives. Dominant narratives are webs of meaning that reflect cultural themes and beliefs that give a local story its coherence and legitimacy (Zilber, Tuval-Mashiach, & Lieblich, 2008). Thus as narratives are realized in the public arena, they become subject to social sanctioning (Gergen & Gergen, 1984).

Lawrence Kirmayer (2003) argues that narratives of the healer’s journey may be crucial to the creation of both a personal attitude and a social environment receptive to the spirit of the work. He views the WH as an ethos, or context, within which therapists can creatively reflect upon their rites de passage that cumulatively structure transformations and negotiations of their identities and social locations.

Work aligned with the epistemology and agenda of critical social psychology (Potter & Wetherell, 1987; Gergen, 1998; Widdicombe, 1998) has deconstructed fixed notions of

identity as remnants of a discipline in paradigmatic crisis and utterly failing to take into account the fact that identity can be flexibly deployed in the service of managing accountability, attribution, and self-presentation. This work has not yet been brought to bear on the concept of the WH, which shows signs of being championed as the therapeutic identity par excellence, to the exclusion of alternatives.

This paper takes as its starting point the conversion of WH from unpacked and taken for granted concept to analytic tool as it poses the research question: How do therapists construct a narrative of their development as wounded healers? It adopts a narrative methodology, based on the view that through narrative “individuals construct past events and actions...to claim identities and construct lives” (Riessman, 1993; p.2).

Method

Participants

I initially approached professional contacts informally, letting them know of the purpose of the study. To those who expressed interest, I sent a participant information sheet along with an informed consent form. Inclusion criteria involved a practitioner identifying with the term WH, having had personal therapy, and at least 5 years' post-qualification experience. I aimed to talk to practitioners from diverse schools of psychotherapy that have embraced the WH. Six participants were thus recruited by means of theoretical sampling. Interviews took place at a quiet location and lasted 90 – 145 minutes.

The highly personal and exposing nature of the material obtained allows for only basic demographic information to be provided, which will hopefully suffice to situate the sample. Most practitioners are informed by a wider range of theories and therapeutic techniques than the ones implied by their professional identities. Given that I approached

them on the grounds of those modalities, thus implicitly inviting them to speak from them, I do not list various trainings they pursued post-qualification unless they were implicated in the data. Participant information is provided in Table 1.

[Table 1 near here]

Narrative Analysis

This research has been conducted within a narrative epistemology, due to the latter's suitability to answer the research questions and flexibility in reporting findings. Theodore Sarbin's volume (1986) heralded psychology's turn to narrative as a more meaningful root metaphor for human conduct than the prevailing machine analogy steeped in 'cognitivism' (Hadjiosif, 2019). The paper follows in this tradition and acknowledges various influences on the analytic steps. To facilitate narrative flow, I devised a semi-structured interview schedule with only the opening question remaining constant across all interviews; prompts were utilised only insofar as participants oriented towards them. The opening question was sent to participants prior to the interview, forewarning them that I would intervene as little as possible. Adhering to this way of conducting interviews was meant to facilitate the creation of life-stories (Chase, 1995; Murray, 2008) and avoid "interrupt[ing] respondents' answers and thereby suppress[ing] [their] expression" (Mishler, 1986; p.106)

Narrative analysis appreciates the linguistic structuring of 'self' and 'experience' whilst maintaining a sense of the personal, stable and 'real' nature of individual subjectivity (Crossley, 2007). Despite lack of consensus regarding guidelines on narrative research (Riessman, 1993; Crossley, 2007; Murray, 2008) the analysis was guided by Jerome Bruner's (1991) argument that narrative constructions can only achieve 'verisimilitude': "Narratives...are a version of reality whose acceptability is governed by convention and 'narrative necessity' rather than by empirical verification and logical requiredness" (p.4). I

approached the data as legitimate, autonomous discursive objects as much as situated, intersubjective accomplishments. In specifying levels of analytic inquiry pertinent to the research question, I drew on Murray's (2000) consideration of the function of health/illness narratives at personal, interpersonal, positional and societal levels, as well as Doise's (1986) distinction between interpersonal and positional planes; the narratives were thus interrogated from 4 distinctly discernible yet overlapping lenses:

(i) the *core narrative* lens or the *overall story*, which attended to features such as narrative structure, tone, protagonist and supporting casts, dramatic engagement, multiplicity and truth (Gergen & Gergen, 1984).

(ii) The *discursive lens* was concerned with issues of ideology and power and looked for the rhetorical work achieved by the interplay between various discourses.

