An-Najah National University
Faculty of Graduate Studies

SELF-COMPASSION AS A MEDIATOR IN THE RELATIONSHIP BETWEEN THE WOUNDED HEALER EXPERIENCE AND PSYCHOLOGICAL RESILIENCE AMONG MENTAL HEALTH PROFESSIONALS IN ONGOING-TRAUMA CONTEXTS

By
Rawan Naim Muhammad Khatib

Supervisor
Dr. Shadi Abulkebash

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This Thesis was Defended Successfully on 21/06/2026 and Approved by:

Dr. Shadi Abualkibash Supervisor	Signature
Dr. Ola Husain External Examiner	Signature
Dr. Filasteen Nazzal Internal Examiner	Signature

Dedication

To every rough experience, To the wounded therapist inside,

She, who shaped me and pushed me to understand, to feel and to choose to stay.

To my most precious, Yafa.

The reason why I keep trying, even when I don't want to. My daughter who gives everything it's colors. I hope that somewhere along these pages you find a lesson that book could not teach; that is resilience does not mean the absence of pain, but finding a way to embrace it.

To my friend, Who saw me, even in moments where I was inconceivable even to my own self, abd chose to stay.

To all souls with whom I shared the weight of stories. You all were mirrors through which I foreseen my wounds, and comprehended the what it means to heal.

To anyone who made strength out of wounds, and light out of darkness.

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Finally, I would like to express my profound pride and appreciation to my beloved university, which provided me with a distinguished educational environment and supported my academic journey, serving as a beacon that illuminated my path toward knowledge and learning.

Declaration

I, the undersigned, declare that I submitted the thesis entitled:

SELF-COMPASSION AS A MEDIATOR IN THE RELATIONSHIP BETWEEN THE WOUNDED HEALER EXPERIENCE AND PSYCHOLOGICAL RESILIENCE AMONG MENTAL HEALTH PROFESSIONALS IN ONGOING-TRAUMA CONTEXTS

I declare that the work provided in this thesis, unless otherwise referenced, is the researcher's own work, and has not been submitted elsewhere for any other degree or qualification.

Student's Name: Rawan Naim Muhammad Khatib

Signature: Rawan Khatib

Date: 21/06/2026

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Rawan Al-Khatib
Supervisor
Dr. Shadi Abulkebash

Abstract

This study aimed to examine the relationship between the wounded healer experience and psychological resilience among mental health professionals working in ongoing trauma contexts, while investigating the mediating role of self-compassion in this relationship. The study adopted a quantitative, cross-sectional, correlational design. Standardized instruments were utilized, including the Adverse Childhood Experiences (ACEs) scale to measure the wounded healer experience, the Self-Compassion Scale (SCS), and the Connor-Davidson Resilience Scale (CD-RISC-10). The study population consisted of mental health professionals in Palestine, and the main sample included (125) participants selected through purposive sampling.

The findings revealed that the prevalence of the wounded healer experience among participants was remarkably high, with the majority reporting high levels of adverse childhood experiences. The results also indicated that both self-compassion and psychological resilience were high among mental health professionals. Although the structural model showed a positive relationship between the wounded healer experience and psychological resilience, this relationship was not statistically significant. In contrast, self-compassion demonstrated a statistically significant positive relationship with psychological resilience. Furthermore, the findings showed that self-compassion did not mediate the relationship between the wounded healer experience and psychological resilience.

Based on these findings, the study recommended the development of professional support programs addressing mental health practitioners' personal experiences, alongside implementing workshops to enhance self-awareness, emotional regulation, and self-compassion to support resilience in ongoing-trauma work environments.

Keywords: wounded healer, self-compassion, psychological resilience, mental health professionals, ongoing-trauma contexts.

Chapter One

Introduction and Literature Review

1.1 Introduction

The idea of the "wounded healer," first introduced by Jung (1951), proposes that people who have themselves endured emotional pain may be attracted to "helping" professions, especially psychotherapy and mental health work. These people may be especially empathetic and understanding but are at risk of emotional exhaustion, especially if they are working within environments that are trauma- saturated (Zerubavel & Wright, 2012).

In these environments, which are emotionally draining, resilience the capacity to adapt to and cope with adverse events may be critical to professional effectiveness and emotional well-being (Connor & Davidson, 2003). However, this capacity is not static; rather, it is affected by psychological processes within oneself.

One of these internal processes is self-compassion, which was defined by (Neff K. D., 2023). Neff defined self-compassion as “the tendency to treat oneself with kindness, to recognize that one’s suffering is a shared human experience, and to cultivate mindfulness in accepting one’s painful emotions.” Research has proven that self-compassion can boost emotional regulation, reduce burnout, and build psychological resilience in health care providers and mental health professionals (Germer & Neff, 2013).

For mental health practitioners, in settings like those affected by armed conflict, forced migration, or systemic violence, they may find themselves in the same socio-political trauma as their clients. For those practitioners who identify with being wounded healers, this may add to their burden. Learning about self-compassion's role in protecting mental health practitioners may hold key answers to helping them cope with their work and prevent burnout.

This study builds on these theoretical frameworks to examine the interrelationship between wounded healer identity, self-compassion, and resilience using a quantitative approach among mental health professionals in conflict-affected environments.

1.2 Problem Statement

Mental health professionals working in trauma- and conflict-affected settings often face the dual challenge of supporting clients through traumatic experiences while simultaneously coping with their own personal and collective trauma. This phenomenon is commonly described as the wounded healer experience. Although such experiences may enhance empathy and strengthen the therapeutic relationship, they may also increase professionals' vulnerability to emotional distress when their own unresolved pain is reactivated during clinical practice (Mahamid & Veronese, 2020).

