How Jung's Concept of the Wounded Healer Can Guide Learning and Teaching in Social Work and Human Services

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ABSTRACT

The concept of the "wounded healer" has been used to explain why those with adverse childhood histories often enter helping professions such as social work and human services (SWHS). Psychotherapist Carl Jung (1875–1961) believed wounded healers developed insight and resilience from their own experiences, enabling transformative interventions to occur with clients. Concerns exist that students with adverse childhood histories in SWHS may display unresolved emotional issues. This journal article explores how Jung's interpretation of the wounded healer can be critically applied to understanding the learning needs of SWHS students with histories of abuse, neglect or other childhood adversity. The relevance of the wounded healer to SWHS education is explored in three key areas: 1) the increased possibility of the occurrence of countertransference; 2) the potential for vicarious traumatisation and burnout; and 3) personal and professional resilience displayed by SWHS students with a history of childhood adversity. The wounded healer metaphor allows for a more nuanced understanding of SWHS students with these histories. It also provides insight into the pedagogical considerations associated with teaching this student cohort.

INTRODUCTION

The metaphor of the "wounded healer" has been adapted to examinations of health care professionals in a variety of disciplines including psychology, psychotherapy, nursing, medicine, teaching, social work, and mental health (Benziman, Kannai, & Ahmad, 2012; Cain, 2000; Christie & Jones, 2014; Conchar & Repper, 2014; Dunning, 2006; Esping, 2013; Farber, Manevich, Metzger, & Saypol, 2005; Gilbert & Stickley, 2012; Goldberg, Hadas-Lidor, & Karnieli-Miller, 2015; Graves, 2008; Miller, Wagner, Britton, & Gridley, 1998; Regehr, Stalker, Jacobs, & Pelech, 2001; White, 2000; Zerubavel & Wright, 2012; Zosky, 2013). Carl Jung's (1961) interpretation of the wounded healer allows for a succinct analysis of both the strengths and potential limitations those with an experience of childhood adversity may bring to SWHS. Whilst adversity can be experienced at any age, childhood adversity can play a pivotal role in how students learn and develop professional competencies. Kalmakis and Chandler (2013) broadly define childhood adversity as childhood events, varying in severity, occurring in a child's family or social environment that cause harm or distress (p. 1489). This article provides a critical appraisal of the key issues and relevant knowledge related to SWHS students with a history of childhood adversity and its implications for pedagogy.

In Australia and New Zealand, SWHS degrees provide qualifications enabling graduates to pursue a variety of helping roles. Whilst the distinction between social work and human service degrees remains minimal, the focus on human service degrees is to provide multi-disciplinary, generalist instruction, with a recognition of the whole person and an under-standing of the unique and evolving setting of human service intervention (Alston, 2009; Mehr & Kanwischer, 2011). However, both social work and human services require students to develop knowledge of the causes and effects of childhood adversity and suitable interventions.

Wounded healers are driven by the desire to relieve the suffering of others after experiencing or witnessing suffering in their own lives (Christie & Jones, 2014). Jung (1961) believed adverse experiences afforded wounded healers great empathy and transformative power in their interventions. As such, Jung's construction of the wounded healer was positive. However, wounded healers have also been criticised for transferring unmet emotional needs onto SWHS clients and being at increased risk of "vicarious trauma" and burnout (Cain, 2000; Conchar & Repper, 2014; Miller et al., 1998; Regehr et al., 2001; Zerubavel & Wright, 2012; Zosky, 2013). Vicarious trauma is a term first used by McCann and Pearlman (1990) who describe a process where SWHS practitioners may experience ongoing "disruptive and painful" reactions to hearing the stories of these who have survived trauma (p. 133). Vicarious trauma is also associated with the notion of burnout. Burnout refers to the response to relentless work pressures, such as high caseloads or poor supervision, and can result in a sense of helplessness, depletion or frustration within the workplace (Connolly & Harms, 2009). It is argued here that the use of the Jung's archetype is useful in understanding how SWHS educators can develop approaches to these concerns whilst simultaneously enhancing the development of professional resilience for this student group.

