

Lesley University

DigitalCommons@Lesley

Expressive Therapies Capstone Theses

Graduate School of Arts and Social Sciences
(GSASS)

Spring 5-18-2024

The Role of the Wounded Healer in Expressive Art Therapy: A Literature Review

Yu-Tzu Lin

ylin5@lesley.edu

Follow this and additional works at: https://digitalcommons.lesley.edu/expressive_theses



Part of the [Clinical Psychology Commons](#), and the [Counseling Commons](#)

Recommended Citation

Lin, Yu-Tzu, "The Role of the Wounded Healer in Expressive Art Therapy: A Literature Review" (2024). *Expressive Therapies Capstone Theses*. 887.

https://digitalcommons.lesley.edu/expressive_theses/887

This Thesis is brought to you for free and open access by the Graduate School of Arts and Social Sciences (GSASS) at DigitalCommons@Lesley. It has been accepted for inclusion in Expressive Therapies Capstone Theses by an authorized administrator of DigitalCommons@Lesley. For more information, please contact digitalcommons@lesley.edu, cvrattos@lesley.edu.

The Role of the Wounded Healer in Expressive Art Therapy: A Literature Review

Capstone Thesis

Lesley University

May 1, 2024

Yu-Tzu Lin

Music Therapy

Thesis Instructor: Basel Zayed, MS

Abstract

Experiencing traumatic events can have a profound impact on individuals, ranging from mild distress to severe symptoms. Trauma is prevalent, and there are numerous studies on potential treatments. However, it is surprising that there is a lack of research on how therapists' own trauma background affects their work with clients and the therapeutic relationship. This literature review examines the intersection of trauma, therapy, and the concept of the "wounded healer," particularly within the context of expressive art therapy. This study discusses how expressive art therapists' personal experiences with trauma can influence their therapeutic approaches. It examines the potential benefits and challenges associated with being a "wounded healer." and whether expressive art therapy reinforces the wounded healer dynamic. Through a literature review, the author explores the complexities and consequences of being a wounded healer and how this archetype relates to the outcome of treating trauma. The author discusses how expressive art therapists can navigate the gap between their history and their clients' experiences while also exploring how the therapist's wounds can be valuable in clinical practice.

Key words: Trauma; Trauma-informed care; Expressive art therapy; Therapist trauma background; Wounded healer dynamics; Neuroscience; Self-disclosure; Stigmas

The Role of the Wounded Healer in Expressive Art Therapy: A Literature Review

Introduction

Trauma is a widespread issue that affects many people in our world and communities. People who experience or are exposed to traumatic events have logical reactions to their experiences (May & Wisco, 2016; Perryman et al., 2019; van der Kolk, 2014). The increased awareness of the impact of trauma has led to a rise in demand for mental health services. However, there is limited research on the experiences of therapists who deal with trauma (Bond, 2020, 2020; Conchar & Repper, 2014; Cvetovac & Adame, 2017; Ham et al., 2013; Mackay, 2019; Roots & Roses, 2020a; Zerubavel & Wright, 2012). Most articles about trauma focus on treatment plans, survivors' experiences, and the potential benefits of therapy for healing trauma. Therapy involves a relationship between the therapist and clients—the therapist's experiences impact therapy. The author aims to shift the focus from solely discussing the treatments of trauma survivors to including therapists' personal experiences with trauma. The author aims to explore therapists' experiences in expressive art therapy, particularly about their personal life experiences and traumas.

Recognizing the significance of a therapist's personal life experience is crucial. Trauma is pervasive. It is not surprising that most therapists who treat trauma have also experienced it themselves (Benjet et al., 2016). Research shows that a majority of therapists have a significant history of psychological distress and trauma (Cvetovac & Adame, 2017; Kern, 2014). Trauma does not always lead to adverse outcomes; it can also foster posttraumatic growth (Tedeschi & Calhoun, 2004). While some of these therapists may be considered impaired professionals, those who can overcome their personal history of distress and trauma are referred to as "wounded healers" (Jung, 1951).

This author believes the wounded healer concept, rooted in psychology and mythology, introduces a compelling dimension to therapeutic dynamics. Initially conceptualized by Jung

(1951), this archetype suggests that individuals who undergo personal suffering and healing journeys may develop enhanced empathy and healing capacities in their therapist roles. This literature explores the implications of the wounded healer dynamics on therapeutic relationships, emphasizing the potential for transformative growth (Abbott, 2018).

MacCulloch and Shattell (2009) expressed that therapists were drawn to the therapy field because they recognized their own need for self-healing. Farber et al. (2005) asserted that research supports the notion that early childhood experiences influence motivations for individuals entering therapy professions and desire to support others. Gelso and Hayes (2007) stated that all therapists are wounded healers, drawing from their experiences working through personal challenges to understand better and support their clients. This research highlights the connection between personal suffering, the healing process, and therapeutic practice. It suggests that therapists' experiences of overcoming adversity can enhance their ability to empathize and facilitate transformation in their clients.

Examining trauma, wounded healer dynamics, and expressive art therapy is significant because it can enhance understanding of therapeutic processes and enrich clinical practices (Abbott, 2018; Bensimon, 2022; Perryman et al., 2019; Roots & Roses, 2020b). The author believed that looking at the wounded healer concept's dual effects is essential to get the complete picture of how the wounded healer archetype affects expressive art therapy. The wounded healer archetype suggests that therapists who have experienced suffering and undergone healing journeys may possess better empathy and healing capacities (Cvetovac & Adame, 2017). In expressive art therapy, therapists use creative modalities to help clients navigate and process trauma (Perryman et al., 2019). Clients can explore and express their trauma nonverbally through diverse expressive art modalities, often leading to profound insights and healing (Kossak, 2009; Malchiodi, 2022). Expressive arts involve using various art forms to explore and express experiences, emotions, and feelings. As Malchiodi (2022)

suggests, these embodied experiences can help acknowledge and address the body's responses to trauma. Trauma can have lasting physical effects, making it essential to use expressive arts as a less harmful way to support clients (van der Kolk, 2014). Expressive art helps clients process trauma and allows therapists to develop empathy and understanding towards their clients' experiences. The wounded healer archetype emphasizes the interconnectedness of personal healing journeys and creativity, acknowledging the holistic nature of healing.

The author will conduct a literature review to understand better how therapists' trauma dynamics can affect expressive art clinical practice. Being a wounded healer can have positive and negative consequences, but this impact needs to be better understood due to a lack of research. On the one hand, therapists who have experienced trauma themselves can use the insight derived from their wounds and struggles to promote healing in their clients. On the other hand, if they cannot manage when their wounds are activated, they might damage the therapeutic alliance. The review will examine how trauma experiences can impede treatment and explore the potential of expressive arts therapy as either an effective tool or a hindrance for therapists. The author also aims to understand how therapists identifying as wounded healers (individuals with trauma history) may or may not impact treatment effectiveness and if expressive art therapy reinforces the wounded healer dynamic. By digging into some of the complexities and consequences of being a wounded healer, this research aims to answer the following question: How does an expressive arts therapist with a trauma background impact therapeutic outcome?

Literature Review

Trauma

Defining Trauma

The United States Department of Health and Human Services Substance Abuse and

Mental Health Services Administration (SAMHSA, 2021) defined trauma as "intense physical or emotional stress reactions" (p. xix) due to exposure to "a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening, and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being" (p. xix). Trauma can affect people of every race, ethnicity, age, sexual orientation, gender, psychosocial background, geographic region, age, and developmental stage (SAMHSA, 2021). SAMHSA (2021) illuminates the complex nature of trauma, underscoring its potential to impact individuals across all demographics and its lasting adverse effects on various aspects of one's well-being, highlighting the importance of recognizing and addressing trauma comprehensively.