In these highly adverse contexts, psychological resilience plays a critical role in enabling mental health professionals to manage emotional demands, maintain professional functioning, and reduce the risk of burnout (Connor & Davidson, 2003). However, limited empirical evidence exists regarding the psychological mechanisms through which resilience is developed or maintained among wounded healers, particularly within humanitarian and ongoing-trauma settings.

One psychological factor that may contribute to resilience is self-compassion, defined as "the tendency to respond to one's suffering with kindness and compassio" (Neff K. D., 2023). Previous research has consistently demonstrated that self-compassion is associated with lower levels of stress and burnout and higher levels of well-being and resilience among helping professionals (Crego, Yela, Riesco-Matías, Gómez-Martínez, & Vicente-Arruebarrena, 2022). Nevertheless, no previous study has examined the mediating role of self-compassion in the relationship between the wounded healer experience and psychological resilience among mental health professionals in the context of sociopolitical trauma in Palestine.

The significance of this research is further supported by the researcher's professional experience in the field of mental health. Working with individuals affected by ongoing collective trauma highlighted that many practitioners are not only providers of psychological support but are also individuals who have experienced personal adversity and continue to live within the same traumatic sociopolitical environment as their clients. These observations raised important questions regarding how professionals integrate their own psychological wounds while sustaining their therapeutic role and psychological well-being.

These professional observations, together with the identified gap in the literature, led to the present study. Specifically, they highlighted the need to better understand why some mental health professionals are able to transform experiences of adversity into resilience, whereas others become more vulnerable to emotional exhaustion. Investigating the mediating role of self-compassion may provide valuable evidence for understanding this relationship and contribute to the development of evidence-based interventions that strengthen the psychological resources and emotional sustainability of mental health professionals working in ongoing-trauma contexts..

1.3 Research Questions

Main Research Question: How does self-compassion mediate the relationship between the wounded healer experience and psychological resilience among mental health professionals working in ongoing-trauma contexts?

Sub-Research Questions

1. What is the prevalence of the wounded healer experience among mental health professionals working in ongoing-trauma contexts?
2. What is the level of psychological resilience among mental health professionals working in ongoing-trauma contexts?
3. What is the level of self-compassion among mental health professionals working in ongoing-trauma contexts?
4. Is there a relationship between the wounded healer experience and psychological resilience among mental health professionals working in ongoing-trauma contexts?
5. Does self-compassion mediate the relationship between the wounded healer experience and psychological resilience among mental health professionals working in ongoing-trauma contexts?
6. Are there significant differences in psychological resilience and self-compassion according to demographic variables (age, place of residence, gender, marital status, educational level, years of professional experience in mental health, current workplace, and type of work) among mental health professionals working in ongoing-trauma contexts?

1.4 Importance of the Study

This study fills a critical gap in the mental health literature regarding how mental health practitioners, especially those who experience adversity themselves, maintain their emotional well-being in adversity-rich work environments.

The wounded healer construct provides a compelling framework for understanding the emotional resilience of therapists who bring their own psychological wounds to their work with clients. Being a wounded healer may be a double-edged sword for therapists that provides compassion to clients yet leaves them at risk of emotional exhaustion and burnout (Zerubavel & Wright, 2012).

In conflict zones like Palestine, clinicians work in a state of chronic instability and collective suffering. Their own resilience is not only critical to their mental health but also crucial in providing effective therapeutic engagement with their patients (Pietrzak, Kang, Fischer, Vus, & Kolyshkina, 2024).

Although external resources like supervision, organizational support, and peer consultation are critical, there is now a growing body of evidence suggesting that psychological resources, like self-compassion, can be vital in coping with chronic stress and emotional work (Germer & Neff, 2013; Neff K. D., 2003).

This research is significant for several reasons:

- It contributes quantitative data to the relatively underexplored intersection of self-compassion, wounded healer identity, and resilience.
- It has practical implications for training programs, supervision models, and workplace mental health strategies for mental health workers in trauma-exposed settings.
- It emphasizes clinician well-being as a public health priority and ethical responsibility, especially in humanitarian or resource-constrained environments.
- It may help inform targeted interventions aimed at enhancing emotional resilience in professional caregivers by strengthening their capacity for self-compassion.

By identifying how self-compassion functions within the psychological framework of the wounded healer, this study offers a valuable evidence base for creating trauma-informed, sustainable support systems for mental health professionals working on the front lines.

1.5 Objectives

The overall aim of this study is to examine how self-compassion influences the relationship between the wounded healer experience and resilience among mental health professionals working in ongoing-trauma settings.

The specific objectives are:

1. To identify the prevalence of the wounded healer experience among mental health professionals working in ongoing-trauma contexts.
2. To assess the level of psychological resilience among mental health professionals working in ongoing-trauma contexts.
3. To determine the level of self-compassion among mental health professionals working in ongoing-trauma contexts.
4. To examine the relationship between the wounded healer experience and psychological resilience among mental health professionals working in ongoing-trauma contexts.
5. To investigate the mediating role of self-compassion in the relationship between the wounded healer experience and psychological resilience among mental health professionals working in ongoing-trauma contexts.
6. To examine differences in levels of psychological resilience and self-compassion according to demographic variables (age, place of residence, gender, marital status, educational level, years of professional experience in mental health, current workplace, and type of work) among mental health professionals working in ongoing-trauma contexts.

1.6 Literature Review and Theoretical Background

1.6.1 Section One: Self-Compassion

Self-compassion, according to Neff & Tirch (2013), is the way that people deal with their suffering, painfulness, or their distressing moments of life, whether it is related to some deficiencies or simply to failures. It is the kind of compassion that a person directs toward himself .