(iii) The *phenomenological lens* focused on the experiences that amounted to WH identification, emotions that had to be managed, and the hermeneutic question of how phenomenology leads to emplotment (Ricoeur, 1981).

(iv) the *intersubjective lens* examined the extent to which the narratives oriented towards myself (a Greek, male, 30-year-old counselling psychologist) and the interview situation, mindful of Goffman's (1959) thoughts on impression management and Mishler's (1986) view that narrative is a joint production, influenced by how the interviewer "listens, attends, encourages, interrupts, digresses, initiates topics, and terminates responses" (p.82).

The interviews were transcribed and read initially with a view to discern structural features pertaining to the overall story. Subsequently, more careful rereading of the data, aided by a coding system (Riessman, 1993; Murray, 2008) identified recurring themes within and across narratives. The final step involved filtering the narratives through the

interpretative lenses identified above. In presenting findings, I have collapsed the four analytic lenses in order to convey the key themes more coherently, without being constrained by cross-referencing or feature-spotting, and with a view to answering the research question. As Doise (1986) has pointed out they are levels of analysis, not levels of reality.

Credibility

Validity in narrative studies is irreducible to a set of formal rules or standardized technical procedures (Riessman, 1993; p.68). Credibility and trustworthiness were thus ensured by documenting a clear audit trail of the analysis. In addition, two transcripts were read by colleagues who discussed their interpretations with me to ascertain a degree of consistency in thematic and structural insights, while the analysis was sent to the participants to ensure their stories had been represented in a respectful and accurate manner.

Ethical Issues

Elliott, Fischer & Rennie (1999) suggest respect for participants as a guiding principle aligned with ethical considerations; indeed, in this case respect, open curiosity and sensitive handling of emotionally evocative material were paramount in every step of the analytic process. The study received a favourable opinion from the FAHS Ethics Committee of the University of Surrey, UK. Prior to conducting the interviews, I further primed participants with their right to withdraw at any time and the fact that the interview might provoke anxiety or distress, while I spent some time afterwards discussing the material and its affective aftermath on both of us.

Subjectivity of the author

Over the course of carrying out this research, I have found myself reformulating both my own story of being/becoming a 'wounded healer' and what I expect others to make of this

notion. Whilst I am unable to provide empirical support within this dataset for WH as an archetype in the Jungian sense, my impression is that we are dealing with more than a social construction here. Further, it has been pointed out to me that the term does not only arise in relation to clinical work; it actually occurs in sexual abuse survivors' circles who may use it as a way of reclaiming their life history, experience, and ultimately their self (Lemelin, 2006). Importantly, this can signal an acknowledgement that some of those who have survive these ordeals are never 'fully healed', and a recognition of limitations rather than a statement of 'greatness'. After some years of teaching and training counselling psychologists, I am amazed at the breadth of responses and meanings the term engenders for people. I am not sure that empirical research can ever fully capture this, thus my initial indignation at the lack of methodologically driven scholarship on the subject has somewhat dissipated. Of course, the literature on the WH has also expanded significantly since I embarked upon this journey.

Conducting the interviews was enriching and illuminating, in a way that I had not anticipated. I was left feeling more assured about the usefulness of this concept, something that cannot be attributed to the strength of WH identification that my participants displayed, since the attachment felt strong for some but loose for others.

On reflection, I must acknowledge how unproblematic the term has been for me, to the point that makes me wonder whether I adopted a deconstructionist narrative framework as a critical counterpoint to my blindspots; a sort of 'checks and balances' approach that would protect me from fetishizing the term and let me interrogate its function as a narrative device. I have met a few therapeutic practitioners who reject the term, not passionately, and when I ask them to offer me their reasons for entering this profession, those tend to be a variant of: 'because I was interested in how people are'. I consider it important from a qualitative research standpoint; *sincerity* according to Tracy (2010), or more broadly *methodological*

integrity (cf. Levitt et al., 2018), to declare that I accept this as a reason without needing to drill down to the ‘wounds’ so to speak.

This research dovetailed with a process of assimilation and integration for me, as I have sunk into a more comfortable version of myself, whereby I teach, practice, and experience life from a dual perspective of both ‘wounded’ and ‘healer’. Thus, my own story has altered in subtle but important ways. If I could capture what being a ‘wounded healer’ means to me in only one word, it would be *congruence* in the Rogerian sense (1957). It is, of course, much more than that, but this is where I am at presently.

