Healing the Wounded Healer Handbook: A Guide for Counsellors

by

Heather Anne Goodings

B.A., Vancouver Island University, 2012

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We acknowledge and respect the Lək^{w}əŋən (Songhees and X^{w}sepsəm/ Esquimalt) Peoples on whose territory the university stands, and the Lək^{w}əŋən and W̱ SÁNEĆ Peoples whose historical relationships with the land continue to this day.

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Abstract

This project explores the wounded healer archetype within child and youth care (CYC) and clinical counselling practice, examining how practitioners lived experiences of woundedness influence professional effectiveness and functionality. Drawing on Jungian depth psychology, counselling literature, and CYC perspectives, this project critically examines woundedness as both a potential vulnerability and a source of strength in the helping professions. While the literature identifies unexamined woundedness as contributing to professional boundary issues, countertransference, burnout, and practitioner impairment, it also highlights the potential to deepen empathy, altruism, and therapeutic presence when woundedness is consciously acknowledged and integrated. The project culminates in the development of *Healing the Wounded Healer Handbook: A Guide for Counsellors,* a practical, manualized resource designed for counsellors working in a community-based counselling practice. The handbook integrates reflective exercises, somatic practices, mindfulness, and Jungian approaches to support ongoing self-awareness, professional sustainability, and ethical practice. Overall, this project seeks to contribute to CYC scholarship by normalizing practitioner woundedness, reducing stigma, and offering practical, trauma-informed strategies that support both practitioner wellness and relational practice.

Keywords: Wounded Healer; Practitioner Lived Experience; Professional Wellness; Handbook

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Part I

Chapter 1: Introduction and Context

In this project I explore the wounded healer archetype within the context of child and youth care (CYC) and clinical counselling practice, investigating how a practitioner's personal experiences of woundedness influence therapeutic effectiveness while informing the creation of a practical practitioner handbook to support ongoing self-reflection and healing. The paradox of personal woundedness in the helping field is captured by the Jungian archetype of the wounded healer. This archetype[1], first introduced to contemporary Western psychology in the mid twentieth century by psychologist, Carl Gustav Jung, embodies this concept of a counsellor/therapist[2] as someone who 'heals' through the process of engaging with their own woundedness (Cvetovac & Adame, 2017; Groesbeck, 1975; Jung, 1954/1985). Within the counselling field, the wounded healer concept has served as a framework for understanding counsellor impairment, dual identities of counsellor and client, and the dynamics of transference and countertransference, yet little is written about it in CYC literature despite the use of self being a central component of practice (Amundson & Ross, 2016; Barnett, 2007; Cohen, 2009; Kern, 2014; Kirmayer, 2003; Kouri, 2019; Vachon, 2020; Wheeler, 2007). Overall, in the realm of caring professions, the intersection between personal woundedness and professional effectiveness is a subject worth exploring as a practitioner's personal history of woundedness can potentially be a source of both vulnerability and strength (Farber, 2017; Hadjiosif, 2021).

Literature across counselling psychology, social work, and psychotherapy consistently shows that unaddressed practitioner woundedness influences well-being, potentially contributing

[1] Jung originally defined archetypes as primordial, instinctual, universal patterns of humanity and often applied myths and religious symbols to represent them. (Dunne, 2000).
[2] Throughout, the term "counsellor" will denote counsellors or therapists, unless otherwise specified.

to problematic boundary issues, burnout, compassion fatigue, vicarious trauma, and impaired professional judgement (Cvetovac & Adame, 2017; Groesbeck, 1975; Hayes, 2002; Ivey & Partington, 2014; Macfarlane, 2020; Perry & Tower, 2023; Stebnicki, 2007; Straussner et al., 2018; Williams et al., 2010; Zerubavel & O'Dougherty Wright, 2012). However, many scholars assert that woundedness can also be a counsellor's strength which increases one's empathetic abilities, flexibility, altruism, openness to uncertainty, clinical skill, and therapeutic effectiveness (Amundson and Ross, 2016; Barnett, 2007; Cohen, 2009; Kern, 2014; Kirmayer, 2003; Mander, 2004; Wheeler, 2007).

Overall, this project aims to highlight the relevance of the wounded healer archetype in counselling and CYC fields, while using these diverse approaches as a framework for a manualized practitioner handbook. This project arose initially from observations made during my CYC educational and professional experiences. Drawing on child and youth care appraoches, Jungian depth psychology, and contemporary literature on mind-body healing processes, this project explores how acknowledging and working with one's wounds can foster resilience and effectiveness in therapeutic relationships. The following project consists of two parts. Part 1 provides an overview of the similarities and distinct differences between the CYC and counselling professions, the connection between the wounded healer concept and CYC practice, a view of my own wounded healer journey and positionality, my theoretical influences, a review of the wounded healer literature, and an overview of the nature of woundedness in helping practitioners. Part 2 is the *Healing the Wounded Healer Handbook*, a resource designed to guide practitioners through reflective practices, somatic approaches, mind-body practices, and mindfulness approaches that support both personal growth and professional functionality. The benefactors for this handbook project are the counsellors at a non-profit employee and family

assistance program (EFAP) on Vancouver Island (Vancouver Island Counselling) where I have been working as a Child, Youth, and Family counsellor. Ultimately, the handbook is meant to function as a dynamic living document that can be adapted over time by the counsellors to ensure that the practices are relevant and updated as necessary.

Child and Youth Care and Clinical Counselling

CYC practitioners often find themselves working within counselling settings. When this project began, one path to becoming a registered clinical counsellor (RCC) in British Columbia was through the CYC Master of Arts program at the University of Victoria (UVic), though this is no longer the case. The contemporary North American practices of CYC and counselling share much in common yet differ in some significant ways. Historically speaking, both practices have similar early twentieth century Eurocentric roots influenced by the impact on children, youth, and families by industrialization, social Darwinism, and the emergence of the social work profession (Altmaier & Ali, 2012; Blocher, 2000). CYC began as a field focused on residential care settings for "emotionally disturbed children" (Stuart, 2013, p. 4) with educational training programs emerging in Canada in the 1960s. Similarly, North American counselling was born during the early 20th century Progressive Era which saw the development of social work and early vocational counselling (the Guidance Movement) in response to pervasive child labour and the shift from rural living to newly industrialized urban centers (Blocher, 2000).

Both fields have evolved over time to encompass distinct scopes of practice and perspectives such as CYC approaches being geared towards working with children, youth, and families within their milieu, while counselling practice (very generally) focuses on the mental health of adults. More specifically, counsellors engage in assessment and "treatment of cognitive, behavioural, emotional and relational distress and disorder, delivered through structured

communication within a psychotherapeutic relationship of care" (British Columbia Association of Clinical Counsellors, 2025, para. 3). Terms such as assessment, treatment, disorder, and structure are distinct to the counselling field compared to CYC practice, which centers anti-oppressive language and collaborative approaches. This difference in language and focus is notable in the CYC scope of practice:

> CYC occurs within the context of therapeutic relationships with children and youth who are experiencing difficulties in their lives. Intervention takes place within the family, the community and other social institutions, and centres on promoting emotional, social, and behavioural change and well-being within the context of daily living. (Child and Youth Care Association of British Columbia, 2023, para. 3)

Generally, CYC practice encompasses a unique relational practice approach while also being a field that "is not one to conform to norms and procedures that fail to place the client at the center of our activities" (Gharabaghi, 2008, p. 200-201). In contrast, the Canadian Counselling and Psychotherapy Association (CCPA) (2025) defines counselling practice as:

> …a relational process based upon the ethical use of specific professional competencies to facilitate human change. Counselling addresses wellness, relationships, personal growth, career development, mental health, and psychological illness or distress.
>
> The counselling process is characterized by the application of recognized cognitive, affective, expressive, somatic, spiritual, developmental, behavioural, learning, and systemic principles. (para. 6)

Both CYC and counselling are defined as relational practices, however, each practice defines "relational" differently. Relational practice in counselling is defined as "the skilled and principled use of relationship to facilitate self-knowledge, emotional acceptance and growth and

the optimal development of personal resources" (CCPA, 2025, para.1). Stuart (2013) argued that in CYC, "the relationship is the intervention" (p. 222) while Garfat et al. (2018) defined relational CYC practice as a "way of being in the world with others in which the focus is on connectedness, not individuation or isolation while recognizing that each individual's experiences can impact on how they are in the world" (p. 16). This unique view of relational practice is partially influenced by CYC practice evolving over the last fifty years from mainly group residential care (Gharabaghi, 2019). Because of this history of institutional work, many of the practices, such as the importance of "being in relationship" (Garfat et al., 2018, p.19) progressed over time as workers often supported youth in difficult situations, such as involuntary residential placement. Thus, collaborative, strength-based, anti-oppressive, justice-oriented CYC approaches emerged to make efforts to understand participants "history, culture, identity, capabilities" in order to co-create relationship (Garfat et al., 2018, p. 19). More specifically, Garfat et al., (2018) argued that what makes the CYC approach distinct and effective is the "immediacy of being present as helpers" which allows one to experience the everyday life of individuals, being in-the-moment with them, "within an inclusive, rights-based, anti-oppressive and trauma-informed framework" (p. 11).

Despite the differing approaches between CYC and counselling practice, one thing that is the same is the use of self in practice, thus the focus on woundedness and the wounded healer archetype can be applicable to both. In terms of the use of self in the therapeutic relationship, Hayes (2002) emphasized that "counselors can only work through themselves" (p. 94), while Vachon (2020) pointed out that in CYC practice, one's self—"How you are; Who you are; When you do; What you do"—is a requirement for the work (p. 24). This reliance on the practitioner's self in the helping fields underscores how personal history, lived experience, and woundedness

are inseparable from professional practice. Furthermore, Sussman (2007) argued that in the counselling field "it is the *person* of the therapist that constitutes his or her primary tool" (p. 3), thus the psychological makeup of the counsellor may influence the effectiveness of the therapy. Interestingly, Wampold (2007) claimed that successful outcomes in therapy are often influenced by the specific counsellor and not the actual protocol employed. Thus, self-knowledge, reflective practice, and relational, collaborative work that fosters trust and confidence in a practitioner seem to be necessary for effective practice (Sussman, 2007). While Stuart (2013) contended that as the self is the instrument for praxis in CYC with the self being a "mediator of knowledge and skills" connected to *knowing* and *doing* then practitioners must "care for the self in all aspects of its being" (p. 60). Therefore, as a helping professional's self, person, or being, is the main mechanism in their work, acknowledging, and working through woundedness to *know thyself* is a critical process for anyone working within therapeutic relationships.

The Wounded Healer Archetype: Origins and Relevance

The wounded healer archetype, first used by Jung in the psychoanalytic field, specifically refers to practitioners who draw upon their past lived experiences (or woundedness) in their therapeutic work (Cvetovac & Adame, 2017; Jung, 1954/1985; Vachon, 2020). Jung (1954/1985) borrowed from Greek mythology to symbolize the wounded healer as Chiron—a physically wounded, immortal centaur and renowned healing god who overcame an enduring injury from Hercules' poisoned arrow (Jackson, 2001; Straussner et al., 2018). Jung believed that only the wounded therapist could truly heal and understand woundedness, however, limitations could exist if woundedness was unresolved (Cvetovac & Adame, 2017; Groesbeck, 1975; Straussner et al., 2018). A key feature of Jung's wounded healer archetype is that being wounded alone does not make a counsellor into a healer, "but the ability to draw on woundedness in the service of

healing" (Zerubavel & O' Dougherty Wright, 2012, p. 482) is where the healing power lies (Macfarlane, 2020). Jung, who is often portrayed as a wounded healer who lived with anxiety and avoidant attachment, also claimed that counsellors can only assist their clients to grow and heal to the point where they had healed themselves (Dunne, 2000; Fear, 2023; Hadjiosif, 2021; Merchant, 2012; Perry & Tower, 2023).

Much research has demonstrated Jung's conviction that many people who train as counsellors and therapists have a history of trauma which can lead to an inclination to heal the wounds of others (Barr, 2006; Conchar & Repper, 2014; Goss, 2015; Richard, 2012; Victor et al., 2022). Additionally, a number of studies concurred that unresolved and unprocessed woundedness in a counsellor can result in problematic professional boundaries, issues with self-reflection, detrimental countertransference interactions, and empathy fatigue (Hayes, 2002; Ivey & Partington, 2014; Kirmayer, 2003; Stebnicki, 2007). According to Maté (2022), woundedness arises from the accumulation of unmet needs and unresolved emotional pain, which, if left unattended, can become embedded in the mind and body. Farber et al. (2005) found that professionals in the mental health field reported experiences of childhood trauma more often than other professionals, and that they described "higher rates of sexual molestation, parental alcoholism, hospitalization of a parent for a mental illness, and death of a parent or a sibling" (p. 1014). Maté (2022) also emphasized that the nature of trauma is not solely defined by external events, but also by an individual's internal response to those events, which in the case of wounded healer counsellors can manifest as chronic stress, boundary issues, emotional dysregulation, or hypervigilance when working with clients. These symptoms may exacerbate if counsellors are continually exposed to traumatic client stories without proper self-care, reflective practices, or other healing processes (Ivey & Partington, 2014). Overall, the nature of

woundedness in counsellors who identify as a wounded healer is a complex, multifaceted phenomenon that intersects an individual's unique personal history, professional identity, and the nature of their work with clients.

Understanding woundedness in the context of wounded healers is beneficial because it is not just a source of pain; it can be a source of growth. Western psychiatry, however, often perceives wounds as creating weakness, viewing trauma as something that primarily leaves scars rather than promoting healing capabilities (Conchar & Repper, 2014). This idea fits more with the idea of wounds being "open" and "stinking" and scars leaving a "hard, inflexible, unable to grow, zone of numbness" (Maté, 2022, p. 20-21). Similarly, archetypal psychologist James Hillman (1991) explained this archetypal condition of woundedness as any deep emotional, psychological, or spiritual wound that subconsciously limits a person from being whole and integrated. Yet, through a different lens—especially one influenced by Jungian concepts—wounds may offer opportunities for deeper understanding, empathy, healing and ultimately, transformation.

As a CYC practitioner and counsellor, the wounded healer archetype resonates deeply with my personal and professional experiences. My journey to become a CYC practitioner and counsellor is shaped by family of origin trauma (a parent who lived with mental health issues and addictions) and post-traumatic growth from an ongoing personal healing journey. From the perspective of the wounded healer phenomenon, I believe I subconsciously choose to study and work in this field as a way to further heal from my early life experience[3]. Furthermore, reflecting upon observations made during my CYC undergraduate education and subsequent employment in community-based organizations, the wounded healer archetype clarified my experiences of

[3] Acknowledgment that I resonate with the wounded healer archetype inspired this project, highlights my ongoing healing journey, and helps me to remain aware of potential biases and ethical concerns.

witnessing practitioner impairment, boundary issues, and burnout. Through researching the wounded healer concept, I have found that this archetype can offer a compelling framework for exploring how one's own personal history of woundedness can be both a source of strength, empathy, and compassion, as well as vulnerability (Farber, 2017). Jung's legacy outlines how "there is no personal growth without suffering, and that there can be no progress without personal growth" (Dunne, 2000, p. 9). The process of reflecting on my path to become a helper has challenged my assumptions of the healing process—that it can be a life-long journey rather than the "romantic notion of the ideal (wounded) healer" who "must be healed, fixed, cured in order to work with others" (Vachon, 2020, p.28). The wounded healer archetype is found in literature spanning the helping fields from social work and psychotherapy to nursing and psychiatry, however little attention has been paid in the CYC literature (Vachon, 2020). This project aims to begin filling a gap in understanding the applicableness of the wounded healer phenomenon in both CYC and the wider field of helping professions.

Chapter 2: Rationale and Description of Project

My Wounded Healer Journey and Positionality

While tracing the winding path of my healing journey, I see clearly that becoming a helper is a part of my healing journey, but in retrospect, I question these motivations and the potential effects woundedness has on my practice. Bryce et al. (2023) claimed that "people build careers by turning their preoccupations into occupations and thereby actively master what they passively suffer" (p. 78). Through the lens of the wounded healer concept, family of origin dysfunction that involves cumulative harm can impact self-concept and lead to working through one's wounds as a vocation (Bryce et al., 2023). Cruciani et al. (2024) also found that motivations to become a counsellor could be "fostered by a necessity to reckon and process one's own need to be helped and cared for" (p. 8). Thus, from reflecting on my healing journey, I see that my eagerness to heal myself and understand my journey has also resulted in researching the wounded healer archetype in child and youth care and counselling. van der Kolk (2014) noted that we study what "puzzles" us most, thus, we often becoming proficient in obscure subjects (p. 109). In this case, my obscure subject is how to help the wounded healer in the helping field. A review of my healing process reveals how a combination of therapy, mind-body work, and education on the effects of family of origin trauma all intertwined to create the vital pieces of my ongoing wounded healer healing journey.

Over twenty years ago, while living in Vancouver and receiving regular acupuncture treatments from a friend who was training to be a Traditional Chinese Medicine (TCM) doctor, a deep sadness emerged, resulting in body-shaking sobbing after a treatment session. I vividly remember feeling so embarrassed and vulnerable as I was not the kind of person who cried or shared any interior feelings. I grew up in a family with implicit rules surrounding not talking

about feelings, problems, or behaviours (Richardson, 2002). I knew the emerging painful emotions were connected to my childhood, but rather than recalling specific events, it appeared like a wave of overwhelming, indefinable, extreme sadness. Because my acupuncturist friend was well-versed in how trauma can be stored in the body, she handed me a business card for her psychotherapist and suggested I contact him. I look back on that moment as the beginning of my healing journey.

At that point in my life, I was engaging in somewhat secret self-destructive behaviour. To the outside world and my family, I presented an image of a competent person who did yoga, was an avid bike-commuter, and worked part-time at an organic grocery store, while pursuing a history degree. However, in the evenings, I chain-smoked and had a binge-drinking problem. I felt completely powerless to these vices as I found myself repeatedly secretly buying cigarettes and beer. Because of the shame that I felt about my incongruent life, I kept it all very hidden and compartmentalized. I was completely oblivious to the fact that my behaviours and coping skills were linked to my family of origin trauma. The incongruencies in my life were causing emotional and physical damage as I desperately wanted to be free of my addictions and was worried about the health of my lungs and liver. At the time, I was not consciously aware that drinking and smoking were my methods of dissociating from the pain I was carrying. Snyder et al. (2024) connect dissociation with childhood trauma and attachment anxiety/avoidance, which can result in difficulties in relationships, interpersonal functioning, and detachment from experience. I definitely felt detached from my experiences in life, but there was a part of me that was motivated to change and be free of the unhealthy, destructive double-life I was living. I wanted to be like other people I witnessed who could go through life accomplishing their goals and somehow not need to be blind drunk every weekend. At that point in my life, I had yet to

complete anything I started. I had started innumerable projects, courses, a degree, but had yet to finish any of them. I wanted to change, to love myself, and to stop self-sabotaging, but I did not know how. I needed help to address the subconscious need to drink, smoke, and dissociate.

Shortly after the acupuncture session that ended in crying, I began seeing the recommended therapist regularly. He was a white, well-educated, Jungian psychotherapist who embodied the compassionate grandfather that I never had. In our first session, he asked me what brought me there and I told him how the acupuncture treatments had triggered past emotions and memories. I revealed my life story from the beginning, felt safe, heard, validated, and then shocked when he told me that I was a survivor. At that point in my life, I felt like a failure as most people I knew had accomplished so much more than I had. I was 26 years-old, lived in a basement suite, was not in a relationship, did not own a car, had not finished my degree, was working at a grocery store, and had a drinking problem. I was unknowingly striving for the settler colonial, neoliberal, capitalist symbols of success (Kouri, 2019) but my mental well-being prevented it, leading to a serious sense of failure and inadequacy. Therapy helped me to not feel bad about my life choices, to question my role as the family scapegoat, and to not be so hard on myself and my inability to finish anything. My therapist helped me to see that I was doing well, considering the emotional abuse and fear that I endured. He listened to my story, gave me a reading list, and my homework was dream-journaling. My reading list included, *Adult Children of Alcoholics* (Woititz, 1983) and *Family Ties that Bind: A Self-help Guide to Change Through Family of Origin Therapy* (Richardson, 2002). Both books were accessible and informal, but also mind-blowing. From reading Woititz's (1983) classic book on adult children of alcoholics (ACA), my entire existence, drinking problem, lack of coping skills, relationship issues and distrust of people finally made sense. I had always feared judgement for not having a 'normal'

childhood or adulthood. I saw for the first time that having both an alcoholic father (who was also bipolar) and alcoholic stepfather involved keeping everything about our abnormal home situation a secret (Woititz, 1983). Because my therapist was an older, white, male who listened, was warm, attuned, and non-judgmental, our healthy relationship helped to heal the damaging relationships I had with my brothers, father, and stepfather. He also taught me about boundaries and how it can be healthier for me to have firmer ones with my family. The validation I received resulted in the beginning of a journey towards self-respect, self-love, attachment repair, and viewing the possibility of someday working in the helping field.

My healing journey involved becoming dedicated to a regular yoga practice, weekly acupuncture sessions, and regular therapy. At the time, I was not conscious of the fact that I was engaging in somatic activities like yoga and acupuncture that were allowing me to feel into and release the trauma stored in my body. These experiences provided deep emotional release, built up my self-esteem, and provided a sense of mastery. However, the process was not quick or straightforward. There were "twists and turns" (Maté, 2022, p. 430), frustrations, and setbacks as I did not have consistent support for change from my friends or family. From reading about family-of-origin therapy, I understood that any positive changes I made in my life could create imbalance and resistance in my family (Richardson, 2002). I moved out of the city and back to Vancouver Island but still encountered old friends who had difficulties with me trying to change my lifestyle. One surprising event was that I eventually lost all my friends. Because I never had healthy relationships modeled, I see now that I was not incredibly skilled at making friends, and it is something I still struggle with (Woititz, 1983). Levine (2010) pointed out that neglectful or abusive childhoods can produce a pattern of "chaotic relationships" (p. 110).

It took time for my healing journey to feel successful as I slowly became more conscious of my unhealthy coping habits. Mahoney (2006) stated that processes of healing can be "*nonlinear*, reflecting mixtures of mostly *slow, small steps*; frequent *returns to earlier patterns*; and occasionally *large, sudden steps* [sic]" (p. 36). It took me quite a while to fully integrate everything I was reading and learning. The first positive change I noticed was that I started to complete things. Starting small, I completed a yoga-teacher training program. It was an emotional experience, and I was the only one who cried throughout the classes as I unconsciously released deep trauma through intensive yoga training. Next, I completed my undergraduate history degree which I had started eighteen years previously. That was a great accomplishment that I never thought would occur. From there I kept on pursuing education and experiences. Each accomplishment increased my self-esteem and self-worth while seemingly miraculously, my addictions and poor life choices fell away. Because of my healing process, I felt able to fulfil a dream of working in the heling field and completed my undergraduate degree in child and youth care (CYC). I had gone from believing higher education was unavailable to me, to loving learning and accomplishing my goals.

From examining my healing process, I can see that one's personal path to wellness and self-discovery is often an ongoing, twisting, turning, non-linear lifetime journey (Hadjiosif, 2021; Mahoney, 2006; Maté, 2022). I learned to be patient and compassionate with myself but (eventually) also perceived that shame and stigma can be part of identifying with the wounded healer archetype. I still feel very wary of judgment from colleagues who might see me as unfit to work in the helping field. Reviewing the literature on the wounded healer and reading about other practitioners who had similar life experiences has helped me to feel less alone. Also, I now view the integral parts of my successful healing process as the collaborative, caring, empathetic

"co-created human bond" (Mahoney, 2006, p. 34) formed with my therapist, combined with releasing trauma stored in the body through somatic work (van der Kolk, 2014). I learned strategies to bring my awareness back into my body and to start respecting myself mentally, emotionally, and physically. This process motivated me to pursue a graduate degree which has culminated in researching the wounded healer phenomenon.

Inspiration gathered from reflecting on my healing journey led to questioning how wounded healers get to this place of working therapeutically with others and looking at the potential impact of trauma (both positive and negative) on therapeutic work. This project highlights the importance of ongoing reflective practices for both wounded healer practitioners as well as anyone who works in the helping field, plus the importance of incorporating a variety of healing practices and processes. Trauma clinician, van der Kolk (2014), emphasized that there is not one particular practice that will help everyone heal from trauma, but he found a combination of talk therapy, connecting with others (group work), and somatic practices can benefit individuals in the pursuit to regain control over the fragmentation from past woundedness.

The Origins of My Inquiry

My motivation and focus to create a project informed by the wounded healer concept aims to shine light on the wounded healer archetype in the child and youth care (CYC) and helping fields while also providing accessible self-care tools and theories in the form of a manualized resource handbook. During my CYC degree at Vancouver Island University (VIU), I began to question the motivations of individuals who wanted to be helpers when various levels of woundedness within my cohort became apparent while studying child abuse and neglect, counselling skills, and family/group dynamics. Because I was a mature student and had

purposefully taken over ten years to work through my own woundedness before beginning my training, I felt like I had some awareness of trauma. I chose to study at VIU as the entire four-year program was in-person (rather than online), and I previously had a positive experience with the small classes and close-knit community during my bachelor program in the history department. The class sizes were small enough that the core group (of less than twenty students) became quite close as we witnessed each other grow personally and professionally. Overall, the experience was quite different than my academically focused history degree as we were encouraged to be self-reflective in our writing and in group discussions. Through the exploration of core relational CYC concepts, like self-reflection and use of self (Kouri, 2015), a safely enclosed container seemed to develop that allowed woundedness to surface while many students recalled their own experiences of childhood trauma and abuse, or current troubling situations. In retrospect, this makes sense as White (2007) emphasized how effective CYC practice involves creating conditions for connection, meaning, and hope through respectful and collaborative engagement. Additionally, Gharabaghi (2019) highlighted that post-secondary CYC programs are a "practice setting" (p.195) where students experiment with CYC approaches, consequently unprocessed trauma can potentially emerge. However, I began to be curious as to why it seemed like so many students (like me) with past or present traumatic experiences chose to train as CYC practitioners.

Practice Ideals and Practitioner Lived Experience in CYC

Within my experience of the undergraduate CYC learning environment, opportunities for reflexive engagement and relational skill development often created conditions in which personal woundedness surfaced. While such moments often resulted in exercises in relational practice, I observed that responses were not always aligned with the CYC principle of "walking alongside"

(Garfat et al., 2018, p. 35). Garfat and Fulcher (2012) described how effective CYC practice requires contextual responses of, "meeting people where they are at," which includes accepting individual' developmental capacities, fears, hesitations, and joys (Garfat et al., 2018, p. 34). If "relationship is the foundation of all CYC work and connection is the foundation of relationship" some situations felt inconsistent (Garfat & Fulcher, 2012, p. 9). The incongruence I observed highlighted the stigma surrounding practitioners with lived experiences and the lack of discourse around the wounded healer in CYC education (Vachon, 2020). I began questioning how lived experience and woundedness fit into the profession. Mirroring this query, Vachon (2020) explored CYC literature pertaining to practitioner lived experience and the wounded healer, finding more of a focus on the negative aspects of the archetype. Amongst the small number of articles addressing the concept, Vachon (2020) discovered ideas focused on the self-serving drives of practitioners with past woundedness and questions of whose needs are being met, the clients, or the workers? Gharabaghi (2019) underscored this perception of the wounded healer concept while arguing that it has no benefit in the CYC field:

> Among other concepts that do us no good talking about, even if they are in fact important, are 'self-care', wounded healers', 'child or youth centered', 'voice', and many others…'no one wants to pay for your self-care'; 'if you're wounded, get help'; 'it is not useful, and perhaps harmful, to place the child or youth at the centre of bad practice – it is only useful to center them in good practice'; and what's with the constant reference to voice, which seems like a vehicle to get *your* voice heard rather than that of the young people. (pp.11-12)

This focus makes sense from the perspective of justice-doing and centering children, youth, and families; however, I question the argument that practitioner woundedness only equals bad

practice. This perception can overshadow the potential value of acknowledging woundedness as part of a holistic approach to practitioner wellness.