Self-compassion is, therefore, a change of perspective that people have toward their inner self. Instead of blaming themselves for their failures or treating themselves to some kind of punishment for having "fallen short" of expectations, they should treat themselves with kindness when they experience some difficulties and challenges in life. Self-compassion is considered to be one of the most powerful sources of resilience and adaptation that is within the human being. It is also something that greatly influences the mental and physical well-being of a person. According to Neff, self-compassion is also helpful in reaching one's goals. Self-compassion is related to the capacity of a person to endure the pain that he feels when the circumstances of life are not that favorable (Neff & McGehee, 2010).

An individual must be understanding and gentle toward themselves and recognize that personal suffering is part of the shared human experience, as Neff, & Germer (2013) emphasized in her dimensions of self-compassion, and must deal with their thoughts objectively (Geiger, Pfattheicher, Hartung, Weiss, Schindler, & Wilhelm, 2018).

Warren, Smeets, & Neff (2016) defined self-compassion in a similar manner as “a predominantly positive emotional stance towards oneself in times of stress and failure, which is not based on self-criticism, self-punishment, or self-blame but rather self-kindness and warmth“.

As defined in Umphrey & Sherblom (2018), Self-Compassion is an inner resource in the cross-section of positive psychological variables, being a self-to-self relationship that involves how a person treats oneself in situations where they feel that one has failed or is inadequate or is somehow suffering-a suffering that is caused by one's own mistakes or from life conditions that exceed the person's ability to cope. It's internal dialogue of self kindliness and understanding that runs parallel to happiness, optimism,

positive emotions, and acceptance, opposing self-criticism, self-blame, undesirable social comparisons, and unrealistic expectations.

Self-compassion It's thought to be self-support directed at one's limitations, crises, and pressures, or self-to-self-support during times of adversity, it is about treating oneself with care and kindness, not criticizing oneself, facing obstacles in an objective manner and seeing them as part of the larger world's shared humanity. Self-compassion also consists of awareness of thoughts, feelings, and emotions, observing all these with less automatic negative judgments, little with objectivity, openness, and understanding, but not from promoting further negative biases, Thus, self-compassion belongs to the field of positive psychology; it is a form of relationship between the self and itself (Atkinson, 2024).

Self-compassion acts as a basic response mechanism by which people cope with overwhelming negative emotions. Self-compassion is a type of self-acceptance, and self-acceptance is the positive and unconditionally accepting perception of oneself, which is in line with the humanistic theory. Self-actualization is an innate aspect of humans. To cultivate self-compassion, an individual has to attain unconditional self-acceptance, which is often linked to self-awareness and individual experiences aimed at correcting self-perception (Scoglio, Rudat, Garvert, Jarmolowski, Jackson, & Herman, 2018).

Goleman pointed out that empathy is the basic skill upon which all important social competencies in the workplace are built. Self-awareness generates self-compassion, which enables individuals to preserve personal and physiological balance. To attain this, one has to observe himself/herself, recognize his/her emotions, and comprehend the interrelation between emotions, thoughts, and responses to develop self-empathy (Pintado, 2019).

Barry, Loflin, & Doucette (2015) defined it as "the individual's capacity to withstand difficult emotions with warmth, love, and caring." It was also defined as an "attitude towards oneself that involves taking one's experiences as opportunities for self-awareness and development, with minimum judgment towards oneself when one fails."

Mantzios, Egan, Hussain, Keyte, & Bahia (2018) defined it as "mindful awareness that involves treating oneself with kindness and understanding in times of hardship by recognizing these experiences as part of the human condition." Similarly, Moreira, Gouveia, Carona, Silva, & Canavarro (2015) defined it "as taking care of oneself in difficult times in a nurturing and caring way by enhancing one's strengths, satisfaction with life, happiness, optimism, initiative, and social connections, and reducing anxiety and depression."

Self-compassion was defined by Boykin, et al. (2018) "as the compassionate awareness of oneself in difficult times and the wish to reduce the intensity of these experiences." It was also defined "as the capacity to connect with one's inner core. It is an inwardly directed form of compassion. It is a relationship to oneself that awakens a sense of caring and warms the world oneself."

The Emergence of the Concept of Self-Compassion:

Self-concept or self-compassion is an extremely important construct in the human sciences, which revolves around an extremely humanistic and edifying phrase, which has been researched by means of numerous psychological approaches, Arab and others. The notion has always managed to touch upon the human psyche, thus drawing a lot of attention from various philosophers and theorists (Yufei, Lipeng, Yutong, & Fengqiang, 2025).

Many theorists, including James, accepted to have talked about the self during the time around World War II when the notion was seen as the bedrock of several psychological theories. He provides a modern conceptualization of self-theory that came to be considered as one of the leading theories in explaining the self (Corey, 2011).

Self-compassion evolved alongside the rise of positive psychology, which in turn emerged in the early 21st century, the self-evaluation of the individual grows gradually since early childhood and keeps developing through various stages of growth, one of the first scholars who conceived of self-compassion is Kristin Neff, who defined it as an integrative construct involving sensitivity and respect toward others' emotions, and the capacity to recognize and respond compassionately to one's own feelings (Neff K. D.,

Does self-compassion entail reduced self-judgment, isolation, and over-identification? A response to Muris, Otgaar, and Petrocchi (2016), 2016).

The Importance of Self-Compassion:

At the same time, self-compassion plays a major role in the psychological health of a person. This allows an individual to cope with different conflicts and challenges of life in a proper manner. For instance, it helps a person avoid blaming themselves for the circumstances they are unable to control, seek support from society, and trust their relationships with other people. Last but not least, its importance has been recognized as a major factor of self-healing by a large number of researchers (Fong & Loi, 2016).