Many students within SWHS are potentially wounded healers. Studies report between 7% and 55% of this cohort have experienced some form of childhood adversity, including abuse or neglect (Black, Jeffreys, & Hartley, 1993; Elliott & Guy, 1993; Gore & Black, 2009;

Rompf & Royse, 1994; Sellers & Hunter, 2005). Wounded healer students present with specific learning needs such as training in self-care and appropriate "countertransference" (Miller et al., 1998). Countertransference is a concept coined by Freud (1952) to explain the displacement of the therapist's unconscious feelings onto their client. Behaviours associated with countertransference include personal self-disclosure (Knight, 2012) which is generally viewed as detrimental to clients (Cain, 2000; DiCaccavo, 2002; Nelson-Gardell & Harris, 2003; Raines, 1996; Zerubavel & Wright, 2012).

Recent studies have also examined how students' lived experiences impact on their development of resilience as emerging practitioners (Adamson, Beddoe, & Davys, 2014; Coombes & Anderson, 2000). Resilience refers to a person's ability to adapt and be flexible when faced with external or internal stressors (Walton, 1999). Aligning with Jung's interpretation of the wounded healer, SWHS students with a history of childhood adversity may also have developed the resilience useful for professional practice (Rajan-Rankin, 2013).

This article will critically examine the relevance of the concept of wounded healers in SWHS education in three ways. Firstly, it will provide the reader with an understanding of the experience of childhood adversity and utilisation of human services by SWHS students. Secondly, issues related to countertransference, vicarious traumatisation and increased resilience in wounded healers and its potential impact on student learning will be explored. Lastly, examination of pedagogical approaches to teaching wounded healers in SWHS will be provided for educators.

JUNG'S INTERPRETATION OF THE WOUNDED HEALER

The archetype of the wounded healer is used in a variety of cultures (Benziman et al., 2012). Within Western thought, the wounded healer first appears within the Greek myth of Chiron who received an incurable wound from Heracle's arrow (Miller et al., 1998). In surviving this wound and later embarking on the healing of others, Chiron exemplifies wounded healers as having the ability to bridge the worlds of illness and wellness (p. 125). For wounded healers, the power to heal others provides them with the ability to overcome or transcend their own wounding.

Jung's interpretation of the wounded healer relied upon the belief that all people experience trauma (Christie & Jones, 2014). Jung (1961) believed trauma could be defined by the individual and could include unbearable psychic pain or anxiety. Jung believed that those entering the helping professions would naturally bring this experience into their professional development.

Within Jung's archetype, the experience of trauma alone would not make a helping professional into a wounded healer. Central to Jung's interpretation was the process of transformation a practitioner would need to take in order to be enlightened by the experience of trauma or adversity. Within Jung's field of psychotherapy this often occurs through personal therapy (Halewood & Tribe, 2003). In a contemporary SWHS practice setting this may occur through workplace or external supervision or individual self-reflection (Baum, 2012; Beddoe, Davys, & Adamson, 2014; Knight, 2012). For emerging

SWHS practitioners this process of transformation may occur in academic settings. This consideration implies the importance of not only acknowledging the experience of childhood adversity of SWHS students but the role universities play in providing a space for Jung's transformation to occur.

Critics of Jung argue that the notion of "woundedness" overlooks the complex and diverse identities individuals may experience (Conchar & Repper, 2014). Being "wounded" can seem like a deficit rather than a part of an identity that, when embraced, can be transformational (p. 37). This criticism is especially pertinent in SWHS which, rather than focussing on an individual's deficits, attempts to understand the impact of context when assisting others (Connolly & Harms, 2009). From a strengths-based perspective, understanding and incorporation of past adverse experiences allows for the development of resilient and empowered practitioners (Probst, 2010). To understand the extent of wounded healers undertaking SWHS education, an exploration of the prevalence of childhood adversity is examined.