In the counselling literature, woundedness is often perceived as encompassing both positive and negative outcomes for counsellors, depending on whether it is acknowledged or not (Ivey & Partington, 2014; Zerubavel & O'Dougherty Wright, 2012). Likewise, the benefits of lived experience in wounded healers are highlighted, recognizing that continuous work to heal one's wounds can deepen relational skills and empathetic abilities (Barnett, 2007; Wheeler, 2007). Within CYC discourse, however, the prevailing attitude appears to focus on woundedness as a liability, potentially stigmatizing practitioners who have experienced trauma or adversity, rather than exploring how personal histories might inform their practice (Vachon, 2020). This could potentially create a culture of silence, where individuals feel unable to share their stories or seek support within their professional community. The implicit message seems to be that practitioners must present themselves as whole and unaffected, which may discourage self-reflection and vulnerability—qualities that are foundational to effective therapeutic relationships (Garfat & Fulcher, 2012; Stuart, 2013; Vachon, 2020). Interestingly, Reynolds (2019) asserts that mental wellness "is always influenced by privilege, more-privileged workers will often be evaluated as more professional, having better self-care, boundaries, and more resilience against burnout" (p.38). Similarly, in the counselling literature, mental unwellness connected to unresolved issues in wounded healer practitioners could result in practice issues such as boundary issues, professional burnout, and the risk of countertransference (Amundson & Ross, 2016; Farber, 2017). Ultimately, embracing the wounded healer archetype could help reduce stigma, improve practitioner well-being, and enhance the quality of care provided to vulnerable populations (Cleary & Armour, 2022; Wheeler, 2007).

There certainly appears to be a difference of opinion regarding wounded healers in the CYC field versus the counselling field as highlighted by Vachon (2020). They further noted that throughout the CYC literature, there appears to be "a fear that damage will be done by the practitioner unless they have 'healed'" (Vachon, 2020, p. 31). This perception could be resolved by a closer exploration of both the wounded healer concept and how healing occurs. In retrospect, I see now that the CYC lens I was looking through, of "accepting people for how they are and who they are as we encounter them" (Garfat et al., 2018, p.34) was not as multifaceted as the larger ever-evolving CYC lens. I did not view the social-justice perspective of practitioner woundedness de-centering clients, nor did I view self-care as an individualist, neoliberalist endeavour. Despite this, I feel that the wounded healer concept could still be of benefit to CYC practitioners through encouraging open discussion about woundedness, the social stigma around it, and healing practices, which in turn could help lessen the fear of practitioner woundedness negatively impacting practice.

Observations from the Field

After completing my degree and entering the child and youth care (CYC) field as a frontline worker providing community-based services, I encountered toxic workplaces and a lack of self-care among workers. Specifically, a toxic workplace can include "employers that pay poorly, fail to recognize or reward high performance, suppress employee voice, limit upward mobility opportunities, and violate employees' work-life balance" (Talin, 2024, p.393). I was newly graduated and inexperienced, therefore surprised to encounter workplaces in the helping profession where employee turnover was high and colleagues projected their personal issues onto clients and staff. I recall that the work did not pay well, the hours were not great, and there was a lack of autonomy amongst staff. I witnessed unhealthy coping habits, like coworkers sharing

how they drink alcohol daily after work, smoke marijuana at work, or compulsively stress-eat. It all made sense in terms of the toxic workplace. However, as a naïve new CYC worker with minimal experience, I was confused as to why workers in the helping field seemed to lack boundaries between themselves and clients, self-care was not a topic at team-meetings, and triangulating occurred between workers and managers. At the time, I was also not aware of how the 'environmental hazards' in the helping field (like burnout and vicarious trauma) could be the result of stressful, crisis-ridden, understaffed, under-resourced workplaces, which did not pay living wages (Talin, 2024). Because of the generalized nature of the CYC BA program at VIU, I felt like I had a comprehensive toolkit applicable to a wide variety of situations with children, youth, and families but did not feel prepared for these workplace situations. The toxic environments seemed normalized in the community-based workplaces where I was employed, prompting me to question their deeper root causes. I questioned why self-care was not a topic for team-meetings when engaging in often stressful, front-line community work. I felt compelled to explore the issue further if I was going to continue working in the helping field.

As my physical health failed due to stress, and my coworkers were quitting due to burnout, I questioned how the workplace issues were ignored, and why no-one was viewing the possibilities of *compassion fatigue* and *vicarious trauma* related to the burnout. Compassion fatigue refers to the emotional depletion that results from prolonged exposure to the suffering of others, often manifesting as reduced empathy and increased cynicism (Cleary & Armour, 2022). Vicarious trauma occurs when counsellors internalize the distress experienced by their clients, leading to symptoms akin to post-traumatic stress disorder (Wheeler, 2007). I was curious if there was more to the situation, or if there was a theory that addressed or explained these experiences. I felt the tension of believing in the unique and specific CYC perspectives but also

let down that my education did not fully explain or prepare me for what I was experiencing in the social service helping field (Barford & Whelton, 2010). I questioned whether I was just an inexperienced worker, yet it was not the work specifically that was perplexing me, it was the work environment, the interactions between staff, and witnessing what looked like unacknowledged burnout. Notably, Reynolds (2019) underscored that the "harms in our work are most often from structures that are oppressive and do not allow for the resources and practices needed to respond to human suffering and dignity" (p. 36).

Discovering the Wounded Healer Archetype

As I transitioned into graduate studies and delved into questioning my theoretical orientation, I encountered Jung's archetype of the wounded healer. Earlier in life, I had experienced Jungian practice with my Jungian therapist; thus, I felt inspired to learn more. I appreciated the numinosity found in the Jungian focus on dreams, myth, metaphor, symbols, and imagination, plus the invitation to journey into one's inner life (Dunne, 2000; Stevens, 2001). Jung popularized the concept of the collective unconscious, which he theorized contains universal themes, images, or common "psychic structures" known as archetypes (Stevens, 2001, p. 47). His perception of the collective unconscious was innately connected to the concept of archetypes, as he deemed archetypal images to be primordial, collective, and observed throughout human history (Jackson, 2001). Goss (2015) further defined archetypes are unconscious phenomenon, metaphors or images that deeply influence a pattern of behaviour. While post-Jungian[4], Hillman (1992), explained the archetypal perspective in psychology as being an imaginative approach involving "*the deepest patterns of psychic functioning*, the roots of the soul governing the perspectives we have of ourselves and the world" (p. xix).

[4] James Hillman is considered a post-Jungian as he re-visioned Jung's ideas, focusing more deeply on myth, soul, and archetypes in psychology (Hillman, 1992).

In terms of child and youth care (CYC) perspectives, the universality of an archetype is problematic as Tilsen (2018), for example, contends that universal truths are a piece of the modernist, singular, objective worldview of individualism. Roesler (2024) also questioned the Eurocentric view of universalism as they argued that "the idea of a great mother as the source of life is by no means universal" (p. 233). CYC discourse focuses more on a social constructionist view of reality that entails multiple subjective perspectives (Tilsen, 2018). This aspect of Jungian theory does not align with the CYC approach; however, I feel that the overall notion of the wounded healer concept can be a useful framework for understanding the impact of practitioner lived experience on practice. Boscaljon (2024) argued for not discounting Jung's theories completely, as concepts such as the 'shadow' can be viewed through a decolonial lens to investigate how the concept could be useful today.

The wounded healer archetype resonated with me because it highlighted both the positive aspects of empathy and understanding underscored in child and youth care literature, and the potential for counsellors to unconsciously project their unprocessed trauma onto clients, leading to impairment in their practice. The concept was also compelling as it outlined the idea that a counsellor's *impairment* stemmed from unexamined woundedness, stigma connected to revealing one's traumatic life events, and the inevitable occurrences of transference and countertransference, which can lead to chronic stress and burnout (Hayes, 2002; Ivey & Partington, 2014; Kirmayer, 2003; Stebnicki, 2007). I felt like I stumbled across a concept that addressed my specific experiences in the helping field.

Chapter 3: Theoretical Influences

The theoretical foundation of this project draws from a combination of child and youth care (CYC) perspectives and Jungian influences. Because of my training in CYC approaches, it is the general foundation of my therapeutic approach to change. CYC approaches and perspectives are far-ranging and can include therapeutic relationships, use of self, trauma-informed care, attachment theory, humanism, systems theory, constructivism, experiential learning, ecological perspectives, nature-based and play therapy, strength-based work, and anti-oppressive, post-structuralist perspectives (Garfat et al., 2018; Gharabaghi & Charles, 2019; Radmilovic, 2005; Stuart, 2009). These practices encompass more than just traditional cognitive (thoughts, beliefs, ideas, attitudes, and assumptions) approaches by also addressing a wider range of human experience as a path to change, such as emotional, somatic, structural, and political approaches (Radmilovic, 2005). Gharabaghi (2019) noted that as the CYC profession evolved over the last fifty years, from work mainly in residential group care to a variety of settings (including counselling), it resulted in being informed by a variety of key concepts and theoretical approaches: ecological perspectives, therapeutic relationships, use of the self, relational practice, engagement and activity-based approaches, trauma-informed care, teamwork, working in the moment, and strength-based work. White (2007) further described these key approaches of CYC practice as,

> engaging with children, youth, families, and communities in collaborative and respectful ways; taking practical actions to create the conditions for young people to experience meaning, worth and connection; supporting them to imagine hopeful futures for themselves; and bringing oneself fully to the therapeutic relationship. (p. 225).

Working relationally can also involve experiential learning (or "learn by doing") through play, routines, or group processes (Radmilovic, 2005, p. 135). In general, CYC approaches inform this project through the focus on self-in-practice, trauma-informed care, the importance of relational work, and incorporating a variety of processes from emotional, physical, somatic, to group.

Because this project is also informed by the wounded healer archetype, I explored the realm of Jungian theory to tap into concepts like archetypes and unconscious psychological processes. There was a twofold reason for me to explore Jungian archetypes and processes: looking for an explanation for my incongruent experiences at school and in the field and exploring how these concepts could help me work more deeply with adults in a counselling office. From my experience with community-based work, I felt like I needed to learn more about how to work one-on-one with a wider variety of clients and issues. Mid-life crisis issues and deeper existential questions about one's purpose in life which occur in "the second half of life" (Jung, 1954/1985, p. 50) were not addressed in my CYC education, though we were taught traditional individual counselling skills. This exploration of Jungian psychotherapeutic concepts—such as the collective unconscious and archetypes such as the shadow—has added a deeper dimension to my counselling practice, allowing me to incorporate more introspective, imaginative elements. Being more of an introverted person, I feel an affinity to the deep introspection of Jungian practices. This introspection combines well with the concept of "storying," reflecting, and understanding how we "bring our self" (Stuart, 2013, p. 2) to CYC practice.

In my undergraduate program, I learned that CYC differed from traditional psychotherapy techniques as it involves a unique, "in-the-moment," solution-focused "approach" or "way of working and being in the world with others" (Garfat & Fulcher, 2012, p. 6-7). Jungian

counselling techniques, on the other hand, tend to be more long-term with a focus on deep-seated issues, and profound (often unconscious) client revelations (Neukrug, 2011). Garfat and Fulcher (2012) highlighted how CYC practice differs from traditional counselling, such as:

> …not oriented around temporally spaced and infrequent visits to an office where the 'client' meets with a therapist who has no experience of the individual's everyday life. Rather, it is based on being in-the-moment with the individual(s), experiencing with them their life and living as it unfolds. (p. 6)

At Vancouver Island Counselling (VIC), all sessions with children, youth, adults, and families take place in a small office environment, disconnected from community and personal life-space. I often feel like when I am collaborating with my young clients, or a family, that it would be more beneficial for them if I could get a sense of their life-space, at school, at home, or in the community. CYC taught me to connect with a person to "practice new thoughts, feelings and actions in the most important area of their lives – daily life as they are living it" (Garfat & Fulcher, 2012, p.6). How I was trained to work within a person's milieu, compared to how I am currently working, mirrors the tension I feel between CYC approaches and counselling. However, I currently blend CYC approaches with counselling within an office setting, where I can "be in relationship with young people at precisely those times when all other relationships appear to have broken down" (Gharabaghi, 2014, p. 4).

The Wounded Healer Archetype in Relation to CYC Praxis

The question of how the wounded healer archetype supports Child and Youth Care (CYC) practice could be observed in terms of positionality, relational responsibility, and the structural conditions in which practice occurs. While the archetype has long been applied in counselling and psychotherapy (Jung, 1954/1985; Groesbeck, 1975; Zerubavel & O'Dougherty Wright,

2012), its value within CYC is less straightforward. Generally, CYC is a field shaped by reflexive praxis, relational ethics, and a critical stance toward oppressive structures (White, 2007; Pence & White, 2011). Bringing the wounded healer archetype into conversation with CYC perspectives therefore requires both recognition of its possible contributions and a critique of its history and limitations. Jung's ideas have had many vehement critics over the last century, from the Freudian's who never forgave him for his break with Freud in 1913 (Drake, 1967), to interrogating the colonial bias, universality and Eurocentricity of Jungian theories (Boscaljon, 2024; Macfarlane, 2020), to critics who found his ideas too metaphysical, mystical, and unscientific (Jones, 2003). Nevertheless, Boscaljon (2024) proposed a "fresh appreciation" (p. 15) for Jung's theories by interrogating and decolonizing the work through acknowledging the embedded violence, while connecting with the theories of post-Jungians who reinterpret the concepts through connecting with one's soul and a sense of belonging rather than universality and individuality. For example, a practitioner who connects with the wounded healer archetype could view self-reflective work as benefiting the collective rather than just the individual.

From a counselling standpoint, the wounded healer archetype emphasizes how a practitioner's personal wounds shape therapeutic relationships, underscoring the ethical necessity of self-awareness, personal therapy, and ongoing reflexivity (Barnett, 2007; Hayes, 2002). In this context, woundedness is seen as both a liability and a potential strength, offering opportunities for empathy, altruism, and attunement in the therapeutic encounter (Wheeler, 2007). However, within the CYC field, the discourse around woundedness is less developed as Vachon (2020) observes that messages within CYC often reduce the issue to admonitions such as "if you're wounded, get help" (p. 22), without broader conversations on practitioner healing or the stigma surrounding woundedness. This signals both a gap and an opportunity: while the counselling

literature often explores the impact of woundedness on practice (Amundson and Ross, 2016; Barnett, 2007; Cohen, 2009; Kern, 2014; Kirmayer, 2003; Mander, 2004; Wheeler, 2007), CYC scholarship emphasizes holistic reflexivity, justice-doing, and relational accountability, which could potentially positively contribute to the wounded healer archetype (Gharabaghi & Charles, 2019; Reynolds, 2019, Stuart, 2013).

Gharabaghi and Charles (2019) argued that CYC practitioners are called to understand their roles, capacities, and limitations while contributing to structures and organizational cultures that are congruent with practice values (p. 9). This requires "holistic self-reflection" (p. 9), which resonates strongly with the wounded healer's focus on self-examination. Yet the emphasis in CYC is not only on the individual's personal work, but also on shaping organizational contexts that sustain practice (Reynolds, 2019). Here, the wounded healer archetype could act as a bridge: by acknowledging practitioner woundedness, it highlights the need for collective support that goes beyond individualized coping strategies.

Pence and White (2011) situate CYC practice within "critical perspectives and postmodern views of professionalism" (p. xvii) that resist binaries of right and wrong and seek instead to engage diverse understandings of human well-being. This orientation challenges the universalizing tendencies of Jungian archetypal psychology, which has been critiqued for its rigid binaries (unconscious/conscious, primitive/civilized, dark/light) and Eurocentric assumptions (Boscaljon, 2024; Roesler, 2024). Thus, bringing the wounded healer lens into CYC practice must therefore involve cultural humility, acknowledgement of colonial histories, and openness to diverse epistemologies of healing. Rather than positioning the archetype as a universal truth, it could function as a metaphorical framework.

In terms of the neoliberal individualist perception of self-care, Reynolds (2019) advanced this critique by highlighting how in systems where burnout is individualized and pathologized, the responsibility for sustainability is shifted onto the practitioner rather than the structures that generate harm. As Reynolds (2019) notes, “resisting burnout with justice-doing reflects an activist position for staying alive in our work” (p. 36). This idea underscores that burnout is not merely the product of exposure to client suffering but is often the result of oppressive systems that fail to provide the resources and conditions required for dignity in practice (Reynolds, 2019). In this sense, the wounded healer archetype can be reframed: not as a justification for privatized, neoliberal forms of self-care, but as an entry point for collective care. Reynolds’ (2019) concept of the “Zone of Fabulousness” captures this shift by highlighting solidarity teams, collective sustainability, and justice-doing as central to effective practice (p. 38). A handbook rooted in the wounded healer archetype inspired by both counselling and CYC approaches can include individualistic self-help processes while also encouraging practices of supportive collective reflexivity and acknowledging the impact of oppressive societal structures. Such an approach mirrors CYC perspectives by emphasizing the relational, ecological, and structural dimensions of care (White, 2007; Gharabaghi & Charles, 2019). By integrating CYC approaches and counselling practices into this handbook, practitioners are invited to consider the connection between self-care, the wounded healer archetype, and also how their positionalities intersect with broader structures.

In this way, the wounded healer archetype—when critically reframed through CYC perspectives—supports practitioners to situate their wounds within relational and structural contexts. It affirms the ethical responsibility of self-reflection while also challenging neoliberal views that individualize responsibility. Instead, it aligns with CYC frameworks which supports

justice-doing, collective support, and relational accountability (Reynolds, 2019). For the benefactors of this project, the counsellors at Vancouver Island Counselling (VIC), the handbook could therefore serve not only as a tool for individual self-care but as a resource for fostering both personal reflexivity and collective sustainability.

This reflective journey through the role of woundedness in the helping field has helped expand my theoretical orientation and query how I bring myself into therapeutic work. As Vachon (2020) noted, “there is no child and youth care practitioner without self (nor any employee in any job); yet CYC actively and explicitly centers self as a requirement to the work” (p. 24). The following literature review explores more counselling literature as there is far more research done on the wounded healer in the counselling field compared to the CYC field.

Chapter 4: Literature Review

Since Carl G. Jung (1954/1985) introduced the concept of the wounded healer to Western psychology, this archetype has been a common framework for understanding counsellor impairment, the dual identities of counsellor and client, and transference/countertransference dynamics (Amundson and Ross, 2016; Barnett, 2007; Cohen, 2009; Conchar & Repper, 2014; Kern, 2014; Kirmayer, 2003; Mander, 2004; Rice, 2010; Wheeler, 2007). Through conducting a review of the literature surrounding the concept of the wounded healer as it relates to the helping professions, some main ideas emerged: the unconscious motivation to heal oneself, professional effectiveness and counsellor woundedness, the occurrence of both positive and negative transference/countertransference; the stigma felt by professionals to not share their personal history or mental health issues; and the benefits of self-knowledge and personal therapy. This review explores how the wounded healer archetype encompasses both positive and negative outcomes for counsellors. It will then detail various kinds of woundedness counsellors may experience, such as childhood trauma, attachment issues, vicarious trauma/compassion fatigue, and mental health issues.

A prevalent presumption emerged that counsellors characterize a “normal” population who are resistant to mental health issues (Kern, 2014; Schroeder, et al., 2015). However, this review pointed to the idea that wounded healers struggle to integrate their woundedness and vulnerabilities with their professional persona (Kern, 2014). As counselling professionals are often perceived as “the expert” in dichotomous relationships with clients, the need for self-exploration could be discounted (Schroeder, et al., 2015). Macfarlane (2020) challenged the power imbalance connected to the perception of a counsellor as an expert by highlighting the dual identity of the wounded healer counsellor who accesses mental health services. However,

when unacknowledged narcissistic needs and wounds underlie one's drive to become a counsellor, issues with power, authority, and the already asymmetrical power imbalance in the therapeutic relationship can emerge (Cruciani et al., 2024; Sussman, 1992). Self-exploration could also be disregarded due to social stigma and possible fear surrounding counsellors disclosing personal woundedness and mental health issues (Coaston & Lawrence, 2022). Williams et al. (2010) further argued that the professional identity of counselling professionals is unique in that they are often viewed as being "healthy and others are troubled" which can result in an "image of invulnerability or superiority" (p. 155). Given these potential challenges, focusing on the fundamentals of Jung's wounded healer archetype, such as the ongoing process of transformation "in order to be enlightened by the experience of trauma and adversity" (Macfarlane, 2020, p. 327) can help one be a "healing healer" rather than a "wounding healer" (Cruciani et al., 2024, p. 6).

From this review of the literature, the need for personal therapy and self-knowledge for wounded healers was underscored as there can be detrimental professional consequences for both the client and the counsellor when these wounds are denied (Barnett, 2007; Perry & Tower, 2023). Williams et al. (2010) studied the ineffectiveness—or *impairment*—of psychotherapists and asked the question, "how impaired is too impaired?" (p. 149). Within this study, William et al. (2010) defined impairment as an inability to effectively perform work-related duties due to preexisting issues such as substance use, mental illness, or personal issues, thus a liability and potential risk to clients and colleagues. As opposed to the wounded healer, who draws positively on their experiences, the impaired professional draws negatively on their lived experiences which can adversely affect therapeutic relationships and clinical practice. While Cohen (2009), contended that a wounded healer can spend the rest of their lives integrating and processing their

wounds as one transforms their experiences of woundedness into deeper knowledge, altruism, and empathetic abilities. It has been noted that healing is not a straightforward path, but a journey of reconnecting to ourselves consisting of "all the twists and turns and seeming cul-de-sacs" (Maté, 2022, p. 430) that come with an ongoing path to wellness. In the matter of counsellor accountability, I feel that it is important to bring attention to the importance of healing the wounded healer considering the potential detrimental effects of unprocessed woundedness for both counsellor and the client. Following the Jungian archetypal healing journey of the wounded healer, this usually begins with the unconscious attraction to the helping field to subconsciously heal one's woundedness.

The Wounded Healer Archetype in Western Psychological Thought

Jung used the archetype of the wounded healer to explain how healing power emerges from one's own woundedness, to illustrate the origin of transference, and to show the importance of continually acknowledging one's wounds so that clients can heal through the same process (Groesbeck, 1975; Zerubavel & O'Dougherty Wright, 2012). Because of their personal healing experience, Jung believed that only the wounded therapist could truly heal and understand woundedness, however, limitations could exist if woundedness was unresolved (Cvetovac & Adame, 2017; Groesbeck, 1975; Straussner et al., 2018). Jung (1954/1985) based the archetype on this myth and determined:

> Without too much exaggeration, that a good half of every treatment that probes at all deeply consists in the doctor examining himself, for only what he can put right in himself can he hope to put right in the patient…it is his 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)

According to the archetypal Chiron myth, Jung claimed that counsellors can only assist their clients to grow and heal to the point where they had healed themselves (Merchant, 2012). Research has demonstrated Jung's conviction that many people who train as counsellors and therapists have a history of trauma which can lead to an inclination to heal the wounds of others (Barr, 2006; Goss, 2015; Victor et al., 2022). Additionally, a number of studies concurred that unresolved and unprocessed woundedness in a counsellor can result in problematic professional boundaries, issues with ability to be self-reflective, detrimental countertransference interactions, and empathy fatigue (Hayes, 2002; Ivey & Partington, 2014; Kirmayer, 2003; Stebnicki, 2007). These studies underscore the perception that to be effective, the therapist could benefit from awareness of their past woundedness and the path of continuously working towards resolution.

From the Jungian perspective, the principle of healing is a more holistic, mind-body approach where cognitive issues can manifest in bodily (or somatic) conditions. Thus, to heal and become whole meant integrating subconscious, dissociated influences into one's conscious awareness (Jung, 1954/1985; Goss, 2015). Jung (1954/1985) asserted that, "no analysis is capable of banishing unconsciousness forever" and that the therapist must go on learning "endlessly" (p. 116) with the understanding that each new client will activate new unconscious wounded aspects. This assessment has inspired my interest in compiling holistic mind-body healing practices which support a counsellor to process woundedness and investigate their personal motivations while also encouraging the necessary awareness which will assist clients (Barnett, 2007).

Unconscious Motivation to Heal Oneself

The connection between unconscious motivations and gratifications to pursue clinical counselling training and past woundedness (such as to heal oneself through healing others) is

well recognized in research (Groesbeck & Taylor, 1977; Ivey & Partington, 2014; Kirmayer, 2003; Wheeler, 2002; Wolgien & Coady, 1997; Zerubavel & O'Dougherty Wright, 2012). Barr's (2006) study reflected this idea, as she concluded that 73.9% of clinicians had suffered significant traumatic life events that led to pursuing clinical practice. More recently, Victor et al. (2022) conducted the largest and most comprehensive empirical study of mental health difficulties within clinical psychology faculty and students in North America, resulting in 82.2 % of respondents reporting experiences with mental health issues and almost half reporting a formal mental health diagnosis. Sussman (2007) argued that "behind the wish to practice psychotherapy lies the need to cure one's inner wounds and unresolved conflicts" (p. 13). Additionally, the wounded healer archetype is often linked to the idea that motivation and ability to assist psychological healing develops from one's own experience of woundedness (Ivey & Partington, 2014). Barnett (2007) encountered applicants for counsellor training who presented themselves "as 'strong' and without significant problems" yet further evaluation generally exposed a "troubled personal history" (p. 258). More specifically, Barnett (2007) connected narcissistic injury experienced during childhood (such as intolerance of failure) and early loss and deprivation (such as feelings of abandonment and lack of intimacy) to the concept of the wounded healer and as possible reasons why one would be unconsciously drawn to therapeutic work.

Woundedness and Counsellor Effectiveness

Within the literature, there is a difference of opinion relating to whether the value and influence of being a wounded healer can be either positive or negative (Degges-White & Stoltz, 2015; Ivey & Partington, 2014; Straussner et al., 2018; Trusty, Ng, and Watts, 2005; Zerubavel & O'Dougherty Wright, 2012). Many authors asserted that woundedness is a counsellor's strength

which increases one's empathetic abilities, flexibility, altruism, openness to uncertainty, clinical skill, and therapeutic effectiveness (Amundson and Ross, 2016; Barnett, 2007; Cohen, 2009; Kern, 2014, p. 306; Kirmayer, 2003; Mander, 2004; Wheeler, 2007). Wheeler (2007) agreed with Jung (1954/1985) that a counsellor's vulnerability is part of one's wholeness as a healer, rather than the image of "clean hands perfection" (p. 246). In other words, woundedness can be viewed as powerful life experiences that contribute to the depth of a counsellor's therapeutic ability. However, Ivey and Partington (2014) argued it is vital to be simultaneously aware of both the positive and negative aspects of woundedness, as woundedness alone does not create effective healers and there is a significant difference between facilitative and obstructive woundedness. Facilitative woundedness can be regarded as therapeutic abilities connected to processed wounds, while obstructive woundedness can be the result of unprocessed wounds.