Moreover, self-compassion can further predict the emotional and cognitive responses of individuals to adverse life events. It was found to mitigate negative self-views when imagining social distress, help regulate negative affect after contradictory feedback (especially for those low in self-esteem), and assist with taking responsibility for negative events without sinking into overwhelming negativity (Iskender, 2009).

Moreover, self-compassion promotes emotional resilience since it deactivates the threat system that gets triggered with insecure attachments and involuntary arousal while activating the caregiving system associated with secure attachment and emotional safety (Germer & Neff, 2013).

Dimensions of Self-Compassion:

On the basis of her extensive research, Kristin Neff found that there were some main empirical findings that led to the development of the construct of self-compassion as a kind of attitude that is full of warmth and care for oneself. She argued that self-compassion is comprised of three main dimensions:

1. **Self-kindness vs. Self-Judgment:** This factor is concerned with whether one is kind to oneself or rather critical to oneself through self-accusations or self-blame. This would include not having thoughts such as "I am such a stupid person" or "I am such a failure, it is all my fault." Self-kindness would be one of the most basic techniques to cultivate constructive inner experiences, as this would work to control one's emotions as well as psychological well-being. As such, people are encouraged to be compassionate, warm, and tolerant to themselves rather than being

excessively critical to themselves or self-judgment (Dreisoerner, Junker, & Van Dick, 2021).

2. **Common Humanity vs. Isolation**: In terms of common humanity, this kind of recognition means the realization that suffering, failure, and imperfection are actually common in the human condition and not individual defects. It is the realization that whatever is actually problematic or unfortunate in terms of the individual's experiences is not unique but something common to all humans. One has to realize that any aspects concerning challenges, suffering, and pain are somehow certain or perceived in isolation or entirely individualize (Dreisoerner, Junker, & Van Dick, 2021).
3. **Mindfulness vs. Over-Identification:** This is a dimension related to the mindfulness component, where one has to be mindful of what is happening in the moment, but at the same time, there has to be a kind of awareness that does not get in the way of dismissing unpleasant thoughts and feelings, nor does it get caught up in them (Neff K. D., Does self-compassion entail reduced self-judgment, isolation, and over-identification? A response to Muris, Otgaar, and Petrocchi (2016), 2016).

Theories of Self-Compassion:

Psychoanalytic Theory:

In the Freud view, empathy is a kind of identification that is characterized by unconscious processes that have their source in instincts and experiences in early childhood. It follows that based on what is gratifying in terms of utility, the individual has an innate need to identify in a defense mechanism in order to connect with others. Empathy is an expression after Freudian conception either as interpretative connecting understanding on a feeling of likeness and emotional relating along the spectrum of experiences between self and other. This bridge, however, proves less trustable in the sense of understanding when degree of likeness and connection between individuals is perceived to thin out (Decety & Cowell, 2014).

An identification exists for two basic purposes: deriving a sense of self-valuation with same token; giving rise to intimacy and connection with others-not just through individual needs, but by way of recognizing the mutual needs. Freud considered empathy the way from a self to another in an endless transitional process, allowing for a

new sense of relational understanding. Freud further distinguished that children come to acquire their morality not only from verbal stimulation, but through love, a natural inclination to identify with and imitate parental modeling rather than obey commands, imitation comes before the internalization of morals (Zeinivand, Moradi, Norouzi, Khalili, & Ramazani, 2017).

The Theory of Theodore Lipps:

As Theodor Lipps has described, "Empathy means nothing other than an automatically performed imitative act." When an individual sees that another person is undergoing some emotional state, he or she automatically imitates that posture or face, along with imitating the signs that are being used by that person, in order to understand that deep emotional atmosphere. So, according to Lipps, "Empathy is a perceptual cognitive act; indeed, it is internal simulation with mental evaluation for intuitive understanding." He has further opined that "Empathy means three kinds of awareness or understanding: emotional, intellectual, and volitional" (Jack, 2022):

- Self-awareness is the one that comes from an individual's own inner condition and perception of the capabilities and emotions which he has.
- Awareness of others is about seeing and understanding the emotional states of others most germane in the empathic relationship.
- Awareness of objects and situations is for such awareness to come only when it has been paired with sensory experience and multiple external events to give life to emotional reaction.

Hoffman's Theory:

Empathy, as per Martin Hoffman, means a relationship between cognitive awareness of others and affective responsiveness towards them. This capacity for empathy emerges over time as the child develops and matures cognitively. At the beginning, the infant has attained a status wherein he or she does not make a distinction between the self and the other, as his or her egocentric vision does not serve the purpose. At the age of seven or eight, the child begins to see others as persons with their own thoughts and feelings. This marks the beginning of the emergence of role-taking, which marks mature empathic understanding (Hoffman, 2000).

Kristin Neff's Theory:

Kristin Neff, who is famous for her self-compassion theories and practices, provided a theoretical overview that conceptualizes self-compassion as a multidimensional psychological construct with three components (Neff K. D., 2003):

- Self-kindness: treating oneself with kindness and care rather than judgment and criticism.
- Recognizing one's common humanity: accepting that imperfection, suffering, and personal failure are part of being human.
- Mindfulness: being aware of one's experiences in the present moment, both pleasant and painful, in a balanced and accepting way rather than in an avoidant or suppressive manner.

Self-compassion can be differentiated from self-esteem in that self-esteem is based on self-evaluation and is usually linked to achievements, while self-compassion is based on self-acceptance in times of failure and imperfection.