WOUNDED HEALER STUDENTS IN SWHS EDUCATION

Literature relating to SWHS students with a history of childhood adversity has found students report a range of experiences, including: alcohol and drug misuse within the family; physical, sexual and emotional abuse; mental illness; death; and other events, such as separation and divorce of parents (Black et al., 1993; Goldberg et al., 2015; Horton, Diaz, & Green, 2009; Sellers & Hunter, 2005). These findings align with studies of graduates in practice including social workers, psychotherapists and child protection workers (Cain, 2000; Coombes & Anderson, 2000; Yoshihama & Mills, 2003). The prevalence of adverse childhood experiences in both student and practitioner cohorts highlights the need for graduates to learn how these experiences might interact with their professional development.

The prevalence of childhood adversity is higher for SWHS students and practitioners compared to the general population. A variety of studies have identified social work students with a history of child sexual abuse (19%–22%), child abuse or neglect (17%–35%), familial substance abuse (44%–55%) and psychopathology at 43% (Black et al., 1993; Gore & Black, 2009; Rompf & Royse, 1994; Sellers & Hunter, 2005). Those practising within the human services profession were also found to have childhood experiences of physical abuse (7%–30%), parental alcoholism (6%) and emotional abuse occurrence at 50% (Elliott & Guy, 1993; Follette, Polusny, & Milbeck, 1994; Nuttall & Jackson, 1994; Yoshihama & Mills, 2003). These figures are higher than reported rates of childhood adversity in the general population for child sexual abuse (7.5%–20.6%) and child abuse or neglect (1.6%–5%) (Cohen et al., 2006; Mamun et al., 2007; Rosenman & Rodgers, 2004). Data are not routinely collected in Australia relating to familial substance use or how many people with mental illness have dependent children (Australian National Council on Drugs, 2006). However, it is estimated that as many as 20% of Australians have experienced mental disorders in the previous 12 months (Slade et al., 2009).

For some students, the experience of childhood adversity was also associated with the onset of mental health issues (Horton et al., 2009); however, there is limited data available

con-cerning the numbers of SWHS students with mental health problems (Collins, 2006). Whilst it is important not to discriminate against this student cohort, care must also be taken to ensure all SWHS graduates are safe to work with service users (Collins, 2006). Better understanding of the links between childhood adversity and mental illness may encourage curriculum developments which allow the exploration of greater insights into wounded healers.

HELP-SEEKING BY WOUNDED HEALER STUDENTS IN SWHS

Although the prevalence of childhood adversity within SWHS student cohorts is high there is limited literature that explores the help-seeking strategies of students. Research from Canada, the United States of America (USA), England and Australia has examined the prevalence of childhood adversity alongside past and current help-seeking practices of SWHS students (Collins, 2006; Didham, Dromgole, Csiernik, Karley, & Hurley, 2011; Horton et al., 2009; Manthorpe & Stanley, 1999; Quinn, Wilson, MacIntyre, & Tinklin, 2009; Stanley & Manthorpe, 2002; Stanley, Manthorpe, & White, 2007). A small, quantitative study by Didham et al. (2011) found the majority of 58 Canadian undergraduate and postgraduate social work students had been exposed to past adversity within the family, including sexual abuse, alcohol and drug misuse within the family of origin, attempted suicide or death of a family member. Yet only a quarter of these students had undertaken counselling for their adverse childhood experiences (Didham et al., 2011).

A quantitative study by Horton et al. (2009) surveyed 68 American social work students and found students reported physical assault (28%), sexual assault (19%) and unwanted sexual experiences (32%). The same sample group reported previous experiences of depression (34%), a history of suicidal ideation (12%), post-traumatic stress disorder (6%) and dissociative disorder (3%). Within this sample, 75% had accessed mental health services in the past, potentially providing them with additional insight into the issues their future clients may face (Goldberg et al., 2015; Reid & Poole, 2013).

Regardless of the focus or the methodology, evidence exists that those studying SWHS may have also experienced various forms of childhood adversity (Gore & Black, 2009; Sellers & Hunter, 2005). Whilst no definitive figures exist as to the number of SWHS students with a history of childhood adversity, assuming they act as sole motivation to study SWHS is short sighted (Stevens et al., 2012). Without active acknowledgment of adverse childhood experiences SWHS teaching and learning approaches cannot address the potential strengths or limitations of these students. Whilst Jung places emphasis on the potential power of wounded healers, further critical application of his archetype to the SWHS profession is needed.