Counsellor vulnerability may result from unprocessed wounds with the possibility of counsellors becoming depressed, anxious, suicidal, or vicariously traumatized due to the "occupational hazards" of therapeutic work, thus risking becoming a "wounding healer" (Farber, p. 54, 2017). Amundson and Ross (2016) highlighted the potential for negative outcomes, such as vicarious trauma and countertransference, concomitant with unintegrated woundedness. Whereas, both Zerubavel and O'Dougherty Wright (2012) and Cvetovac and Adame (2017) agree that it is helpful to view the wounded healer phenomenon as comprising a continuum of woundedness rather than just a dichotomy. This continuum consists of several ways in which counsellors experience woundedness, such as mental illness, physical illness, childhood loss and trauma, and wounding as a part of the human experience (Barnett, 2007; Cvetovac & Adame 2017; Smith, 2019; Zerubavel & O'Dougherty Wright, 2012).

Groesbeck (1975) described the wounded healer as a paradox of "he who cures over and over yet remains eternally ill or wounded himself" and that the mystery of healing is "nothing other than knowledge of a wound in which the healer forever partakes" (p. 127). Mander (2004) also perceived the wounded healer archetype as a contradictory condition which pointed to both a need to be humble and yet not perceive oneself as omnipotent. This idea refers to the belief that counsellors who identify as wounded healers may portray an invulnerability to woundedness and may refuse to acknowledge personal issues.

Denial of one's woundedness, conflicts, and vulnerabilities in the therapeutic relationship can put one at risk of projecting onto clients the role of "the wounded one" while viewing themselves as "the one who is healed" (Zerubavel & O'Dougherty Wright, 2012, p. 482). This denial and subsequent projection can possibly result in a lack of support and acknowledgement of the client's own inner healing ability and thus, promote dependence on the counsellor (Zerubavel & O'Dougherty Wright, 2012). If a therapist's wounds are not adequately examined or understood, a subconscious *shadow side* can manifest as the negative or obstructive traits related to unprocessed wounds, presenting as boundary issues, vicarious trauma, professional burnout, and countertransference (Amundson & Ross, 2016; Barnett, 2007; Ivey & Partington, 2014; Stebnicki, 2007). Stebnicki (2007) detailed how compassion fatigue or burnout can arise because of unhealthy countertransference with the counsellor responding to their client with "less compassion, genuineness, or genuine unconditional positive regard" (p. 331). Smith (2019) points to Jung's belief that everything has an opposite side and contended that the shadow side of the wounded healer is the "wounding healer" (p. 111). Smith (2019) further detailed Jung's perception of the shadow side as our personal unconscious comprised of "uncivilized desires and emotions that are incompatible with social standards and our ideal personality, all that we are

ashamed of, all that we do not want to know about ourselves" (p. 112). These unprocessed parts of the wounded healer are also known as the shadow aspect in that there are possible negative consequences to working therapeutically with unintegrated woundedness, such as unhealthy transference or countertransference.

Transference and Countertransference

The Jungian concept of transference/countertransference is a complex, unconscious projection process that occurs in therapeutic relationships (Groesbeck, 1975; Jung, 1954/1985; Kirmayer, 2003). Transference is the unconscious transfer of feelings, projections, and impulses onto other people we are in relationships with, such as friends, partners, co-workers, and counsellors (Goss, 2015). Countertransference occurs when the counsellor transfers feelings, projections, and impulses back onto the client (Goss, 2015). Anderson and Przybylinski (2012) maintained that transference occurs automatically in every "normal nonclinical" interpersonal interaction, can be problematic due to unconscious triggers, and may be difficult to control, resulting in "snap judgements," especially if a troubled past relationship is evoked (p. 381). This is significant in terms of effective counseling as these unconscious triggers could negatively affect trust within the therapeutic relationship. Hayes (2002) stated that when consciously drawing on one's own individual experiences through transference and countertransference, the process can potentially promote healing within the relationship as the counsellor engages in an "active and ongoing interest in one's own history" (p. 96). Primarily, an awareness of one's personal woundedness and potential triggers is vital when using the self as a tool for healing (Hayes, 2002). Jung (1959/1990) advocated the use of transference and countertransference as a therapeutic tool; however, he also promoted extensive personal therapy for therapists in order to "know themselves, including their shadow tendencies, their early wounds and how their

complexes[5] might be activated" (Goss, 2015, p. 161). Ivey and Partington (2014) stressed that unprocessed woundedness may result in weakened professional boundaries, damaged self-reflective ability, and harmful countertransference. Groesbeck (1975) underscored the crucial importance of understanding that the unconscious relationship between the therapist and client determines the therapeutic outcome, in that:

> It is only when the healer himself can stay in touch with and experience his own wounds and illnesses as well as confront the powerful images from the unconscious of an archetypal nature, that in turn the patient can go through the same process. (p. 144)

Furthermore, a counsellor's unique identity consists of their past experiences, possible trauma (in the case of wounded healers), plus their professional identity which includes ethical standards, responsibilities, and professional organization membership (Kern, 2014). Authenticity, self-awareness, acknowledging vulnerabilities, and congruence of identity comes from acknowledging the various shadow parts of oneself, and as such can prevent inappropriate disclosure (Kern, 2014). Thus, counsellors focused on self-awareness may prevent detrimental countertransference and signal a need to engage in deeper self-reflection, personal therapy, or other self-healing practices.

Moreover, risky growth opportunities or post-traumatic growth, can result from overcoming adverse childhood experiences and can be associated with becoming more selfless, attentive, empathetic, and driven professionals (Cohen, 2009; Wolgien & Coady, 1997). In connection to healthy transference, Kirymayer (2003) argued that the duty of the healer is to help clients trigger their inherent resilience, inner wisdom, and own inner healer. Overall, counsellor effectiveness appears to be linked to an awareness of personal woundedness, which points to a

[5] A *complex* in Jungian psychology is a concept connected to archetypes which includes a mix of suffering, defense mechanisms, and fantasies that could prevent well-being (Goss, 2015).

need for seeking out forms of personal therapy. However, sometimes the stigma surrounding seeking therapy for oneself appears to be an issue within the helping field**.**

Stigma And Vulnerability

Many scholars agreed that social stigma exists surrounding woundedness in counsellors and that this can impact whether a counsellor seeks out the necessary continual personal therapy methods to sufficiently resolve inner conflicts (Cohen, 2009; Cvetovac & Adame, 2017; Frese, 2009; Groesbeck & Taylor, 1977; Ivey & Partington, 2014; Kern, 2014; King et al., 2020; Kirmayer, 2003; Tay et al., 2018; Zerubavel & O'Dougherty Wright, 2012). Stigma, in the context of wounded healers, is the belief that others may perceive negative stereotypes towards professionals who experience mental health issues (Tay et al., 2018). Schroeder et al. (2015) mirrored the belief that stigma connected to one's personal mental health struggles exists in the mental health profession due to a presumption of negative consequences as evidenced by the fact that while "64.9% of psychiatrists would disclose their own mental health disorder to family members, only 13.8% would disclose their own mental health disorder to workplace colleagues" (p. 50). Tay et al. (2018) highlighted how American clinical psychologists perceived the idea of seeking help in the role of a client, as threatening, self-indulgent, and stigmatizing based on the fear of seeming professionally incompetent by employers and colleagues. Furthermore, counsellors experienced higher levels of stigma with more visible mental health issues such as, schizophrenia, bipolar disorder, and alcoholism/substance use, compared to depression and eating disorders (Angermeyer & Matschinger, 2003; Tay et al., 2018). Schroeder et al. (2015) emphasized that mental health professionals are less likely to disclose their personal mental health struggles to colleagues out of fear of losing professional image, referrals, and status.

Kirmayer (2003) also echoed the apprehension that exists with revealing a vulnerability to woundedness to one's colleagues due to the possibility of risking credibility or loss of authority.

Generally, it appears that counsellors are expected to present as *normal*— "healthy, balanced, and well-adjusted" (Cruciani et el., 2024, p. 8)—and be immune to psychological, emotional, or spiritual vulnerabilities (Kern, 2014; Stebnicki, 2017). Zerubavel and O'Dougherty Wright (2012) highlighted the riskiness of disclosing woundedness to colleagues with the possibility of shame, humiliation, and social stigma and called for a more open, compassionate environment regarding therapists woundedness to encourage recovery. Kern (2014) proposed that counsellors may hide possibly unacceptable aspects of themselves from clients and colleagues, such as past trauma or mental health issues, as our basic human tendency is to connect, not be different. While fully disclosing one's history can be an ethical boundary issue, ignoring the fact that counsellors experience trauma could block from view the fragility of helpers, and thus hide the larger shadow of the helping profession (Cruciani et al., 2024). King et al. (2020) brought to light the idea of believing in the "continuum of emotional distress" which recognizes that everyone experiences various degrees of emotional distress and that "the categories of 'healthy' and 'mentally ill' serve to reinforce the stigma toward those falsely deemed as outside the 'norm'" (p. 1060). Using the "relational-cultural theory," Kern (2014) highlighted the stigma surrounding mental health issues in Western society and the connection to mental health professionals being less likely to share any issues with colleagues or clients, as possibly resulting in feelings of "incongruence" and seclusion (p. 306). In terms of stigma in the workplace, Straussner et al. (2018), suggested the importance of creating support systems for wounded workers which enhance wellness, teach self-care, and enhance resiliency, while calling for more transparency (p. 132).

Frese (2009), a psychologist who lives with schizophrenia, argued that as people who suffer from mental illnesses have traditionally been excluded in society, professionals must no longer be ashamed, but fearlessly identify themselves, and be proud of their recovery. Thus, as counsellors are role models for their clients, if they have experienced woundedness (mental, emotional, physical, or spiritual), there is a belief that they have a responsibility to be appropriately open, honest, and transparent about their wounds (Stebnicki, 2007). This responsibility can be linked to the idea that hiding oneself may result in repression, inauthenticity, and shadow creation, whereas if one is open about their healing journey, they can function as way finders who provide hope to other practitioners. Fisher (2023), a practitioner who lives with a mental illness reinforces this sense of hope:

> If we believe we cannot effectively be both a mental health professional and a patient, simultaneously, it removes our authenticity. When authenticity is removed, it creates shame and fear. When there are two distinctly separate identities, it removes everything in between. It hides the real us. Our authentic self. (p. 883)

Self-Knowledge and Personal Therapy

Substantial research into the archetype of the wounded healer demonstrated that wounded counsellors and therapists would benefit from seeking personal healing in order to overcome past traumatic experiences and thus work more effectively (Barnett, 2007; Cohen, 2009; Degges-White & Stoltz, 2015; Hayes, 2002; Ivey & Partington, 2014; Wheeler, 2007; Wolgien & Coady, 1997; Zosky, 2013). With regard to personal healing and recovery journeys, Hayes (2002) pointed out that a wounded healer's ability to reduce suffering in clients stems from their intimate relationship with suffering, which can be a journey of continually willing to reflect on their own issues. As noted earlier, this journey can be ongoing and consist of a variety of healing

modalities. Acknowledgement of the need to process one's past traumas is a vital piece. Groesbeck (1975) echoed Jung's assertion that ongoing personal work is necessary for wounded healers as he believed counsellors can only assist clients through inner conflicts, they have willingly processed themselves. Additionally, Zerubavel and O'Dougherty Wright (2012) underscored that "being wounded in itself does not produce the potential to heal; rather, healing potential is generated through the process of recovery" (p. 482). Interestingly, Hayes (2002) also suggested that it is not necessary for a therapist to be completely healed to work well with clients: "I do not think that complete problem resolution is either possible or essential; to help, the therapist needs to be only a step, not a mile, ahead of the client in the healing process" (p. 97). Trusty et al. (2005) agreed that avoidance of one's past trauma can be damaging to effective counseling. The possible negative effects of not addressing woundedness may include lack of insight, negative countertransference, projection, boundary issues, personal agendas and being more vulnerable to vicarious trauma, burnout, and compassion fatigue (Zerubavel & O'Dougherty Wright, 2012).

Several suggestions and techniques for healing were offered in the literature, such as personal therapy, group supervision, and mind-body techniques (Levine, 2005; Maté, 2022; Orlinsky et al., 2011; Stebnicki, 2007; Wheeler, 2007). Personal therapy for counsellors is one way to process woundedness which can in turn increase therapeutic effectiveness while preventing clients from experiencing the possible negative effects of unprocessed wounds. Wheeler (2007) argued that an integral part of psychotherapy training is partaking in personal therapy, as it can prepare a person for practice by having their needs met by another therapist and not a client. Orlinsky et al. (2011) specifically studied therapists who received personal therapy and thus gained professional benefits:

> Personal therapy assisted therapists to become more aware of their humanity, power, and boundaries, to develop more trust, respect, and patience for the client, and to listen more deeply to the unconscious meanings of the client ('listening with the third ear'). Similarly, others have found that personal therapy was important for examining therapist attitudes and affected their professional identity, as well as their capacity to be present and process oriented. (p. 830)

Despite the numerous personal and professional benefits to be gained from therapy, Wolgien and Coady (1997) discovered that only one of the therapists in their study of "good therapists" sought out formal therapy in adulthood, while the rest of them described healing through involvement in professional development (such as experiential workshops), learning new therapeutic techniques, reading, and interactions with colleagues and supervisors. Kern (2014) suggested a unique and creative superhero narrative technique to integrate personal life experiences and professional practice, through reframing past and present trauma as a superhero origin story, recognizing one's unique superpowers, and finding their connection to society. Kern (2014) also underscored the importance of self-care as it can increase resiliency, normalize one's woundedness, and ultimately lead to more effective counselling. Stebnicki (2007) emphasized that counsellors should have a variety of mind-body strategies as part of a healthy practice, such as breathing exercises, relaxation and meditative activities, visualization, or hypnotherapy. Richard (2012) attempted to answer the question, "can I do better than survive as a therapist?" and underscored the importance of belonging to and participating in supportive community groups and local professional associations where helpful dialogues can support a therapist to grow, develop and avoid burnout. Richard also (2012) explained that they had personally experienced periods of burnout, losing hope, shame, guilt, and despair, however, through the continual "re-finding and

restarting" (p. 136) process, was better able to see these experiences as an essential part of the healing process. Wolgien and Coady (1997) also supported the process of ongoing therapy and suggested that a counsellor's ability to work effectively with children may be related to doing their own inner-child work.

Several scholars also suggested a need for changes in counselling education programs to include an increased emphasis on professional support and self-reflection to address personal woundedness and assistance to become well-integrated and functional healers (Cvetovac & Adame, 2017; Kirmayer, 2003; Taylor, et al., 2018; Zosky, 2013). Barnett (2007) pointed out that educational training in counselling is not a substitute for personal therapy, however, the acknowledgement of a propensity for woundedness amongst counselling trainees needs to be addressed. Overall, within counselling training programs, there appears to be a lack of dialogue focusing on the possible positive and negative effects of being a wounded healer (Barnett, 2007; Zosky, 2013).

The Nature of Woundedness in Counsellors

Woundedness as it pertains to counsellors, refers to the psychological, emotional, and sometimes physical scars carried by professionals who have encountered significant trauma or hardship in their own personal lives, or through their professional work as a counsellor (Bryce et al., 2023; Fear, 2023; Sussman, 2007; William et al., 2010). Maté (2022) defined trauma—or woundedness—as "an inner injury, a lasting rupture or split within the self due to difficult or hurtful events" (p. 20). While Levine (2005) distinguished trauma as "loss of connection—to ourselves, to our bodies, to our families, to others, and to the world around us" (p. 9). Ivey and Partington (2014) defined woundedness as "the ongoing or residual psychological impact of adverse experiences and psychic conflicts" (p. 166). Levine (2005) shared that defining trauma

generally is challenging as no two people experience trauma in the same way and that there are a range of factors such as individual history of trauma, family of origin dynamics, and even genetic make-up. However, Levine (2005) also stated that essentially "trauma is about loss of connection—to ourselves, to our bodies, to our families, to others, and to the world around us" (p. 9). Maté (2022) further explained trauma as representing a "fracturing of the self and of one's relationship to the world" (p. 23). This disconnection and fracturing can show up as: a chronic, diminished ability to feel, think, trust, or assert yourself, escaping into work or self-soothing behaviours to avoid overwhelming feelings, or having an impaired capacity to experience the beauty of life (Maté, 2022). The various kinds of counsellor woundedness addressed in the literature consists of the wounds of childhood loss and trauma, attachment issues, compassion fatigue, vicarious trauma, and mental health challenges (Conchar & Repper, 2014; Cvetovac & Adame, 2017; Evans & Evans, 2019; Farber, 2017; Fear, 2023; Sussman, 2007). Following is an overview of childhood trauma, attachment issues, vicarious trauma, compassion fatigue, and mental health challenges. Each of these experiences can shape a counsellor's approach to therapy and their ability to form empathetic, relational connections with clients.

Childhood Trauma

Childhood trauma is particularly significant, as it often lays the foundation for how individuals relate to themselves and others throughout their lives. Contreras (2023) argued that generally, trauma equates to "severity in the exposure + severe reaction + severity in the aftermath" which usually only results in long-term damage if the hurt is severe enough to trigger survival mechanisms (p.12). Evans and Evans (2019) made the connection between adverse childhood experiences (ACEs), the wounded healer archetype, and the motivation to work in the helping field. The ACEs study was initially conducted in 1997 at the Centers for Disease Control

and Prevention (CDC) where 17,337 participants were surveyed on ten particular forms of ACEs in three specific categories; abuse (emotional, sexual, and physical), neglect (physical and emotional), and family dysfunction (incarcerated relative, mother treated violently, mental illness, parental divorce, and substance abuse) (Evans & Evans, 2019). In general, woundedness, such as ACEs, begins in childhood before the age of eighteen but can continue throughout one's life, becoming cumulative (Snyder et al., 2024). Bryce et al. (2023) researched the effects of cumulative adverse childhood events, also called cumulative harm, and choosing a career in the helping professions. For their study, Bryce et al., (2023) defined cumulative harm as involving "the effects of multiple adverse circumstances and events in a child's life, the impacts of which can be profound and exponential, and diminish a child's sense of safety, stability, and wellbeing" (p. 72). Bond (2020) was curious about the impact of complex developmental trauma on counsellor's effectiveness, discovering that therapists who experienced cumulative trauma because of earlier wounding experienced attachment issues, unhealthy over-identification with clients, and vicarious trauma.

Attachment Issues

Attachment is defined as a "persistent affectional bond an individual forms with a significant other" (Degnan et al., 2016). Attachment theory is based on the work of Bowlby (1988) and the idea that both positive and negative patterns of attachment with early caregivers are "pervasive and enduring" (Trusty et al., p. 67, 2005) thus influencing a person's emotional capacities throughout their lifetime. However, Schiraldi (2021) contended that insecure attachment is flexible and can transform to a more secure style through nonjudgmental awareness. Four main types of attachment are attributed to the theory: secure, insecure ambivalent, insecure avoidant, and insecure disorganized (Fear, 2023). Disruptions in early

attachment can lead to long-term relational difficulties, influencing the formation of healthy relationships, such as in the therapeutic relationship (Levine, 2010).

Regarding the practitioner alliance, Marmarosh et al. (2014) asserted that therapy is most beneficial to clients when they can develop a secure attachment to a therapist while creating a secure base from where they can explore issues and develop new ways of coping. In terms of wounded healer counsellors, Fear (2023) argued they often learn either an insecure ambivalent or insecure avoidant attachment style, thus making the development of a secure base in the therapeutic alliance more difficult to form. Unresolved insecure attachment issues can complicate the therapeutic alliance, possibly leading to negative transference and countertransference dynamics, professional boundaries issues, and less capacity for self-reflection (Brubacher; 2017; Marmarosh et al.,2014; Trusty et al.,2005; Ye et al., 2024).

Concerning professional effectiveness, Cruciani et al. (2024) noted that counsellor functionality is directly associated with attachment histories, empathetic capacity, and the ability to create and sustain alliances. Thus, a healthy attachment alliance with one's counsellor benefits client outcomes. Interestingly, researchers have also found that increases in attachment anxiety in counsellors resulted in increases in empathy and deeper interventions (Marmarosh et al., 2014; Trusty et al., 2005). However, Degnan et al. (2016) examined the impact of therapist attachment style on the therapeutic alliance and discovered that working with emotions could provoke over-involvement in more anxiously attached therapists, resulting in negative transference, boundary violations, and client dependency. Whereas, avoidant attachment can result in practitioners being detached, emotionally disengaged, and reluctant to delve deeply into aspects that might be helpful for a client (Degnan et al., 2016; Marmarosh et al., 2014) These therapeutic alliance

imbalances, such as overidentifying with a client, can lead to counsellor impairment in the form of compassion fatigue or burnout (Sussman, 2007).

Vicarious Trauma, Burnout, and Compassion Fatigue

The demanding nature of therapeutic work exposes counsellors to emotional exhaustion, vicarious trauma, the risk of burnout, and compassion fatigue (Cruciani et al., 2024; Polsuns & Gall, 2020; Sussman, 2007). Polsuns and Gall (2020) argued that the "culture of one-way caring" in the therapeutic relationship, in which practitioners are "required to demonstrate empathy, compassion, and patience, without the expectation of receiving such care in return from their clients" (p.1) requires significant emotional energy, thus increasing the risk of stress, burnout and professional impairment. *Vicarious trauma* occurs when counsellors internalize the distress experienced by their clients, leading to symptoms akin to post-traumatic stress disorder (Wheeler, 2007). *Compassion fatigue*, on the other hand, refers to the emotional depletion that results from prolonged exposure to the suffering of others, often manifesting as reduced empathy and increased cynicism (Cleary & Armour, 2022). Clinical effectiveness can be negatively impacted due to burnout and emotional exhaustion (Cruciani et al., 2024). Barford and Whelton (2010) described the child and youth care profession as "one of the most difficult and emotionally exhausting careers in the human service industry" (p. 271) with burnout being especially high amongst workers. This phenomenon which results from work-related stress or "occupational hazards" in psychotherapy underscores the necessity for counsellors to engage in self-care practices and personal healing to maintain their effectiveness (Farber, 2017; Sussman, 2007). Polsuns & Gall (2020) emphasize that maintaining appropriate boundaries is one way to protect both the practitioner and the client while promoting professional effectiveness.

Mental Health Challenges

Lastly, mental health challenges, including vulnerability to anxiety, depression, and suicide often intersect with the wounded healer archetype (Farber, 2017; Sussman, 2007). Williams et al. (2010) defined *practitioner impairment* as the inability to perform ones work effectively due to the presence of substance use, mental illness, or other personal issues. Waugh et al. (2017) discussed how practitioner mental illness remains generally misunderstood which in turn harms those affected and that many counsellors enter the profession with their own unresolved mental health issues. Victor et al. (2022) discovered within their study of clinical psychology faculty and students in North America, 82.2 % of respondents reported experiences with mental health issues. Unaddressed mental health issues are an issue as they can impede a counsellor's capacity to provide effective therapy (Schroeder et al., 2015). Conchar and Repper (2014) contended that when counsellors do not recognize their own woundedness, burnout is often a result. The stigma surrounding mental health struggles within the counselling field can further inhibit counsellors from seeking help, exacerbating their challenges and potentially compromising client care (Clearly & Armour, 2022; Coaston & Lawrence, 2022; Fisher, 2023). Farber (2017) and Sussman (2007) argued that depressed therapists are at risk of suicide and that the incidence of suicide is high among mental health professionals. The occupational dangers of the mental health profession are high stress, dissociation, lack of self-care, and burnout (Farber, 2017; Sussman, 2007).

Chapter 5: Method and Conclusion

Method of Developing a Practitioner Handbook

For the past three years, I have worked as a child, youth, and family counsellor at Vancouver Island Counselling (VIC) in Duncan, BC. VIC is a non-profit, community counselling service that provides an employee and family assistance program (EFAP) for approximately seven thousand employees and their families in Duncan, Nanaimo, Victoria, Port Alberni, and the Lower Mainland (Vancouver Island Counselling, 2025). The VIC EFAP program is part of employee benefits programs offered at over two hundred local organizations and companies. The community of prospective participants and potential benefactors of this handbook project consists of the counsellors at VIC who are invited to utilize the resource and their clients who could potentially benefit from the effects of their counsellor participating in reflective healing processes.

The decision to develop a manualized practitioner handbook emerged through a reflexive, literature-informed process grounded in counselling and child and youth care (CYC) scholarship. Firstly, a critical review of the counselling literature related to the wounded healer identified consistent links between unexamined practitioner woundedness and burnout, countertransference, boundary issues, and potential practitioner impairment, alongside calls for ongoing supports for counsellor self-reflection and healing practices (Barnett, 2007; Hayes, 2002; Ivey & Partington, 2014; Stebnicki, 2007). Secondly, the literature highlighted that counsellors may actively avoid engaging in self-care or personal therapy due to stigma, fear of professional judgement, and the expectation that counsellors are psychologically healthy and resilient (Kern, 2014; Schroeder et al., 2015; Williams et al., 2010). This stigma could be intensified in workplace environments where disclosure of mental or emotional struggles may be

perceived as professional incompetence or impairment (Kirmayer, 2003; King et al., 2020). Thirdly, the CYC practice of integrating self-reflection and reflexivity into everyday practice also inspired the creation of a handbook. Finally, observations made within an EFAP program revealed little space for practitioner well-being beyond clinical supervision. Together, these steps supported the development of an accessible handbook as a tool to support practitioners ongoing healing journeys, professional sustainability, and resilience.

From conversations with my clinical supervisor at VIC, we discussed the potential benefit of a manualized resource handbook consisting of healing processes and practices for the busy counsellors who work with a high volume of clients experiencing a wide variety of issues. Although bi-weekly supervision is available for the VIC counsellors, the discussion is not specifically focused only on the counsellor's personal well-being, thus we agreed that there could be more room for self-care practices. We also discussed the possibility of incorporating more group processes and how it could be beneficial to include group healing practices as part of a resource handbook. Thus, creating a thorough handbook focused on healing the wounded healer archetype as it relates to counsellor wellness can be valuable for VIC as the material could positively impact both client outcome and counsellor mental, emotional, and physical health.

The following handbook highlights both the positive and negative aspects of the wounded healer archetype, while providing accessible information that can be easily utilized in one's office or at home. This project draws on theoretical influences from CYC perspectives, Jungian theories, and contemporary literature on the various kinds of woundedness experienced by counsellors who identify with the wounded healer archetype. Both counsellors who identify as wounded healers in their personal and professional life and those who experience work-related vicarious trauma, burnout, or compassion fatigue can benefit from the handbook. The handbook

is a collection of therapeutic resources, practical strategies, and healing processes to support counsellors in navigating and integrating their own experiences of woundedness. Processes and practices were gathered from authorities in the fields of sensorimotor approaches, mindfulness, stress reduction, yoga, and Jungian methods. Underlying this project is the hope that it will further the idea that woundedness is not a hindrance but can be a unique source of empathy and strength that, when properly integrated, can enhance a counsellor's ability to support others.

The ultimate purpose of this project is to bring attention to and normalize the wounded healer archetype while offering practical tools for reflective self-care and healing. My motivation for this project lies in believing in the personal accountability and professional responsibility of wounded healers to know when and how to seek personal healing and engage in self-care or group processes. As Hayes (2002) points out, "counsellors can only work through themselves," thus it is critical that this *self* be a beneficial tool (p. 94).