Self-compassion Studies:

The study by Crego et al. (2022) aimed to identify the benefits of self-compassion among mental health professionals and to systematically synthesize the available empirical evidence on this topic. The study adopted a systematic review methodology based on a comprehensive search of the APA PsycInfo database. A total of 24 empirical studies were included, comprising experimental, quasi-experimental, cross-sectional, qualitative, and review studies. The findings indicated that self-compassion was consistently associated with better mental health and psychological well-being among mental health professionals. It was also found to reduce occupational stress, burnout, compassion fatigue, and secondary traumatic stress, while enhancing therapeutic competencies and professional effectiveness. Furthermore, the review showed that self-compassion may serve as a mechanism through which mindfulness and compassion-based interventions promote positive professional outcomes.

The study by Conversano et al. (2020) reviewed the recent empirical evidence on mindfulness, compassion, and self-compassion among health care professionals, while examining the effectiveness of mindfulness- and compassion-based interventions in

promoting psychological well-being. The study adopted a systematic review methodology following the PRISMA guidelines, with studies identified through PubMed and PsycINFO databases and their methodological quality assessed using the AMSTAR-2 tool. A total of 58 studies met the inclusion criteria. The findings showed that mindfulness-based interventions, particularly Mindfulness-Based Stress Reduction (MBSR), were effective in enhancing mindfulness and self-compassion, while reducing burnout, depression, anxiety, and stress. The review also indicated that compassion-based interventions improved self-compassion, mindfulness, and interpersonal functioning, whereas mindfulness interventions demonstrated positive effects on compassion fatigue and negative affect.

The study by Raab et al. (2015) investigated the effectiveness of a Mindfulness-Based Stress Reduction (MBSR) intervention in enhancing self-compassion and improving psychological well-being among mental health professionals. The study employed a pilot pre–post experimental design using the Self-Compassion Scale (SCS), the Maslach Burnout Inventory, and the Quality of Life Inventory. The study sample consisted of 22 female mental health professionals who participated in an eight-week MBSR program. The findings revealed a statistically significant improvement in overall self-compassion following the intervention, with significant gains observed in four of the six self-compassion dimensions. The intervention also contributed to improvements in perceived stress, burnout, and quality of life among the participants.

The study by Lyon and Galbraith (2023) explored the relationship between self-compassion and burnout among practicing mental health practitioners in the United States. The study adopted a quantitative correlational design, with data collected through an online survey using Neff's Self-Compassion Scale (SCS) and the Burnout Assessment Tool (BAT). The study included practicing mental health professionals from the United States. The findings revealed that self-compassion was a significant negative predictor of burnout, indicating that higher levels of self-compassion were associated with lower levels of burnout among mental health practitioners.

1.6.2 Section Two: Wounded Healer

The wounded-healer image can be traced back to Greek mythology for Chiron, the renowned centaur for his great healing prowess and as the mentor of Asclepius, the god of medicine. Despite suffering an incurable wound inflicted by a poisoned arrow, he did not relent in meeting his healing duty (Bond, 2020).

In shamanism, a native healer was an ordinary person with an emotional crisis that would create a sickness, thereby conferring special wisdom about healing. Jung placed this model in the collective unconscious as an archetype of therapists whose personal difficulties improve their capacity to help others, being that the ones who suffered from personal experiences of suffering, trauma, or challenges may bring the therapist into a place of enhanced empathy and connection with sojourners on the way to healing (Ryan, 2020).

The term "wounded healer" implies both wounds and healing processes, and its healing potential can be effective insofar as healing experiences are reflected in an understanding that can be used in practice to assist in healing the therapist and in self-healing of clients. However, despite this interest in the wounded healer phenomenon, little work can be found on the foundational assumptions of this concept, and no special framework for its study exists (Veler-Poleg, Wiseman, Iwakabe, & Zilcha-Mano, 2025).

The concept of the Wounded Healer:

According to Jung, the wounded healer concept explains a connection whereby the wounds of a therapist are seen to correspond with the wounds of a patient. Jung suggested that this is fraught with risks because of the possibility of reopening the old wounds of the therapist. This may lead to inappropriate or unethical behavior, an inability to work effectively with clients, and in the worst-case scenario, the social worker is more likely to act out their co-dependent needs onto their clients (Reyneke, 2021).

Other forms of distress experienced by wounded healers include family breakup, financial problems, unhappy marriages, physical abuse, sexual molestation, psychiatric hospitalization of parents, a death in the family, family dysfunction, and serious illness and/or emotional problems (Newcomb, Burton, Edwards, & Hazelwood, 2015).

This concept implies that those who decide to pursue a career in mental health do so as a result of their own experiences of struggle and suffering, offering them the opportunity to uniquely understand the pain of others. This concept is derived from the Greek myth of Chiron and has been applied by several theorists in the field of psychotherapy, including Jung, Guggenbuhl-Craig, and Farber. According to these theorists, the wounds of pain experienced by the healer are the source of their therapeutic power (Zerubavel & Wright, 2012).

The greater the wounded healer's own transformative work has come to assist in the healing of patients before such professional healing work occurs, the more genuine the clinical relationship will be for these two parties. Researchers distinguish the "Wounded Healer" from the "Impaired Professional": whereas the former deliberately utilizes personal agony as an avenue for empathy and support, the latter is burdened with unresolved issues that incapacitate him or her clinically and thereby adversely affect patients (Cruciani, Liotti, & Lingiardi, 2024).

Telepak. (2010) put the Wounded Healer as an old concept from Greek mythology in which all power to heal genuinely comes from personal experience of pain and suffering. The paradox illustrates it in the myth of the Asclepius in the person of Chiron-an half god and half human healer who has an incurable wound, but learns the art of medicine from him until he becomes the god of healing.

In recent times, it has been transformed in analytical psychology as one of the Jungian archetype, representing the therapeutic relationship as a complex interaction wherein the therapist and the client embody both healer and patient within themselves. It is through such dynamic, where wounds of the therapist may be reenacted in therapy, but can probably become that through which healing in the client is facilitated (Veler-Poleg, Wiseman, Iwakabe, & Zilcha-Mano, 2025).