Analysis

Narrative Features

According to the Gergens’ (1984) taxonomy of narrative forms, all participants’ narratives can be read as progressive since they chronicled a successive approximation towards a valued end-goal or way of being; the WH. All accounts entailed dialectic features as “conflict [was] held essential to increments in evaluative space” (ibid., p.178). They could further be categorised as epic quests, albeit some orienting more strongly to this dimension than others, with participants locating themselves as narrator-protagonists facing a series of challenges that could be thought of as ‘wounds’. The only deviation from this blueprint was Sandra’s story which, while retaining progressive features, was often narrated in second person, employed generalisations pertaining to how humans in general react to psychic pain, and halfway through the interview displaced examination of the WH from herself to Marsha Linehan (1993), who has disclosed her own traumatic past that led her to develop Dialectical Behaviour Therapy. This was done in response to one of my prompts; hence it would be

unfair to suggest that she deliberately shifted the focus of the narrative. Table 2 summarises some structural features of the data.

[Table 2 near here]

The table identifies variations of progressive WH narratives through the particular quest, or core narrative, that each participant constructed as a valued end-goal in their personal and professional development.

In terms of narrative tone, there was substantial variation both between but also within participants' accounts. This suggests richness and fluidity in the available emotional-phenomenological positionings of narrating a WH story. Different parts of the story elicited - and were communicated through - different emotions, as well as changes in pace and pitch. The adjectives I have used to convey the narrative tonalities emerged during the reflective discussions following the interviews; as such they illustrate how meaning pertaining to the phenomenology of the participant is co-constructed with the researcher.

One of the most interesting observations at the level of structure concerns issues of emplotment or the lack thereof. The study aimed to provide fertile ground for participants to construct a story pertaining to the intertwining of their personal and professional lives; yet only three participants 'narrativized' (Riessman, 1993) their development into WHs. Whereas Scott, Polly and Joy conjured vivid landscapes, suffused with supporting casts, emotionally-laden events and details that brought their stories to life, Jonny, Sandra, and Alex spoke in more abstract terms with few examples detailing actual experiences; rather their narratives were indicative of lessons learned from life and their respective trainings. This finding could be thought of in terms of a narrative/meta-narrative distinction, with the latter characterising the accounts given by Jonny, Sandra and Alex.

Furthermore, although conceptually fallacious to distinguish between the personal and professional in a categorical sense, there was clear evidence of participants' narratives gravitating more towards either or both spheres. For example, Alex gave virtually no account of his upbringing and experiences outside his professional training. Joy on the other hand narrated her journey through several traumas in very personal terms, describing her "unconventional" childhood at length.

Typically, narrative analysis looks for stories with a beginning, middle and end (Gergen & Gergen, 1984). Of particular noteworthiness was that none of the narratives arrived at an ending; as the reflective discussions revealed this was done quite consciously.

This observation speaks volumes for the evolving process of identifying as a WH; an ongoing affair, with no particular ending point.

A final observation was that there were, broadly speaking, two distinct ways in which participants unravelled their life-stories. Joy, Scott and Polly constructed their stories from the 'beginning' and sequentially relayed key events in their lives that contributed towards identification as WHs. Alex, whilst not talking about his childhood, still gave a fairly linear account of his medical training, his early curiosity towards the mind which led him to psychiatry, and his first acquaintance with psychoanalytic ideas. In juxtaposition, Jonny and Sandra used their current understanding of the term WH as an entry point into their narratives and it took some prompting to 'rewind the tape' and delve into early experiences of trauma and invalidation. In literary terms this distinction maps onto *ab ovo* and *in medias res* plotlines. Although a tentative link can be drawn between linearity and emplotment (see Table 2), my opening question did suspend temporality as a necessary narrative requirement; furthermore this pattern could simply reflect the different ways in which people tell stories.

Themes

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Entering a community of Wounded Healers

Participants described in more or less detailed terms the transformative process of coming to terms with their wounds as amounting to an explicit recognition of psychic pain lying at the core of their motivation to enter the healing professions. The instrumental role of personal therapy was underscored by all participants except Joy and Polly. Being surrounded by others who have gone through a similar process was a key event in the plot of most narratives.

I suppose, in a way, finding or feeling that I fitted in, perhaps, was sort of linked with that idea that you go from being very wounded and feeling like that wound means that you don't fit into the norm to flipping all of that around and feeling that, within a society of wounded people, you are accepted. (Jonny)

I guess historically there's a lot of therapists that have been wounded healers that have been very influential in psychology. (Sandra)

Jonny considered going into therapy to deal with his anxiety and panic attacks as “*striking gold*”. He mentions supervisors as well as his therapist (earlier in the transcript) as key people modelling a critical shift in perspectives on his distress. No longer an exclusion criterion depriving him of fitting in a ‘normal society’, the ‘wounds’ afforded him entry and acceptance within a “*society of wounded people*”. Sandra started her narrative by saying: “*Goodness, well I guess as humans we are all naturally wounded, aren't we?*” While this expanded the category of “*wounded people*” that Jonny constructs around psychotherapists, in the above extract Sandra particularises it to “*psychologists*”. In addition, woundedness is legitimized by virtue of influence/prestige.