Regarding the relevance to CYC practice, there is often a feeling of incongruency when working from a CYC lens in an EFAP program. Little (2011) mirrors this dilemma when they ask the pertinent question, "can I hold an authentic CYC philosophy while concurrently holding the DSM-IV[6]?" (p.6). This points to the tension of working in an office situation where children's psychological assessments or school IEP (Individual Education Plan) forms are often presented along with conversations that are out of my scope of practice, such as diagnoses and medications. In this regard, I am inspired by Reynolds' (2019) who specified that oppressive societal structures are the root of mental health issues and that workers need to resist these neoliberal structures in order to help clients. A handbook inspired by both counselling and CYC theories notes these structures, tensions, and impacts on practitioner wellness.

[6] Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition.

Conclusion

The wounded healer archetype offers a valuable lens through which to understand the complexities of counsellor impairment and growth. This project stems from my curiosity about how woundedness impacts one's practice (both positively and negatively), the social stigma around woundedness, and what the healing journey entails. I am intrigued by the subconscious, archetypal nature of woundedness that can present as deep emotional, psychological, or spiritual wounds that subconsciously limit a person from being whole and integrated (Hillman, 1991). A review of the literature illuminated how unresolved and unprocessed woundedness in a counsellor can result in problematic professional boundaries, issues with self-reflection, detrimental countertransference, and compassion fatigue (Hayes, 2002; Ivey & Partington, 2012; Kirmayer, 2003; Stebnicki, 2004). Understanding the types of woundedness that counsellors experience is crucial for promoting one's well-being and effectiveness. At the same time, woundedness is also presented as a counsellor's strength, or mark of knowledge, which can increase one's empathetic abilities, flexibility, altruism, openness to uncertainty, clinical skill, and therapeutic effectiveness (Amundson & Ross, 2016; Barnett, 2007; Cohen, 2009; Kern, 2014; Kirmayer, 2003; Mander, 2004; Wheeler, 2007). By addressing these wounds through appropriate self-reflection, personal therapy, and supportive practices, counsellors can cultivate a deeper understanding of their own experiences, transforming vulnerabilities into strengths that enhance their therapeutic work. Through creating a handbook of healing practices based on the suggestions from the literature, my aim was to provide a useful collection of strategies offering counsellors a resource to engage with their woundedness in a constructive and meaningful way. This resource handbook will also hopefully open a dialogue around the importance of partaking

in a personal healing journey and address the stigma that revolves around practitioners revealing woundedness (such as mental or emotional health issues) to fellow colleagues.

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HEALING THE WOUNDED HEALER HANDBOOK: A GUIDE FOR COUNSELLORS

Contents

Chapter 1—Introduction and Foundations

Introduction

Healing the Wounded Healer Handbook: A Guide for Counsellors is designed to provide a reflective and practice-oriented roadmap to wellness for practitioners in the helping field. This specific roadmap is inspired by the Jungian Wounded Healer archetype, which acts as the foundation of this handbook. The essence of the Jungian wounded healer concept is that if a therapist's wounds are not adequately examined or understood, a subconscious *shadow side* can manifest as negative or obstructive traits such as boundary issues with clients, vicarious trauma, professional burnout, and countertransference (Amundson & Ross, 2016; Barnett, 2007; Ivey & Partington, 2014; Stebnicki, 2007). Conversely, when personal wounds are consciously examined and integrated, they can become a source of increased self-awareness, empathy, altruism, and therapeutic attunement, supporting ethical and effective practice rather than impairment (Barnett, 2007; Hayes, 2002).

Based on the premise that practitioners can benefit from engaging in their own personal healing journey, this resource handbook also draws on child and youth care (CYC) perspectives and contemporary literature on mindfulness, sensorimotor psychotherapy, yoga, and stress-reduction techniques to outline practical strategies for self-care and personal growth. CYC perspectives provide an additional lens of Jungian theories by encouraging one to acknowledge and challenge the embedded harm of Eurocentric ideas and history. Generally, CYC is a field shaped by reflexive praxis, relational ethics, and a critical stance toward oppressive structures (Pence & White, 2011; White, 2007). Bringing the Jungian wounded healer archetype into conversation with CYC perspectives therefore requires both recognition of its possible contributions and a critique of its history and limitations.

Taken together, these perspectives shape the scope and intent of this handbook. Practitioners do not have to identify completely with the wounded healer archetype, as the handbook is also for those seeking practices to increase resiliency in a profession of one-way caring that is vulnerable to vicarious trauma and compassion fatigue (Straussner et al., 2018). *Healing the Wounded Healer Handbook* explores the themes of self-awareness, transference/countertransference, professional boundaries, attachment wounds, the importance of ongoing self-care, and overall mental, physical, and spiritual wellness. The following collection of therapeutic techniques and processes aims to help practitioners navigate their own wounds while continuing to serve others effectively. By normalizing woundedness in helping professions, this handbook aims to destigmatize woundedness and vulnerability while promoting holistic professional development. Ultimately, this handbook is an introduction to the wounded healer concepts and practices and is meant

to function as a dynamic living document where counsellors are invited to adapt the content over time to ensure that the practices are relevant.

This handbook is a compilation of exercises adapted by the author from existing literature and practice-based resources. Where exercises are reproduced verbatim, this is explicitly indicated in the endnotes. This approach is intended to ensure transparency of authorship while honouring the theoretical and practical contributions of existing scholarship.

How to Use This Handbook

Healing the Wounded Healer Handbook is not intended to be read linearly or completed in its entirety. Practitioners are encouraged to engage with it flexibly by returning to chapters, exercises, or reflections as they feel relevant at different moments. For example, some readers may be drawn first to journalling or mindfulness practices while others may resonate more strongly with attachment work, shadow exploration, or body-based approaches. For readers who decide to jump to chapters based on needs at the moment, please note that some concepts could potentially be repeated in each section for this reason. Also, in terms of how to use the exercises, repetition, revisiting, and adaptation are expected and welcomed. Healing, as framed here, is not a linear process with a clear endpoint, but an ongoing practice of noticing, integrating, and processing. It is also important to underscore that this handbook does not replace supervision or therapy. Nor does it claim that individual self-work alone can resolve the systemic conditions—such as institutional constraints, neoliberal pressures, and professional isolation—that may contribute to professional burnout and compassion fatigue. Rather, the practices and reflections offered here are best understood as part of a broader system of care that involves relational accountability, collective support, and attention to power and context.

Theoretical Foundations

The foundation and framework of this handbook is inspired by a combination of the Jungian wounded healer archetype and influences from child and youth care (CYC) approaches. These two therapeutic approaches are very different in terms of scope and focus yet share key similarities, such as both being holistic practices that utilize a variety of similar techniques like expressive arts, the therapeutic relationship, and relational reflective practice. Key differences lie in CYC approaches centering anti-oppressive and social-justice perspectives. Despite these differences, the overall notion of the Jungian wounded healer archetype can provide a useful framework for understanding the impact of practitioner lived experience on practice, while CYC perspectives invite us to reckon with our privileges and connections to colonial discourses and histories (Tilsen, 2018).

The Wounded Healer: Origins and Relevance

Swiss psychotherapist and founder of analytic psychology, Carl Gustav Jung (1954/1985) introduced the concept of the wounded healer to contemporary Western psychology field in the mid twentieth century. Jung (1954/1985) borrowed from Greek mythology to symbolize the wounded healer as Chiron—a physically wounded, immortal centaur and renowned healing god who overcame an enduring injury from Hercules' poisoned arrow (Jackson, 2001; Straussner et al., 2018). Jung believed that only the wounded therapist could truly heal and understand woundedness, however, limitations could exist if woundedness remained unresolved (Cvetovac & Adame, 2017; Groesbeck, 1975; Straussner et al., 2018). A key feature of Jung's wounded healer archetype is that being wounded alone does not make a counsellor into a healer, "but the ability to draw on woundedness in the service of healing" (Zerubavel & O' Dougherty Wright, 2012, p. 482) is where the healing power lies (Macfarlane, 2020). Jung, who is often portrayed as a wounded healer who lived with anxiety and avoidant attachment, also claimed that counsellors can only assist their clients to grow and heal to the point where they had healed themselves (Dunne, 2000; Fear, 2023; Hadjiosif, 2021; Merchant, 2012; Perry & Tower, 2023).

Within the counselling field, the wounded healer archetype specifically refers to practitioners who draw upon their past lived experiences (or woundedness) in their therapeutic work (Cvetovac & Adame, 2017; Jung, 1954/1985; Vachon, 2020). The archetype also serves as a framework for understanding counsellor impairment, dual identities of counsellor and client, and the dynamics of transference and countertransference (Amundson & Ross, 2016; Barnett, 2007; Cohen, 2009; Kern, 2014; Kirmayer, 2003; Wheeler, 2007). Jung understood the wounded healer as an essential figure in the therapeutic process, someone who is motivated to become a healer precisely because of their own personal wounds. According to Jung (1954/1985), "a good half of every treatment that probes at all deeply consists of the doctor's examining himself. It is his own hurt that gives the measure of his power to heal" (p. 116). Hillman (1991), a post-Jungian, suggests that the therapeutic encounter is fundamentally about *soul work*—addressing the deeper, often unconscious layers of the psyche that include wounds, shadow aspects, and archetypal patterns.

Much research has demonstrated Jung's conviction that many people who train as counsellors and therapists have a history of trauma which can lead to an inclination to heal the wounds of others (Barr, 2006; Conchar & Repper, 2014; Goss, 2015; Richard, 2012; Victor et al., 2022). As previously highlighted, unresolved wounds can impact boundaries, self-reflection, and empathy fatigue. According to Maté (2022), woundedness arises from

the accumulation of unmet needs and unresolved emotional pain, which, if left unattended, can become embedded in the mind and body. Farber et al. (2005) found that professionals in the mental health field reported experiences of childhood trauma more often than other professionals, and that they described "higher rates of sexual molestation, parental alcoholism, hospitalization of a parent for a mental illness, and death of a parent or a sibling" (p. 1014). Maté (2022) also emphasized that the nature of trauma is not solely defined by external events, but also by an individual's internal response to those events, which in the case of wounded healer counsellors can manifest as chronic stress, boundary issues, emotional dysregulation, or hypervigilance when working with clients. These symptoms may exacerbate if counsellors are continually exposed to traumatic client stories without proper self-care, reflective practices, or other healing processes (Ivey & Partington, 2014).

A prevalent presumption exists that counsellors characterize a "normal" population who are resistant to mental health issues (Kern, 2014; Schroeder, et al., 2015). Thus, wounded healers often struggle to integrate their woundedness and vulnerabilities with their professional persona (Kern, 2014). Self-exploration could also be disregarded due to stigma and possible fear surrounding counsellors disclosing personal woundedness and mental health issues (Coaston & Lawrence, 2022). For example, Williams et al. (2010) argued that the professional identity of counselling professionals is unique in that they are often viewed as being "healthy and others are troubled" which can result in an "image of invulnerability or superiority" (p. 155). Given these potential challenges, focusing on the fundamentals of Jung's wounded healer archetype—particularly the emphasis on ongoing transformation "in order to be enlightened by the experience of trauma and adversity" (Macfarlane, 2020, p. 327)—can support practitioners in becoming "healing healers" rather than "wounding healers" (Cruciani et al., 2024, p. 6). Overall, the nature of woundedness in counsellors who identify as a wounded healer is a complex, multifaceted phenomenon that intersects an individual's unique personal history, professional identity, and the relational demands of therapeutic work.

Post-Traumatic Growth

Understanding woundedness in the context of wounded healers is beneficial because it is not just a source of pain; it can be a source of growth. The field of psychiatry, however, often perceives wounds as creating weakness, viewing trauma as something that primarily leaves scars rather than promoting healing capabilities (Conchar & Repper, 2014). This idea fits more with the idea of wounds being "open" and "stinking" and scars leaving a "hard, inflexible, unable to grow, zone of numbness" (Maté, 2022, pp. 20-21). Similarly, archetypal psychologist James Hillman (1991) explained this archetypal condition of woundedness as

any deep emotional, psychological, or spiritual wound that subconsciously limits a person from being whole and integrated. Yet, through a different lens—especially one influenced by Jungian concepts—wounds may offer opportunities for deeper understanding, empathy, healing and ultimately, transformation. Thus, the potential for transformational post-traumatic growth from overcoming adverse experiences may result in becoming more selfless, attentive, empathetic, and driven professionals (Cohen, 2009; Wolgien & Coady, 1997).

Summary

- The Jungian wounded healer archetype explains how personal woundedness can inform and deepen a practitioner's ability to help others. However, unexamined wounds can lead to negative outcomes such as boundary issues, vicarious trauma, burnout, and countertransference.
- Integrating Jungian perspectives with child and youth care (CYC) perspectives invite both appreciation and critique, situating personal healing within broader relational, social, and systemic contexts.
- The wounded healer archetype is not just about having wounds, but about using personal healing as a source of empathy and transformation in therapeutic work.
- Many counsellors and therapists have personal histories of trauma, which can both motivate their career choice and present unique challenges in practice.
- Stigma and professional expectations can make it difficult for practitioners to acknowledge or address their own woundedness and mental health needs.
- This handbook frames healing as a non-linear, ongoing process that emphasizes practitioner choice, reflexivity, and self-compassion. It does not replace therapy or supervision. Rather, the practices offered are intended to support a broader system of care that involves relational accountability, collective support, and attention to power and context.
- Embracing woundedness as a source of growth, rather than weakness, can foster post-traumatic growth, deeper empathy, and more effective therapeutic relationships.

Chapter 2—Child and Youth Care Perspectives

Child and Youth Care Therapeutic Approach

The contemporary North American Child and Youth Care (CYC) therapeutic approach is grounded in a developmental-ecological perspective which highlights the interaction between individuals and their physical, social, cultural, and political environments (Garfat et al., 2018). Unlike traditional Western counselling models that may focus primarily on internal psychological processes (like Jungian depth psychology), CYC practice places significant value on the everyday life-space of an individual, recognizing that well-being is also shaped by broader societal issues, including systematic oppression and the impacts of neoliberalism.

A hallmark of CYC practice is reflexivity—the commitment to ongoing self-examination, curiosity, and critical questioning of one's work, influences, and assumptions (Tilsen, 2018). Reflexive practice in CYC means not only thinking about the work, but actively and deliberately interrogating the context, motivations, and effects of one's actions (Tilsen, 2018). This process aims to foster humility and uncertainty, encouraging practitioners to deconstruct their knowledge, challenge their certainties, and reject universal truths. As Tilsen (2018) noted, "taking stock of what influences us, where we're coming from, what we are doing, and what our doing does is vital to an ethic of care" (p. 133). Deliberate practice also means committing to ongoing personal and professional growth.

Anti-Oppressive and Social Justice Perspectives

CYC practice is distinguished by its centering of anti-oppressive and social justice perspectives. Practitioners are encouraged to recognize and reckon with their privileges, positionality, and connections to colonial histories and discourses. For example, acknowledging that the counselling profession originated from theories and frameworks which center on the "White, Western, Christian, middle-class, cisgender, heterosexual, male, neurotypical, able-bodied, and colonized experiences as the way of knowing" (Middleton et al., 2023, p. 113). This critical stance invites CYC practitioners to pursue second order change—transformational change that challenges and reshapes existing systems—rather than simply maintaining the status quo through first order change (Tilsen, 2018). Overall, critical CYC frameworks involve re-examining evidence and assumptions, disrupting habitual ways of thinking, and participating in the formation of collective political will (Tilsen, 2018).

How Does the Wounded Healer Archetype fit with CYC?

Integrating the wounded healer archetype into CYC practices requires both appreciation and critique. While Jung's concept of the wounded healer offers a valuable framework for understanding how practitioners lived experiences inform their work, CYC perspectives

challenge the Eurocentric and individualistic roots, advocating for a more relational and collective approach to healing. As stated previously, CYC approaches invite us to question, query, and trouble the colonial history and embedded issues often found in psychological theories such as Jung's, and to acknowledge the harm that can come by not investigating further. For instance, self-reflective work can be viewed not only as an individualistic endeavor, but also as an ethical contribution to the well-being of the collective—children, youth, families, and communities. Thus, I feel that the CYC perspective challenges the wounded healer archetype. For example, Boscaljon (2024) proposed a "fresh appreciation" (p. 15) for Jung's theories through interrogating, decolonizing, and acknowledging the embedded violence, while also connecting the theories to post-Jungians who reinterpret the concepts as encouraging soul-connection and a sense of belonging rather than universality and individuality.

Overall, a CYC approach can potentially complement the wounded healer framework by situating personal healing within a broader context of social justice, relational ethics, and collective transformation. This unique, ever-evolving perspective encourages practitioners to engage deeply with their own assumptions (and wounds), while also working to challenge oppressive systems, and support meaningful changes in the lives of those they work with. Practical applications of CYC practices in this handbook include holistic self-reflection through expressive arts, and reflexive journalling.

Summary

- The Child and Youth Care (CYC) approach emphasizes the importance of understanding individuals within their broader social, cultural, and political environments, not just their internal psychological processes.
- Reflexivity is central to CYC practice, encouraging practitioners to continually examine their own influences, assumptions, and motivations in their work.
- CYC practice is grounded in anti-oppressive and social justice perspectives, challenging practitioners to recognize privilege, positionality, and the impact of colonial histories.
- Integrating the wounded healer archetype with CYC approaches invites both appreciation and critique—balancing personal healing with a commitment to collective and relational well-being.

Chapter 3—Understanding Woundedness in Counsellors

Understanding Woundedness

One of the first steps for any counsellor who identifies as a wounded healer is recognizing and understanding the wounds they carry, as well as the occupational hazards of working in the helping field. Unaddressed wounds in counsellors may lead to challenges such as blurred boundaries, difficulties with self-reflection, and increased risk of countertransference and empathy fatigue. These issues highlight the importance of ongoing personal healing and self-awareness in maintaining effective therapeutic relationships. Wounded healers are often unconsciously drawn to helping professions as a way to heal their own inner woundedness (Sussman, 2007). Therefore, acknowledging these personal motivations is crucial for maintaining professional boundaries, and preventing vicarious trauma, compassion fatigue, and burnout. Hillman (1991) discusses how recognizing one's *shadow*—the parts of the psyche we repress or disown—is a key aspect of soul work. Counsellors are encouraged to explore their shadow through reflective practice, such as meditation, dream journalling, or expressive therapies.

The Nature of Woundedness in Counsellors

Woundedness as it pertains to counsellors, refers to the psychological, emotional, and sometimes physical scars carried by professionals who have encountered significant trauma or hardship in their own personal lives, or through their professional work as a counsellor (Fear, 2023; Sussman, 2007; William et al., 2010). Maté (2022) defined trauma—or woundedness—as "an inner injury, a lasting rupture or split within the self due to difficult or hurtful events" (p. 20). While Levine (2005) distinguished trauma as a "loss of connection—to ourselves, to our bodies, to our families, to others, and to the world around us" (p. 9). Ivey and Partington (2014) defined woundedness as "the ongoing or residual psychological impact of adverse experiences and psychic conflicts" (p. 166). Levine (2005) shared that defining trauma generally is challenging as no two people experience trauma in the same way and that there are a range of factors such as individual history of trauma, family of origin dynamics, and even genetic make-up. However, Levine (2005) also stated that essentially "trauma is about loss of connection—to ourselves, to our bodies, to our families, to others, and to the world around us" (p. 9). Maté (2022) further explained trauma as representing a "fracturing of the self and of one's relationship to the world" (p. 23). This disconnection and fracturing can show up as: a chronic, diminished ability to feel, think, trust, or assert yourself, escaping into work or self-soothing behaviours to avoid overwhelming feelings, or having an impaired capacity to experience the beauty of life (Maté, 2022). The various kinds of counsellor woundedness addressed in the literature consist of the wounds of childhood loss and trauma, attachment issues, compassion fatigue, vicarious trauma, and mental health challenges (Conchar & Repper, 2014;

Cvetovac & Adame, 2017; Farber, 2017; Fear, 2023; Sussman, 2007). Each of these experiences can shape a counsellor's approach to therapy and their ability to form empathetic, relational connections with clients.

Attachment Wounds

In terms of attachment and wounded healer counsellors, Fear (2023) argued they often learn either an insecure ambivalent or insecure avoidant attachment style, thus making the development of a secure base in the therapeutic alliance more difficult to form. Unresolved insecure attachment issues can complicate the therapeutic alliance, possibly leading to negative transference and countertransference dynamics, professional boundaries issues, and less capacity for self-reflection (Marmarosh et al.,2014; Trusty et al.,2005; Ye et al., 2024).

Vicarious Trauma and Compassion Fatigue

The demanding nature of therapeutic work potentially exposes counsellors to emotional exhaustion, vicarious trauma, the risk of burnout, and compassion fatigue (Cruciani et al., 2024; Polsuns & Gall, 2020; Sussman, 2007). Polsuns and Gall (2020) argued that the "culture of one-way caring" in the therapeutic relationship, in which practitioners are "required to demonstrate empathy, compassion, and patience, without the expectation of receiving such care in return from their clients" (p.1) requires significant emotional energy, thus increasing the risk of stress, burnout and professional impairment. Vicarious trauma occurs when counsellors internalize the distress experienced by their clients, leading to symptoms akin to post-traumatic stress disorder (Wheeler, 2007). Compassion fatigue, on the other hand, refers to the emotional depletion that results from prolonged exposure to the suffering of others, often manifesting as reduced empathy and increased cynicism (Cleary & Armour, 2022). Clinical effectiveness can be negatively impacted due to burnout and emotional exhaustion (Cruciani et al., 2024). Polsuns & Gall (2020) underscored that maintaining appropriate boundaries is one way to protect the practitioner from burnout while promoting professional effectiveness.

Mental Health Issues

Lastly, mental health challenges, including vulnerability to anxiety, depression, and suicide often intersect with the wounded healer archetype (Farber, 2017; Sussman, 2007). Williams et al. (2010) detailed practitioner impairment as the inability to perform ones work effectively due to the presence of substance use, mental illness, or other personal issues. Waugh et al. (2017) discussed how practitioner mental illness remains generally misunderstood which in turn harms those affected and that many counsellors enter the profession with their own unresolved mental health issues. Victor et al. (2022) discovered

within their study of clinical psychology faculty and students in North America, 82.2 % of respondents reported experiences with mental health issues. Unaddressed mental health issues are at issue as they can impede a counsellor's capacity to provide effective therapy (Schroeder et al., 2015). Conchar and Repper (2014) contended that when counsellors do not recognize their own woundedness, burnout is often a result. The stigma surrounding mental health struggles within the counselling field can further inhibit counsellors from seeking help, exacerbating their challenges and potentially compromising client care (Clearly & Armour, 2022; Coaston & Lawrence, 2022; Fisher, 2023). Farber (2017) and Sussman (2007) argued that depressed therapists are at risk of suicide and that the incidence of suicide is high among mental health professionals. The occupational dangers of the mental health profession are high stress, dissociation, lack of self-care, and burnout (Farber, 2017; Sussman, 2007).

The Importance of Self-Care

Consistent self-care routines are fundamental for counsellors, as they promote resilience, help normalize the experience of woundedness, and enhance the capacity to support clients effectively. According to Maté (2022), unattended woundedness can become embedded in the mind and body. Counsellors should have a variety of mind-body strategies as part of a healthy practice to sustain their personal self, such as guided imagery or visualization, breathing exercises, relaxation techniques, or mindfulness and meditative activities (Stebnicki, 2007). Additionally, regular personal therapy and supportive group processes could provide a space where counsellors can explore their woundedness outside of the therapeutic relationship with clients. Hillman (1991) takes this further by suggesting that therapy is an ongoing process of soul-making, where the individual continuously works through their psychological wounds. Rather than seeing self-care and therapy as something to *complete*, Hillman (1996) viewed it as an evolving life-long journey, allowing time to engage with unconscious material while moving gradually toward self-awareness and growth.

From a Child and Youth Care (CYC) perspective, it is essential to recognize that not everyone has access to life-long therapy. Privilege, socioeconomic status, and systemic barriers often determine who can seek and benefit from ongoing therapeutic support. Mind-body practices (such as yoga, mindfulness, and somatic processes) are included in this handbook as they are accessible, affordable, and adaptable.

A Plan for Sustainable Practice

The emotional and psychological demands of therapeutic work, particularly for practitioners who identify as wounded healers, can quickly deplete personal resources, leading to burnout, compassion fatigue, vicarious trauma, and professional impairment

(Stebnicki, 2007). This handbook is designed to help practitioners recognize and address their woundedness, offering a variety of practical strategies—such as self-compassion and mind-body practices—that foster resilience and sustainable practice. Skovholt and Trotter-Mathison (2025) recommend nurturing self-compassion when working in a profession where practitioners become experts in the one-way caring relationship. While Levine (2005) highlights the importance of body-based therapies for processing trauma, suggesting that many wounds are stored not only in the mind but also in the body, thus practices such yoga and mindful breathing exercises processes are included. By integrating these approaches, counsellors can transform their vulnerabilities into strengths, ensuring they can support others effectively while maintaining their own well-being.

Summary

- Counsellors often carry psychological, emotional, and sometimes physical wounds from personal trauma or professional experiences, which can impact their effectiveness and relationships with clients.
- Understanding the types of woundedness that counsellors experience is crucial for promoting one's well-being and effectiveness.
- Attachment issues, such as insecure-ambivalent or avoidant styles, can complicate the therapeutic alliance and contribute to professional challenges.
- Vicarious trauma and compassion fatigue are potential occupational hazards, resulting from prolonged exposure to clients' suffering and the "one-way caring" nature of the profession.
- Mental health challenges, including anxiety, depression, and suicide risk, are prevalent among helping professionals, and stigma can prevent practitioners from seeking support.
- Woundedness through the wounded healer lens is not all negative, but is presented as a counsellor's strength, or mark of knowledge, which can increase one's empathetic abilities, flexibility, altruism, openness to uncertainty, clinical skill, and therapeutic effectiveness.
- By addressing these wounds through appropriate self-reflection and supportive practices, counsellors can cultivate a deeper understanding of their own experiences, transforming vulnerabilities into strengths that enhance their therapeutic work.
- Sustainable practice includes self-awareness, self-compassion and mind-body strategies to prevent burning out and promote long-term wellness.

Chapter 4—Self-Reflection and Identifying Wounds

Practices for Self-Reflection and Identifying Wounds

Self-reflection is at the heart of personal and professional growth for practitioners in the helping field, and a first step to understanding one's own wounds (Hayes, 2002; Sussman, 2007). Understanding one's woundedness, motivations, and patterns is more than a matter of self-awareness, it is essential for ethical, effective, and sustainable practice (Barnett, 2007; Ivey & Partington, 2014). Rather than approaching woundedness as something to eliminate or fix, this chapter frames self-reflection as an ongoing process of awareness and integration that requires curiosity, compassion, and intentional practice (Hillman, 1991; Macfarlane, 2020). The following processes invite practitioners to embark on an inward journey, exploring the nature of one's wounds (such as attachment wounds) and the ways they potentially shape therapeutic work with others (Fear, 2023; Marmarosh et al., 2014). The exercises in this chapter emphasize journalling, reflective writing, and body-based awareness as accessible entry points into self-exploration (Ogden et al., 2006; van der Kolk, 2014). Writing practices support the expression of unconscious material and the articulation of internal narratives, while somatic reflection encourages attention to how wounds may be held in the body (Levine, 2005; Ogden & Fisher, 2015). Together, these approaches help practitioners identify patterns related to motivation, attachment, emotional reactivity, and self-judgment that may influence their work with clients (Hayes, 2002; Sussman, 2007). Importantly, self-compassion is also centered as a necessary companion to self-reflection. Engaging with one's wounds may evoke vulnerability, discomfort, or grief (Coaston & Lawrence, 2022; Maté, 2022). For this reason, the practices offered here encourage pacing, choice, and kindness toward oneself.