According to the wounded healer hypothesis, psychotherapists who have experienced relational traumas during their early years of life have a unique capacity to empathize with their patients, understand the emotional aspects of their reactions, and heal their cases of psychological trauma. Psychotherapists who have experienced relational trauma during their early years of life are said to have a unique form of empathy called emotional empathy, which is the capacity to understand the feelings or expectations of

another individual and respond positively to them. This form of empathy has been related with increased efficacy in the training of psychotherapists, increased levels of client satisfaction, and strong therapeutic alliances (Levine, 2015).

The construct of Wounded Healer describes the phenomenon that has been repeatedly noted to exist between suffering some kind of personal adversity or trauma as a child, and pursuing a career as a "helping professional," such as psychotherapy, psychology, or social work. Research has shown that students as well as professionals in these fields have higher rates of childhood adversity compared to people who work in other professions. This phenomenon has been accounted for through a theoretical construct that has been termed "prettification," whereby children or adolescents take on developmentally inappropriate responsibility, especially if they come from households that have issues with substance abuse, mental illness, neglect, or abuse. This has a tendency to produce helping behaviors (Dickeson & Smout, 2018).

Theoretical Perspectives on the Wounded Healer:

1. Freud's Perspective on the Wounded Healer (Sigmund Freud):

Sigmund Freud, the founder of psychoanalysis, touched on the concept of the wounded healer indirectly through the concept of countertransference. This concept of countertransference refers to a condition whereby a psychotherapist projects their unresolved unconscious feelings onto their patients, perceiving the patient as a familiar person. Freud claimed that this happens because the patient has triggered the psychotherapist's unresolved emotional experiences. In this respect, Freud claimed that a psychotherapist must undergo psychoanalysis themselves. He claimed that a psychotherapist could not take their patients further than they themselves have gone psychologically. This means that a psychotherapist must constantly work through their unresolved emotional issues in order to remain effective as a psychotherapist (Jacobs, 2019).

Over time, the idea of countertransference has come to be recognized as an important concept in the field of counseling. Although Freud's initial idea of countertransference was based on its difficulties during the process of therapy, contemporary views of the idea have come to see it as a therapeutic tool if well managed. Today, the idea of countertransference has come to be understood as a situation wherein a counselor's

wounds, or their experiences, are triggered during a session with a client, thus giving rise to a reaction, which, although not entirely negative, has the potential of helping a counselor understand their client if well managed. On the other hand, its misuse has the potential of impeding the process of therapy (Khanipour & Yarahmadi, 2024).

2. Adler's Perspective on the Wounded Healer (Alfred Adler):

The concept of the wounded healer was discussed by Alfred Adler, who was the founder of individual psychology. In his case, more attention was paid to the concept of the wounded healer in comparison with Sigmund Freud. According to Adler, personal wounds can evoke an individual's healing potential. In his opinion, "psychological wounds allow practitioners to see themselves as healing forces. Otherwise, they would not be aware of these healing powers." In this regard, personal suffering can be seen as having a special meaning because it can promote an individual's capacity to develop empathy and motivation in helping professions. Therefore, wounding experiences are not only challenges but also opportunities for developing a therapist's healing potential (Streeter, 2017).

Adler also proposed that personal wounds could serve as motivation and therapeutic tools in the practice of counseling. The wounds of suffering could serve as motivation for a career in a helping profession, which could later aid the counselor in their comprehension of their clients' suffering. In this context, the counselor's personal history plays a role in their ability to connect with their clients through empathy. Adler seems to have supported the idea of embracing the concept of the wounded healer because of its importance in motivation and practice. Yet, with this perspective, there has not been a framework created for the practice of counseling related to the concept of the wounded healer (Ivei, 2014).

3. Jung's Perspective on the Wounded Healer (Carl Jung):

Carl Jung, a psychiatrist who also practiced a form of psychoanalysis, was one of the first thinkers to explicitly address the concept of the wounded healer. Carl Jung created the concept of the collective unconscious, which is a universal aspect of the human unconscious. The collective unconscious contains archetypes, which are universal symbols common in human experience. The archetype of the wounded healer is one of the symbols. Carl Jung described the concept of the wounded healer using examples of

the Greek mythological characters Chiron and Asclepius, who were capable of healing others but also suffered from their own wounds (Newcomb, Burton, Edwards, & Hazelwood, 2015).

In Jung's view, the archetype of the wounded healer refers to people who have a natural affinity to heal others and at the same time suffer personal wounds that cannot be fully healed. Such wounds may be psychological and/or physical in nature. Despite this, these wounds may also serve to help the healer become more capable of healing others. Jung believed that personal sufferings play a crucial role in becoming a successful healer. This is the reason Jung preferred the term "wounded healer" because it underscores the fact that one's wounds play a crucial role in becoming a healer (Benziman, Kannai, & Ahmad, 2012).

4. May's Perspective on the Wounded Healer (Rollo May):

The issue of the wounded healer was also directly discussed by Rollo May, who was an existential psychologist. Rollo May believed that wounds can function as important tools which allow a therapist to assist others. In his opinion, people who are wounded in some way are able to possess more psychological knowledge. By dealing with their own wounds, they are able to develop a better understanding of human suffering. This knowledge can then be transferred to the therapeutic relationship with others. Rollo May believed that wounds are not experienced as obstacles but as tools which allow people to develop therapeutic skills (Kiser, 2007).

