

ABSTRACT
HOW WOUNDED HEALER TRAINEES DEVELOP SELF-AWARENESS OF THEIR
WOUNDS AND SUBSEQUENTLY USE THEIR
SELF-AWARENESS IN CLINICAL WORK

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The wounded healer, a concept originally introduced by Carl Jung (1951), characterizes individuals who, having undergone personal struggles or ‘wounding,’ feel inclined to alleviate the suffering of others. Extant literature attests to the prevalence of woundedness among counseling professionals and to the potential benefits and risks their wounds pose in clinical practice. Despite its widespread use across the literature, the wounded healer concept has yet to be formally and empirically operationalized, and this study addresses that gap by offering a concrete, empirically grounded definition of the construct. Yet, while wounded healers are increasingly recognized across counseling training contexts, little research has examined how wounded healer trainees develop self-awareness of their wounds or subsequently use that self-awareness in their clinical work. This qualitative study, therefore, examines the experiences of doctoral-level counseling trainees who identified as wounded healers and how they developed and applied self-awareness of their wounds in clinical work. For the present study, qualitative interviews were conducted with 14 doctoral-level psychology trainees (11 female, 3 male; age range = 23 – 51, $M = 29.93$, $SD = 7.27$) enrolled in APA-accredited clinical ($n = 9$) or counseling psychology ($n = 5$) programs. In-depth interviews were completed using a semi-structured interview protocol, and data were analyzed using consensual qualitative research (CQR).

Participants’ woundedness largely presented as anxiety, depression, and interpersonal struggles. Coursework was experienced as instrumental in participants’ development of self-awareness around their wounds, helping participants gain insight into their perfectionistic tendencies and relational dynamics. Participants discussed a central paradox of the wounded healer experience. While participants’ woundedness deepened empathy, rapport, and clinical confidence, it simultaneously, at times, led to overidentification with clients, challenging countertransference, and hindered engagement in academic and clinical training. Limitations and implications for research, training, and practice are discussed.