Self-Reflection Through Journalling

One of the most effective ways to access the inner world of feelings is through writing to yourself, because you can let your thoughts flow out onto paper and not worry about other people's judgment (van der Kolk, 2014). Journalling can accompany other healing processes, like mind-body practices, by providing a framework for observing thoughts, reactions, and emotions that could emerge (Ogden et al., 2006). van der Kolk (2014) noted that writing allows one to go into a kind of trance state where your pen (or keyboard) becomes a channel for whatever needs to surface from the unconscious. This process can allow thoughts and images to come up that you might be avoiding, or perhaps that you were not consciously aware of. One expressive Jungian process is the act of sitting with an image, noticing associations and intuitions, which can then result in insight and healing (Goss, 2015). Writing to yourself can help one to move out of dissociated states by providing a safe connection with one's inner thoughts, feelings, and perceptions. The

following exercises require recording your thoughts either by hand on paper or on a laptop or another device, and quiet time to reflect.

Free Writing

Free writing is a reflective practice that draws on Jungian approaches to imagination and free association. Free association refers to allowing thoughts, images, and emotions to emerge without deliberate direction or evaluation (Goss, 2015). From an archetypal perspective, expressive techniques, like free writing, involve the process of connecting with one's psyche (or unconscious) in an indirect, imaginal mode where one is careful not to interpret what is written, instead allowing a flow of ideas (Perry & Tower, 2023). The following exercise is adapted from a combination of processes described by van der Kolk (2014) and Goss (2015).

The practice of free writing involves starting with observing an object that can assist the process of streaming free associations. A random object is used in this practice as an imaginal anchor rather than a symbol to be interpreted. The purpose of this exercise is to indirectly access unconscious thoughts, feelings, and memories.

Free Writing Practice[1]

The following practice invites engagement with imaginal material, offering an opportunity to explore inner experience at your own pace and with self-compassion.

Start by selecting an everyday object, then simply writing the first thing that comes to your mind as you look at the object, then keep on going without stopping, re-reading, or crossing anything out. For example, a pottery mug may trigger memories of art classes—or of being bullied. Or perhaps the mug was passed down through the generations and thus could trigger memories of family holidays, lost loved ones, or family stories. Through this process, an image related to the object may emerge, then a memory, and then a series of sentences. Whatever shows up on the page will be a manifestation of associations that are yours exclusively.

Identifying Your Wounds

This journalling exercise invites one to begin reflecting on the nature of counsellor woundedness through exploring unresolved or unnoticed personal wounds and how these experiences may have influenced one's motivation to enter the counselling profession. Because trauma and woundedness often operate beneath conscious awareness—as inner injuries that fragment one's relationship to self and others (Levine, 2005; Maté, 2022)—intentional reflective practices can be essential. As counsellors work through themselves as their primary instrument, developing self-knowledge is foundational to effective, sustainable practice (Hayes, 2002; Sussman, 2007). This exercise is inspired by research suggesting that many counsellors are drawn to the profession through lived experiences of woundedness and that unexamined motivations can influence professional practice (Bryce et al., 2023; Cruciani et al., 2024; Ivey & Partington, 2014).

Identifying Wounds Practice

The purpose of the following journalling exercise is not self-judgment, but increased awareness. By bringing curiosity and compassion to this reflection, practitioners can begin to transform unexamined woundedness into a source of insight.

Questions may include:

- *What personal experiences have drawn me to this profession?*

- *What unresolved wounds may I not be aware of?*

- *How could these wounds influence my work with clients, either positively or negatively?*

Self-Compassion Journal

A self-compassion journal is a reflective practice that invites practitioners to respond to distressing experiences with kindness, understanding, and acceptance rather than self-judgment. This practice supports the development of higher self-esteem, a more compassionate internal dialogue, and may provide relief from the stress and anxiety of comparing oneself to others (Davis et al., 2019).

Self-compassion journalling may be especially supportive for counsellors, given the emotional demands and one-way caring inherent in therapeutic work (Skovholt & Trotter-Mathison, 2025). The following exercise was adapted from Davis et al. (2019) who suggested that when practiced regularly this writing process can become a positive habit that supports sustainable practice.

Self-Compassion Journal Practice[2]

This process involves recalling a difficult experience, therefore mindfully engage with the practice at your own pace and pause or seek additional support if it evokes too much distress (Davis et al., 2019). The purpose of this practice is to notice that one's own opinion of oneself can be a significant source of stress in life and that self-compassion can help release self-judgement while increasing a sense of well-being.

- *Once a day, whenever you have dedicated time and space for reflection, write down the most distressing experience you have had that day.*
- *Include what happened, how you felt, your thoughts, and what, if anything, you did in response.*
- *Conclude with a compassionate response to the memory that recognizes three facts: you are only human, you can be mindful of pain and let it pass, and you can be kind to yourself.*

Attachment Wounds

Building on the conceptual overview of attachment wounds in the last chapter, this section invites practitioners to explore how attachment patterns may live in their own bodies, emotions, and relational habits. The practices below emphasize experiential awareness, somatic regulation, and visualization techniques.

Attachment is defined as an enduring emotional bond formed with a significant other (Degnan et al., 2016). According to Bowlby's (1988) foundational work, both positive and negative patterns of attachment with early caregivers persist throughout life, shaping a person's emotional capacities and relationships (Trusty et al., 2005). While insecure attachment styles—such as ambivalent or avoidant—can develop in response to childhood trauma, research suggests that these patterns are flexible and can be transformed through nonjudgmental awareness and intentional healing practices (Fear, 2023; Schiraldi, 2021).

When counsellors have unresolved insecure attachment patterns, it can potentially complicate the therapeutic alliance (Levine, 2010). Marmarosh et al. (2014) asserted that therapy is most beneficial to clients when they can develop a secure attachment to a therapist while creating a secure base from where they can explore issues and develop new ways of coping. In terms of wounded healer counsellors, Fear (2023) argued they often learn either an insecure ambivalent or insecure avoidant attachment style, thus making the development of a secure base in the therapeutic alliance more difficult to form. Unresolved insecure attachment issues can complicate the therapeutic alliance, possibly leading to negative transference and countertransference dynamics, professional boundary issues, and less capacity for self-reflection (Marmarosh et al.,2014; Trusty et al.,2005; Ye et al., 2024).

Concerning professional effectiveness, Cruciani et al. (2024) noted that counsellor functionality is directly associated with attachment histories, empathetic capacity, and the ability to create and sustain alliances. Thus, a healthy attachment alliance with one's counsellor benefits client outcomes. Interestingly, researchers have also found that increases in attachment anxiety in counsellors resulted in increases in empathy and deeper interventions (Marmarosh et al., 2014; Trusty et al., 2005). However, Degnan et al. (2016) examined the impact of therapist attachment style on the therapeutic alliance and discovered that working with emotions could provoke over-involvement in more anxiously attached therapists, resulting in negative transference, boundary violations, and client dependency. Whereas, avoidant attachment can result in practitioners being detached, emotionally disengaged, or reluctant to delve deeply into aspects that might be helpful for a client (Degnan et al., 2016; Marmarosh et al., 2014). These therapeutic alliance

imbalances, such as overidentifying with a client, can potentially lead to counsellor impairment in the form of compassion fatigue or burnout (Sussman, 2007).

Healing Attachment Wounds: Loving Messages Imagery from Parents or Caregivers

Emotional well-being and secure attachment in adults are often associated with happy memories of affectionate and available parents (Schiraldi, 2021). However, what if you have negative memories of toxic stress and trauma instead? Trauma researcher Bessel van der Kolk (2014) notes that these kinds of memories can be repatterned and rewired through imagery that evokes feelings of love, safety, and calm.

The following imagery process was developed by Schiraldi (2021) to help heal younger parts that may not have heard the loving messages they needed to hear to feel loved, safe, and cared for. If the practice of imagery is unfamiliar, allow yourself some time to get used to the process, try approaching it with curiosity, and know that with repetition it gets easier and more effective.

Loving Messages Imagery from Parents or Caregivers Practice[3]

Start by finding a comfortable place to relax where you won't be disturbed. Bring your awareness to your breathing and start to breathe slowly and deeply into your belly, allowing yourself to relax as you focus on the rise and fall of your belly. Imagine releasing tension, anxiety, and stress on the exhalations. If it feels comfortable, close your eyes, or simply lower your gaze. You can read and apply the following instructions one at a time, have someone read to you, or record yourself and listen.

> *Visualize or imagine yourself at a stage in your childhood that you needed to hear loving messages from your parent(s) or caregiver(s). Imagine you are resting comfortably somewhere—in your room, on a couch, or somewhere cozy and safe. Now imagine, if you can, two ideal parents next to you. Their facial expressions, posture, gestures and tone of voice emanate safety, calmness, and love. They enjoy each other's company and that makes you feel safe.*
>
> *Imagine these two loving parents gazing at you with love. You notice their loving faces, comfortable stances, and soothing voices. See how they are fully present with you, focused and attentive. Notice how you feel safe and loved with them. You might notice as your eyes meet,*

you return their loving gaze. Perhaps one puts a hand on your shoulder. They smile as they enjoy your presence. And you smile…and feel close to them. Notice this feeling in your body. Visualize or imagine that these caring parents tell you loving messages, alternating so that you can hear them speak. Notice the soothing rhythm and pleasant tone of their voices as they speak these words:

Welcome to our home.

We are so glad you here…so glad you are in our lives

We wanted you to be born and to come to our family

You are precious and worthwhile to us

We love you…right now…just as you are

We will always love you…always!

The way we look at you, listen to you, and speak to you lets you know we love you

You are so beautiful to us

All our children are beautiful deep inside…and fun to be with. We enjoy being with you and spending time with you

We love watching you grow up

All your feelings are alright with us. Whatever you feel, we'll also feel. When you are happy, we'll feel happy with you. When you are crying or afraid, we will pick you up and hold you and comfort you…and you'll know that things will be alright. When you are angry, we will soothe your pain.

We'll take care of you…love and protect you…and help you learn to take care of yourself.

You'll always carry our love in your heart and find comfort there.

They embrace you with a loving, soft hug and you feel a sense of ease and calmness. Maybe there's a smile on your face as you enjoy this moment. Check in with your body. Notice what you are feeling, your breathing, and other sensations. Notice what is happening with your emotions.

Through repeated practice, and visualizing and journalling about these ideal parent figures, these experiences may help the nervous system learn new patterns of emotional regulation, supporting the development of greater relational safety and increasingly secure attachment.

The Legacy of Attachment—A Positive Relational Experience

Our early attachment relationships leave us with both positive and negative legacies. Ogden and Fisher (2015) describe this as implicit *relational knowing* that influences how we interact with others—the automatic patterns, learned sounds, facial expressions, and behaviours that we were taught to produce desirable responses. Ogden And Fisher (2015) created the following exercise to explore how these patterns may have shaped beliefs, emotions, and bodily responses.

A Positive Relational Experience Practice[4]

The purpose of this exercise is to help you explore your capacity to form and sustain meaningful connections with others. By reflecting on early attachment relationships, this practice invites you to notice how your past relational experiences may continue to shape your sense of safety, connection, and satisfaction in relationships today.

Think about positive experiences with a childhood attachment figure (parent/caregiver, aunt, uncle, grandparent, sibling, teacher, neighbour, family friend, or peer) and choose one relationship to explore. Even if this relationship included difficult or painful aspects, focus on a moment or experience that felt positive, supportive, caring, or safe.

Describe your positive relational experience:

Imagine that person is in the room with you right now just as they were during the positive experience. Take your time to imagine that they are with you, maybe sitting beside you or across the room. Check in with your thoughts, emotions, and felt sensations that come up when you imagine this person in the room with you.

When ready, record these perceptions below, in a journal, on your laptop, or wherever works for you.

Thoughts:
Emotions:

After completing the exercise, take a moment to reflect on how this positive relational experience might support your sense of safety, connection, or ease in relationships. Notice what positive qualities are present and how these may feel in your body. These moments of positive attachment can serve as a resource for the nervous system, offering an alternative to older relational patterns that may no longer be helpful. By returning to and strengthening experiences of support and safety, this practice may begin the process of reclaiming and deepening your positive attachment legacy and transforming the attachment imprints you want to change (Ogden & Fisher, 2015).

Summary

- Self-reflection is a foundational practice for identifying personal woundedness and understanding how it may influence professional practice.
- Through journalling, reflective questioning, and somatic awareness, practitioners are invited to explore their motivations, unresolved wounds, and attachment patterns with curiosity and compassion.
- The practices emphasize self-compassion, choice, and pacing, recognizing that engaging with woundedness can be emotionally demanding.
- By increasing awareness of internal experiences and attachment patterns, practitioners can strengthen professional boundaries, deepen reflexivity, and support more sustainable practice.

Chapter 5—Exploring the Land of the Shadow

One does not become enlightened by imagining figures of light, but by making the darkness conscious. The latter procedure, however, is disagreeable and therefore not popular.

(C.G. Jung, CW 13, para 335)

Understanding the Shadow

For wounded healers, exploring the shadow means acknowledging, examining, and accepting the unconscious parts of the ego that we often reject, hide, or are not aware of (Perry & Tower, 2023). Jung (1959/1990) offered many descriptions of the paradoxical nature of the shadow, such as the "rotting vegetable rubbish" that, when transformed, becomes compost, darkness that contains light, and depression that holds "the seeds of useful anger" (Perry & Tower, 2023, p. 4). Levy (2011) defines the psychological shadow as the underdeveloped, undesirable parts of our personality, the aspects we are least proud of and want to hide from others. However, the shadow is not something to be eradicated, but rather integrated. By making consistent efforts to become conscious of our shadow side, we can potentially discover hidden strengths and renewed creativity within (Hillman, 1991). Confronting the shadow involves the uncomfortable work of disassembling a lifetime worth of defenses. These defenses are often put in place for good reasons, yet we often keep them in place after they are no longer needed, thus, creating an *armour* that covers highly sensitive skin underneath (Levy, 2011). Underneath the shadow one could find vulnerable emotions such as shame, embarrassment, guilt, humiliation, and regret (Mathew & Mathew, 2023). The process of facing the shadow requires imagination, curiosity, courage, honesty, compassion, and vulnerability while also serving as a fundamental part of the individuation process.

The Shadow in the Body

Jung (1989) believed that the body and soul are deeply connected: "the body is merely the visibility of the soul, the psyche: and the soul is the psychological experience of the body. So, it is really one and the same thing" (p. 355). Bratherton (2023) contended that when we are taught family and cultural rules about what is right and what is wrong while growing up, we inevitably repress parts of ourselves to fit in. These repressed parts can become part of our shadow. Bratherton (2023) further argued that these "unlived" parts can possibly manifest as illness or disease (p. 60). For example, a person's nervous system can be adversely impacted by growing up in an unsafe environment, resulting in hyperarousal and a chronic feeling that their environment is unsafe. Jung (1989) argued that when processing the shadow, knowing and reflecting on the concept mentally was not enough. Mind-body

approaches can help integrate shadow aspects through identifying and accepting inner tensions stored in the body and thus support holistic healing.

Challenging the shadow is an essential component for healing, personal integration, and individuation because it involves bringing awareness to parts of ourselves that have been disowned, suppressed, or pushed out of conscious awareness in order to survive (Hillman, 1991; Jung, 1959/1990; Perry & Tower, 2023). These shadowed aspects often develop in response to early relational experiences, cultural expectations, or traumatic events, and while they may once have served a protective function, they can continue to influence behaviour, emotional responses, and relational patterns long after the original context has passed (Mathew & Mathew, 2023). When shadow material remains unconscious, it is more likely to be expressed indirectly—through projection, emotional reactivity, avoidance, or rigid patterns of coping—rather than being met with choice and reflection (Jung, 1959/1990; Stevens, 2001).

From a mind–body perspective, the shadow is not held only in the psyche, but also in the nervous system and the body (Ogden & Fisher, 2015; van der Kolk, 2014). Experiences that were overwhelming, unsafe, or unsupported may never have been fully processed and instead become embedded as patterns of physiological activation or shutdown (Levine, 2005; van der Kolk, 2014). Repressed emotions such as fear, anger, grief, or shame can manifest somatically as chronic muscle tension, pain, fatigue, shallow breathing, hypervigilance, dissociation, or difficulty relaxing (Levine, 2010; Ogden & Fisher, 2015). In this way, the body often carries what the mind has learned to avoid. Attending to bodily sensations, patterns of arousal, and felt responses allows practitioners to notice where shadow material may be held and how it continues to shape their internal and relational worlds (Mathew & Mathew, 2023). By gently bringing these embodied experiences into awareness, the nervous system can begin to renegotiate safety, supporting integration rather than continued fragmentation (Ogden & Fisher, 2015; van der Kolk, 2014).

Drawing Out the Shadow[5]

Mathew & Mathew (2023) developed the following simple method to identify shadow aspects, hidden emotions, and trauma in the body by creating a drawing of the body. The drawing doesn't have to be beautiful or artistic. The aim is to be imaginative and connect with our hidden aspects.

- *Using a large piece of paper, make two big, very simple outlines of your body, front and back.*
- *While observing these drawings, note the feelings and emotions of each part. Which parts feel OK? Which parts do not feel OK?*
- *Use coloured pens, pencils, paint, textures, symbols, and/or collage to depict how you feel about different areas.*
- *Think about the skin and what lies beneath it. Perhaps imagine a story emerging from a part that is not feeling OK. Are there any images that arise? What does it need to feel better about itself?*
- *Integration, unearthing, and understanding are the goals—embrace all aspects of yourself with curiosity and compassion.*

Drawing Mandalas

Mandalas are circular, sometimes geometric drawings that function as a way to symbolize one's inner world. From a Jungian perspective, mandala drawing is a not approached as a planned task, but as a process that unfolds in response to one's inner psychological state (Jung, 1989). During a time of professional uncertainty, Jung began creating mandalas to externalize and track shifts in his consciousness (Jung, 1989; Mathew & Mathew, 2023). Jung (1989) described beginning his mandala drawings without knowing what would emerge, allowing colours, shapes, and patterns to develop spontaneously as an expression of his psyche at that moment:

> *I sketched every morning in a notebook a small circular drawing, a mandala, which seemed to correspond to my inner situation at the time. With the help of these drawings, I could observe my psychic transformations from day to day. (p. 195)*

The mandala doesn't have to be beautiful or artistic. The aim is to be imaginative and connect with one's unconscious hidden aspects. Attention is placed on the process of creation and the experience of drawing, with meaning often becoming clearer only through reflection over time rather than immediate interpretation (Mulcahy, 2013).

Mandala Drawing Practice[6]

You will need blank paper, coloured pens, pencils, paint etc. Mandala drawing often begins without a plan. This process involves allowing images to emerge as a response to current inner states.

- On a blank piece of paper, mark a central point, then draw a circle that is big enough to allow drawing within it.
- Breathe deeply, let your mind empty, allowing thoughts to float by, and let your hands draw freely. Try closing your eyes or using your non-dominant hand.
- Repeating this exercise regularly allows patterns and symbols to emerge over time. What patterns, symbols, or colours recur or change? What stays the same? Is this meaningful?

Knowing your own darkness is the best method for dealing with the darkness's of other people. One does not become enlightened by imagining figures of light, but by making the darkness conscious. The most terrifying thing is to accept oneself completely. Your visions will become clear only when you can look into your own heart. Who looks outside, dreams; who looks inside, awakes.

(Jung, 1973, p. 33)

Dreams and Nightmares

Jung (1933) theorized that dreams are a powerful window into the unconscious mind. From a Jungian perspective, dreams contain unconscious archetypal imagery and complexes capable of explaining an individual's inner psyche (Stein, 2010). Complexes, which are clusters of emotionally charged memories and associations connected to traumatic experiences, family patterns, and cultural conditioning, often shape the content of our dreams (Stein, 2010). Through observing dreams (and nightmares) over time, patterns in imagery, scenes, and situations can emerge, bringing hidden aspects of ourselves into conscious awareness, supporting the process of individuation and personal growth (von Franz, 1964).

Nightmares, though distressing, are also meaningful as they often point to wounds, fears, or shadow aspects that are seeking attention and integration (Aizenstat, 2011). Nightmares, in particular, can be invitations to face what we fear or avoid (Aizenstat, 2011). Rather than trying to suppress or ignore them, approaching nightmares with curiosity and compassion can reveal important insights about our inner world (Mathew & Mathew, 2023). By exploring the feelings, images, and stories in our dreams and nightmares, we can begin to accept and integrate parts of ourselves that we might otherwise reject.

Dream Journalling

Dream journalling is an accessible and practical way to engage with one's unconscious mind (or psyche). By recording dreams and nightmares over time, practitioners can create a record that may reveal patterns, themes, and changes. This practice, adapted from Mathew & Mathew (2023), can help one become more aware of their inner landscape, support emotional processing, foster self-awareness, and learn from one's shadow.

Dream Journalling Practice[7]

The purpose of this exercise is to help practitioners develop an ongoing relationship with unconscious material as it emerges naturally, rather than attempting to interpret or resolve dreams immediately. Regularly recording dreams can assist with revealing patterns, emotional themes, and recurring images that may reflect unresolved experiences, relational dynamics, or shadow material influencing waking life.

- *Start by recording your dreams as soon as you wake up. Write everything down, even if it's just a fragment, image, or feeling. Keeping a notebook by your bed can be helpful.*
- *Note the setting, characters, actions, emotions, symbols, or unusual elements.*
- *Who is the "you" in the dream? Usually, but not always, all the characters in dreams can be viewed as aspects of ourselves.*
- *Where are you in time? Is it meaningful?*
- *Are there people in the dream? Who are they? Sometimes it's possible to ask dream characters to tell you about themselves.*
- *Pay special attention to dreams and nightmares that stay with you—dreams that linger often have undiscovered layers.*
- *Free association can be helpful*[7]*. Open your mind to all kinds of imaginative links.*
- *Some dreams have a dominant colour, texture, or smell that might be useful.*
- *For a nightmare, ask what the shadow wants to bring to your attention? What needs to be understood and integrated?*

[7] Free association is the practice of allowing whatever thoughts, feelings, or images that come to mind to be expressed (Goss, 2015).

Reflexive Journalling

The following journalling exercise can increase self-awareness and critical reflection on personal, cultural, and systemic influences. Reflexivity differs from reflection as it requires challenging assumptions, interrogating power relations, and deconstructing our responses in order for other possible constructions to emerge (Tilsen, 2018). This process found in CYC practice, and adapted from Tilsen (2018), could be viewed as akin to Jungian shadow work, as our assumptions and intrinsic values are sometimes unacknowledged and hidden in our unconscious.

Mapping Your Influences Journalling Practice[8]

The purpose of this journalling practice is to highlight areas where you may feel uncertainty or discomfort. This process can be used to critically reflect on perspectives, assumptions, and power relations of any experience, such as a movie, an interaction, a discussion, and so forth. Set aside 15-20 minutes in a quiet space to journal. Consider the following prompts:

- *What personal experiences, values, or beliefs shape my approach to care?*
- *What discourses[8], institutions, or people would support my approach to care?*
- *How does my social location (e.g., gender, class, race, sexuality, ability, age, ethnicity, religion, education, etc.) influence my work?*
- *Where do I notice privilege or marginalization in my practice?*
- *What assumptions do I bring to my relationships with clients?*
- *What discourses do these assumptions reflect?*
- *What are the effects of how I understand this on other people?*

[8] Discourse is associated with post modernism, post structuralism, and the work of Michel Foucault (Madigan & Law, 1998). In this context, the term discourse refers to the complexities of social and power relations as well as socially constructed systems of meaning that shape identity, relationships, and professional practice (Madigan & Law, 1998; Tilsen, 2018).

Jungian Shadow Work Group

Peer support groups offer significant benefits for counsellors by providing a space to gain deeper understanding of themselves and each other, as well as insight into their conscious and unconscious interactions (Grotjahn, 1993). The group process may offer a safe container where practitioners can be honest and free in their responses, fostering emotional growth and self-awareness. Grotjahn (1993) recommends that seasoned counsellors can benefit more from group work with other counsellors as many often have mastered the one-to-one relationship of individual therapy and supervision, often limiting further personal progress from occurring. Within the peer support group, practitioners may be able to communicate more freely, supporting each other in ways that may not be possible in hierarchical or formal supervision structures, at the same time deepening their peer relationships. Reynolds (2019) emphasizes the importance of collective care and relational support, highlighting that self-care is not just an individual responsibility but a shared, collective process. Additionally, working through the unconscious shadow aspects of the self can be more effective when peers act as mirrors, reflecting what individuals may not consciously see in themselves (Mathew & Mathew, 2023). The following group process focuses on Jungian shadow work, offering a pathway for counsellors to explore and integrate their woundedness all while creating a community of care.

Group Process: Exploring the Unseen Self Through Jungian Shadow Work

This group process is inspired by and grounded in Jungian archetypal theory and relational group processes that support the exploration of one's shadow—the unconscious, disowned, or unseen aspects of the self (Stevens, 2011). Shadow work involves the demanding and sometimes painful process of bringing these disowned aspects into awareness and to enter into relationship with them (Jung, 1959/1990; Stevens, 2001). Jung (1959/1990) stressed that the lifelong task of individuation requires confronting the shadow. Jung (1959/1990) also noted that shadow aspects are rarely encountered in isolation and that unconscious material is often projected onto others, making relationships a primary site for revealing the shadow. This group process acknowledges that interpersonal reactions—irritation, admiration, envy, discomfort—could be potential doorways into unconscious material and are therefore explored with care.

The following process invites participants to create a contained, safe, supportive, space for practitioners to encounter parts of themselves that are often hidden, projected, rejected, or unnamed. The presence of others can be essential in revealing what remains unseen.

For a group of practitioners, Grotjahn (1993) recommends the analysis of individuals be the work of the group, rather than just one facilitator.

Purpose of the Group

The group approaches unconscious shadow aspects not as something to remove, but as a source of vitality, creativity, and parts of a rejected self, which can be acknowledged and integrated (Hillman, 1991). Owning one's shadow can result in seeing one's actions more clearly and making more ethical choices, thus positively impacting one's professional practice (Stevens, 2001). Central to the group's purpose is the normalization of woundedness and shadow as a shared human condition, not a personal failure, and thus potentially reducing guilt, shame and stigma.

Group Structure

- Group Size: 5–8 participants
- Session Length: 90 minutes
- Frequency: Weekly or biweekly
- Format: Closed group recommended

Group Guidelines (Co-Created)

Participants collaboratively establish guidelines/agreements that help form the safe container for shadow work to emerge. These may include:

- Confidentiality and care for shadow material.
- Consent-based reflection and feedback.
- Respect for difference and non-resolution.
- Permission to pause, pass, or step back.

Role of the Facilitator

The facilitator serves as a container-keeper rather than interpreter. Group members can take turns in the facilitator role, or the group can decide what this role will look like. Responsibilities could include:

- Maintaining a safe therapeutic container.
- Acknowledging the process could include peer projection or difficult emotions.
- Supporting reflection through image, metaphor, and curiosity.

Considerations

- Shadow work proceeds slowly and relationally.

- Disclosure is never required.
- Facilitators remain attentive to overwhelm and dissociation.
- Individual therapy, supervision, peer counselling, or body work is encouraged alongside group participation.
- Shadow work is framed as a lifelong journey rather than a task to complete.