May further added that wounds play a role in developing empathy, compassion, and creativity in therapeutic practice. Wounded healers are able to understand the emotional struggles of their clients because they themselves have struggled with emotional issues. They are able to develop better relationships with clients because they can relate to what they are going through. Wounds enable the therapist to feel with his client and understand what his client is going through. Therefore, according to May, wounds are not a weakness but an asset to a counselor. They play a crucial role in helping the counselor to understand his client better (Streeter, 2017).

Wounded Healer Studies

The study by Gilbert and Stickley (2012) explored the role of lived experience of mental distress in shaping mental health education and practice among undergraduate students, within the framework of the "Wounded Healers" concept. The study adopted a qualitative design using a small survey approach among Social Work and Mental Health Nursing students. The participants were undergraduate students who were asked to reflect on their own experiences of mental ill health and its potential influence on their professional practice. The findings indicated that several students had previously experienced or were currently experiencing psychological distress. The results also showed that students perceived their personal experiences as positively informing their professional practice, particularly in enhancing their capacity for constructive empathy with service users while maintaining appropriate professional boundaries.

The study by Yang and Li (2025) examined the role of a nurse with lived experience of mental illness in facilitating peer support for mental health recovery within a Chinese context, framed by the "Wounded Healer" model. The study adopted a qualitative case study design, using semi-structured interviews with one nurse, four service users, and four family caregivers, in addition to non-participant observations. The participants included a nurse with lived experience, mental health service users, and their family caregivers. The findings indicated that the nurse performed four interconnected roles: wounded healer, educator, coordinator, and advocate. The results also showed that through empathetic engagement and shared personal narratives, the nurse promoted emotional connection, reduced internalized stigma, and enhanced recovery-oriented support. Furthermore, the findings highlighted a role transformation process involving trauma recognition, pain transformation, and transcendence, demonstrating the nurse's contribution to both individual recovery and broader social inclusion.

The study by Taylor (2025) examined the historical development and implications of lived experience among mental health professionals within mental health care systems. The study adopted a narrative review approach focusing on existing literature addressing the presence and role of lived experience in psychiatric practice and service delivery. The article drew on published evidence and historical accounts of clinicians with personal experiences of mental distress or mental illness. The findings indicated that lived experience among mental health professionals is more common than

traditionally assumed and has contributed significantly to the development of the field through influential historical figures. The results also showed that recognizing and acknowledging clinicians' lived experience may enhance mental health care delivery and improve service outcomes by integrating personal experiential knowledge into professional practice.

The study by Straussner, et al (2018) examined the prevalence and timing of behavioral health problems among licensed social workers across multiple U.S. states within the framework of "wounded healers." The study adopted a quantitative cross-sectional survey design using a large-scale multistate dataset collected in 2015. Data were obtained from 6,112 licensed social workers across 13 states, assessing mental health problems, substance use (alcohol, tobacco, and other drugs), and gambling behaviors, with additional analysis of whether these difficulties occurred before or during their professional careers. The findings indicated that 40.2% of respondents reported mental health problems prior to entering the profession, increasing to 51.8% during their social work career, with 28% currently experiencing such problems. In contrast, substance use problems were reported by approximately 10% before entering the profession and decreased to 7.7% during their career, while gambling-related problems were also identified at lower rates. The results further revealed differences in prevalence patterns across demographic variables such as race, sex, and age, highlighting variability in behavioral health outcomes within the profession.

The study by R. Cuseglio (2026) explored Master of Social Work (MSW) students' perceptions of their self-experienced mental health issues (SEMHI) and their influence on career motivation and anticipated clinical practice, within the framework of Jung's "wounded healer" archetype. The study adopted an exploratory quantitative survey design involving 188 MSW students from a mid-sized school of social work in the northeastern United States. The participants were MSW students who reported on their personal history of mental health or substance use diagnoses and its perceived impact on their professional development. The findings indicated that 48% of students had been diagnosed with a mental health and/or substance use issue, while 85% of those in clinical tracks reported that their SEMHI influenced their decision to pursue social work. The results further showed that 99% of respondents believed their lived experience enhanced their ability to support and empathize with clients facing similar

challenges, while 63% perceived that it might also negatively affect their future practice with clients.

1.6.3 Section Three: Psychological Resilience

Introduction:

However, with the introduction of positive psychology by Martin Seligman, this science adopted the investigation of human strengths and virtues such as psychological resilience, optimism, empathy, social support, and so on. These content domains concern the improvement of the quality of life; the second aim is to prevent any mental disorder by educating the individual on how to cope with life stressors (Seligman, 2019).

The emphasis on positive personality characteristics, psychological well-being, and behavioral plasticity assumes a position of particular relevance for individuals confronting the challenges of contemporary life, which is changing at a rapid pace and with an uncertain course. The social and personal factors that protect against stressful reactions constitute the very essence of the effects on cognitive, emotional, and social reactions. These, in their turn, shape the reactions to stressful situations, including the effectiveness of their psychological and social coping resources (Gworys, 2020).

In recent years, much attention has been given to those variables that offer prevention through strengthening the capacity of individuals to adapt effectively and maintain their mental health in the face of harmful influences. The variables that promote resilience to stress, psychological, environmental, and social, enable the individual to maintain stability and recover from stressful events. Among these variables, psychological resilience has a special place (Sisto, Vicinanza, Campanozzi, Ricci, Tartaglini, & Tambone, 2019).

The Development of the Concept of Psychological Resilience:

The roots of the concept of Psychological Resilience can be traced back to the 1960s when Salvatore Maddi first introduced it. However, it was introduced by one of the prominent figures in the field of personality psychology, named Suzanne Kobasa. During 1979-1983, she was successful in identifying some psychological factors that might help an individual stay in good physical and psychological conditions despite the

presence of significant stressors in their life. The construct of psychological resilience was defined by Kobasa as a personality pattern wherein an individual is able to maintain their health and performance in the face of adversity (Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014).