Professionals in service-oriented roles often encounter several types of traumas, directly or indirectly (May & Wisco, 2016). Such experiences can have long-lasting impacts on their own mental and emotional well-being. This phenomenon, known as vicarious trauma, extends beyond witnessing traumatic events and can result in emotional and psychological repercussions (SAMHSA, 2021). Interpersonal trauma is a common type of trauma that involves repeated incidents of abuse or violence between individuals within relational dynamics (SAMHSA, 2021). Experiences of trauma can leave a lasting impact on individuals and shape their perspectives in life. It can also influence their career paths. For instance, research suggests that some people who have experienced trauma are often drawn to professions where they can help others facing similar challenges (Barnett, 2007; Mackay, 2019).

Understanding the enduring effects of historical and developmental trauma is crucial in comprehending how these experiences shape individuals' identities, behavior, and interactions within society. Historical trauma, which results from tragic events such as wars or genocide, can have long-lasting impacts across generations by perpetuating cycles of

suffering and resilience (Schultz et al., 2016; Yehuda, 2022). This type of trauma is often embedded in cultural narratives and familial legacies, which affect people's sense of identity and well-being. Developmental trauma, also known as complex trauma, is caused by prolonged exposure to adverse experiences during critical stages of development (SAMHSA, 2021; van der Kolk, 2014). It can lead to deep psychological and emotional scars, which can profoundly shape individuals' coping mechanisms and interpersonal relationships. These early-life traumas can significantly impact people's professional trajectories as they try to make sense of their experiences while helping others navigate similar challenges.

Psychological and emotional distress can be passed down through families and cultures, shaping individuals' perspectives and influencing their career choices. The concept of generational trauma highlights the connection between personal and collective wounds (SAMHSA, 2021). Drawing on their own experiences of pain and resilience, these therapists and mental health professionals understand their clients' struggles and offer valuable insights and support, leading to transformative healing and growth. The intersection of trauma and healing shows how personal stories and professional roles intersect, emphasizing the potential for profound growth by embracing and transcending one's wounds.

Prevalence of Trauma

Based on the World Mental Health Surveys, 70.4% of respondents have undergone lifetime traumas, with an average of 3.2 concussions per individual. Lifetime exposure to trauma varies, with 25.8% of respondents reporting one trauma while 4.2% reporting eight or more traumas (Benjet et al., 2016). According to a detailed analysis of 35 studies conducted over a long period, only 28.8% of people who have faced potentially traumatic events have been diagnosed with Posttraumatic Stress Disorder (PTSD), as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5, 2013), and have experienced the symptoms for at least a month after the traumatic event. This percentage declined to 17.8% after three

months and remained stable throughout the year (Santiago et al., 2013). Individuals may exhibit significant trauma-related symptoms or culturally expressed symptoms, even if they do not meet the diagnostic criteria for trauma-related disorders. The author believes it is essential to recognize that trauma can have a significant impact on individuals' lives, even if they do not meet diagnostic criteria.

Research indicates that trauma is a shared experience affecting 70.4% of people at some point in their lives (Benjet et al., 2016). Therapists, like all humans, may have experienced trauma that shapes their personal stories. Mental health professionals must comprehend how their exposure to trauma can affect their therapeutic relationship with clients (Cvetovac & Adame, 2017; Kern, 2014). When researching the impact of trauma on individuals and communities, it is crucial to consider the experiences of both clients and therapists.

Trauma is a whole experience that affects the body and mind, influencing physiological and psychological functioning (van der Kolk, 2014). Janet (1925) proposed that traumatic events can significantly affect the psyche, making it hard to integrate them into existing cognitive frameworks. Events are typically stored in memory differently, making them difficult to access under normal circumstances. Trauma can lead to fragmented experiences that may appear as flashbacks and behavioral reenactments (van der Kolk, 2014). It is crucial to understand that memory is a constructive process, especially in the context of trauma survivors who may struggle to comprehend complex events over time and may become self-critical or stuck (Bensimon, 2022).

Further research confirms that traumatic memories are encoded differently, with parts of the memory compartmentalized and stored as isolated sensory fragments (van der Kolk, 1997). Excessive release of stress hormones can disrupt the storage of explicit declarative memory, leading to the primary storage of traumatic memories in the amygdala as implicit nonverbal emotions and sensations (Alispahic, 2018). Those who have experienced trauma

can better empathize with the cognitive and physical changes faced by fellow trauma survivors. Their healing journey can inform their approach to therapy, enabling them to empathize deeply with their clients' experiences and provide a sense of validation and understanding.

Trauma is a lifelong experience. Bensimon (2022) highlights the crucial importance of music therapists in helping trauma survivors integrate their life stories both emotionally and cognitively, both before, during, and after the traumatic event. In the study, emotional integration involves guiding the survivor through a sequence of emotional states without disconnection or detachment (Bensimon, 2022). The same experience allows the therapist who has a similar trauma background to relate deeply with the survivor's experiences. Cognitive integration involves looking at a traumatic event as part of the overall story of a survivor's life rather than treating it as a single traumatic experience (Bensimon, 2022). This comprehensive approach recognizes the complexity of trauma and its significant impact on individuals. Therapists should address both emotional and cognitive aspects to promote healing and resilience. Therapists who have a similar trauma background offer a unique perspective to the therapeutic process by drawing from their own experiences of healing and personal growth to guide trauma survivors towards integration and wholeness. Expressive art therapists embody the trauma experience by utilizing the transformative power of art and creativity, providing empathy, validation, and understanding as they accompany clients through emotional and cognitive integration (Malchiodi, 2022). Those who have experienced trauma can better understand and empathize with the cognitive and physical changes faced by trauma survivors.

Trauma led to long-term changes in both the neurology and physical, requiring a comprehensive understanding to provide adequate care and interventions. Experiencing trauma can trigger defense mechanisms in individuals or groups, leading to lasting physical

and behavioral effects (van der Kolk, 2014). However, there is also evidence to suggest that trauma can lead to positive changes. According to Linley and Joseph (2004), positive change with adversity can result in what they refer to as adversarial growth. This process of overcoming adversity can lead to changes that help the individual function at a higher level than before the traumatic event. These positive changes include posttraumatic growth, stress-related growth, perceived benefits, thriving, blessings, positive by-products, positive adjustment, and positive adaptation.

Trauma can cause physical symptoms like headaches, digestive issues, sleep problems, and chronic pain (Perryman et al., 2019; van der Kolk, 2014). These are often known as somatic symptoms or posttraumatic stress disorder physical symptoms (PTSS). It also affects the endocrine system by modifying cortisol and growth hormone levels. The response of the immune system to trauma can increase the risk of developing infections, autoimmune diseases, and other health problems, which can be long-term. Additionally, trauma can negatively affect cardiovascular health, increasing the likelihood of heart disease, high blood pressure, and related conditions. The health problems are partly due to the impact of the stress response on blood pressure and blood vessel function. Therapists who have experienced trauma can better prepare to support their clients through physical trauma responses.

Trauma-Informed Care

Trauma-informed care, also known as trauma-informed practice, operates on the idea that most individuals seeking care have experienced significant traumatic events at some point in their lives (Jordan-Cox, 2018). This model emphasizes the importance of acknowledging emotional, physical, and cognitive challenges that can result from trauma and recognizing its potential lifelong impact. Additionally, it emphasizes the importance of employing current best practices to mitigate trauma reactions when present. Hopper et al.