However, not everyone portrayed a singularly positive experience of this community:

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So the sense from that training was very much we are all wounded healers. That was the kind of conventional wisdom. Nobody is unwounded. So there was a sense of yeah, I'm at home with this. And that was the way that we were trained, very, very much to work on your wounds. No sense, as in some psychology trainings, that somehow you're adequate and the client is the one that's inadequate or needs to be healed. So it was very, very embodied. And if there was any whiff of you being defended about your own processes, they would mercilessly attack you on it and in ways that, in retrospect, I think were a little unskilful...So they were full-on, cathartic sessions. Groupwork and often people screaming at each other. A lot of fairly extreme catharsis. But again, interestingly, I felt that somehow my wound still wasn't really seen. And my wound still wasn't really healed because it felt to me that it was-there wasn't an unconditional acceptance within that. There was somehow a manipulative expectation that he who 'catharts' the loudest is the most-the wisest or the most healed. So again, within all of that there was a strange feeling of not really feeling safe, not really feeling deeply understood. (Scott)

Scott experimented with several vocations before embarking upon psychotherapy training. In this extract he conveys a sense of fitting in within a framework espousing the conventional wisdom that dispensed with the false barrier between sane therapists and wounded clients. However, he draws attention to the “*manipulative expectations*” associated with the sharing of ‘wounds’ in a group context. Acceptance in this community of WHs was conditional upon a dramatic performance of woundedness; as he evocatively puts it: “*he who ‘catharts’ the loudest is the most healed*”. His narrative cautions against the safe, romantic utopia of unconditional acceptance accompanying a society of WHs by nuancing more ambiguous dynamics and obscured conditions of worth that can be imposed by such a nexus.

Formulating the Wounded Healer

According to Bruner (1990) narrative is tangent upon ‘folk psychology’, a meaning system through which lay people “organise their experience in, knowledge about, and transactions with the social world” (p.35). What happens then when non-lay people narrate their traumatic experiences? In describing them participants used a mixture of lay language and therapeutic terminology. The analysis revealed frequent utilisation of discourses drawn from the modality-specific vocabularies that inform their practice.

I think it's quite, for me anyway, it's quite hard to put my finger on the wound... some of that must reflect on my concerns about caring for people generally or not caring for them or my aggression versus my wish to care for people and how that's played out... Look it's difficult to look back - I don't think I was particularly conscious about wanting to care for people-really at that stage, I think those motivations were a lot more unconscious. (Alex)

So at that point I was in great pain and bitterly disappointed. I was really wounded because it's not nice to open your heart and family and not be chosen. But I think that in that moment, I think that for me is what we call the dark night of the soul. I don't know if that concept exists in psychology as well, because we use it a lot in shamanism. The dark night of the soul is when the whole world around you goes dark and you're in the darkness. It's when you really need to think about whether you're in the right path or not. It's like when you're in so much pain that the whole world becomes dark and you don't see your way forward anymore. (Polly)

I guess we all have experiences with emotional invalidation when we were young and you know-I guess as I've aged this is just one example, of you know, that experience of emotional invalidation that I still get from my parents from time to time, it's not like that's changed but what has changed is my acceptance of that. (Sandra)

In formulating his motivations for entering the caring professions, Alex invokes a psychodynamic discourse which splits his awareness into conscious and unconscious

components. As one might expect of a psychodynamic practitioner, he diffidently refrains from naming potential ‘wounds’, thus allowing space for multiple interpretations. In addition, his splitting of aggression/care resonates with both Freudian drive theory and Kleinian views on the nature of primitive affect. Polly orients to the interview context by positioning herself as a practitioner operating outwith the confines of mainstream psychology before giving an account of her “*dark night of the soul*”; a ritual that can lead to shamanic initiation. Sandra borrows Linehan’s (1993) concept of invalidating environments leading to emotional dysregulation to explain distressing situations from her past before constructing a healing process around the idea of “acceptance”, a pervasive therapeutic stance in DBT.

Going beyond formulations of their own ‘wounds’, participants also gave an account of how they relate to clients, a statement of practice of sorts which can be seen as implicated in their understanding of healing their own emotional suffering and mental distress.