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1. Opening and Grounding (10–15 minutes)

- Brief check-in focused on affect or imagery (What image or feeling are you arriving with?).
- Brief mindfulness practice to support nervous system regulation (Quick Body Scan).
- Group active imagination process (Goss, 2015) to connect with unconscious imagery:

Active Imagination is essentially a form of guided visualization that involves relaxing into a liminal state half-way between sleep and waking. Jung described the process as dreaming while awake (Goss, 2015). To achieve this state, get as comfortable as possible, take a few deep breaths, and focus on letting your body relax completely. Passive or progressive muscle relaxation can also help the group to feel more relaxed. In this state of relaxation before consciousness is lost, one can access unconscious imagery:

1. *Empty the mind, breathe, and let go. Ask the unconscious to show itself.*
2. *Allow spontaneous fantasy images to appear.*
3. *Evaluate the insights and notice themes or patterns in the imagery.*
4. *Apply it to ordinary life through sharing with the group or taking notes of insights*.

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2. Shadow Invitation (20–30 minutes)

Open the floor to anyone who wants to present material connected to the shadow, such as:

- A recurring emotional reaction.
- A dream or image.
- A relational pattern.
- A part of the self that feels unwanted or incongruent.

The stories are shared without interruption or interpretation.

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3. Reflective Witnessing (20 minutes)

Group members can respond through symbolic reflection and insight (trying to avoid advice, cognitive explanation, or psychological labeling):

- Images or metaphors evoked by the story.
- Emotional resonances when listening to the story.
- Themes that echo one's own experience.

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4. Exploring the Unseen (15–20 minutes)

With consent, the facilitator supports gentle inquiry, emphasizing curiosity over clarity. The following questions may be used:

- What feels unfamiliar or surprising here?
- What qualities are present that may have been disowned?
- Where might this part serve or protect something vital?

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5. Integration and Closing (10 minutes)

- Participants name one word, image, or sensation they are leaving with.
- A brief grounding practice (body scan, breathing, etc.) to support re-entry into daily life.

Summary

- The Jungian shadow concept is the disowned, unconscious aspects of the self that develop through personal history, relational experiences, and cultural expectations (Jung, 1959/1990).
- One's shadow is framed not as something to eliminate, but when explored and brought into awareness can lead to profound healing, integration, creativity, and self-understanding (Jung, 1959/1990; Perry & Tower, 2023).
- Shadow aspects often emerge indirectly and unconsciously through projection, emotional reactivity, bodily sensations, dreams, and relational patterns rather than through conscious intention (Jung, 1959/1990; Stevens, 2001).
- Facing the shadow involves coming to terms with what we repress and project, and learning to embrace all aspects of our nature, both positive and negative.
- Mind–body approaches to shadow work are highlighted, recognizing that shadow material may be held in the nervous system and expressed somatically through tension, discomfort, dissociation, or dysregulation (Ogden & Fisher, 2015; van der Kolk, 2014).
- Group Jungian shadow work is emphasized as a collective, relational approach to exploring unconscious material, as shadow often becomes visible in relationship rather than in isolation (Grotjahn, 1993; Jung, 1959/1990).

Chapter 6—Transference and Boundaries

Transference, Countertransference, and Professional Boundaries

The Jungian concept of transference/countertransference is a complex, unconscious projection process that occurs in therapeutic relationships (Groesbeck, 1975; Jung, 1954/1985; Kirmayer, 2003). Transference is the unconscious transfer of feelings, projections, and impulses onto other people we are in relationships with, such as friends, partners, co-workers, and counsellors (Goss, 2015). While countertransference occurs when the counsellor transfers feelings, projections, and impulses back onto the client (Goss, 2015). Wounded healer counsellors can be particularly vulnerable to these dynamics due to the personal nature of their own unresolved wounds. Transference occurs automatically in every "normal nonclinical" interpersonal interaction, can be problematic due to unconscious triggers, and may be difficult to control, resulting in "snap judgements," especially if a troubled past relationship or trauma is evoked (Anderson & Przybylinski, 2012, p. 381). This is significant in terms of effective counselling as these unconscious triggers could negatively affect trust within the therapeutic relationship. Building on these ideas, this section provides practical strategies for healing early trauma that may be contributing to transference and countertransference and how to build and maintain healthy boundaries through somatic exercises and explorations.

Comforting Imagery for Past Difficult Times

The following visualization technique developed by Schiraldi (2021) involves internally travelling back to a time when you, as a child, suffered significantly and needed self-nurturing. This process gives the child-self what they needed at that difficult time to help them get through. By creating new imagery, feelings, and essentially repatterning early wounds and stress, you can provide yourself with comfort, encouragement, protection, love, and support, which can also be felt and applied in the present moment. The process can lessen the propensity to be triggered by narratives from clients who may have had similar experiences, thus reducing harmful transference/countertransference.

Comforting Imagery for the Hurting Younger Self Practice[9]

Start by finding a quiet, comfortable spot where you can sit or lie down without any distractions. As with other scripts in this handbook, you can read and apply the instructions one at a time, have someone read the script to you, or record it and then listen. Take a few deep breaths and imagine exhaling tension, anxiety, and stress. If comfortable, close your eyes and imagine relaxing a little deeper.

When you're ready, think back to a difficult moment in your childhood. Maybe a time when you were mistreated, neglected, frustrated, confused, afraid, angry, embarrassed, lonely or sad. Create a rich image by using your senses to bring up the thoughts, images, feelings, sounds, and smells. When you have a clear memory, either a specific event or a certain time, then you are ready for the visualization. Keep this image in mind as we move through the imagery process.

See yourself as you are now—an adult who is wise, kind, strong, and full of life experience, step into a time machine and travel back in time to visit the image of your younger self. Imagine stepping out of the time machine and encountering your younger self. Observe how your child self has been eagerly waiting for you and is so happy to see you. Notice how you both have a real affinity for each other, like close friends seeing each other after a very long time apart.

Take a moment to observe the child. How old are they? What are they wearing? Notice their facial expressions and posture.

Now notice what is happening for this child during this difficult time. Ask them what they are experiencing and how they feel. Listen closely with love, compassion, empathy, and regard. Tell them everything you feel they need to hear, such as "No wonder you're upset," "This must be a difficult thing to experience on your own," or "I'm glad you've coped as well as you have."

Ask the child what they need. Listen carefully with love, compassion, empathy, and respect. Ask them if they want a hug, or an arm around the shoulder to let them know that everything will be okay. Maybe they need words of encouragement like, "You're going to get through this." If they need you to provide physical protection, stand in front of them and provide it. Or maybe they need you to help them say the things they're afraid to say, such as "Stop! I'm worthy and valuable, and that's no way to treat a child!" Perhaps you perceive a need that the child can't express themselves and you take charge and meet that need. Maybe they just need to know that you're there, standing beside them, that they are never alone and that you'll always be there. Let them know they are loved exactly as they are and that they can get through anything.

See how the younger self feels comforted and safe in the love and care that you communicate through your presence, your gestures, your words, and your heart.

Before leaving, remind your child self that they are never alone, that you're always there to provide the love and protection they need—whenever these are needed, in good times and bad times, when they are at their best or worst—that you never judge them. Maybe no words are needed, or maybe you need to communicate this. Perhaps you explain, "This difficult time does not define you. There is so much more to you than what you went through. See how you are surviving that difficult time and know that I'll help you find your way through every difficult time. I'll remind you to let go of negativity so you can enjoy the many pleasant moments ahead." Maybe you tell them, "I know you'll go forward now with more peace and confidence, knowing that you're worthwhile, loved, and capable of living a good and happy life."

When you're ready, return to the present moment. Say goodbye for now, letting your younger self know you have confidence in them and are so proud of them. Maybe leave them with a gift to remind them of their unchanging worth and how much you love them. Perhaps tell them you will visit very often. The child smiles as they see a hopeful future ahead. See how their face softens, their shoulders relax, and their chin lifts.

Notice what it feels like for your child self to know that they are not alone, that at least one person loves and cares for them, and that they can always ask for help. And know for yourself that you have made a valuable visit. Your love has mattered. It has made a difference.

Notice the shift in feelings in your body and emotions as you process this.

Repeat this exercise at least three times, on three consecutive days. You can use the same event or time or choose another difficult time. Repetition increases the benefits as does journalling your experiences.

Forgive Old Wounds

The following self-forgiveness practice is based on the premise that while we cannot change our past experiences, we can change how we relate to and respond to them. Take a moment to reflect on a time when someone communicated genuine forgiveness toward you. Was there ever a time when you were accepted and cared for despite your mistakes? If you have experienced this, notice how it felt physically and emotionally. If you have not, it can be helpful to imagine a loving and forgiving presence, such as a guide, moral authority, higher power, trusted friend, or relative.

Self-forgiveness is often less accessible than compassion for others, particularly for practitioners who hold themselves to high ethical and emotional standards (Kern, 2014). When left unaddressed, persistent self-blame may limit emotional regulation, undermine self-compassion, and contribute to professional burnout (Coaston & Lawrence, 2022). Schiraldi (2021) created the following process to help individuals reconnect with their inner wisdom and self-loving capacities, offering a personal experience of unconditional, compassionate self-forgiveness.

Forgive Old Wounds Practice[10]

In a quiet space where you won' be disturbed, either sitting or lying down comfortably, start by taking a few deep breaths and allowing your mind and body to settle. When you're ready, think of a time when you did something wrong or failed to do something right, and this has lingered and continued to trouble you. Choose a situation that feels workable today rather than something overwhelming. As with previous scripts, you can read and apply these instructions one at a time, have someone read them to you, or record them and then listen. If it feels comfortable, close your eyes, then continue with the following guided process.

> *Imagine yourself in the presence of a kind, loving moral authority. Visualize someone who has your best interests at heart, wants you to be happy, and does not want you to suffer anymore. This kind, compassionate presence might take the form of a higher power, spiritual guide, trusted friend, caring family member, or an imagined figure. Allow yourself to choose whatever feels safest and most supportive of you.*
>
> *As you imagine being with this kind presence, share your pain—what you have done or failed to do, and how this has affected you.*

Visualize or imagine that kind moral figure taking your pain and holding it with deep caring and full presence. Notice the pain releasing with each exhalation. As you inhale, imagine breathing in the compassion and love that emanates from this kind, caring presence.

On the exhalation, feel the compassion and love bathe and wash over all parts of your body. Notice any sensations, emotions, or shifts that arise. Listen to the loving words of that kind presence.

Perhaps that kind, loving figure explains that you were younger, inexperienced, or in pain then. Or perhaps you couldn't control your emotions. Maybe you had not learned how to cope well. Or maybe fear and self-doubt paralyzed you or impacted your ability to make decisions. Perhaps this difficult time was an experience that taught you great wisdom that will help you and others in the future.

The kind figure reminds you that our mistakes do not define us. We are more than our mistakes. It is okay to feel pain and guilt, to learn from it, and then release it.

If shame has been present for a long time, remind yourself that the forgiving process may unfold gradually with time, compassion, and patience. There is no need to rush this process.

Imagine this loving figure embracing you and putting a reassuring hand on your shoulder, letting you know that support is available whenever you need it.

When you are ready, take a few deep breaths and notice how you feel. How do your body and emotions feel as you reflect on meeting this compassionate figure? Before ending the practice, imagine yourself moving forward with a little more softness, hope, understanding, and care toward yourself.

Regulate Strong Emotions—The Pass-Through Technique

Schiraldi (2021) developed the following technique to help move stuck emotions held in the mind and body, allowing them to flow through and out. When an experience triggers memories of unpleasant past events, rather than getting lost in emotions, images, and memories, this technique teaches how to smile, stay calm, and view the scene from a distance as you let the old stuff pass through. The goal is to let it all go effortlessly without a struggle.

The Pass-Through Technique[11]

Start by either sitting comfortably or lying down and bring your awareness to your breath. Relax your shoulders, soften your face, and take a few deep breaths. When you feel ready, consider recalling an unpleasant or troubling memory or experience that may require letting go. When ready, if comfortable, close your eyes. You are giving yourself an opportunity to let go of stuck feelings. Perhaps there's a smile on your face, as you imagine releasing unpleasant feelings.

As you begin, be aware that remembering difficult experiences can sometimes bring discomfort. You are invited to move at your own pace, pausing at any time. These memories are often stored with pain and thus released with some pain. Remember that letting go of the pain will only be uncomfortable for a moment and it is often not as bad as we think it is. Imagine yourself watching this experience from a steady, centered place within. During this process, you are the observer, noticing the memory and feelings rather than becoming overwhelmed by them. Imagine that with each breath you are increasingly grounded in this observing position.

Start to become aware of the unpleasant memory. Notice and allow the unpleasant feelings that accompany the memory. Try not to change, fight, or push down any feelings that arise. Imagine or visualize the feelings passing out of your body through your heart. As you relax and release, imagine that pain leaving forever.

Remember you are the one watching from the center of your being while the memory and painful emotions are "out there" and not a part of you. Relax and release it.

Watch as the pain, images, memories come into your heart and then pass through it. By watching the process from deep within our center, this allows you to not get lost in the feelings and memories. Simply allow, watch, release, and breathe.

As you continue to breathe, you may wish to offer yourself a few self-compassion statements, silently or aloud:

This is a moment of suffering.
Suffering is a part of being human.
May I be kind to myself in this moment.
May I give myself the compassion I need.

When the process feels complete, take a few breaths and return your awareness to the room. Notice if there are any shifts in how you feel now, compared to how you felt at the beginning of the practice. With practice, this process can help calm your nervous system (Schiraldi, 2021).

A Somatic Sense of Boundaries

An individual's personal concept of boundaries (physical and internal) develops in the context of their family of origin (Ogden & Fisher, 2015). If parents or caregivers respected their children's boundaries and their own, then healthy boundaries were more likely to develop. Healthy boundaries are characterized by being flexible and able to shift moment-to-moment to correspond with different situations and different people. However, if a person suffered early relational trauma that violated their boundaries, healthy boundaries may not have developed, resulting in boundary habits based on survival mechanisms (Ogden & Fisher, 2015). Wounded healer practitioners may experience professional boundary issues if they are not tuned into their body's cues, may fear setting boundaries that could decrease closeness with clients, or may have boundaries that are too firm.

The following two exercises, developed by Ogden & Fisher (2015), strengthen a somatic sense of boundaries that can help one tune into signals in the body and thus support setting healthier boundaries.

A Somatic Sense of Internal Boundaries Practice[12]

The following somatic exercise can help practitioners tune into signals in their body, supporting the development of healthier boundaries. The purpose of the practice is to explore how having a healthy internal boundary could impact interpersonal conflict and help you acknowledge differences in thoughts and feelings between yourself and others without sacrificing your own internal boundary or violating those of others.

Answer the questions below to gain insight into your own internal boundaries:

1. *Think about a time when you had a conflict with someone you care about because they shared a different or opposing opinion, belief, or feeling to yours. Describe the conflict.*

2. *How did the conflict affect your body? How does remembering it affect your body now?*

3.*Imagine having a good internal boundary and acknowledging that you both have the right to your own thoughts, opinions, feelings, and beliefs. What happens in your body? Describe the somatic sense of a good internal boundary.*

4.*Imagine how this sense of internal boundary could affect the conflict. Describe this new sense.*

5. *List three possible future conflicts with others in which the somatic sense of good internal boundaries might be helpful.*

A Somatic Sense of Verbal and Nonverbal Boundaries Practice[13]

The purpose of this exercise is to discover the differences between verbal and nonverbal communication of a boundary and explore your verbal communication with nonverbal communication.

Practice saying "yes" and "no" with words and with your body and follow the prompts below.

1. *Describe what happens in your body when you say "yes" aloud. Say it several times, noticing the changes in your body. Then try communicating "yes" with just your body. What changes in your breath, tension, movement, or posture? (e.g., My body opens up and relaxes, my chin lifts, my chest expands, and I take a deep breath.)*	2. *Describe three situations in which you would like to be able to say "yes." (e.g., I would like to say "yes" to my friends when they want to hang out, rather than saying I'm busy.)*
3. Describe what happens in your body when you say "no" aloud. Say it several times, noticing the changes in your body. Then try communicating "no" with just your body. What changes in your breath, tension, movement, or posture? (e.g., My muscles tighten and pull inward, especially my shoulders. I frown, and I feel like I dig in my heels.)	4. *Describe three situations in which you would like to be able to say "no." (e.g., I would like to say "no" to my friend when she asks me to babysit.)*
5. *Choose one situation in which you would like to say "yes." Practice taking on the body posture of yes and describe what happens when you imagine that situation.*	6. *Choose one situation in which you would like to say "no." Practice taking on the body posture of no and describe what happens when you imagine that situation.*

Summary

- Transference and countertransference can be a healthy component of the therapeutic relationship when managed with self-awareness and ongoing reflection.
- Wounded healers may be particularly vulnerable to negative transference/countertransference if a client triggers unprocessed wounds.
- Healing early relationship wounds and practicing boundary-setting through imagery and somatic exercises can reduce harmful transference/countertransference and support professional effectiveness.

Chapter 7—Yoga and Mind-Body Wellness

Body-Based Practices and Self-Care Strategies

Healing for the wounded healer and self-care for practitioners extends beyond the therapy room and into mind-body practices. Memories of trauma are often stored somatically, while trauma in general can affect the body's physiology, thus body-based treatments are often necessary for healing (Emerson & Hopper, 2011). This section offers practical self-care strategies, drawing on both psychological theory and holistic wellness practices.

Yoga Practice for Woundedness

Physical yoga practices utilize breath and body awareness to calm the mind, encourage a meditative state, and thus relieve stress. Yoga postures are just one aspect of ancient traditional Hindi, Jaina, and Buddhist practices, which were originally embedded within broader spiritual, and philosophical frameworks concerned with self-inquiry, liberation, and relationship to the world (Feuerstein, 2013). It is important to acknowledge that yoga practice has been culturally appropriated in the Western world through mostly focusing on the physical aspects of practice, often detaching postures and the overall practice from historical, cultural, and spiritual contexts (Feuerstein. 2013).

Overall, yoga is a useful way to "regain a relationship with the interior world and with it a caring, loving, sensual relationship to the self" (van der Kolk, 2014, p. 273). During the meditative state created through a calm yoga practice, the heart and respiratory rates decrease; the metabolic rate drops; muscular tension decreases; blood flow increases; resulting in a positive influence on biochemistry and an overall improvement in health, thus suggesting that when we change our state of mind, we can positively impact our health and our lives (Kraftsow, 1999). Verifying the theory that to overcome stress and trauma, individuals benefit more from gaining body awareness rather than engaging in traditional talk therapy, van der Kolk (2014) argues that:

> *The act of telling the story doesn't necessarily alter the automatic physical and hormonal responses of bodies that remain hypervigilant, prepared to be assaulted or violated at any time. For real change to take place, the body needs to learn that the danger has passed and to live in the reality of the present. (p. 21)*

When a person is in a constant state of stress and hyperarousal with stress hormones flooding the system, destabilizing one's mental, emotional, and physical well-being, it makes sense that practices which focus on re-associating with one's body to release tension and stress would be necessary for healing. The following practices are based on yin yoga and trauma-sensitive yoga, gentle contemporary approaches which maintain a focus

on the "inquiry into being" found in more traditional practices (Emerson & Hopper, 2011, p. 26).

Benefits of Yoga[14]

- *Breath*

Deep breathing, which is central to yoga practice, calms the mind and body, bringing down stress levels experienced by practitioners in the helping fields. Yogic breathing usually entails inhaling and exhaling specifically through the nose, thus slowing down breathing and triggering the relaxation response. Breath is at the center of yoga practice as it teaches one how to rest and be calm, while giving oneself permission to be still.

- *Mindful Observations of the Self*

Yoga practice entails mindfulness and meditation practices which encourage self-observation, self-compassion, acceptance of oneself in the moment, and non-judgmental observations. This process can give oneself the same self-acceptance that Carl Rogers (1961) encouraged practitioners to give their clients.

- *Yoga Practice Teaches How to Be Comfortable with Uncomfortableness*

Yoga practice involves stretching oneself physically and mentally through holding sometimes uncomfortable poses while possibly enduring and managing a variety of uncomfortable feelings and emotions. In terms of benefiting practitioners, practicing distress tolerance without becoming overwhelmed can help one to witness human pain and suffering.

- *Active Healing of One's Relationship with Oneself*

Yoga practice can result in greater self-acceptance, self-compassion, and connecting to oneself in kinder, more attentive ways. This connects to practitioner emotional well-being, which is essential for the work of continually connecting with others in a one-way caring relationship.

We don't use our body to get into a pose; we use the pose to get into our body.

(Clark, 2011, p. 34)

How to Practice Gentle Yoga

Breathing in Yoga Poses

Breathing exercises can be a powerful tool for calming the nervous system. Survivors of traumatic experiences often develop breathing patterns that are more rapid and shallow which can perpetuate states of anxiety or panic (Emerson & Hopper, 2011). Feelings of overwhelm or triggers associated with past trauma can also cause one to subconsciously hold their breath. However, shallow breathing and breath holding can lead to feelings of tension, dysregulation, and physical unease (Emerson & Hopper, 2011). Through mindful yoga practice, breath can be utilized in a safe way to reconnect with the body and calm the mind. Being aware that deep breathing can feel unsafe as it may feel like you are letting down your defenses, can help one to move at their own pace and do what feels safe in the moment. The trauma-sensitive approach to yoga practice includes gently expanding one's capacity for breath, while giving oneself permission to slow down if uncomfortable (Emerson & Hopper, 2011). Take an inventory of yourself and approach deep breathing carefully, seeing if you can find a bit more space for breath in your body each time you practice this deep breathing.

Present-Moment Focus

When practicing yoga, present-moment focus refers to the experience of being aware of sensations in the physical body, not just in the mind (Emerson & Hopper, 2011). Practitioners who have experienced trauma may tend to be dissociated from the somatic experiences of their body. Mindfully practicing yoga helps to develop strength, balance, and flexibility of both mind and body (Kabat-Zinn, 2005).

Chair Yoga Practice[15]

The following chair yoga practice, adapted from Devi (2000), has the benefit of being available in the privacy of one's office in between clients. Sitting all day can create stiffness, pain, or tension, which can impact one's ability to be present for clients. Simple chair yoga poses, combined with focused breathing, and mindfulness practices, can assist one in releasing tension and stress. Additionally, group chair yoga practices can be done during group supervision as a way to connect with others and promote regular practice. The

following poses can be practiced individually or as a whole sequence and can take approximately 30 minutes.

Seated Mountain

- *Find a comfortable seated position in a chair. Let your spine be tall, soften your eyes, and relax your shoulders, so you can breathe easily. When you're ready, become still.*
- *Experiment with sitting tall, lengthening through your spine from your tailbone to the top of your head.*
- *Gently lift your torso and allow your spine to be lengthened. Notice which muscles are engaged and which are at ease.*

Seated Noticing Breath

- *When you're ready, bring your awareness to your breath. Simply notice that you are breathing. Notice if you're breathing through your nose or your mouth.*
- *Throughout this seated practice, you can experiment with breathing through both your nose and mouth and find what works best for you.*

Seated Neck Stretch

- *Still comfortable in a chair with your spine tall, let your shoulders and arms relax. Breathe comfortably into your belly.*
- *On your exhale, bring your chin down towards your chest and feel a gentle stretch on the back of your neck. Breathing into your belly for a few breaths, letting your head hang heavy.*
- *Inhale and lift your head back to center. Exhale and relax.*
- *When you're ready, inhale as deeply as you can, then on your exhale, slowly bring your right ear toward your right shoulder. Feel the stretch on the left side of your neck. Still breathing deeply, keep your shoulders down and relaxed. With each exhalation, the neck lets go a bit more.*
- *Moving at your own pace, bring your head back up to center after a few breaths. Exhale and relax.*
- *Inhale deeply, exhale, and bring your left ear toward your left shoulder. Feel the stretch on the right side of your neck. Breathing into your belly, keep your shoulders relaxed.*
- *After a few breaths, inhale and raise your head back up to center. Exhale and relax.*

Shoulder Rotations

- *Still seated comfortably with your arms and hands relaxed at your sides, continue to breathe deeply and slowly into your belly. When ready, on the in-breath, slowly raise your shoulders up towards your ears. On the out-breath, roll your shoulders back*

and down. Inhale and roll your shoulders forward in a circle and back up towards your ears.

- *Moving at your own pace and following your breath, continue rolling your shoulders in reverse circles. Pay attention and move even more slowly through tense or sore areas. After a few rotations, allow your shoulders to relax and maybe gently shake your arms out.*
- *When ready, gently repeat the same circular motions in the opposite direction while still breathing deeply and gently into the belly. Imagine tension leaving the shoulders. After a few repetitions, gently shake out your arms and notice how you feel.*

Wrist Rotations

- *When sitting, typing, and writing all day, it can be important to focus on the mobility of the arms and hands. Taking the time to stretch the arms and rotate the wrists can make a big difference to one's comfort and flexibility.*
- *Still sitting comfortably, with your spine tall, shoulders relaxed, and breathing deeply and slowly, stretch your arms out either to the sides or in front of you, whichever is most comfortable and beneficial.*
- *When ready, begin to rotate the hands and wrists in a clockwise direction. Repeat for a few breaths.*
- *Change direction when ready. Notice if one side is easier to rotate than the other. Gently shake out your arms, make fists with your hands and release, stretching your fingers wide. Shake out your hands when ready.*

Ankle Rotations

- *Simple ankle rotations can help relieve stiffness that can occur from sitting for long periods. From your comfortable seated position, stretch your legs out in front of you, keeping your heels on the floor.*
- *Breathing deep into your belly, slowly begin to make small circles with your toes, rotating your ankles clockwise. Try to keep the legs stationary so the movement comes from the ankles, not the legs. Repeat a few times while increasing the size of the circles.*
- *When ready, switch directions and repeat the movement a few times.*
- *When it feels complete, gently shake out the legs, stretch your toes, and relax.*

Chair Cobra

- *This pose is a gentle seated backward bend. Sitting comfortably in your chair, keep your arms relaxed and shoulders down.*
- *On an inhale, stretch your chin upward and bring your awareness to the space between your shoulder blades as you bring your shoulders back and expand through*

your chest and heart center. Hold for a few seconds, paying attention to areas of tension and only stretching as far as it is comfortable.