(2010) proposed an idea about trauma-informed care:

Trauma-informed care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, which emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment. (SAMHSA, 2021, p. xix)

Insights from neurobiology and neuroscience are essential in trauma-informed therapy to understand the underlying mechanisms of trauma responses (Heiderscheidt & Murphy, 2021). In contemporary research, traumatic experiences can leave deep imprints in the limbic system and the brain's right hemisphere, housing sensory memories and associated emotions (Perryman et al., 2019). The human brain has two hemispheres, the right and left, that perform different functions. The right hemisphere stores experiences and negative emotions in implicit memory, while the left provides words for storytelling. However, individuals who experience trauma may have difficulty connecting both sides of the hemisphere to process their traumatic experiences. To effectively manage trauma reactions and promote holistic recovery in clients, it is vital to incorporate brain-sensitive techniques that address both physical and psychological aspects of trauma (Perryman et al., 2019). Treatments require not just an understanding but also knowing how experiences of trauma affect individuals and how they can manifest in physical, mental, and behavioral health consequences. By following experienced guidance and utilizing trauma-informed strategies, effective interventions can be developed to facilitate healing and improve overall well-being.

Trauma and Expressive Art Therapy

Defining Expressive Art Therapy

Expressive Arts Therapy involves using various art forms, such as music, dance, drama, narrative, and play therapies, to promote healing and self-expression. It is a multimodal

holistic health intervention influencing creative expression to facilitate mind and body healing. McNiff's words, "When art and psychotherapy are joined, the scope and depth of each can be expanded, and when working together, they are tied to the continuities of humanity's history of healing" (McNiff, 2009, as cited in Malchiodi, 2022, p. 259) to claim that arts serve as avenues for self-expression in therapy, enriching the process and fostering change, repair, and growth. Throughout history, people have used art, music, movement, and imagination to cope with trauma and loss. These creative practices have been crucial in promoting emotional resilience and facilitating healing. Expressive arts therapy offers clients a unique way to express themselves and explore their feelings. Individuals can access and process emotions, memories, and experiences in a safe and supportive therapeutic environment. Therefore, expressive arts therapy is a testament to the enduring connection between creativity and healing across cultures and throughout human history.

Expressive Arts Therapy in Trauma-Informed Care

Understanding neurodevelopment can provide a framework for determining how expressive arts interventions can achieve various treatment goals, such as promoting self-regulation and self-esteem, establishing positive attachment, and encouraging resilience (Heiderscheit & Murphy, 2021). Unresolved trauma often remains in the right hemisphere of the brain without coherence or a complete narrative. In contrast, the left hemisphere struggles to make sense of this incoherence by attempting to form a logical story using words to describe the trauma (Perryman et al., 2019). For a balanced nervous system, the left and right hemispheres must effectively integrate within the prefrontal region connected to the entire brain. People who have experienced trauma may find themselves operating predominantly from the right hemisphere, resulting in an overwhelming inflow of emotions. Expressive art therapy, in which creativity is a big part, can help to open new and more adaptive possibilities. Through expressive art therapy, therapists can use nonverbal communication to resolve

traumatic experiences and help clients connect with parts of themselves that may not be readily accessible through traditional talk therapy, such as inner feelings and unconscious thoughts (Perryman et al., 2019).

Expressive art therapy enables individuals to communicate their feelings and thoughts through their preferred creative outlets. According to Malchiodi (2003), expressive arts therapies help people connect with parts of themselves that may be difficult to access through traditional forms of therapy. Engaging multiple senses can help individuals access their deep emotions and subconscious thoughts more effectively. Using expressive arts also helps clients reconnect implicit (sensory) and explicit (declarative) memories of trauma (Perryman et al., 2019). It provides a less intimidating way for people to share their experiences of trauma and loss by honoring personal metaphors and symbols. This approach recognizes that people who have undergone trauma may find comfort and strength through creative expression. Through expressive arts, individuals can access their inner resources, navigate their emotions, and find meaning in their experiences (Malchiodi, 2022).

Moreover, therapists who have personal experiences of trauma may relate better to their clients' creative expressions, creating a sense of empathy and connection that can strengthen the therapeutic relationship and foster healing. Therapists and clients can explore, reshape, reinterpret, and retell their experiences through nonverbal, creative, participatory, strength-focused, and self-empowering methods. Finally, expressive art therapy gives them another opportunity to revisit the trauma experience and find new meaning in the process.

Dieterich-Hartwell and Koch (2017) stated that expressive art therapy being a "temporary home" aligns with therapy offering a secure and nurturing environment for individuals to explore and develop themselves while bridging the gap between their past experiences and future possibilities. This experience underscores the power of art in coping with trauma and loss, leading to the exploration of expressive arts therapy as a means of self-

expression and healing. Art has become a primary coping mechanism for the individual, providing comfort and safety during challenging times. By participating in various interventions, they could process complex emotions and use creative expression as a valuable outlet. For instance, Abbott (2018) initially felt pessimistic and powerless, but the process of songwriting and guitar playing eventually became a powerful resource for personal growth and professional practice. In the context of expressive arts therapy, this journey emphasizes the role of creative expression in developing resilience and promoting transformation. Expressive art acts as a "container" for individuals to feel safe to grow and heal, moving from being a survivor to becoming a healer. At the same time, the dual connotation highlights the dynamic process of personal evolution and transformation. An individual's journey in expressive arts therapy begins with a personal connection to the healing power of this approach. Many therapists have experienced how engaging in creative expression has helped them navigate their challenges and traumas (Abbott, 2018; Roots & Roses, 2020a). This personal experience catalyzes their professional path, inspiring them to explore the potential of expressive arts therapy to support others on their healing journeys.

Individuals undergoing trauma sometimes feel the effects not only in their emotions and thoughts but also in physical sensations (Galit et al., 2019). Traumatic experiences of physical sensations can manifest in various forms, such as nightmares, flashbacks, or sensorimotor responses. Over time, these physical responses can become a significant part of a person's identity, disrupting the coherence of their verbal life story, and challenging their deeply held beliefs about themselves and the world (Galit et al., 2019). Traumatic memories are deeply ingrained in the body and continually resurface, connecting past and present experiences. Because trauma persists in the body and mind, these memories need to be more cohesive from the through expression, making integration articulate. Since expressive arts are "embodied" experiences (Malchiodi, 2022), they are crucial in recognizing and addressing

the body's responses to trauma. When dealing with trauma, it is essential to use expressive arts to empower the body as a source of strength and to recognize the body's reactions to trauma as adaptive mechanisms for coping rather than signs of pathology.

Expressive arts therapy and trauma-informed care focus on action-oriented and sensory-based methods that encourage practical expression, mastery, vitality, and happiness (Heiderscheit & Murphy, 2021; Malchiodi, 2022). Their primary objective is to enhance each individual's capacity instead of just increasing their tolerance levels (Sokira et al., 2023). Rather than simply boosting one's endurance and coping mechanisms, expressive art therapy aims to avoid retraumatization and promote recovery by uncovering and developing abilities (Sokira et al., 2023). Restoring the self occurs by nurturing tangible, sensory, and somatic experiences of effectiveness, resourcing, and resilience. By enhancing one's ability to endure reactions, the body feels an increased capacity for action, empowerment, mastery, and confidence in facing distressing events. Therefore, while expanding tolerance can assist in dealing with distressing reactions, proper repair and recovery involve more than just endurance and coping mechanisms.