So those ideas about um, what motivates people to be in the caring profession generally, and sometimes the problems that arise from that. How they use defences against the work.
(Alex)

I try and ease the world’s suffering in small ways, and I think that’s a different emotional response to it really. It is more about acceptance, and the therapy I do with acceptance and change, I guess I’m more in the middle now, whereas I used to be a lot more on the change-end. (Sandra)

If the therapist thinks that they are always going to be wounded, on one level, I think that transmits a kind of despair to the client. If you actually experience or believe that you can move beyond being wounded, it takes the work to a different therapeutic and healing dimension because this is where, in my mind, being informed by a bigger spiritual framework is really helpful because if you think of the transpersonal and the sense of being able to, as it were, go beyond itself. (Scott)

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So it was kind of that – that therapeutically oriented work was the work I'd gotten most passionate about. Yeah. It's kind of – it's hard to sort of put into – it's hard to put into words. It's interesting that there are sort of lots of words and kind of ways of talking about it in quite a theoretical way but that's not really resonating for me right now. (Joy)

Alex implicitly cautions against letting defences blur the emerging clinical picture of clients, a therapeutic necessity by all modalities, yet in this extract couched in psychodynamic terms. Sandra offers a dialectic as per DBT's core philosophy of balancing acceptance and change strategies. Scott locates wounds within a broader spiritual framework (Buddhism in this instance) to convey subtler, universal dimensions of woundedness opened up by consideration of transcendence. Joy, after having given a very moving account of her life, indirectly privileges embodiment and intuition over theory, a position aligned with person-centred therapy's epistemology.

Deconstructing the Wounded Healer

Although the potency and relevance of WH as a metaphor to chart psychotherapists' development is clearly supported by this set of data, it was evident even before the analysis begun that the strength of the identification varied substantially between participants. As Alex half-jokingly put it in his reply to my initial communication: "*How wounded do you want them?*" Polly constructed an image of rogue practitioners as "*too much identified with their own pain*" and Jonny focused on "*the strength of that identification [which] may be to do with something that you haven't looked into*" as ultimately doing a disservice to the clients therapists are supposed to help. Scott again located a problematic fusion with the WH within a spiritual framework and further enhanced the performativity (Riessman, 2008) of his description with a poetic allegory from Matthew Arnold's 1867 poem 'Dover Beach':

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Supposing you go into that experience of death thinking I am a wounded healer. Well, no, I think that's unhelpful cause I think there's a kind of conceptualisation there which is actually limiting you. You're almost saying-it's a bit like original sin in some ways. It's a bit like, I am a sinner or I am limited... We as separate individuals can become part of the shining sea and on one level we're just a little drop which at times is the alienated separate self. Self-conscious, inadequate, all that stuff. And then it merges into the shining sea. And if you're merged into the shining sea, you don't need a wounded healer. It's just an unhelpful concept.

Scott touches on the trait/state distinction of the WH, implicitly favouring the latter as it suspends the finality of the concept thus allowing for different configurations of relating to the problematic aspects of the self as well as the wider cosmos. Merging with the “*shining sea*” in the spiritual sense renders the WH an “*unhelpful concept*”. Interestingly this turns issues of connectedness versus alienation spelled out by the first theme on their head. In a society fearful of trauma and abnormality, the WH can act as a catalyst to connectedness by virtue of a common denominator upon which a shared personal/professional identity might be forged. Casting it in more transpersonal terms however, it can also promote fusion with states of suffering which, while not prudent to disavow, if appropriated strongly enough might foreclose possibilities for connectedness.

In the next three exchanges we witness an intersubjective stripping away of layers, a co-deconstruction of the WH, which imbued the interview process with stronger affect gearing me to intervene. My interventions intended to give back to participants my spontaneous distillation of their narratives.

Researcher: Are you the invalidated validator?

Sandra: Yeah possibly...I think I'm also uncomfortable with the wounded because I'm not just wounded. I think that's what makes me uncomfortable about it. I'm not just wounded.

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I think I'm uncomfortable with the idea that people are just wounded. They're also, what's the opposite of wounded? Nourished! They're also nourished.

Sandra protests against the wounded constituent by making it clear that it only applies to her as long as it takes into account her nourishment. She does that in response to my offering an alternative adjective-noun pair, after having picked up that she wanted to provide caveats around the WH. She does so again by departing from a therapeutic positioning and reaffirming her construction of woundedness as part of the human condition.

Joy: I suppose in a way, maybe, yeah, it's almost like it kind of-it depersonalises it.

Researcher: Okay. Say more about that.

Joy: Actually, yeah. That's how it's feeling right now - it's sort of – it kind of, yeah, it takes it away from really the kind of personal individual experience...