- *On the exhale, slowly bring your head and back to center. Continue to follow your breath and repeat a few more times in a continuous, gentle, flowing motion as you slowly roll your spine back and forth.*

Leg to Chest Bend on Chair

- *This pose is a gentle seated forward bend that can help relieve stiffness in the back and can help when sitting all day. Seated leg bends can stretch out the lower back, helping to relieve strain and tension.*
- *While sitting comfortably, inhale and lift the right knee toward the chest. If available and comfortable, clasp your hands behind your knee with both hands. Exhale and gently bring the knee closer to the chest. Holding your leg steady, breathing deeply for a few breaths, allowing your back to relax as you bring your awareness there. Release the knee when you're ready and gently place the foot back on the floor. Breathe.*
- *Repeat with the left leg and, if available, end with both legs at once. Be sure to focus on breathing deeply throughout the pose. Notice how your lower back feels.*

Forward Bend on Chair

- *While sitting, with your feet resting comfortably on the floor, breath deep into your belly. Inhale and stretch your arms up toward the ceiling. If available, look up towards the ceiling. Exhale, fold forward, bringing your chest towards your legs while looking at your hands and stretching towards the wall in front of you. Aim to keep your spine long and imagine lifting from the base of your spine. Grasp your legs if comfortable and allow your head, neck, and shoulders to relax as you keep your chest open and eyes soft.*
- *Notice if your back is comfortable. If there's any sharp or burning pain, come up out of the pose. After a few breaths, slowly come back up to an upright seated position, bringing your arms back to your sides. Breathe deeply and easily through the nose. Relax completely. Notice any changes in the body.*

Half Spinal Twist on Chair

- *Sitting up tall in your chair, cross your right foot over the left leg. Place your right hand on the back of the chair and the back of your left hand on the outside of your right knee. Keeping your shoulders relaxed, eyes soft, and breathing deep into your belly, slowly twist your torso toward the right, look over your right shoulder, if available.*
- *Relax into the pose and breathe easily and effortlessly for a few breaths.*
- *Inhale, release the arms and legs, and return to center. Exhale and relax.*

- *Repeat the pose on the other side, crossing the left leg over the right and twisting to the left. Focus on your breath, relax your jaw and eyes, and notice any differences on this side.*
- *After five breaths, return to your center and relax, shaking out your arms and legs.*

Gentle Yoga Practice on the Mat[16]

The following yoga practice combines elements from Emerson and Hopper's (2011) trauma-sensitive yoga practice and Clark's (2011) Yin yoga practice. Both practices highlight choice in poses, going at your own pace, using the breath to be in the present moment, and safely getting out of one's head and back into the body. At the same time, the following practice can help release tension, stress, and trauma stored in the body, while over time, helping develop a new relationship with the body. The positive benefits from body-based practices, like this yoga sequence, can ripple through one's life, affecting emotional and mental health, relationships, and how one lives in the world (Emerson & Hopper, 2011).

This at-home, gentle, introductory practice takes about 45 minutes if practiced sequentially. However, feel free to experiment, modify, or focus on whatever poses feel right for you in the moment. Find a comfortable, quiet space to practice and use a yoga mat if you have one.

Seated Mountain

- *Sit comfortably on a mat, either kneeling or with crossed legs. Take a moment to experiment with what is most comfortable. Once comfortable, you may want to bring in some gentle movements such as rocking back and forth or side to side. These movements can also be circular.*
- *When you're ready, become still, sitting upright, shoulders back, gently lifting your torso, lengthening through the top of your head, allowing your spine to be naturally tall and upright. Notice how this feels, what movements might help you feel more comfortable and able to breathe deeply.*

Seated Noticing Breath

- *When you're ready, start by bringing your awareness to your breath. Simply notice that you are breathing. Are you breathing through your nose or your mouth? Just notice. The goal is to discover what feels most comfortable and natural to you.*
- *Take about three minutes or so to check in with yourself, take inventory, and note where you are starting from. Breathe deep into your belly while allowing your*

awareness to sink into your lower belly. Notice the rhythm of your breath, feeling the rising and falling of each breath. Accept the breath as it is and try not to change it.

- *After a few breaths, allow your awareness to expand, taking note of other feelings and sensations in your body: the weight of your body in the chair or on the mat, the temperature of the air, the sounds around you.*
- *Next, bring your awareness up to your heart level and check in with the state of your emotions. This can be challenging, but the feelings do not need to be dramatic or intense. Allow what comes up, take a look, try not to dismiss whatever arises.*

Seated Sun Breaths

- *Still seated comfortably, bring your palms together in front of your heart. Follow your breath and move at your own pace. Visualize or imagine with every inhale that you are breathing calmness, and every exhale allows you to let go of tension and stress.*
- *On the next inhale, extend your arms out wide to your sides. As you exhale, bring your palms back together.*
- *Move at your own pace, following your breath for a few breaths.*

Seated Shoulder Circles

- *Begin by making gentle circles with your shoulders by bringing them up to your ears and rolling them forward, making circular motions from back to front. Do what feels right for you, perhaps making the circles larger or smaller.*
- *Notice how your shoulders feel and when ready, roll your shoulders in the opposite direction, bringing your shoulders up to your ears and rolling them back and down your spine.*
- *When that feels done come back to center and focus on your breath, still breathing deep into your belly.*

Seated Neck Stretch

- *When you feel ready, sitting tall, inhale and let your shoulders and arms relax. Exhale and let your chin drop towards your chest. Breathe normally as you allow the muscles of your neck to relax. Notice where you feel tension and stress. If it feels painful, you can always bring your head back to center. Stay here for five breaths. Inhale and bring the head back to center. Exhale. Relax.*
- *Inhale. Exhale as you slowly bring the right ear toward the right shoulder. Feel the stretch on the left side of the neck. Keep the shoulders relaxed, not raising them toward the ears; just tilt the head toward the shoulder. Keep the breath regular and with each exhalation, feel the neck relax and visualize or imagine all tension and stress leaving your neck and shoulders. Inhale and raise the head to center. Exhale and relax.*
- *Inhale. Exhale as you bring the left ear toward the left shoulder. Relax the head and breathe normally. Feel the right side of the neck relax. Visualize or imagine any*

stress or tension leaving your neck and shoulders. Inhale and raise the head back to center. Exhale and relax.

Child's Pose

- *From seated, come onto all four's—Tabletop pose—with your knees under your hips and your wrists under your shoulders. Visualize or imagine yourself grounding down through your arms and legs, feeling strong and centered. Inhale and sit back on your heels, or if that is not comfortable, you can try bringing your knees closer to the edge of your mat and then fold forward.*
- *If it is available to you, you can extend your arms out in front of you or rest your head on your folded arms. Once again focus on breathing deep into your belly, exhaling stress and letting go of whatever you do not need. Stay here for five breaths.*

Child's Pose Side Stretch

- *While still in Child's Pose, if it feels right, walk your hands slightly over to your left side, shifting your whole upper body slightly to your left for a side stretch.*
- *Take five breaths in the side stretch, switching sides when ready by keeping your head down and walking your hands over to the right side until you feel a stretch. When you are ready, come back to center.*

Cat/Cow Curls

- *Slowly, gently come back to Tabletop pose—on all fours, on the mat, with your knees aligned under your hips, spread your fingers out on the mat aligned under your shoulders. On the next inhale, gently lift your tailbone, let your belly relax, and raise your head. As you exhale, drop your head, relax your neck, perhaps let your head hang heavy if comfortable, and gently round your spine. Feel free to move at your own pace, following your breath.*
- *When this feels complete, lie down on your belly with your legs stretched out behind you and your arms at your side.*

Child's Pose

- *From lying on your belly, come back into Tabletop pose and then sit back on your heels into child's pose. Your knees can either be together or as slightly wider than your hips, whatever is most comfortable. When comfortable, extend your arms forward or rest your forehead on folded arms. If it is available to you, arms can also be resting at your sides with your forehead on the floor or on a cushion.*
- *When you have found the variation that is most comfortable, give yourself a moment to breathe and feel into the pose for five breaths.*

Standing Mountain

- *Move from child's pose through to Tabletop and gently, slowly, walk up to a standing position. With feet parallel and hip's width apart, get a feeling for standing. With eyes open or closed, bring your awareness to the feeling of your feet on the ground.*

Observe what you notice. If available, take a moment to rock back and forth or sway side to side to feel grounded and connected.

- *Next, bring your awareness to the top of your head and gently lift your crown, feeling your spine lengthen. Notice how it feels to be both grounded down through your feet and extending up through the top of your head.*
- *Finally, bring your awareness down to your lower abdomen, your center. Imagine your center as a source of stability, strength, and support. Take a moment to experience this centeredness and take five breaths.*

Tree Pose

- *From mountain pose, bring your palms together in front of your heart and begin to shift your weight over to your right foot. If available, begin to lift your left foot, starting with your toes still touching the ground.*
- *If available, turn your left knee out to the side and bring the sole of your left foot up to rest against your right ankle. Alternatively, you can lift your foot up higher to rest on your inner thigh above your knee (be sure not to rest your foot on the side of your knee). From here, you can experiment with your arms and either keep them where they are at or try bringing your arms out to the side with palms up or raising them to the ceiling with palms facing each other.*
- *While balancing, it can be helpful to find a spot on the wall or floor in front of you to gaze at. You can also experiment with closing your eyes.*
- *Breathing in tree pose may be easy and effortless. Take a moment to check in with your breath notice if you are not breathing easily. If uncomfortable, return to a more comfortable, neutral position.*
- *When ready, switch sides and notice what the other side feels like.*

Chair Pose

- *Coming back to Standing Mountain pose, bend your knees as if sitting down into a chair, then extend your arms up by your ears with your palms facing each other.*
- *Sit back into your hips as deeply as possible while remaining aware that this pose can be intense as you hold it for time.*
- *Bring your awareness to your center and notice the support and stability of your core. If your shoulders become uncomfortable, bring your arms down to your sides.*
- *Take five breaths into your belly.*
- *When ready, slowly return to Standing Mountain pose.*

Standing Forward Fold

- *When ready, slowly begin to fold forward at your hips. Feel free to bend your knees. Your arms can either hang freely—or you can clasp opposite elbows. Let your head hang heavy to feel a stretch in the back of the neck.*

- *If available, you can gently shake your head side to side to release tension and stress. From here, you can also shift your weight in your feet by slowly rocking back and forth or side to side. Notice what feels most comfortable. Take five breaths here.*

Squat

- *When ready, move your feet a little wider apart, and slowly move down into a squatting position, bringing your arms out in front of you.*
- *Take five breaths before moving to lying down.*
- *Alternatively, if you have knee concerns, avoid this pose and slowly come down to a child's pose or lying facedown, forehead resting on your mat.*

Sphinx or Seal Pose

- Sphinx: *From face down, clasp your elbows with the opposite hands and move the elbows just ahead of the shoulders, propping yourself up. Pay attention to how this feels in your back and come out of the pose if the sensations are too strong or if you feel any sharp pains.*
- Seal: *For a deeper back bend, put your palms on the floor under your shoulders. Inhale and curl your upper body as you slowly raise your brow, nose, chin, shoulders, and chest. Keep your pelvis on the floor. Relax your shoulders. Stay here for five breaths.*
- *Slowly lower your body and slowly move back into a child's pose. Breathe into your belly for five breaths.*

Seated Forward Fold

- *From child's pose, sit up and stretch both legs out in front of you on your mat. Notice how you are sitting: is your pelvis rotated forward or backward? Sitting on a folded blanket can help tilt your pelvis forward.*
- *When you are ready, fold forward at your hips trying to bring your chest closer to your thighs. Let your neck relax. You can round your spine and bend your knees if you feel tension. Be gentle with yourself and focus on your breath.*
- *If you have noticed that you are holding your breath, it can mean that you may have forced yourself into the posture and need to back out of it a bit until you can breathe comfortably again.*
- *Take five breaths here and then slowly lie down on your mat.*

Reclining Spinal Twist

- *Bring both knees into your chest, keeping knees together. Extend your arms out to your sides in a T position. Roll your legs and hips to the left, touching the floor—right foot on left foot, right knee on top of left knee. If your back arches, move your knees closer to your ribs.*

- *If comfortable, slowly turn your head to the right, away from your knees. Allow your back to relax. Hold for one to two minutes. Slowly roll your legs back to center and repeat on the other side.*

Legs up the Wall

- *Use an empty wall for support. Sit on the floor against the wall with the knees bent and the right hip touching the wall. Turn so that you are facing the wall; the buttocks are against the wall (feet are up). Lie back on the mat. Bring the soles of the feet to the wall with the knees bent. Placing a pillow under your head or hips can help you release, relax, and let go. Allow the legs to straighten.*
- *Observe any signs of distress in the breath or discomfort in the lower back or chest. If you have the time, hold this pose for 3-5 minutes; otherwise, stay in this pose for five breaths.*
- *Bring your awareness back to your breath. Inhaling calmness and exhaling tension, anxiety, and stress.*
- *Feel free to have your eyes open or closed. You are welcome to bring one hand over your heart and one on your belly.*
- *When ready, bend your knees and slowly come back to lying on your back on your mat. Close your eyes. Breathe deep into your belly, inhaling calmness and exhaling whatever you do not need. Relax.*

Final Resting Form

- *The last pose in the sequence is time to rest the body and quiet the mind. You may want to set a timer for the length of time you want to relax for, as it is common to fall asleep in this pose.*
- *Start by making yourself as comfortable as you can while lying down on your mat. You may want a blanket, a pillow under your head and knees, or to put on socks. Let your arms lie comfortably beside you, palms up and away from the hips to allow your shoulders to relax.*
- *Often, one or two big deep breaths followed by a loud sigh can help your body release a little more and allow you to relax completely. Close your eyes and rest.*
- *When ready, come out of the pose by starting to breathe deeper. Bring some movement to your fingers and toes while you roll your head from side to side.*
- *Take a moment to move your wrists and ankles in circles in both directions.*
- *Next, take a moment to stretch out your whole body from your fingertips to your toes by stretching your arms up over your head and stretching your legs out to make yourself as long as possible.*
- *When ready, hug your knees into your chest and roll to your left side. Pause there for a moment. Stretch your bottom arm under your head, like a pillow, and take a couple of deep breaths. Come up to a comfortable seated position when ready.*

Summary

- *Yoga and mind-body practices are embodied self-care strategies that support practitioners body awareness, stress reduction, and general physical, emotional, and nervous system well-being,*
- *Chair-based yoga practices are accessible, practical options that can be integrated into office settings or between client sessions to reduce tension and support present moment awareness.*
- *Mat-based practices offer opportunities for deeper release, restoration, and reconnection with the body outside of work contexts.*
- *Breath awareness, gentle movement, and present-moment focus are woven throughout the practices to support stress reduction, emotional regulation, and embodied awareness.*
- *By cultivating a compassionate and attuned relationship with the body, practitioners can enhance resilience and sustainability, while reducing burnout and compassion fatigue.*

Chapter 8—Mindfulness and Body Awareness

Mindfulness and Body Awareness

Mindfulness is the practice of being fully present and aware of what is happening in the moment, with openness and without judgment (Stahl & Goldstein, 2019). Rooted in ancient Buddhist traditions and now widely used in therapeutic and wellness settings, mindfulness practices invite us to notice what is happening in our minds, bodies, and surroundings as it unfolds, rather than getting caught up in worries about the past or future (Kabat-Zinn, 2003; Stahl & Goldstein, 2019). Jon Kabat-Zinn (2003), a pioneer in bringing mindfulness to Western healthcare, describes mindfulness as "not about getting anywhere or fixing anything. Rather, it is an invitation to allow oneself to be where one already is and to know the inner and outer landscape of the direct experience in each moment" (p. 148). This means that mindfulness is less about changing your experience and more about learning to observe it with curiosity and self-compassion.

Practicing mindfulness can help us step outside the constant stream of thoughts, worries, and self-criticism that often dominates our minds. Instead, we learn to observe our thoughts, emotions, and bodily sensations as they come and go, which can reduce stress, increase emotional balance, and create a greater sense of well-being (Stahl & Goldstein, 2019).

Body awareness is a key aspect of mindfulness. It involves tuning into the physical sensations in your body, such as tension, relaxation, warmth, coolness, or the rhythm of your breath (Stahl & Goldstein, 2019). By practicing body awareness, we can better understand how stress, emotions, and external events affect us physically. This awareness can help us recognize early signs of tension or distress and respond with self-care and self-compassion before stress escalates.

Mindfulness and body awareness practices are especially valuable for counsellors and helping professionals. These practices offer practical tools for managing stress, preventing burnout, and staying grounded and present with clients. These accessible processes can be as simple as taking a few mindful breaths between sessions, doing a quick body scan to notice where you are holding tension, or practicing mindful movement such as yoga. Ultimately, mindfulness and body awareness are not just techniques, but ways of relating to yourself and the world with greater presence, acceptance, and compassion. These practices support the ongoing journey of healing and self-discovery, helping you to meet each moment (and each client) with more clarity and care.

The Breath of Life

Observing the breath is a meditation technique which allows one to connect with one's body, release stress, and turn inward. The following practice was developed by Devi (2000). Breathing deep into the belly can help bring attention out of one's head and into the body while also activating the parasympathetic nervous system (Devi, 2000). Breathing techniques can be practiced between clients, throughout the day at the office or while alone at home. Eyes can be either open or closed.

Breath of Life Practice[17]

Find a comfortable position, seated or lying down, in a quiet spot free of distractions. Keep your spine long and relax your shoulders. Your eyes can be either open or closed. You can read and apply these instructions one at a time, have someone read them to you, or record and listen to them. As you observe your breath, also listen to the sound of your breathing. Notice the sounds of your inhalations and exhalations.

Start by taking a few deep breaths, down into your belly. Then allow your breath to return to a natural, easy, rhythm. Start to observe your breath as it gently flows in and out.

As you breathe easily and effortlessly, notice any temperature change at your nostrils. As you breathe in, is the air cooler? As you breathe out, does the air feel warmer? Continue to observe this coolness and warmth as it flows in and out.

Notice the inhalation, as the breath flows down into the lungs and your chest expands. Witness the belly rise and fall, trying not to control the breath. Watching the flow of breath, like an ocean tide, ebbing and flowing. The breath flows in and gently rolls out. Watch as you draw breath in from the outer world, your body expands, and as the warm breath flows out, the body contracts. Focus on the gentle movement of the breath.

Now as the whole body seems to move with the breath, feel and notice the abdomen as the air leaves, and the chest area releases and relaxes. Noticing, trying not to change the breath.

If your mind begins to wander, gently bring it back to the breath. Observe the stillness of the breath.

When ready to come out of the meditation, notice how the rest of the body feels. Is there less tension? Observe the stillness of the mind and the connection with the breath. Start to breathe a little deeper, allowing the outside world to enter with each deep breath.

Belly Breathing for Strong Emotions

Vietnamese Buddhist monk and peace activist Thich Nhat Hanh (2003) created the following effective method for calming strong emotions (like fear and anger) through mindfully breathing deep into the belly. Consistent practice can build confidence in one's ability to remain calm even in crisis situations. Hanh (2003) explained that:

> *Strong emotions are like a storm, and it is not wise to stand in the open during a storm. Yet our normal reaction is to stay in our head and let our feelings overwhelm us. Instead, we should get rooted in our breathing, focusing on the rise and fall of our abdomen, bringing our attention down to our center. (p. 42-43)*

Focusing on one's abdomen and breathing deep into the belly can help one stay calm, relaxed, and able to release stress, anxiety, and tension (Hanh, 2003).

Belly Breathing Practice[18]

Find a quiet space where you will not be disturbed. Get comfortable, either sitting or lying down. When ready, bring your awareness to your breath and begin breathing deep into your belly. Placing your hands on the belly can help to bring attention to your center.

Breathing in, I bring all my attention down to my abdomen. Breathing out, I bring all my attention down to my abdomen…Abdomen, Abdomen

Breathing in, I remain at the level of my abdomen.

Breathing out, I remain at the level of my abdomen…Level of abdomen, Remaining

Breathing in, I am aware only of my abdomen rising,

Breathing out, I am aware only of my abdomen falling…Abdomen rising, Abdomen falling

Breathing in, I am aware that my in breath is quick/shallow/uneven. Breathing out, I am aware that out breath is quick/shallow/uneven…Breathing in, Breathing out

Breathing in, I am aware that my in breath is calming.

Breathing out, I am aware that my out breath is slowing…calming, Slowing

Breathing in. I am aware that my anger/despair/fear/distress is subsiding. Breathing out, I am aware that my anger/despair/fear/distress is subsiding…Strong emotion, Subsiding

Breathing in, I am aware that my anger/despair/fear/distress has passed. Breathing out, I am aware that my anger/despair/fear/distress has passed…Strong emotion, Passed

Breathing in, I am aware of my stability Breathing out, I smile to my stability…Stability, Smiling

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Body Scan/ Body Inventory Practices

The following mindfulness practices support body awareness and help locate areas of tension in your body. Body scanning helps one to listen to the body and better understand how external stressors, thoughts, emotions, and physical tension interconnect. Buddhist monk, Thich Nhat Hanh (2003), contended that deep relaxation practices focused on mindfully breathing and connecting with the body allows for deep rest that brings peace to the mind. Kabat-Zinn (2005) noted that the systematic body scan is a powerful and healing form of meditation as it can bring a new appreciation for the body, foster present moment awareness, and "help you to recalibrate and be more embodied in whatever you are dealing with" (p. 250). By practicing the body scan process, you can teach yourself to get in touch with your body and find where you may be storing stress, tension, and hidden emotions. It is also possible that you might not feel anything at all. As you practice the body scan more regularly, you may feel more sensations and begin to be more aware of subtle feelings and emotions.

The following exercises, developed by Davis et al., (2019), start with a quick body scan process followed by longer body scan practices for when one has more time and space. Practitioners can take a few moments in between meeting with clients for a quick body scan to increase awareness of where they are holding any tension or stress, while mindfully relaxing these parts. A longer body scan can be performed at home or when one has more time

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Quick Body Scan[19]

This quick body scan is a good introduction to the body scan process and can be practiced if you only have a few minutes to relax. This can be done anytime, anywhere, when you might need to have a quick rest to relieve stress in the body and mind. You can bring attention to one area of the body that is tense, or a few, depending on how much time you have to practice.

Start by closing your eyes, if appropriate and comfortable, and notice how you are breathing. Are you holding your breath? Is it shallow?

Bring your awareness up to the top of your head and slowly scan down your body, asking yourself, "Where am I feeling tense?"

When you discover a tense area, begin by exaggerating or tensing it slightly if you can, paying attention to the muscles in area that are tense. Then breathe deeply and concentrate on that spot while imagining the tension melting away.

By practicing once or twice each day, you can pick at least one body part to focus on and practice relaxing.

Letting Go of Your Body[20]

This body scan practice can help increase awareness of muscle tension while also decreasing tension buildup (Davis et al., 2019). It is a longer body scan than the Quick Body Scan, when you have more time to practice.

Start by sitting comfortably or if available, lying down on a mat or couch. If you lie down, you can bend your knees if that feels comfortable. Next, check yourself for comfort. Move if you need to.

Once you are as comfortable as you can get, bring your awareness to your breath. Notice each inhalation and feel the air as it flows through your nose or mouth and down into your throat and lungs.

Now focus on your entire body as you allow all the areas to come into your awareness at once. Notice what parts come into your awareness first. What areas are you less aware of? This process helps you become aware of which parts of your body you can perceive easily, and which parts lack sensation. Now notice if there is a difference between the right and left side of your body.

Become aware of any physical discomfort. Take note and see if you can describe it in detail. As you focus and name this discomfort, notice what happens to the discomfort. Does it change?

Next, scan your body again for any remaining tension or discomfort and let it go with each exhalation. Remain breathing and letting go for another five to ten minutes, permitting your body to take over as your mind rests.

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45 Minute Mindfulness Body Scan Practice[21]

The following body scan practice (adapted from Stahl and Goldstein, 2019) can take up to forty-five minutes and is ideally practiced in a comfortable environment free of distractions. This scan can be done lying down, sitting, or even standing. This practice can be done by listening to a recording of the following script, or by reading each paragraph and pausing to practice.

Start by making yourself comfortable, taking a few moments to be still. Take a moment to give yourself gratitude for taking the time to be still and practice mindfulness today.

Check in with yourself, scanning your body and mind while simply allowing thoughts, emotions, and physical sensations to just be.

Maybe it's been a busy day and you're stopping for the first time. As you begin to slow down, you may notice a wave of feelings and emotions you've been quietly carrying.

Try not to judge whatever comes up, or analyze, or try to fix anything. Allow yourself to see whatever is there and be with it, right now.

When you're ready, bring your awareness to your breathing.

Just become aware of breathing.

Allow your breathing to be normal and natural, not trying to change it, while focusing on the tip of your nose or your abdomen. Breathing in and knowing that you're breathing in. Breathing out and knowing that you're breathing out.

If your mind wanders while focusing on breathing, recognize this, acknowledge wherever your mind wandered to, and then come back to the breath, breathing in and out with awareness.

Now gently shift your awareness to your body scan. As you scan through your body, some areas may seem tighter than others. Allow these areas to soften, loosen, if you can. If these areas won't soften, that is ok. Allow the sensations, letting them flow in whatever direction they need to go. This allowing applies to both physical sensations and emotions. As your awareness flows through the body, be mindful of any physical sensations, thoughts, or emotions that may arise.

Now bring your awareness to the bottom of your left foot. Sense what is being felt while feeling into the heel, ball, and sole of your foot.

Bring your awareness to your toes and the top of your left foot, then back into your ankle and up your Achilles tendon.

Now move your focus up to the lower left leg, feeling into the calf, shin, and up to the knee. Being present and remembering to breathe.

Allow your awareness to flow up to the thigh, sensing the upper leg and into the left hip.

Let that awareness flow back down to the left foot and shift over into the right foot. Feel the contact of the right foot on the floor, mat, or whatever surface it is touching. Sense into what you are feeling. Feel the heel, ball, and sole of the right foot.

Feel into the toes and top of the right foot, and back into the right ankle and up into the Achilles tendon.

Now allow your awareness to move up into the lower right leg, feeling into your calf, shin, and up into the knee. Being present and remembering to breathe.

Let that awareness flow up into the thigh, sensing the upper leg and into the right hip.

Gently allow your awareness to float through the pelvic region, being mindful of any sensations, thoughts, emotions that may arise.

Now lift your awareness to your abdomen and into the belly, the home of digestion and assimilation, feeling into your guts with awareness and letting everything be.

Next move your awareness to your tailbone and begin to feel into the lower, middle, and upper parts of your back. Allow sensations and feelings. Allow any tightness to soften and let go of what isn't softening.

Bring your awareness into your chest, ribcage, heart, and lungs. Breathe deeply. Remain present.

Gently shift your awareness down into the fingertips of your left hand. Feeling into your fingers, palm, back of the hand, and up into the left wrist.

Continue sensing up into the forearm, elbow, and upper left arm, noticing sensations as you go.

Next bring your awareness to the fingertips of the right hand. Feeling into the fingers, palm, back of the hand, and up into the right wrist.

Continue sensing up into the forearm, elbow, and upper left arm, noticing sensations as you go.

Allow your awareness to flow up into both shoulders and armpits and then into the neck and throat. Breathe deeply and remain present to any sensations, thoughts, or emotions.

Now bring your awareness into your jaw and allow it gently to flow up through your teeth, tongue, mouth, and lips. Allow any resonating sensations to go wherever they need to go and let them be.

Feel into the cheeks, the sinus passages that go deep into the head, the eyes, and all the little muscles around the eyes. Feel into the forehead and the temples, breathing deep, being present.

Let your awareness move into the crown of the head and flow down the back of the head. Feeling into the ears and then inside the head and into the brain. Breathe deeply and remain present.

Expand the field of awareness to the entire body from the top of the head to the tips of your toes and to your fingertips. Connect from the head through the neck to the shoulders, arms, hands, chest, back, belly, hips., pelvic region, legs, and feet.

Feel the whole body as a complete organism, with its various physical sensations, thoughts, and emotions. Breathing deeply and being present.

Breathing in, feel the whole body rising and expanding on an inhalation and falling and contracting on an exhalation. Feel the body as a whole organism. Being present.

As you come to the end of the body scan, thank yourself for taking this time to be present and connect with yourself.