Impact of Therapist's Trauma Background

Therapist's Trauma History

Previous research has uncovered an interesting finding regarding the frequency of personal trauma experienced by therapists (Schimpff, 2019). The study revealed that 92% of the participants reported having undergone one or more traumatic events, which is significantly higher than the general population's rate of 70.4% (Benjet et al., 2016). The main goal of this study was to reduce the negative perception of clinicians with traumatic histories. The fact that many therapists openly talk about their past traumas could be a sign that this stigma is decreasing (Cain, 2000; Zerubavel & Wright, 2012; Bond, 2020; Cuseglio, 2019; Root & Rose, 2020; Miller Itay & Turliuc, 2023). Moreover, therapists understand the

importance of recognizing trauma, which may explain why they are willing to share their experiences. Additionally, many clinicians had undergone therapy themselves, which could have increased awareness of and comfort with discussing personal trauma.

Individuals who have gone through trauma themselves are more inclined to assist others with similar experiences or help them recover from the impact of trauma (Ham et al., 2013). Research indicates that mental health professionals often have their own traumatic experiences, sometimes even more than the general population (Jordan-Cox, 2018). Researchers found that people who have faced challenging experiences may be attracted to roles that allow them to assist others (Cain, 2000; Zerubavel & Wright, 2012; Root & Rose, 2020). For those who have suffered trauma, helping others can be an essential aspect of their healing process. It is, therefore, unsurprising that many therapists may have undergone similar challenges in their lives (Jenkins et al., 2011). This desire to give back and support their community indicates personal growth and healing. The new findings from this study have significant implications for how we care for mental health professionals.

Wounded Healer Dynamic

The concept of the "wounded healer" is deeply rooted in psychology and mental health, particularly in the work of Carl Jung (1951). Jung (1951) was the first psychotherapist to reference the wounded healer archetype, drawing from Greek mythology and exploring its psychological applications (Jackson, 2001). The wounded healer archetype suggests that individuals who have experienced trauma or adversity can develop transformative qualities relevant to recovery. They embody profound understanding and empathy for the suffering of others (Jackson, 2001). This empathy and insight benefit the healer and their clients, allowing for a deeper connection and more effective therapeutic relationships.

The wounded healer archetype emphasizes the importance of personal resilience in mental health clinicians (Cain, 2000). It is unfair that wounded healers are sometimes

identified as impaired professionals. It has been well-documented that many therapists arrive at their profession of choice through a journey that involves a history of pain or suffering (Cuseglio, 2019; Tlali, 2022; Root & Rose, 2020; Bond, 2020). Potential harm to clients can result if a service provider does not have adequate self-awareness and reflective distance. Research has shown that to become a therapist, one must go through some injury or wound (Jordan-Cox, 2018). Past experiences can teach valuable lessons and shape attitudes and sensitivities that enable individuals to help others in need. However, over-identification with clients can compromise a therapist's ability to prioritize their needs and alienate them from colleagues (Cain, 2000; Laskowski & Pellicore, 2002). There are few reports on what it means for a therapist to process, resolve, or recover from a wound in a way that enhances their ability to provide effective therapy (Cain, 2000; Zerubavel & Wright, 2012; Cvetovac & Adame, 2017).

Barnett (2007) highlights the importance of being wounded to become a healer. Individuals who have overcome challenges bring their character formed from these wounds to the therapeutic room. According to Hayes (2002), therapists can collaborate effectively with clients even if they are not fully healed. He mentioned, "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). It is worth noting that Hayes (2002) discusses woundedness in a broad sense.

In some cases, such as treating eating disorders or substance abuse, therapists may need to overcome their struggles for effective therapy. The concept of the wounded healer suggests that resilience involves embracing vulnerability and recognizing it as a source of strength rather than weakness (Schimpff, 2019). Those who have "been there" have higher credibility regarding the recovery process and deeper empathic connections with their clients (Zerubavel & Wright, 2012; Costin & Johnson, 2002). This idea highlights the dynamic interplay

between being both wounded and a healer in therapeutic relationships. Empowering mental health clinicians to use their personal experiences for growth and empathy instead of feeling overwhelmed fosters a deeper understanding of the healing process.

Clients have reported dissatisfaction with therapists who need help understanding their emotional needs and responding adequately and comprehensively (Curran et al., 2019). These emotions can lead to feeling unheard or misunderstood, which can be distressing for the client. Therapists should be able to acknowledge the client in themselves (Barnett, 2007). Cain (2000) questions whether therapists considered 'healthy' are more effective or might be restricted by their lack of personal experience and the healing process. Therapists who have undergone their healing journey are known as wounded healer therapists (Cvetovac & Adame, 2017). They are aware of the traumatic experiences their clients may have encountered, and this knowledge allows them to approach therapy with more empathy and practicality, establishing a higher level of trust and connection with their clients. Ultimately, therapists can create a safe and supportive environment for healing and growth by recognizing and addressing their clients' emotional needs with sensitivity and understanding (Conchar & Repper, 2014; Cvetovac & Adame, 2017).

The wounded healer paradigm suggests that the relationship between the wounded and the healer can be noticed as a duality rather than a dichotomy (Zerubavel & Wright, 2012). The degree to which the wound exists is continuing, and the ability to draw on the therapist's wound in the service of healing matters the most. Many people believe that the severity of a wound falls on a continuum, and the most crucial factor in the healing process is the ability to use one's wound to facilitate healing. A therapist's past or present wounds can help them form a stronger empathic connection with their clients and provide a better clinical approach (Cvetovac & Adame, 2017). For example, a therapist's wounds can influence their clinical practice. Chernin (1995) reflected on her experiences in psychoanalysis, where she often felt

unheard by her therapist. Her unsatisfactory experience led her to reject psychoanalytic ideology and adopt a different approach with her clients. She aimed to create a comfortable space where her clients feel heard and valued, unlike her own negative experience. The wounded healer archetype highlights the therapeutic potential of a therapist's experiences and vulnerabilities (Zerubavel & Wright, 2012). Jackson (2001) suggests that healed wounded healers can be exceptional therapists because their unique understanding of pain and suffering may make them uniquely talented.

Therapist-Client Dynamics in Trauma-Informed Care

Gelso and Hayes (2007) have advised therapists against denying their vulnerabilities, as it can cause them to project a false perception onto their clients. When therapists fail to acknowledge their wounds, it may hinder their ability to empathize and support clients' healing, which can lead to dependency issues. To better guide others through the healing process, therapists must understand their recovery journey and recognize the uniqueness of everyone's journey.

According to Jung (1961), therapy is a transformational process that affects both the therapist and the client. Neither of them can remain neutral during this process. The therapist must be genuine and vulnerable to form a solid therapeutic relationship. Therapists must possess the ability to empathize and feel deeply to heal and alleviate pain effectively. This essential quality would significantly expand their capacity to help their clients. However, therapists are also human beings with their own life histories, traumas, wounds, and difficulties, which may hinder their ability to heal. These wounds, nonetheless, can also contribute significantly to the therapeutic process.

Bond (2020) explored how therapists who have experienced trauma themselves may be influenced by their sense of self in their clinical practice. She emphasized the significance of the therapist's role in the therapeutic relationship, highlighting that both the therapist and the

patient bring their shaped selves into the therapeutic encounter. Since the concept of self can be influenced by trauma, it is not surprising that the 'self' of the therapist who is a trauma survivor can influence their practice in some way. Pearlman and Saakvitne (1995) stated that "The therapist's self is elemental in the unfolding therapeutic relationship" (p.18). This relationship is one between two selves that have been shaped by trauma. Trust, a common issue for trauma survivors, plays a critical role in the therapeutic alliance and can significantly impact the success of trauma therapy (Herman, 1992). Therapists who have been through trauma themselves may struggle with trust issues that have arisen from their own traumatic experiences. However, their journey of healing and resilience can help them understand how crucial trust is in therapy, both as a clinician and as someone who has gone through their trauma.