APPLYING JUNG'S WOUNDED HEALER TO SWHS EDUCATION

Jung (1961) viewed the wounded healer as having unique insights useful to those in professional practice. Others view wounded healers as potentially compromising to the SWHS profession (Barter, 1997; Cain, 2000; Zerubavel & Wright, 2012). In applying Jung's archetype the following three issues require consideration:

1. The possibility of countertransference including inappropriate self-disclosure;

2. The potential for burnout and vicarious trauma to occur; and,

3. The enhanced resilience displayed by wounded healer students.

Understanding the potential risks and benefits wounded healer students bring to the SWHS profession can be found by critically examining these three areas of concern. Considering the prevalence of childhood adversity and its potential impact upon SWHS practice, a nuanced and empirically informed understanding of wounded healer students is essential to meeting their learning needs.

THE POSSIBILITY OF COUNTERTRANSFERENCE, INCLUDING INAPPROPRIATE SELF-DISCLOSURE

Concern exists in relation to wounded healer students and their potential for counter-transference. Some warn that wounded healers have a greater likelihood of displaying poorly managed countertransference and a decreased ability to be emotionally present, over-identifying with clients, self-disclosing past issues, projecting their own feelings upon clients and having a personal agenda within treatment (Zerubavel & Wright, 2012). A recurring theme within the literature related to countertransference is a fear of personal self-disclosure from wounded healers (Cain, 2000; Rasmussen & Mishna, 2008; van Heugten, 2011). Unresolved emotions from childhood adversity might mean that some students disclose information about these experiences to clients (Knight, 2012). It is generally thought that this disclosure is used to benefit the wounded student healer rather than the client, thus moving the relationship from a professional to a personal one (Cain, 2000; Knight, 2012). Rather than strengthening the therapeutic alliance with a client, the wounded student healer might, in fact, achieve the opposite (Cain, 2000; Rasmussen & Mishna, 2008).

The Australian Association of Social Workers (AASW) Code of Ethics section 5.1.6 states that self-disclosure should be used "with circumspection and only when it is reasonably believed that it will benefit the client" (Australian Association of Social Workers, 2010). Fook and Askeland (2007) contradict perceived wisdom about self-disclosure contravening professional behaviour and promote a view of self-disclosure as a potential mechanism for critical reflection, useful for both practitioner and clients. Whilst self-disclosure can be considered potentially dangerous it may also provide an opportunity to enhance the therapeutic alliance and sense of understanding between practitioners and clients.

Research into the extent of countertransference and self-disclosure occurring within SWHS settings is minimal. A USA quantitative study of how 192 social workers used self-disclosure found that social workers did not always feel prepared to appropriately engage in self-disclosure (Knight, 2012). Within this study workers believed that self-disclosure was not grounded in theory or research and that their education had not prepared them for the complexity of the issue. Whilst research of self-disclosure remains scant, assumptions should not be made in relation to the risk wounded healers display in practice. Experiences of childhood adversity and accessing human service agencies might, in fact, highlight students' understanding of the complexities involved in self-disclosure ensuring they engage in such practice judiciously.

For some wounded healers self-disclosure occurs in the very act of employment and may be considered therapeutic in some settings. Self-disclosure of past adversity occurs in some SWHS settings such as drug and alcohol rehabilitation, when working with those experiencing eating disorders, and in organisations practising from a feminist framework (Allen, 1995; Costin, 2002; Culbreth, 2000; White, 2000). The lived experience of past adversity and utilisation of services may provide wounded healer students with additional knowledge and understanding of how to navigate the service sector (Reid & Poole, 2013). Some students in SWHS have also had experience of the child protection system and later pursue a career in this arena (Nelson-Gardell & Harris, 2003; Yoshihama & Mills, 2003). Given the emergence of SWHS positions for those with a "lived experience" of adversities such as mental illness, self-disclosure occurs in the act of employment (Perkins & Repper, 2014). The consumer-led recovery movement increasingly values and demands lived experience within SWHS roles, thus underscoring the need to equip students with the skills for appropriate self-disclosure. Assuming self-disclosure is poor practice implies a narrow understanding of the practice realities for many graduating SWHS students.