Progressive Muscle Relaxation

Progressive muscle relaxation is a well-established systematic relaxation technique originally developed more than ninety years ago by Chicago physician, Dr. Edmund Jacobson (Bourne, 2020; Davis et al., 2019). The process is a form of mindfulness which involves intentionally tensing and then releasing different muscle groups to reduce physical tension and restore connection with the body. Jacobson observed that anxiety-provoking thoughts and experiences are often accompanied by muscular tension and found that muscles can become deeply relaxed when they are first tensed briefly and then released (Davis et al., 2019). Jacobson stated that "an anxious mind cannot exist in a relaxed body" (Bourne, 2020, p. 94), suggesting that bodily relaxation can support emotional regulation and adaptive responses to stress. Originally used to address conditions such as high blood pressure and ulcerative colitis, Progressive Muscle Relaxation is now commonly applied to relieve anxiety, tension headaches, jaw and eye tension, muscle spasm, and insomnia (Bourne, 2020). Regular practice can activate the relaxation response, potentially decreasing heart rate, respiration rate, blood pressure, muscle tension, and analytical thinking (Bourne, 2020; Davis et al., 2019).

Recommendations for Practicing Progressive Muscle Relaxation

- Regular 20-minute practice sessions are optimal for decreasing anxiety, improving concentration, and increasing a sense of control over moods.
- Find a quiet place to practice where you won't be distracted.
- Make yourself comfortable by lying down or reclining.
- Give yourself permission to let go of any concerns or worries for the next 20 minutes.
- When your attention wanders, bring it back to the specific muscle group you're working with.

Progressive Muscle Relaxation Practice[22]

- *Start by taking three deep breaths, exhaling slowly after each breath. Imagine as you breathe out that tension throughout your body begins to flow away.*
- *As you allow your body to relax, clench your fists tightly and bend them back at the wrist. Hold for seven to ten seconds. Feel the tension in your fists and forearms. Release for fifteen to twenty seconds. Notice the tension flowing away. (Use these same time intervals for all other muscle groups.)*

- *Now bend your elbows and tense your biceps by drawing your forearms up towards your shoulders. Tense them as hard as you can and observe the feeling of tightness. Release and relax.*
- *Extend your arms out straight and lock your elbows to tighten your triceps—the muscles on the undersides of your upper arms. Hold…and then release and relax. Feel the difference.*
- *Turn your attention to your forehead now and raise your eyebrows as high as you can. Feel the tension in your forehead and scalp. Hold…and relax. Imagine your forehead muscles becoming smooth and relaxed.*
- *Squeeze your eyes closed tightly. Hold…and relax. Imagine sensations of relaxation and calmness flowing all around your eyes.*
- *Now open your mouth wide and feel the tension in your jaw muscles. Release and let your jaw relax and loosen. Notice the contrast between tension and relaxation.*
- *Focus on your neck now and let your chin drop to your chest and roll your head gently side to side to feel any tension shifting as you carefully stretch your neck muscles. Bring your head back to center and take a few deep breaths as you let your head relax and sink into the support it is resting on.*
- *Now tighten your shoulders and raise them towards your ears. Hold…and drop your shoulders back down, feeling the relaxation flowing through your neck, throat, and shoulders. Breathe and relax.*
- *Tighten the muscles around your shoulder blades by pushing your shoulder blades back as if you could touch them together. Hold…and relax. Feel the tension flow away.*
- *Take a deep breath in, filling your lungs to tighten the muscles of your chest. Hold your breath and feel the tension. Exhale slowly and imagine any tension in your chest area flowing away.*
- *Now tighten your stomach muscles on the next exhalation. Hold…and relax. Take a few deep breaths and imagine a wave of calmness and relaxation flowing through your abdomen.*
- *Next, arch your back, without straining. Keep the rest of your body as relaxed as possible while focusing on the tension in your lower back. Hold…and relax. Let the tension flow away.*
- *Tighten the muscles in your buttocks. Hold…and relax and feel the difference.*

- *Now, squeeze the thigh muscles all the way down to your knees. Hold…and then relax. Feel your thigh muscles and hips relaxing completely.*
- *Straighten and tense your calf muscles by pulling your toes towards your face. Hold…and relax. Feel the difference as tension is released.*
- *Tighten your feet by curling your toes downward. Hold…and relax.*
- *Feel the comfortable warmth and heaviness of deep relaxation throughout your body from the top of your head to the tips of your toes. Imagine letting go of any last remaining tension. Continue to breathe deeply and slowly as you enjoy this feeling of comfortable calmness and relaxation.*

Shorter Progressive Muscle Relaxation Practice[23]

After practicing the longer Passive Muscle Relaxation process, the following shorter procedure can be used to relax your muscles quickly. This process involves tensing whole muscle groups simultaneously rather than individual muscles. Remember to focus on the contrast between tension and relaxation.

- *Tighten both arms by clenching your fists, tensing your biceps and forearms. Hold…and release.*
- *Let your head hang heavy towards your chest, then gently roll your head towards your right shoulder and then left. Relax.*
- *Tense all the muscles in your face, raise your eyebrows, squeeze your eyes shut tightly, open your mouth wide, and raise your shoulders to your ears. Hold…and relax.*
- *Take a deep breath in and arch your shoulders back. Hold…exhale and relax. Take another deep breath and push your stomach out. Hold…and relax.*
- *Tense and straighten both legs and pull your toes toward your face to tighten your shins. Hold…and relax.*
- *Straighten your legs and curl your toes, tighten your calves, thighs, and buttocks. Hold…and relax.*

Passive Muscle Relaxation Practice[24]

An alternative technique for creating a general state of relaxation is the passive muscle relaxation process. Rather than intentionally tightening muscles, the process involves focusing one's awareness on each specific area and imagining relaxing. The process is similar to both the body scan process and progressive muscle relaxation, though different in that the focus is specifically on imagery and visualization. This passive process can be performed sitting or lying down comfortably in a quiet space free of distractions. The entire process can take between twenty and thirty minutes or be shortened depending on the time one has available. Pausing for a few breaths in between visualizing each body part may help the relaxation process. With regular practice, the passive muscle relaxation process can significantly reduce anxiety and increase one's stress tolerance. As with previous scripts, you can read and apply these instructions one at a time, have someone read them to you, or record and listen to them.

Begin by breathing deep into your belly for a few breaths, slowing down, and letting yourself settle comfortably, sinking into the support beneath you. Let this be a time just for yourself, putting aside all worries and concerns for now as you take this time to turn inward and relax.

Allow each part of your body to relax, starting with your feet. Bring your awareness down to your toes and just imagine or visualize your feet letting go and relaxing completely from the tips of your toes, through the soles of your feet to your ankles. Let go of any excess tension within your feet. Imagine any stress or tension just draining away.

Now imagine that feeling of calmness and relaxation moving up from your ankles to your calves. Let the muscles in your calves unwind and let go. Allow any stress or tension in your calves to drain away easily and effortlessly.

As your calves are relaxing, allow that calmness and relaxation to flow up through your knees and into your thighs. Let the thigh muscles unwind, release, and relax completely. Allow this calmness to move through every cell, every fibre of your legs as you become more and more relaxed and calm. You might notice your legs becoming heavy as they relax more and sink into that support beneath you.

Imagine relaxation and calmness moving up through your hips. Feel and tension in your hips dissolve and flow away.

When you're ready, allow calmness and relaxation to flow up into your stomach area. Imagine letting go of any stress in your stomach area—let it all go now, imagining deep sensations of calmness spreading all through your abdomen.

As your stomach is relaxing, imagine the calmness flowing up through into your chest. All the muscles and tissues in your chest can unwind and let go. Imagine or visualize breathing in calmness and breathing out tension, anxiety, and stress. Breathing in calmness. Breathing out tension, anxiety, and stress. Let calmness and relaxation deepen and develop throughout your chest, stomach area, hips, legs, and feet.

Now allow relaxation and calmness to move up into your shoulders, imagining deep sensations of relaxation spread all through the muscles of your shoulders. Let your shoulders drop, letting go of any stress or tension, feeling completely relaxed. Allow that calmness and relaxation to flow down into your upper arms, down through your elbows, forearms, and into your wrists, all the way to your fingertips. Let your arms completely relax, release, and let go.

Breathing deeply into your belly, letting go of any tensions, anxieties, or stress, and letting yourself be fully in the present moment as you let yourself relax more and more into this state of calmness.

Now, allow this feeling of relaxation to flow up into your neck. Flowing up through your neck into your jaw, letting your jaw loosen, let go. Imagine relaxation and calmness to flow up through your mouth and cheeks to the muscles around your eyes. Any tension around your eyes can just flow away as you allow your eyes to relax completely. Let your forehead relax as all the muscles in the forehead smooth out and relax completely. Feel the calmness move up to the crown of the head and all around the head as it relaxes completely.

Enjoy the good feeling of calmness and relaxation from the top of your head to the tips of your toes—letting yourself drift deeper and deeper into quietness and peace—getting more and more in touch with that peaceful space deep within.

Summary

- Practicing mindfulness helps reduce stress, increase emotional balance, and increase well-being by breaking cycles of worry and self-criticism.
- Body awareness is a key aspect of mindfulness, involving attention to physical sensations such as tension, relaxation, or breath.
- Body awareness helps recognize how stress and emotions affect us physically, allowing for early self-care and intervention.
- Mindfulness and body awareness practices are especially valuable for counsellors and helping professionals, offering practical tools to manage stress, prevent burning out, and staying grounded with clients.

Chapter 9—Jungian and Archetypal Approaches

Jungian and Archetypal Approaches to Healing

Jung argued that therapists must first develop self-knowledge, because in the therapeutic relationship it is the practitioner themselves who functions as the primary instrument (Stevens, 2001, p. 136). From the Jungian perspective, self-analysis involves the vital concept of individuation—a process of becoming more fully oneself by integrating the conscious and unconscious aspects of the psyche (Goss, 2015). For the wounded healer, individuation requires learning to embrace their unique path and find healing not by rejecting their wounds, but by integrating them into a broader understanding of self (Stein, 2010). Archetypal psychological theory suggests that the path to healing often involves connecting with deeper archetypal forces in the psyche, such as the healer, the warrior, or the artist (Hillman, 1991). Jungians acknowledge that achieving the level of individuation that involves abandoning all ego-defenses, integrating one's shadow completely, and knowing one's self fully is often not possible in one lifetime but that maintaining the intention to pursue these objectives throughout one's life is the actual goal (Stevens, 2011). This section explores how counsellors can use active imagination, archetypal images, and metaphors to gain insights into their healing journey and apply these insights to their therapeutic work.

Active Imagination

Active Imagination was developed by Jung as a way to independently analyze oneself and connect with the unconscious (or psyche) without the ego interfering (Stevens, 2011). The process is essentially a form of guided visualization that involves relaxing into a liminal state half-way between sleep and waking. Jung described the process as dreaming while awake (Goss, 2015).

Active Imagination Practice[25]

The purpose of this practice is to allow connection with the unconscious. The intention is to watch and listen with curiosity, respect what emerges, and to reflect on how it may relate to your life. Move slowly and approach the experience as a conversation with your unconscious.

Find a comfortable, quiet place to relax either sitting up or lying down. When ready, start to focus on your breathing while letting your body relax completely. Passive or progressive muscle relaxation can help to fully relax the body and mind. In this state of relaxation before consciousness is lost, one can access unconscious imagery. Follow the prompts below.

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1. Invite inner awareness:
   Begin by inviting your unconscious inner world to show itself. You might notice images, sensations, or emotions that emerge spontaneously. There is no need to force anything. Simply remain open to whatever arises.
2. Stay present and engage:
   Allow what appears to unfold at its own pace. If it feels appropriate, you may begin to intersect with what appears by asking simple questions such as, "What would you like me to know?" Notice any responses without judgement or analysis.
3. Reflect though the lens of your values:
   When the experience feels complete, take a moment to reflect on what arose and how it may connect to your current life. Consider whether any insights align with your values, needs, or current challenges. Rather than taking images literally, reflect on their personal meaning and relevance.
4. Integrate through action or expression:
   Finally, consider how you might bring the essence of what you experienced into your daily life. This could involve changing a habit, setting a boundary, or expressing the experience creatively through writing, drawing, or another form that feels meaningful.

Archetypal Influences

Archetypal influences are everywhere in our lives. The Jungian perspective is that archetypes are unconscious, unknowable essences (or patterns of behaviour) that profoundly influence our lives (Goss, 2015). By making an archetype known, or conscious, it can be altered. The following reflexive process (developed by Goss, 2015) helps bring an unconscious archetype to consciousness. For this practice, you will want a quiet place to relax and a notebook or paper and pen.

Archetypal Reflective Practice[26]

Find a quiet place where you can relax comfortably. Close your eyes and take a few slow deep breaths. Allow your mind to clear, letting all thoughts flow away for now.

When ready, invite the idea of finding a fictional character you are strongly drawn to or react strongly to. This can be a fictional character from a film, book, TV, etc.

Once you've found this figure, slowly open your eyes.

When ready, draw or write something on paper which reflects this character.

Be spontaneous and allow whatever comes to mind. Don't worry about the quality of the drawing, what matters is the process of revealing something on the edge of your conscious awareness.

Take a few minutes to reflect on why or how this character has an impact on your life.

Notice what features, attributes, values or shortcomings that character has. Do any of these show up in your personality, relationships, and life experiences? Play with the idea that these may be archetypal influences which shape at least some aspects of you.

To end this activity and come back to your day, take a moment to write two lists: first, "How am I similar to this figure?" and second, "How am I different from them?" The second list should remind you that the chosen figure is not you.

How am I similar to this figure?	*How am I different from them?*

Nourishing the Soul

Writing in the early twentieth century, Jung (1933) argued that Western culture had become increasingly disconnected from the soul (or unconscious/psyche). Jung's psychological theories were shaped by the cultural and spiritual conditions of the late nineteenth and early twentieth century—a period often described as the *fin de siècle*[9]—which he experienced as marked by the erosion of religious meaning, the dominance of rationalism, and widespread psychological unrest (Jung, 1933; Jung, 1961). Thus, Jung viewed a disconnection from the deeper layers of the self as the result of Western culture's preoccupation with productivity and material success. While this observation emerged from a specific historical context, its relevance remains evident in contemporary helping professions shaped by productivity demands, chronic stress, and institutional pressures that often privilege cognitive efficiency over embodied presence and relational depth. In current contexts, this disconnection may be experienced as a diminished capacity to pause, feel, reflect, and remain in meaningful relationship with oneself and others (Hillman, 1991).

Jung (1933) believed that the soul communicates through symbols, dreams, and rituals. Thus, to reconnect with one's soul or unconscious, one can partake in visualization techniques, dream journalling, and individuation processes. The following process involves a visualization process to connect with one's inner world of the unconscious, which may ultimately provide comfort and feelings of safety within oneself.

Nourishing the Soul Practice[27]

This practice (developed by Schiraldi, 2021) invites you to reconnect with your inner world through visualization and symbolic imagery. The process offers space for reflection and connecting with a sense of inner safety. Engage with the practice at your own pace, allowing the experience to unfold in a way that feels supportive. As with previous scripts, you can read and apply these instructions one at a time, have someone read them to you, or record and listen to them. Find a comfortable, quiet space to relax, either sitting or reclining. Focus on breathing slowly and deeply.

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[9] The term *fin-de-siècle* (end of the century) refers to the cultural, political, and psychological climate of late nineteenth-century Europe—particularly between the 1800s and the outbreak of the First World war. As Schorske (1981) noted, the era was marked by the simultaneous disintegration of established political, moral, and religious frameworks and an intense period of innovation. It was within this historical context that Jung's interpretation of individuals becoming disconnected from their soul emerged (Jung, 1933).

Allowing yourself to get as comfortable as possible, take a moment to relax into your breathing.

Watch for any lingering emotional discomfort or feelings of unease. If so, where in your body are you experiencing this discomfort? Imagine breathing into this area and creating space.

Take a moment to give that discomfort a size, shape, and colour. Observe the boundaries or edges of the discomfort and notice if it has a colour.

Now visualize or imagine pushing that discomfort out of and away from the body. See that feeling forming a barrier in front of you. Notice the barrier's size, shape, colour, and boundaries.

Imagine that you can walk around that barrier. And when you get to the other side, visualize a loving figure: a kind, warm, and welcoming presence. That figure might align with your belief system, be a higher power, or a real or imagined spiritual figure.

Visualize or imagine yourself walking slowly toward that loving figure. As you walk, feel the love and compassion emanating from that caring figure and flowing like a wave through your body. If comfortable, imagine opening your arms and embracing that figure, and feeling yourself embraced by that loving figure.

Notice how that embrace allows your heart to feel at peace…at home…safe.

Sit quietly for a few moments with those feelings.

Take a few moments to return your awareness to the room and notice how your body feels. If helpful, you may wish to journal briefly about what stood out or any sensations, emotions, or images you would like to remember or revisit.

Summary

- Healing the self is viewed as a process of individuation—integrating conscious and unconscious aspects of the self.
- The wounded healer archetype suggests practitioners can transform their own wounds into sources of empathy and healing.
- Archetypal psychology emphasizes connecting with deeper forces in the psyche, such as the healer, warrior, or artist.
- These approaches are framed as historically situated and practice-oriented processes that support meaning-making, imagination, and integration rather than abstract or purely symbolic work.

- Active imagination and working with archetypal images can help access unconscious material which may lead to self-understanding and reconnection with hidden aspects of the self.
- Healing is not about rejecting wounds but integrating them into a broader sense of self.
- The healing journey is lifelong with the ultimate goal being integration and self-awareness.

Conclusion

Healing the Wounded Healer was written in recognition of the wounded healer in the helping profession and that those who care for others do so with their whole selves, including their histories, vulnerabilities, and wounds. Throughout this handbook, woundedness has been approached not as a deficit to be eliminated, but as a human and professional reality that, when consciously examined and supported, can deepen empathy, altruism, relational attunement, and ethical practice (Farber, 2017; Macfarlane, 2020; Zerubavel & O'Dougherty Wright, 2012). The focus has also been to normalize woundedness as a common—though complex—dimension of helping work, while also emphasizing the importance of ongoing reflection, care, and support to prevent harm to both practitioners and those they serve (Kern, 2014).

Drawing primarily on Jung's (1954/1985) wounded healer archetype and child and youth care (CYC) perspectives, this handbook has noted the tension between appreciation and critique of the differing orientations. Jungian psychology offers a powerful symbolic and depth-oriented framework for understanding how unexamined wounds can shape therapeutic relationships through shadow, transference, and countertransference (Stevens, 2001). At the same time, CYC perspectives foreground relational ethics, reflexivity, anti-oppressive practice, and contextual awareness, reminding us that personal healing cannot be disentangled from social, cultural, historical, and political realities (Tilsen, 2018; White, 2007). Together, these frameworks invite practitioners to move beyond individualistic or purely intrapsychic understandings of healing toward more relational, situated, and ethically grounded practice (Tilsen, 2018).

Throughout the handbook, particular attention has been paid to the body as a site of knowing, memory, and healing. Mindfulness, imagery, journalling, and gentle movement practices are offered not as cures or prescriptions, but as possible entry points for reconnecting with oneself and noticing how stress, trauma, and relational patterns may be held in the body. These practices are presented as invitations rather than imperatives. Individuals will respond to them differently, and some practices may evoke discomfort or strong emotions. For this reason, the handbook consistently emphasizes choice, pacing, and the importance of accessing supervision or other forms of professional and relational support when needed.

Ultimately, *Healing the Wounded Healer* is an invitation to remain in relationship with oneself, with others, and with the motivations that draw people to the helping field in the first place. By cultivating self-awareness, mind-body awareness, reflexivity, and self-compassion, practitioners may be better equipped to recognize when wounds are being activated, when boundaries need attention, and perhaps when to extend care inwards. In

doing so, woundedness is not just a source of stigma, shame or impairment, but a foundation of inner wisdom and lifelong learning.

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Reflections and Recommendations

Reflections

A central learning from this project is that healing is an enduring journey that does not end in being "cured," "recovered," or "enlightened" (Vachon, 2020, p. 28). My own personal journey mirrors the notion found in the literature that healing is a non-linear, lifelong process that requires continual attention, humility, and re-orientation (Hadjiosif, 2021; Mahoney, 2006; Maté, 2022). This matters for relational work because the practitioner's self is the primary tool (Hayes, 2002). Awareness of one's personal woundedness, boundaries, and potential triggers is vital when using the self as a tool for healing, as such, key considerations are not whether one is impacted by woundedness, but how consciously one relates to it and what support is available to do so ethically and sustainably (Hayes, 2002). As van der Kolk (2014) notes:

> Traumatized people chronically feel unsafe inside their bodies. The past is alive in the form of gnawing interior discomfort. Their bodies are constantly bombarded by visceral warning signs, and, in an attempt to control these processes, they often become expert at ignoring their gut feelings and in numbing awareness of what is played out inside. They learn to hide from themselves. (pp. 96-97)

With the awareness that woundedness can generally impact self-awareness, this project also highlights how stigma may discourage practitioner self-reflection and help-seeking, making it harder to engage the wounded healer journey with openness and support.

The wounded healer is still often interpreted through a deficit lens in professional settings. In part, this project aims to widen the conversation and consider how the wounded healer concept is not inherently an indication of "bad practice" (Gharabaghi, 2019, p. 12) or practitioner impairment. While the handbook can offer individual self-care and reflective

practices, it cannot on its own shift the broader professional cultures that make disclosure risky. Cleary and Armour (2022) note in their recent study that stigma continues to shape what is sayable in professional counselling contexts, contributing to cultures of silence in which wounded healers may fear being judged by peers, supervisors, or clients. This can lead to hiding woundedness, avoiding self-reflection, or distancing oneself from support at precisely the times when it is needed most. Conchar and Repper (2014) note that denial of woundedness can function as self-preservation—protecting oneself from pain—as well as a response to societal expectations that healers should be strong and "devoid of any weaknesses or wounds" (p. 40). When disclosure feels unsafe in professional environments, practitioners may hide or deny lived experience, which can contribute to self-stigma, shame, and avoidance of reflective processes (Zerubavel & O'Dougherty Wright, 2012). Over time, this can increase the risk of burnout, boundary issues, and countertransference challenges, especially in busy, high pressure work environments.

These dynamics point to the need for practice cultures that treat reflective work as normal professional maintenance, not as evidence of impairment. Thus, it feels crucial that counsellors are "provided with a space to freely discuss and explore their lived experiences of mental health difficulties" (Cleary & Armour, 2022, p. 1102). Zerubavel and O'Dougherty Wright (2012) argue that the field's "relative absence of dialogue" about wounded healers can unintentionally foster "secrecy and shame," limiting practitioners' access to the support and guidance that could prevent impairment and promote resilience (p. 483). They go further by naming the potential consequences of professional secrecy, arguing that "avoidance, silence, secrecy, and shame are leading contributors to relapse, chronic dysfunction, and failure to recover" (Zerubavel and O'Dougherty Wright, 2012, p. 486). Normalizing reflective practice and timely support is not

only a matter of workplace culture, but it can also be viewed as a part of risk prevention and professional responsibility. Cleary and Armour (2022) note how difficult it can be for lived-experience practitioners to access support during periods of distress, with competency concerns and fears of stigma acting as barriers to disclosure. Participants in their study described trepidation prior to disclosure, fears of punishment, and concerns about being "othered" by colleagues (Cleary & Armour, 2022). They suggest that counsellors and psychotherapists may benefit from explicit guidance that values experiential knowledge, as is seen in related mental health professions (Cleary & Armour, 2022). While Straussner et al. (2018), suggested the importance of creating support systems for wounded healers which enhance wellness, teach self-care, and enhance resiliency, while calling for more transparency (p. 132). Taken together, these findings highlight the need to normalize the wounded healer archetype within the counselling field and to cultivate organizational cultures that can hold its complexity without equating vulnerability with incompetence.

Recommendations

This project leaves me with ongoing questions about what structural changes or shifts in professional counselling culture could make space for wounded healers (e.g., supervision norms, regular peer consultation, and organizational messaging), and how teams can support one another in ways that create safety and reduce stigma while maintaining ethical boundaries. Also, in terms of the wounded healer in the child and youth care (CYC) profession, this project highlighted how there is a lack of discussion and research related to how the concept fits into the field, and the impact woundedness has on CYC practitioners. Ultimately, these reflections bring me back to the practical intent of the handbook: to offer a variety of accessible practices that support ongoing self-awareness and reduce the likelihood of woundedness obstructing professional functionality.

The following recommendations prioritize practical steps that highlight supporting safety in sharing of counsellor woundedness, understanding of the ongoing journey to heal, and how to support each other:

- Name stigmatizing beliefs about counsellor/CYC practitioner mental well-being while aiming for more transparency. A broader cultural shift is needed where experiences of woundedness are not seen as external and isolated to clients, which may reduce fear of judgement and support the integration of dual client–counsellor identities. This can be done by openly discussing stigma, fear of judgment, and beliefs around woundedness in team meetings. This can also include discussing how colleagues respond to self-disclosure, the value of experiential knowledge, and acknowledging the possibility of feelings of shame or "othering" responses that could silence support-seeking (Cleary & Armour, 2022; Straussner, 2018; Zerubavel & O'Dougherty Wright, 2012).
- Develop supervision cultures that explicitly support appropriate discussion of practitioner well-being, with clear distinctions between vulnerability, impairment, and ethical risk. Normalize counsellor stressors, encourage personal/group work when needed, and debunk myths of counsellor invulnerability so that struggles can be supported openly rather than hidden (Zerubavel & O'Dougherty Wright, 2012). As Cleary and Armour (2022) note, practitioners with lived experience emphasized the need for "positive regard and nonjudgmental support from supervisors and colleagues" (p. 1108).
- Alongside formal supervision, offer more group peer-support and consultation options that normalize and integrate ongoing reflection, mindfulness, breathing, relaxation, and visualization practices, while reducing practitioner isolation.
- Group peer-support prioritizes the common relational conditions clients consistently identify as helpful—being heard, feeling understood, and having "a safe interpersonal atmosphere" where they can reflect and shift perspective (Stone, 2008, p. 47). Building these same conditions into team culture supports both client outcomes and practitioner sustainability.
- Strengthen professional work boundaries as part of ethical practice (e.g., caseload monitoring, clear after-hours expectations, and recovery time) to reduce burnout, compassion fatigue, and impairment risk (Polsuns & Gall, 2020).

Concluding Remarks

Two overall aims of this project were to open a dialogue around the importance of partaking in a personal healing journey, and to address the stigma that revolves around practitioners revealing woundedness (such as mental or emotional health issues) to fellow colleagues. First, stigma and fear of judgment continue to shape what is sayable for wounded healer practitioners, contributing to silence, delayed support seeking, and concerns about being perceived as incompetent or impaired (Cleary & Armour, 2022; Zerubavel & O'Dougherty Wright, 2012). Second, these dynamics point to a need for workplace culture change: it is important to support counsellor well-being through transparency, supervision practices, and team processes that can value the complexity of the wounded healer concept without interpreting woundedness as unprofessional practice or impairment. Because this project resulted in a practical handbook for counsellors to use, these recommendations are also practical in nature and as such, address supporting wounded healers based on the recommendations from the above literature review.

Accordingly, the recommendations emphasize practical steps to reduce stigma: naming beliefs, increasing transparency, creating safer pathways for consultation, strengthening supportive supervision and peer processes, and protecting counsellor boundaries to reduce burnout and compassion fatigue (Cleary & Armour, 2022; Polsuns & Gall, 2020; Stone, 2008; Zerubavel & O'Dougherty Wright, 2012). *Healing the Wounded Healer Handbook* complements these recommendations by offering accessible reflective and self-care practices that can be used individually and in group settings, supporting the ongoing work of integrating woundedness in ways that protect ethical and relational practice (Conchar & Repper, 2014; Stone, 2008).

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