Bond (2020) further discussed the role of therapists in the therapy process. The research found that all therapists recognized the impact of their own traumatic experiences and used this awareness to help their clients. The study participants believed that therapists who have experienced trauma need to address their trauma and do the necessary work to avoid unhelpful over-identification or detachment from their clients (Cain, 2000; Laskowski & Pellicore, 2002). They emphasized the importance of addressing personal trauma and rejected the idea of maintaining a detached, objective stance. Therapists who detach from their clients may be engaging in unhealthy avoidance. Instead, therapists should practice a more engaged and empathetic approach rooted in personal healing and growth. The lack of identification of therapists themselves is dangerous and unethical in the trauma therapy process (Bond, 2020; Curran et al., 2019; Zerubavel & Wright, 2012).

Therapists' clinical practices are influenced by how their therapists treat them in therapy (Bond, 2020). Some found their therapists' approaches ineffective, while others found them beneficial for themselves (Conchar & Repper, 2014). Wounded therapists often choose

methods they believed were more suitable for their clients (Bond, 2020). Some integrated positive elements of their therapists' practices into their therapeutic repertoire, for instance, by adopting a former therapist's method of using grounding exercises to help the therapist's clients manage anxiety during sessions. Moreover, although therapists have preferred modalities, they are open-minded toward alternative approaches (Bond, 2020). They often combined positivist medical insights with postmodern experiential ones in their practice. This recognition highlights the importance of lived experience in informing therapeutic approaches.

Some therapists draw on their struggles to aid their clients and their healing. Cvetovac and Adame (2017) have suggested that by acknowledging therapists' emotional pain, they can better connect with clients in a way that promotes healing. This interaction between the therapist's healing and their clients catalyzes the client's healing process (Cain, 2000). By working through their issues, therapists can benefit both themselves and their clients, even if they do not explicitly discuss the therapist's reactions. The therapist's own experiences of being wounded can help them empathize with their client's pain, and by sharing their own experiences, they can inspire hope for recovery. Finally, many therapists find the therapeutic process healing and restorative for themselves (Cvetovac & Adame, 2017).

The healing process of therapists overcoming personal trauma challenges conventional notions of recovery. Cvetovac and Adame (2017) explored how therapists who have experienced personal traumas navigate their professional and personal lives, highlighting the complex nature of their coping mechanisms. Most therapists manage their emotional wounds through acceptance and integration, continually processing the wounded daily. They learn to manage distress without letting it affect their abilities as therapists. Cvetovac and Adame (2017) used Slater (1996) as an example to describe this transformative process, emphasizing the importance of changing one's relationship with emotional pain. He explains that being a

mental health professional does not mean making the pain go away but instead learning to manage it with expertness. Slater (1996) mentioned that he had not healed completely, but he had learned to accept and coexist with his emotional pain. Therapists can meaningfully engage in self-reflection and navigate the complex interplay between their wounds and those of their clients by accepting and embracing pain and wounds instead of trying to eliminate them. Therapists and clients can leave the healing process open-ended, indicating that although a shift has occurred, they will continue to encounter challenges and experience personal growth throughout their lives (Cvetovac & Adame, 2017). By learning to coexist and accept their wounds, therapists can effectively help their clients heal.

Miller Itay and Turliuc (2023) established a strong connection between therapists' views on trauma-informed care and secondary traumatic stress. Improving positive attitudes toward trauma-informed care and enhancing secondary traumatic self-efficacy may reduce therapists' secondary traumatic stress. The results indicate that therapists who have negative attitudes towards trauma-informed care are more likely to experience secondary traumatic stress (Miller Itay & Turliuc, 2023). Therefore, it is essential to cultivate positive attitudes towards trauma-informed care among therapists to reduce the risk of secondary traumatic stress and promote their well-being. Moreover, improving therapists' knowledge and willingness to apply trauma-informed care principles is associated with more positive attitudes towards trauma-informed care and a lower risk of secondary traumatic stress (Heiderscheit & Murphy, 2021; Jordan-Cox, 2019; Sokira et al., 2022). By doing trauma-informed care, therapists can provide high-quality services, foster a positive work environment, and benefit clients' overall well-being.

Nolte and Dreyer (2010) discussed Jung's (1961) view of the relationship between clients and therapists as one of the equals rather than one where the therapist is in a higher, clinical, and objective position. The wounded healer phenomenon involves an interaction

between two people. In therapy, there is a relationship between the therapist and the client. It is crucial to recognize that therapists' personal experiences should not be disregarded.

Therefore, the therapist brings their own experiences to the session. Since both the therapist and the client have an equal part in the therapeutic process, where the two meet and interact is where healing and transformation occur (Sedgwick, 1994). The relationship is essential and can determine whether the dynamic is ultimately helpful in the healing process. Therapists must know their emotional wounds and how they may impact the therapeutic process.

Therapists often have concerns regarding the recovery status of the "wounded healer." As therapists, we may judge ourselves and even worry about being wounded. However, it is not an issue when the therapist is willing to self-reflect and understand their wounds. These professionals must balance their deep connection to their clients' suffering and well-being (Cvetovac & Adame, 2017). This balance is crucial for effectively navigating the challenges of our profession and providing practical support to those we serve.

Expressive Art Therapist and Wounded Healer Dynamic

Art therapist Shaun McNiff (2004) stated that art can heal people through complex life events. He believed that when people face life crises and medical traumas, their active and creative involvement can help them recover more effectively. McNiff (2004) mentioned that "Art speaks the language of the soul" (p. 205). Therefore, by paying attention to what is in one's art, one can have a profound healing experience.

Austin (2002) described every therapist as an "instrument" that requires constant "fine-tuning" to gain self-awareness and self-knowledge in a therapeutic relationship. The process of "fine-tuning" is like the psychological concept of attunement. Attunement is an embodied experience that can be individual or communal, encompassing psychological, emotional, and somatic states of consciousness (Kossak, 2009). Attune creates a sense of connection with all life forms, objects, surroundings, and the universe, manifesting as a unitive experience

(Kossak, 2009). However, before establishing a therapeutic alliance, therapists must be centered and attuned to themselves (Robbins, 1997). When the therapists attune to themselves, they can establish alignment with their clients, creating a "therapeutic attunement" (Kossak, 2021, 2009). This mutual resonance creates connectivity, unity, understanding, support, empathy, and acceptance, contributing significantly to psychological healing.

Expressive arts therapy is a form of therapy that encourages creative engagement to facilitate a state of flow (Parsons et al., 2023). It is based on the belief that artistic expression can positively impact mental health and emotional well-being (Kossak, 2021). By immersing oneself in the present moment during the creative process, individuals can experience a shift in their awareness, moving beyond their ordinary daily experiences to enter a state of heightened perception (Kossak, 2009; Parsons et al., 2023). When individuals engage in expressive art activities, they may experience altered states of consciousness. This focused engagement helps achieve inner balance, quiet mental chatter, and fully immerse in the present moment (Kossak, 2009). As a result, individuals can establish a more profound connection with themselves, others, and the surrounding environment.

As an expressive arts therapist, Kossak (2009) explained his experience guiding clients through creative processes that help them express themselves. During this process, he mentioned undergoing a shift in his mind, body, and consciousness. This shared involvement in artistic activity helps create a deep connection and intimacy between the therapist and him or herself and the therapist with the client. Through artistic engagement, achieving therapeutic attunement to both therapist and clients builds a better connection between both sides. It supports the creative process and fosters a deeper connection with authentic selves, heightening awareness of the present moment and facilitating a sense of embodied flow and transcendence beyond time, which enhances the therapeutic experience (Kossak, 2009).