INCREASED POTENTIAL FOR BURNOUT AND VICARIOUS TRAUMA

Wounded healers within SWHS experience a higher risk of vicarious trauma and higher potential for burnout (Gore & Black, 2009). For wounded healers studying in SWHS, attention needs to be paid to the content and delivery of curriculum (Agllias, 2011). Exposure to traumatic information in course work, case studies or even fellow student disclosures can be uncomfortable for those with their own history of childhood adversity (Napoli & Bonifas, 2011). SWHS practicums may also present students with potentially upsetting material. Such exposure can cause vicarious trauma within the student population (Agllias, 2011).

Barter (1997) has emphasised the importance of social work students being able to participate in all areas of the curriculum despite their past experiences. This suggests that if students are unable to discuss their own abuse, they should not be selected to work with survivors of abuse (p. 120). However, contradictions exist when related to other personal histories such as criminal convictions or having a mental illness, with such disclosures in some countries (for example England), potentially resulting in a social work student being deemed unfit for practice (McLaughlin, 2010). Providing such contradictory information to students increases the potential stigma felt by wounded healer students. This stigma can create a "hidden self" within SWHS students due to their inability to be open about their experience of childhood adversity and its continuing impacts (van Heugten, 2011). This, in turn, creates the potential for vicarious truama, burnout and erects barriers to help-seeking for those within the SWHS professions.

The use of self-care strategies such as exercise, aromatherapy, debriefing, undertaking personal therapy, accessing employee assistance programs, practising mindfulness, meditation or other activities can be important in minimising stress, vicarious trauma and burnout for those in the SWHS (Agllias, 2011; McGarrigle & Walsh, 2011; Napoli & Bonifas, 2011). Despite the benefit to students and practitioners, the development and practice of self-care strategies is often seen as the responsibility of individual workers rather than

as an institutional or organisational responsibility (McGarrigle & Walsh, 2011). Within SWHS courses the limited self-care opportunities provided by universities and organisations is compounded by multiple pressures placed upon students in relation to assessment and the financial and personal strain of student practicums (Newell & Nelson-Gardell, 2014). Ethical obligations, alongside a duty of care, are responsibilities that SWHS educators and institutions need to embrace when teaching wounded healer students in relation to vicarious trauma, burnout and self-care.

UNDERSTANDING THE ENHANCED RESILIENCE IN WOUNDED HEALER STUDENTS

SWHS students' experience of childhood adversity may have provided them with resilience which could assist in their development of SWHS competencies (Coombes & Anderson, 2000). Resilience within SWHS is a two-dimensional construct allowing professionals to adapt to stressful situations in a positive manner whilst enhancing their professional growth (Rajan-Rankin, 2013). Kinman and Grant (2011) suggest within SWHS education resilience can be seen as a protective factor which assists students to manage stress and promote wellbeing. Enhancing SWHS student resilience also assists in preparing students for stressful work contexts by focusing on self-care strategies, maintaining professional values, continued learning and setting realistic professional goals (Beddoe, Davys, & Adamson, 2011).

For those working in SWHS resilience is linked with emotional competency (Kinman & Grant, 2011). Kinman and Grant's (2011) quantitative study of 240 British trainee social workers found that trainee social workers with highly developed emotional and social competencies were more resilient to stress. A further study by Grant and Kinman (2013) explored the personal representations of resilience held by 200 social work students and 100 experienced social workers in the United Kingdom. The authors found students tended to see resilience as a form of emotional management. For students the role of organisations in promoting resilience was not recognised. This view conflicted with experienced social workers' understandings of resilience which were contextualised, asserting the need for organisations to assist in building resilience alongside the need for individuals to express emotional intelligence (p. 357). Whilst these students embraced the notion of resilience, little focus was placed on the role of workplaces or tertiary institutions in developing resilience. Yet, without organisational guidance and support, the ability of students to develop effective, long–term, self-care strategies is limited (Lawson, 1998; van Heugten, 2011).