[I share with her my history with the WH concept]

Joy: I don't know – what's coming up for me as you're speaking and I don't know whether it connects really is-what has suddenly occurred to me-that I think I really have identified with the wounded and I recognise that in a way that's what I've really focused on as I've been speaking about it. And I think the healer aspect is something that it's taken me a lot longer to really step into – to acknowledge actually how healing I am...I felt really moved about saying that actually (becomes tearful).

In contrast, Joy reaches the resolution of her narrative, accompanied by an emotional climax by owning the healer part. Her coherent, vibrant, resilient narrative had crystallized around resolving her developmental conflicts. This extract signals a shift into the derivative healing capacities that her 'wounds' afforded her.

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Alex: I suppose I find myself reacting and wanting to put right when people feel dominated by or controlled by unfair situations, or feel they're constrained or not free. You know in politics that would be dictatorship, of one sort or another, I think that reflects states of mind where people feel dictated and I find myself wanting people to feel free and to feel more fulfilled and have more enjoyment in their lives and not...

Researcher: Would liberator be a better term? Are you the constrained liberator then? More than the wounded healer?

Alex: Yes. Something like that. Yes...well it's a mixture of feelings...

Alex provides the only hints of a personal struggle, as opposed to the professional tribulations entailed in making the shift from doctor to therapist, in this extract, which prompts me to feedback an adjective-noun pair, which he accepts, albeit in a manner that suggests that it is probably much more complex than that.

Discussion

This study capitalised on narrative psychology's capacity to foreground people's idiosyncratic fashioning of a life-story account, centred around the axis of the WH. The small sample size allowed in depth, idiographic exploration of themes and structural features of narratives, and is in line with qualitative research with similar epistemologies, aims, and objectives (Smith, Flowers & Larkin, 2009). Participants charted their own progression by prioritising and making sense of important events that were narrated as systematically related rather than randomly occurring (Gergen & Gergen, 1984). It is clear that a goal state had been established ad hoc, thus yielding expectedly progressive narratives whose regressive elements (tragedies, set-backs, stalemates) were actually instrumental in rendering participants sufficiently wounded in order to become healers.

Although it would appear counter-intuitive to consider alternative methodological approaches to practitioners' stories of development into WHs, a shortcoming of the study involves its limited capacity to comment on similarities and differences between events marshalled as biographical evidence of the WH. A thematic analysis would have been a more appropriate avenue towards a classification of life-events, as narrative analysis somewhat sidesteps the experience in its attempt to link employment with identity. Similarly, other realist assumptions such as reasons for entering the profession or how specific wounds are triggered by client material cannot easily be addressed within a narrative epistemology. Another limitation of the study is to be found in its naive assumption that the WH identification occurs at a discernible point in time. Narrative means have been successfully adopted to bring coherence to traumatic life-events such as divorce, illness and bereavement which can be temporally pinpointed. The data clearly do not support such a watershed conception of the lengthy and evolving process of becoming a WH; in other words, apart from Polly, no other participant mentioned a transformative period of 'dark night of the soul'. I spent considerable time reformulating the opening question without coming up with a satisfactory alternative to ask participants to tell me their story. Perhaps simply asking them to describe how they became therapists or, more generally, to tell me their life-story would have provided a more narrative congruent entry point. Future research could expand on the sample used in this study by focusing on parameters such as gender, spiritual or religious affiliations, cultural intersectionalities, and sexuality, among others, to elaborate further on dimensions of the WH that were obscured in this study's analysis.

As participants' stories constructed privileged versions of intersubjective processes such as acceptance, understanding, and being seen, uniqueness became the handmaiden to sameness. This was reflected in the fact that the analysis identified six different core narratives, which nonetheless constitute permutations of an overarching quest towards growth

and healing. McAdams (2005) has identified the ‘redemption narrative’ as a pervasive feature of stories that highly productive adults tell about themselves, one that drives and imbues with meaning acts of self-sacrifice. This template certainly seems to fit this particular dataset, a fact that should not prevent us from appreciating that personal testimonies will inevitably encounter tension at the seams of superimposing onto narratives of scholarly documentation. Idiosyncrasy coloured each narrative in terms of furnishing it with spatiotemporal coordinates, not to mention a broad array of supporting casts, from spirit allies to loving friends and exemplary supervisors, but the palette from which these colours were drawn appears to be the same. It is this observation that perhaps invokes the Jungian archetype most potently. At the same time, we must bear in mind that “appeals to the archetypal may serve to obfuscate the cultural and historical origins of myths and symbols, side-step the biographical basis of personal material, and evade responsibility for one’s ideological choices and commitments” (Kirmayer, 2003; p.272). In this respect, the present study lends support to Kirmayer’s conceptualisation of the WH as ethos rather than identity; a definitional space within which certain vocabularies are galvanized to mobilize personal and professional discourses, and traumatic experiences can be openly reflected upon without fear of stigma or marginalisation.