Expressive art therapists who are wounded healers empathetically connect with their clients

through creativity, allowing a flow of energies between self and material, self and sound, self and space, or self and other (Kossak, 2009). These therapists draw from their experiences of trauma and healing to infuse their practice with empathy, insight, and resilience, guiding clients on their journey toward healing and wholeness. By paying attention to the messages conveyed through artistic expression, they can use art to create profound healing experiences (Roots & Roses, 2020a). Wounded healer therapists have traversed their paths of adversity and transformation, granting them an understanding and connection with their clients' deeply personal struggles (Bond, 2020). In expressive art therapy, art supports individual synchronization in the therapeutic process, with attunement extending from inner sensitivity to self to outer sensitivity to another person's reality, which may include a transpersonal or transcendent experience (Parsons et al., 2023). Through the integration of expressive art therapy and their personal healing experiences, wounded healer therapists offer a unique perspective that validates clients' experiences and fosters a sense of hope and possibility for healing through art. Their authenticity and creativity create a safe and nurturing space for clients to explore their wounds and embark on self-discovery and healing.

Wounded Healer Self-Disclosure Clinical Value

Self-disclosure is an important skill set in the therapy room. Therapist self-disclosure can be valuable, but it must be done carefully and with intention, keeping the client's well-being in mind and avoiding any potential harm. Research has shown that disclosure can significantly impact the therapeutic alliance and enhance the relationship skillfully and judiciously (Hanson, 2005). However, it can protect the alliance when done with the necessary skills or in a rigid manner (Ham et al., 2013). Clients appreciate it when therapists show their human side, including their imperfections, and they do not expect therapists to always be perfect. If a therapist makes a mistake, they must recognize it and take responsibility without feeling shame or negative. This can help repair any damage to the

alliance and show the client that the therapist values honesty, openness, respect, and consideration. This can strengthen the alliance and help the client move forward toward healing and growth.

Self-disclosure can have both positive and negative effects on the client. On the positive side, revealing the therapist's woundedness can encourage clients to tap into their inner healing capacities, linking woundedness and healing (Zerubavel & Wright, 2012). The most significant positive impact of therapist disclosure is on the therapeutic alliance. Clients appreciated their therapists' disclosures as they helped to establish authentic connections characterized by safety, intimacy, trust, understanding, and accountability (Hanson, 2005). This resulted in an improvement in the therapeutic process. Clients may find their healing resources awakened by recognizing the therapist's vulnerability. Clients may find recovery more attainable when they see the therapist's wounded-healer dynamic (Conchar & Repper, 2014). Disclosure can also equalize power in therapy, fostering authenticity in both therapist and client (Zerubavel & Wright, 2012). Self-disclosure also shows the therapist's readiness to address challenging topics, encouraging the client to open further. However, disclosure may also have adverse effects on clients. Some clients may prefer not to know personal details about their therapist, or the disclosure might inappropriately shift attention onto the therapist. Research also identified two main adverse effects of therapist disclosures: a decline in trust or safety and the need to navigate the therapeutic relationship (Hanson, 2005). In some cases, therapists expressed negative attitudes or beliefs about their clients, leading clients to feel worse about themselves.

Stigma of Disclosing Woundedness

Stigma significantly affects the willingness of mental health professionals to disclose their backgrounds, particularly related to the impaired professional. Zerubavel and Wright (2012) explained, "We do not advocate disclosure; rather, we emphasize the fundamental

importance of having disclosure as a viable option for wounded healers in need of support" (p.487). Our profession should not create an atmosphere that stigmatizes acknowledging vulnerability or woundedness. Such an environment can increase the risk of unaddressed impairment by preventing opportunities to assess the impact of woundedness and suggest intervention when needed. The impact of stigma on mental health professionals' disclosure of personal backgrounds is evident, as highlighted by research findings and varying perspectives within the field (Bond, 2020; Roots & Roses, 2020a; Zerubavel & Wright, 2012). A study has shown that stigma is a significant barrier to disclosing this information to clients, colleagues, and supervisors, highlighting the pervasive presence of stigma within the mental health system (Cain, 2000).

Although some professionals noted a decreasing stigma, others emphasized its detrimental effects, such as hindering professional advancement and perpetuating discrimination. Cain (2000) pointed out that stigma isolates and silences clinical professionals, which hinders the progress of the field, both in terms of treatment and understanding of trauma. Therapists who have experienced trauma may not feel comfortable sharing their struggles with their clients, supervisors, or colleagues due to the stigma surrounding such vulnerabilities (Cvetovac & Adame, 2017). Additionally, complex ethical and relational dilemmas may arise from such disclosures. However, there are some exceptions to this, particularly in studies that have examined therapists who have dealt with eating disorders and substance abuse (Costin & Johnson, 2002; Ham et al., 2013). In these populations, self-disclosure seems necessary and can foster trust between therapist and client while demonstrating the possibility of recovery. These professionals have reported being hired due to their personal histories, indicating a nuanced understanding of stigma within the profession. According to Jackson (2001), clients may find it easier to recover when they recognize their therapist's dual role as both a patient and a healer. Cain (2000) emphasized

that professionals free from the limitations of stigma can contribute valuable information to the profession and improve the quality of treatment for clients.

As a wounded healer, it may be necessary to seek support or consultation from another professional regarding issues related to practicing as a wounded healer. This often requires disclosing one's woundedness to a personal therapist, supervisor, or colleague. The decision to disclose can be difficult and is influenced by various factors. Therapists do not intend to advocate for disclosure but emphasize the importance of having it as a viable option for wounded healers who require support (Zerubavel & Wright, 2012). Traditional psychotherapeutic norms dictate that therapists should remain a "blank slate," revealing little about themselves to foster the transference relationship. While this tradition helps clients project their fantasies onto the therapist, it also shields therapists from potential negative judgments or misunderstandings from clients (Hanson, 2005). Although selective self-disclosure can have therapeutic benefits, it also carries inherent risks. Revealing personal wounds could disrupt the idealized transference towards the therapist and undermine their perception as a stable figure capable of facilitating positive change in the client's life (Zerubavel & Wright, 2012). Therefore, therapists must carefully weigh the decision to disclose personal trauma, considering its potential impact on the therapeutic relationship and the client's perception of it (Hanson, 2005). Research showed that supervision support can effectively manage the dilemma of working with therapists who have experienced trauma (Cvetovac & Adame, 2017). A more comprehensive framework for the supervisor's role in this area can assist therapists in deciding the appropriate level of disclosure regarding personal wounds during supervision and help them understand the reasoning behind such disclosures to their supervisors.

Discussion

Limitation

As this literature review explores numerous studies that shed light on the experiences of wounded therapists, it is essential to acknowledge some inherent limitations. While many studies provide valuable insights into the outcome faced by therapists with similar trauma backgrounds or life experiences as their clients, it is worth noting that there is a gap in research about trauma-informed care, which has emerged recently. Moreover, most of the literature focuses on psychotherapists or psychologists as wounded healers, leaving a lack of exploration into expressive art therapists, a field that the author aims to enrich. Given the crucial role that therapists play in the therapeutic process, it is crucial to understand how they integrate their personal experiences into therapy, especially for expressive art therapists who transition from trauma survivors to wounded healers.

It is critical to consider cultural context when reviewing the literature, as most of the research on this topic comes from the United States and reflects Western primary perspectives. Future research should aim for greater participant diversity, including those from various geographic locations, races, genders, sexual orientations, and socioeconomic backgrounds. Addressing the gaps between these studies will help therapists understand how expressive art therapists' backgrounds intersect with their identities as wounded healers by embracing diversity.