Wounded healer students may have developed skills in self-reflection and possess competence acquired in the process of surviving adverse experiences (Coombes & Anderson, 2000; Gilbert & Stickley, 2012; Kim-Cohen, 2007; Kinman & Grant, 2011). Understanding how adverse childhood experiences relate to the development of resilience may provide wounded healer students with a source of critical awareness in their development as practitioners. The acknowledgment and understanding of personal resilience within these students acts as a mechanism for ensuring transformation from childhood wounds has occurred. By embracing the resilience present in wounded healer students, their ability to safely engage in practices such as self-disclosure is enhanced.

Acknowledging adverse childhood experiences and their relationship with practitioner countertransference might limit negative interactions between clients and SWHS graduates. Further focus on childhood adversity and how it might increase the likelihood of vicarious trauma and burnout in SWHS could also allow for greater emphasis to be placed on resilience when educating wounded healer students. Revisioning this cohort as resilient practitioners in training offers many unique insights into their development of professional self (van Heugten, 2011).

PEDAGOGICAL CONSIDERATIONS FOR SWHS STUDENTS WITH A HISTORY OF CHILDHOOD ADVERSITY

Jung (1961) suggested that when "the doctor wears his personality like a coat of armour, he has no effect" (p.134). For Jung, a practitioner's "use of self" was integral to their success. SWHS education plays a vital role in assisting students to discard their "armour" and understand how the lived experience of childhood adversity impacts on the development of their use of self (Dewane, 2006; Fook & Askeland, 2007; Reupert, 2007). Applying Jung's archetype allows for particular academic consideration to be given to the areas of self-disclosure, self-care and resilience in SWHS education (Adamson et al., 2014; Fook & Askeland, 2007; Grant & Kinman, 2013; McGarrigle & Walsh, 2011; Moore, Bledsoe, Perry, & Robinson, 2011; Rasmussen & Mishna, 2008). As no framework exists for the teaching of wounded healer students, examination of these three areas provides an important stepping-stone to understanding their potential learning needs.

PROVIDING GUIDANCE ON SELF-DISCLOSURE

Although limited research exists to suggest wounded healers will engage in inappropriate self-disclosure, it remains a fear (Knight, 2012). Guidance may be given to a SWHS student advising them to never engage in self-disclosure about their experience of childhood adversity. Yet self-disclosure of experiences of childhood adversity could assist wounded healers in building rapport, displaying knowledge of service systems or might even be considered a requirement of their role. Actively teaching students about the process of self-disclosure may assist in ensuring this occurs in a useful, thoughtful and beneficial manner.

 Jung's discipline of psychotherapy provides guidance to SWHS educators in the area of self-disclosure (Knox & Hill, 2003; Rachman, 1998). A variety of factors needs to be carefully considered by professionals prior to the use of self-disclosure (Knox & Hill, 2003; Rachman, 1998; Raines, 1996), including:

• Careful consideration of the content and how it will benefit the client;

• Ensuring self-disclosure is infrequent and is used judiciously;

• Only using content related to resolved issues for the professional;

- Maintaining self-disclosure that conveys an appropriate level of intimacy between the professional and client; and

- Encouraging feedback from the client in relation to the usefulness of the self-disclosure.

This guidance, combined with the use of reflective writing in SWHS, may assist wounded healer students to not engage in inappropriate self-disclosure. However, this guidance requires a time commitment and reiteration throughout student's studies. The limited time and set curriculum of SWHS degrees can present a challenge to the careful delivery of this guidance on self-disclosure.

PROVIDING GUIDANCE ON SELF-CARE

Similar to SWHS practice settings, self-care is often seen as the responsibility of individual students rather than a set of skills which can be taught or embedded into their professional training. Some authors have focused on the benefits of including self-care activities within SWHS courses, including assessment (Moore et al., 2011; Napoli & Bonifas, 2011). Such practices allow for the process of self-care to be seen as an organisational responsibility and not solely one of personal agency.