Taking into account the substantial variation in emotional tone within each narrative, in conjunction with the fact that all participants were successful in crafting a coherent story with an easily distinguishable core narrative, raises implications for the performativity of WH narratives. Besides being structured accounts with relatively fixed plotlines, they were relayed in an intersubjective space defined by the themes of woundedness and healing, while having an impact on another person - the researcher - at that particular point in time. In other words, the interview context was as much responsible for narrativization as the tale itself. As Mishler (1986) has argued, narratives are joint productions; in this case meaning was ascribed

by participant and researcher not only to the gist of the story (the core narrative), but also to the feelings (narrative tonalities) evoked through its performance. It further illustrates how the self can be a conversational achievement couched in one or more moral orders (Gergen, 2009); in this case an emergent WH ethos.

Looking more closely at the themes, the idea of entering a community of WHs resonates with the shamanic literature describing trauma as an indispensable initiatory experience imbued with status and ascendancy to the healer community (Colman, 1997). This theme concomitantly begs the question: how do WHs relate to each other? Participants' experiences of supervision and personal therapy were suggestive of an affinity between people who have introjected the ethos of the WH. However, Scott's narrative cast ripples in the construction of a utopian community of WHs by bringing to light group dynamics that do not lend themselves to therapeutic kinship based solely on mutuality and support. This finding has implications for psychotherapy training programmes which must simultaneously foster the elaboration of trainees' defended trauma whilst avoiding setting in motion toxically cathartic arenas within which wounds are displayed with self-aggrandizement and without sufficient containment of 'difficult' group dynamics. The importance of a receptive and facilitative space within which safe exploration of the WH can unfold is echoed by much of the scholarly writing on the subject (Merchant, 2011; Rice, 2011; Richard, 2012; Zerubavel & Wright, 2012). One recommendation stemming from this study is for training programs to devote a dedicated workshop on the concept of the WH. I have been teaching counselling psychology doctorate trainees for a number of years, and I am always surprised at how well this session is received. I take the opportunity to share with my students my research but also my history with the term and it is through this marrying of personal and professional trajectories that useful reflection on the concept can take place. The ethos of the WH can be fostered in personal and professional development (PPD) groups as well as by encouraging

reflective writing in academic essays and research. This study lends further support to personal therapy as a mandatory requirement of training in any modality and on-going supervision as a vital component of therapeutic practice (Rice, 2011; Arnaud, 2017).

Within the traditional social identity paradigm (Abrams & Hogg, 1990) a community of WHs including prominent ambassadorial figures such as Linehan and Jung, could be thought of as an imagined in-group whose virtues are extolled as an indirect route to elevating self-esteem. Although conceptually valid, such a reading would amount to an “individualization of the social” (Farr, 1996, p.10), thus obscuring the social embeddedness of the narratives and negating a strong case for the fluidity of the WH ethos. Displacing attention from the self-as-entity also illuminates methods of constructing the self (Potter & Wetherell, 1987). The analytic task is thus to delineate the descriptive devices and the properties of categories in talk (Widdicombe, 1998); in this case narrative features that work up a flexible, pan-theoretically supported WH, who invokes the construct to assemble a permeable subject-position around issues of belongingness, traumatic experiences, and therapeutic practice before challenging its two constituent foundational pillars.

Participants drew on sub-culturally dominant, modality generated discourses to formulate their ‘wounds’. “Knowledge is never ‘point-of-viewless” (Bruner, 1991; p.3), an observation that casts WH narratives as vehicles of theoretical assumptions pertaining to the nature and origins of human suffering. Moreover, all participants moved beyond formulating their own ‘wounds’ and towards an explication of how they impact upon their therapeutic work. It could be argued that the subject matter itself, as well as the fact that the material was being recorded with a view to publishing findings, raised anxieties regarding ethical practice. As such, this common narrative orientation could belie participants’ concerns regarding how they were coming across as practitioners as well as individuals. Nonetheless, a conclusion that can be tentatively drawn from these findings is that the WH invites conversations as

much around current therapeutic practice, mobilizing discourses around resilience and competence, as it does around traumatic past experience.