It is important to continue researching the wounded healer's identity and how it affects clinical practice. More specifically, researching therapists from various fields and stages of their careers would be beneficial. By doing so, therapists can create an environment that supports therapists and clients, allowing wounded healers to use their experiences to promote healing in the therapeutic process. Ongoing dialogue and exploration of these issues are necessary to achieve this goal.

Conclusion

This literature review aimed to understand how expressive arts therapists who have experienced personal trauma can affect therapeutic outcomes. Therapists who openly discussed their trauma backgrounds provided insights into transitioning from trauma survivors to wounded healers. These wounded healers use their personal experiences to deepen their understanding of trauma and effectively support their clients. Positive outcomes include heightened empathy, enhanced understanding of client comprehension, and improved trauma treatment strategies. However, adverse outcomes such as insufficient self-awareness and stigma surrounding therapist self-disclosure can hinder therapeutic progress. Addressing stigma is crucial for strengthening support and supervision for professionals and empowering individuals with lived trauma experiences to contribute to mental health care.

With a better understanding of trauma, trauma-informed care, and the use of expressive art therapy, therapists can provide more effective trauma treatment. By harnessing the creativity of expressive art, therapists can facilitate a non-harmful exploration of trauma experiences and better support their clients. Creating a supportive environment within the mental health profession is essential for reducing the adverse outcomes of trauma and promoting self-care, self-identification, and acceptance among therapists. Given the prevalence of therapists with trauma experiences, there is significant potential for clients to benefit from therapists' healing journeys. Understanding the therapeutic outcomes and embracing the wounded healer dynamic in expressive art therapy can enhance therapeutic efficacy for therapists and clients. Continued research on the wounded healer phenomenon in expressive art therapy will contribute to further understanding within the profession. Therapists should not fear trauma but instead utilize trauma coaches and personal experiences to support clients in transitioning from trauma survivors to wounded healers.

References

- Abbott, D. L. (2018). Trauma, Disability and the “Wounded Healer.” *Music and Medicine*, 10(3), Article 3. <https://doi.org/10.47513/mmd.v10i3.616>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. American Psychiatric Publishing.
- Alispahić, S. (2018). Psychological theory and therapy of traumatic memory. In *Trauma, Trust, and Memory*. Routledge.
- Barnett, M. (2007). What brings you here? An exploration of the unconscious motivations of those who choose to train and work as psychotherapists and counsellors. *Psychodynamic Practice*, 13(3), 257–274. <https://doi.org/10.1080/14753630701455796>
- Benjet, C., Bromet, E., Karam, E. G., Kessler, R. C., McLaughlin, K. A., Ruscio, A. M., Shahly, V., Stein, D. J., Petukhova, M., Hill, E., Alonso, J., Atwoli, L., Bunting, B., Bruffaerts, R., Caldas-de-Almeida, J. M., de Girolamo, G., Florescu, S., Gureje, O., Huang, Y., ... Koenen, K. C. (2016). The epidemiology of traumatic event exposure worldwide: Results from the World Mental Health Survey Consortium. *Psychological Medicine*, 46(2), 327–343. <https://doi.org/10.1017/S0033291715001981>
- Bensimon, M. (2022). Integration of trauma in music therapy: A qualitative study. *Psychological Trauma: Theory, Research, Practice, and Policy*, 14(3), 367–376. <https://doi.org/10.1037/tra0001032>
- Bond, P. (2020). Wounded healer therapists: A legacy of developmental trauma. *European Journal for Qualitative Research in Psychotherapy*, 10, 68–81.
- Cain, N. R. (2000). Psychotherapists with Personal Histories of Psychiatric Hospitalization: Countertransference in Wounded Healers. *Psychiatric Rehabilitation Journal*, 24(1), 22. <https://doi.org/10.1037/h0095127>

- Chernin, K. (1995). *A different kind of listening: My psychoanalysis and its shadow*. New York, NY: HarperColl
- Conchar, C., & Repper, J. (2014). “Walking wounded or wounded healer?” Does personal experience of mental health problems help or hinder mental health practice? A review of the literature. *Mental Health and Social Inclusion*, *18*(1), 35–44.
<https://doi.org/10.1108/MHSI-02-2014-0003>
- Costin, C., & Johnson, C. L. (2002). Been there, done that: Clinicians’ use of personal recovery in the treatment of eating disorders. *Eating Disorders*, *10*(4), 293–303.
<https://doi.org/10.1080/10640260214506>
- Curran, J., Parry, G. D., Hardy, G. E., Darling, J., Mason, A.-M., & Chambers, E. (2019). How Does Therapy Harm? A Model of Adverse Process Using Task Analysis in the Meta-Synthesis of Service Users’ Experience. *Frontiers in Psychology*, *10*, 347.
<https://doi.org/10.3389/fpsyg.2019.00347>
- Cvetovac, M. E., & Adame, A. L. (2017). The wounded therapist: Understanding the relationship between personal suffering and clinical practice: The Humanistic Psychologist. *The Humanistic Psychologist*, *45*(4), 348–366.
<https://doi.org/10.1037/hum0000071>
- Daneault S. (2008). The wounded healer: can this idea be of use to family physicians? *Canadian family physician Medecin de famille canadien*, *54*(9), 1218–1225.
- Dieterich-Hartwell, R., & Koch, S. C. (2017). Creative Arts Therapies as Temporary Home for Refugees: Insights from Literature and Practice. *Behavioral sciences (Basel, Switzerland)*, *7*(4), 69. <https://doi.org/10.3390/bs7040069>
- Farber, B. A., Manevich, I., Metzger, J., & Saypol, E. (2005). Choosing psychotherapy as a career: why did we cross that road? *Journal of clinical psychology*, *61*(8), 1009–1031.
<https://doi.org/10.1002/jclp.20174>

- Galit, Z.-S., Dita, F., & Rachel, L.-W. (2019). The Traumatic Story as Expressed Through Body Narration: Journal of Loss & Trauma. *Journal of Loss & Trauma*, 24(5/6), 400–417. <https://doi.org/10.1080/15325024.2018.1507470>
- Gelso, C. J., & Hayes, J. A. (2007). *Countertransference and the therapist's inner experience: Perils and possibilities*. Lawrence Erlbaum Associates Publishers.
- Ham, C. C., LeMasson, K. D. S., & Hayes, J. A. (2013). The Use of Self-Disclosure: Lived Experiences of Recovering Substance Abuse Counselors. *Alcoholism Treatment Quarterly*, 31(3), 348–374. <https://doi.org/10.1080/07347324.2013.800399>
- Hanson, J. (2005). Should your lips be zipped? How therapist self-disclosure and non-disclosure affects clients: Counselling & Psychotherapy Research. *Counselling & Psychotherapy Research*, 5(2), 96–104. <https://doi.org/10.1080/17441690500226658>
- Hayes, J. A. (2002). Playing with fire: Countertransference and clinical epistemology. *Journal of Contemporary Psychotherapy*, 32, 93–100. <http://dx.doi.org/10.1023/A:1015543531230>
- Herman, J. L. (1992). *Trauma and recovery*. Basic Books/Hachette Book Group.
- Heiderscheid, A., & Murphy, K. M. (2021). Trauma-Informed Care in Music Therapy: Principles, Guidelines, and a Clinical Case Illustration. *Music Therapy Perspectives*, 39(2), 142–151. <https://doi.org/10.1093/mtp/miab011>
- Hopper, E. K., Bassuk, E. L., & Olivet, J. (n.d.). *Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings*.
- Jackson S. W. (2001). The wounded healer. *Bulletin of the history of medicine*, 75(1), 1–36. <https://doi.org/10.1353/bhm.2001.0025>
- Janet, P. (1925). *Psychological Healing*. London: Allen & Unwin.
- Jordan-Cox, C. (2018). Examining trauma and the trauma-informed care environment: The relationship between clinician history of childhood trauma and attitudes about trauma-