For wounded healer students focussing assessment on the process of self-care allows for the embedding of practices which might assist by limiting the potential for future vicarious traumatisation and burnout (Moore et al., 2011). Moore et al.'s (2011) study examined the self-care journals kept by 22 social work students as a form of assessment. The authors found this assessment was promising in assisting students to learn and implement self-care techniques which could be used in their professional development (p. 551). Other authors have highlighted the benefits of including self-care activities such as meditation and mind-fulness within the curriculum of SWHS programs (Napoli & Bonifas, 2011). Active inclusion of self-care within the course curriculum ensures it is seen as a skill which can be taught and learnt within an organisational setting.

A clearer message also needs to be sent to wounded healer students in relation to help-seeking as a self-care strategy, especially those with a diagnosed mental illness (Ting, 2011). Guidance needs to be provided to students assuring them that help-seeking does not equate to being unfit for practice. The provision of referral pathways and avenues for support need to be given within SWHS education to ensure help-seeking is destigmatised. The process of help-seeking must be framed as an effective self-care strategy, displaying resilience which may be considered useful to the SWHS profession. The development of self-care strategies and skills can be a useful mechanism enabling the transformation of SWHS students into effective wounded healers.

EMBRACING RESILIENCE

Actively identifying how resilience is related to professional practice is useful in the development of SWHS practitioners. Emphasis on a variety of strategies and approaches may be important as those with resilience may competently function in some domains and not in others. For instance, some students may be considered resilient, performing well

academically but struggle with their interpersonal skills. This is consistent with the notion of resilience as not fixed and as ever-changing throughout the course of an individual's life (Cicchetti, 2010).

A qualitative study by Beddoe et al. (2011) from New Zealand found SWHS curricula needed to focus on preparing students for stressful work contexts, including focus on self-care strategies, maintaining professional values, continued learning and setting professional goals to ensure resilience. Similar to Jung's interpretation of the wounded healer, Beddoe and her colleagues' (2011) study suggests students need to undertake a transformative process, developing both their personal and professional resilience throughout their studies (p. 112).

Focusing on resilience within the SWHS curriculum provides an opportunity to recognise students' experiences of childhood adversity. Adversity may have provided students with the motivation for a career focused upon social justice and healing providing a "shortcut" between their own past and the experiences of clients (Adamson, 2006, p. 53). Exploration of how past experiences link to theoretical constructs can become important teaching mechanisms for social work educators (Beddoe et al., 2011, p. 105). The personalisation of theory allows for authentic learning for this student cohort allowing the experience of childhood adversity to be reframed as a stepping-stone towards the development of professional resilience.

CONCLUSION

Jung's characterisation of the wounded healer as a transformational professional is relevant to the fields of SWHS. By developing insight into the experiences of wounded healer students and the potential practice challenges they face, a pedagogical approach to suit their learning needs can be developed. Exploration of both the advantages and potential dangers of wounded healers in SWHS has been scrutinised. Focusing on the resilience that wounded healer students bring to SWHS assists in the development of a stronger SWHS workforce. Utilisation of reflective writing and providing guidance on self-disclosure and self-care may assist in the development of such students. The complexity of the lived experience of wounded healer students in SWHS deserves attention in order to enable understanding of how transformation can occur for emerging practitioners with a history of childhood adversity.

Wounded student healers are not new phenomena within SWHS. It is perhaps the complexity involved in understanding and responding to these students explains that a consistent framework for educating students with a history of childhood adversity has not yet been adopted. Whilst key theories in the areas of reflective practice and use of self may be useful for all SWHS students, specific mention needs to be made of how childhood adversity impacts both positively and (potentially) negatively upon their emerging professional selves. Universities play a crucial role in not only educating wounded healer students about these issues but also providing a space for authentic transformation from being an adult survivor of childhood adversity to becoming a wounded healer in SWHS to occur (Goldberg et al., 2015).

The wounded healer stereotype represents our fears about incompetence in SWHS, rather than embraces the diversity and professional resilience they bring to practice. Rather than expecting students to conceal their childhood wounds, further attention could be paid to how the learning process can assist them to understand, mend and thrive from such wounds. From a Jungian perspective, universities can allow for a transformative process to occur enabling the student healer to use their own hurt as a mechanism to heal others.

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