In medias res plotlines could be taken as evidence of ‘retrospective anchoring’ (Flick, 1995), a pervasive feature of narrative, as the past was recreated in the interests of the present, in this case the interview context. In asking participants to reflect upon their development as WHs, I was also assisting them to construct a story of resilience, which despite its lack of explicit ‘happy ending’, fused traumatic events into a ‘consoling plot’ (Kermode, 2000). O’Leary (2011) has noted how psychological mindedness and resilience can be an antidote to the unresolved conflicts discourse embedded in the literature on therapists’ reasons for entering the profession. Thus, the ‘consoling plot’ does not pertain to “the comfort of a happy ending but the comprehension of plight that, by being made interpretable, becomes bearable” (Bruner, 1991; p.16). Murray (1997) has noted that the progressive structure of breast cancer survivors’ narrative accounts speaks to their audience by conveying a message of hope. It could be argued that participants were indeed managing a story of hope and resilience not just for personal reasons but also for their imagined audience: therapists in training.

All participants unpacked the adjective-noun pair at some stage in their narratives, a deconstruction which raises important implications for the treatment of the WH in future research. More specifically, they either opted for tailoring the WH to their own unique set of experiences, something that is consistent with previous research (Lemelin, 2006; Rice, 2011) or nuanced the dialectical relationship between woundedness and healing to portray a nourished WH, who is not too wounded. As noted earlier, uniqueness was elaborated upon a presumed underlying sameness. In Bruner’s words: “particularity achieves its emblematic status by its embeddedness in a story that is in some sense generic” (1991; p.7). Thus, this deconstructive attempt far from draining explanatory power from the WH, actually renders it

an acceptable, widely applicable, and paradigmatic master narrative, from which participants' stories meaningfully sprung. However, the findings caution against both the banality and complacency of singularly celebrating the WH, at least insofar as a social constructionist epistemology towards psychotherapy is espoused. Having acknowledged the comfortable fit of the WH ethos within psychotherapy's value base, we must also invite other narratives around reflective practice, lest the WH makes the unsavoury leap from dominant to oppressive discourse. Indeed, one recommendation for future work in the area is to seek out and document accounts from therapists who contest identification with the WH.

Undermining culturally hegemonic narratives, which make certain experiences problematic and the development of alternative knowledge untenable, is one of the aims of narrative therapy (White & Epston, 1990). To that effect, this study can contribute towards using narrative means to therapeutic ends as it echoes literature on the healing potential of coherency-restoring narration (Frank, 1995; Murray, 2000). Distilling the literature on therapist development and filtering it through popular culture representations of psychotherapists (Hadjiosif & Coyle, 2017) warrants a reading of WH stories as counter-narratives challenging the dominant discourses of pathology, self-interest and unresolved conflicts. However, it could also be argued that the WH is at risk of becoming a master narrative within the therapeutic world. Thus, teasing apart the assumptions it engenders merits a dismantling of its treatment as a fixed identity. This paper aspires to contribute to making the WH ethos an integral part of psychotherapy training while being careful not to reify it prematurely into an unhelpful, straw-man concept.

It is often observed that in these days, in order to be taken seriously, you have to be either a professional or a service user. I recently heard this point re-iterated at a conference and the thought occurred to me; what if we are both? Experts by experience *and* by training. It would be a great step forward if the professions of psychiatry and psychotherapy finally

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accommodate a third position from which to speak on matters pertaining to human mental health, distress as well as healing.

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Table 1

Participant Information

Pseudonym	Professional Identity	Nationality/Age	Supplementary Models
Jonny	Counselling Psychologist	British/35	
Scott	Integrative Therapist	British/58	Mindfulness; Energy work
Alex	Psychiatrist	British/50	Psychodynamic
Polly	Shamanic Practitioner	Dutch/45	Art Therapy
Sandra	Clinical Psychologist	New Zealand/35	DBT; Psychodynamic
Joy	Person-Centred Therapist	British/42	Mindfulness

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Table 2

Summary of core narratives and narrative features of participants' stories.

	Emplotment (Level/Gravitation)	Narrative Tonalities	Core Narrative
Jonny	Rudimentary Professional	Guarded, Thoughtful, Anxious, Calm, Excited	Understanding and healing my wounds through therapy before becoming a therapist
Scott	Advanced Personal & Professional	Assured, Optimistic, Sad, Introspective	Perennial searching for my place in the cosmos
Alex	Rudimentary Professional	Humorous, Circumspect, Ambivalent, Calm	A doctor's quest to help people feel freer
Polly	Advanced Personal & Professional	Animated, Fast-paced, Protective	Answering the shamanic call of the spirits
Sandra	Rudimentary Personal	Conversational, Reminiscing, Balanced	Balancing acceptance and change by integrating my woundedness with nourishment
Joy	Advanced Personal	Playful, Vibrant, Fearful, Happy, Sad	Finding the healer inside me