- informed care performance in substance use disorder treatment agencies. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 79(11-B(E)).
- Jung C. (1951). *Fundamental questions of psychotherapy*. Princeton University Press.
- Kern, E. O. (2014). The Pathologized Counselor: Effectively Integrating Vulnerability and Professional Identity: Journal of Creativity in Mental Health. *Journal of Creativity in Mental Health*, 9(2), 304–316. <https://doi.org/10.1080/15401383.2013.854189>
- Kossak, M. (2021). *Attunement in Expressive Arts Therapy: Toward an Understanding of Embodied Empathy*. Charles C. Thomas Publisher, Limited.
<http://ebookcentral.proquest.com/lib/lesley/detail.action?docID=6647056>
- Kossak, M. S. (2009). Therapeutic attunement: A transpersonal view of expressive arts therapy. *The Arts in Psychotherapy*, 36(1), 13–18.
<https://doi.org/10.1016/j.aip.2008.09.003>
- Laskowski, C., & Pellicore, K. (2002). The wounded healer archetype: Applications to palliative care practice. *American Journal of Hospice and Palliative Medicine®*, 19(6), 403–407. <https://doi.org/10.1177/104990910201900611>
- Linley, P. A., & Joseph, S. (2004). Positive change following trauma and adversity: a review. *Journal of traumatic stress*, 17(1), 11–21.
<https://doi.org/10.1023/B:JOTS.0000014671.27856.7e>
- MacCulloch, T. (Ed.), & Shattell, M. (2009). Reflections of a "Wounded healer." *Issues in Mental Health Nursing*, 30(2), 135–137. <https://doi.org/10.1080/01612840802601390>
- Mackay, K. (2019). The Wounded Healer: Reflections on a Personal Journey: Healthcare Counselling & Psychotherapy Journal. *Healthcare Counselling & Psychotherapy Journal*, 19(4), 11–17.
- Malchiodi, C. A. (2022). *Handbook of Expressive Arts Therapy*. Guilford Publications.
- May, C. L., & Wisco, B. E. (2016). Defining trauma: How level of exposure and proximity

affect risk for posttraumatic stress disorder: Psychological Trauma: Theory, Research, Practice, and Policy. *Psychological Trauma: Theory, Research, Practice, and Policy*, 8(2), 233–240. <https://doi.org/10.1037/tra0000077>

Miller Itay, M. R., & Turliuc, M. N. (2023). Who Will Save the Savior? The Relationship between Therapists' Secondary Traumatic Stress, Secondary Stress Self-Efficacy, and Attitudes toward Trauma-Informed Care: Behavioral Sciences (2076-328X).

Behavioral Sciences (2076-328X), 13(12), 1012. <https://doi.org/10.3390/bs13121012>

Nolte, S. P., & Dreyer, Y. (2010). The Paradox of Being a Wounded Healer: Henri J.M.

Nouwen's Contribution to Pastoral Theology. *HTS Teologiese Studies / Theological Studies*, 66(2), Article 2.

Parsons, A., Dubrow-Marshall, L., Turner, R., Thurston, S., Starkey, J., Omylinska-Thurston,

J., & Karkou, V. (2023). The importance of psychological flow in a creative, embodied, and enactive psychological therapy approach (Arts for the Blues). *Body, Movement and Dance in Psychotherapy*, 18(2), 137–154.

<https://doi.org/10.1080/17432979.2022.2130431>

Perryman, K., Blisard, P., & Moss, R. (2019). Using Creative Arts in Trauma Therapy: The Neuroscience of Healing. *Journal of Mental Health Counseling*, 41(1), 80–94.

<https://doi.org/10.17744/mehc.41.1.07>

Robbins, A. (1997). *Therapeutic presence*. London: Jessica Kingsley

Rebekka Dieterich-Hartwell & Sabine C. Koch. (2017). Creative Arts Therapies as

Temporary Home for Refugees: Insights from Literature and Practice: Behavioral Sciences. *Behavioral Sciences*, 7(4), 69–69. <https://doi.org/10.3390/bs7040069>

Roots & Roses. (2020). Wounded Healer Experiences in Art Therapy. *Art Therapy*, 37(2),

76–82. <https://doi.org/10.1080/07421656.2020.1764794>

Santiago, P. N., Ursano, R. J., Gray, C. L., Pynoos, R. S., Spiegel, D., Lewis-Fernandez, R.,

- Friedman, M. J., & Fullerton, C. S. (2013). A systematic review of PTSD prevalence and trajectories in DSM-5 defined trauma exposed populations: Intentional and non-intentional traumatic events. *PLoS ONE*, 8(4), 1–6.
<https://doi.org/10.1371/journal.pone.0059236>
- Schimpff, T. R. (2019). Therapists' Experiences of Trauma, Compassion Fatigue, and Compassion Satisfaction: The Role of Post Traumatic Growth. *Dissertations - ALL*.
<https://surface.syr.edu/etd/995>
- Schultz, K., Cattaneo, L. B., Sabina, C., Brunner, L., Jackson, S., & Serrata, J. V. (2016). Key roles of community connectedness in healing from trauma. *Psychology of Violence*, 6(1), 42–48. <https://doi.org/10.1037/vio0000025>
- Sedgwick, D. (1994). *The wounded healer: Countertransference from a Jungian perspective*. Taylor & Frances/Routledge. <https://doi.org/10.4324/9780203359921>
- Slater, L. (1996). *Welcome to my country*. New York, NY: Anchor Books.
- Slater, L. (1998). *Prozac diary*. New York, NY: Random House.
- Sokira, J., Allen, J., & Wagner, H. (2022). The Resilience Framework for Trauma-Informed Music Therapy. In L. E. Beer & J. C. Birnbaum, *Trauma-Informed Music Therapy* (1st ed., pp. 9–18). Routledge. <https://doi.org/10.4324/9781003200833-3>
- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. [SMA] 14-4884). https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf
- Substance Abuse and Mental Health Services Administration. (2021). *A treatment improvement protocol: Trauma-informed care in behavioral health services*. <http://store.samhsa.gov>.
- Sutton, J. P. (2002). *Music, music therapy and trauma: International perspectives*. Jessica Kingsley Publishers.

Stewart, K. (2010). *Music therapy & trauma: Bridging theory and clinical practice*. Louis Armstrong Center for Music & Medicine

Tedeschi, R. G., & Calhoun, L. G. (2004). Target Article: "Posttraumatic Growth: Conceptual Foundations and Empirical Evidence". *Psychological Inquiry*, 15(1), 1–18. https://doi.org/10.1207/s15327965pli1501_01

van der Kolk, B. (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. Penguin Publishing Group.

Yehuda, R. (2022). How parents' trauma leaves biological traces in children. *Scientific American*, July 1. <https://www.scientificamerican.com/article/how-parents-rsquo-trauma-leaves-biological-tracesin-children/>

Zerubavel, N., & Wright, M. (2012). The Dilemma of the Wounded Healer. *Psychotherapy (Chicago, Ill.)*, 49. <https://doi.org/10.1037/a0027824>

THESIS APPROVAL FORM

Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Music Therapy, MA

Student's Name: Yu-Tzu Lin

Type of Project: Thesis *Literature review*

Title: *The Role of the Wounded Healer in Expressive Art Therapy: A Literature Review*

Date of Graduation: _____

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Basel Zayed 