The actual emergence of this phenomenon would have established a strong foothold with the existential, humanistic, and cognitive schools of thought, especially with the works of Alfred Adler, Viktor Frankl, Martin Seligman, Carl Jung, and Richard Lazarus, for whom resilience has been one of the important ingredients of motivation, arousal, and behavior (Kalisch, et al., 2017).

Definition of Psychological Resilience:

According to Kobasa, in 1979, psychological resilience was defined as: ‘an individual's encompassing belief in his/her ability to integrate and utilize all available psychological and environmental resources in order to understand and cope with stressful events most effectively (Gooding, Hurst, Johnson, & Tarrier, 2012; Sheard, 2009), defined resilience as: ‘the strength, capacity, and resistance of the individual during crisis situations, alongside the possibility to harness opportunities, relying on internal resources, external resources, and social support’.

Psychological Resilience has been defined by Eroze & Emine (2019) as a form of adaptive behavior which transforms potential threats of stressful circumstances into chances for personal growth and development. psychological Resilience has been defined by Funk (1992) as a collection of general personality traits, which develop as a result of experience and interactions with the environment, in order to help the individual cope with and adjust to different psychological pressures.

According to Singh (2016), psychological resilience helps to provide a counterbalance for those experiencing the ill effects of stress, anxiety, and depression, enabling them to resist deprivation and hence alleviate the potentially damaging psychological backlash that adversity may bring. Resilience is what helps to define how individuals cope with the pressure they face.

Zeer, Yugova, Karpova, & Trubetskaya (2016) define resilience as "a belief system about self, the external world, and social relations that enables individuals to interpret

stressful events as learning and growth opportunities. This capacity is related to decision-making and self-directed management of challenges in life." Finally, Sirvikaya (2018) understands psychological resilience as a way through which individuals are able to attain flexibility in the face of stressors; performance and personal development are realized through experiences that channel towards the management of anxiety, tension, and pressure in life.

Components of Psychological Resilience:

First: Commitment:

Commitment means having goals and knowing one's talents, making decisions in accordance with one's values and goals, and being personally responsible for oneself and one's goals, as well as others, in reaction to stressful events that are perceived as meaningful experiences, positive rather than negative. The resilient person is willing to become involved in various areas of life, converting negative experiences into positive lessons (Kobasa, Stressful life events, personality, and health: An inquiry into hardiness, 1979).

Second: Control:

Control is the perception or definition of the individual's internal belief in himself to cope with stressful events and circumstances in life by means of personal responsibility for what is happening to him. The individual with a perfect belief in control is the master of changes or events in life, rather than being helpless and passive in facing what is happening to him (Kobasa, 1982).

Third: Challenge:

Challenge means having the ability to define what is happening to the individual, in terms of adversity, as a learning experience rather than a threat, to develop proper coping mechanisms, and to readapt to a changed environment, learning to accept positive and negative experiences in terms of growth and developmental necessities (Maddi & Kobasa, The hardy executive: Health under stress, 1984).

The Importance of Psychological Resilience:

Psychological resilience represents an equally core part of one amalgamation of traits giving a favorable avenue for people to cope with life's vicissitudes and withstand their environment's potentially debilitating effects (Kobasa, 1979).

They can be important for the development of some traits that may be called "traditionally" different from normal individuals in that they remain persistent and stable rather than wavering from their causes. Henceforth, these individuals may do some things that allow them to learn about psychological pressure so that they would know what to do with it. The resilient ones can develop an above-average level of internal motivation who view stress more favorably as an opportunity for challenge rather than as a potential life threat (Al-Musha'an, 2011).

Psychological resilience is also accentuated as one of the great personal resources with which people are able to deal with psychological stress efficiently, stand firm in their decisions, and adjust to their environment. More mentally cautious are those persons whose levels of resilience help them cope with stress-related maladies (Kobasa, 1982)

Psychological resilience plays a key role in attenuating and transforming the impacts of stressful situations, which, in turn, influences coping responses and social interactions. Thus, it may facilitate health behavior changes-regarding diet or exercise-that ultimately reduce illness risk (Schellenberg, 2005).

In turn, psychological resilience aids human flexibility and problem-solving ability, allowing individuals to reframe their perception of stress, anxiety, and psychological disturbance. Thus, this resilience serves as a defense system that fortifies individuals against stressors in life (Al-Abdali, 2012).

Theories Explaining Psychological Resilience:

Kobasa's Psychological Resilience Theory (1979):

The theory indicates that humans have a need to find meaning and purpose for their lives, which is related to their ability to make the best use of their personal and social skills. In addition, humans have certain attributes that help them manage psychological stressors (Maddi & Kobasa, The hardy executive: Health under stress, 1984).

Lazarus (1966), The developer of the Transactional Model of Stress later created a model that interpreted Kobasa's theory. The model emphasized stressful situations, the individual's perception of, acceptance of, and ability to cope with stressful situations, the internal environment, cognitive appraisal, as well as frustration and perceived threats.

Funk's Psychological Resilience Theory:

Funk's Psychological Resilience Theory is a comparatively newer engagement with and expansion upon Kobasa's work. On the data collected from soldiers, Funk studied the interrelations of psychological resilience and cognitive appraisal, effective coping, and mental health (Funk, 1992).

Among other things, Funk pointed out opportunity and commitment to be the two central pillars of the mental health of an individual. Whereas commitment decreases negative emotions and perceived threat by means of appropriate coping strategies in stress situations, thus fostering mental health, control is said to correlate with mental health positively since it mirrors the individual's ability to manage their emotions, learn from past experience, and select appropriate strategies to cope with stress (Maddi, 2002).

Existentialism Theory-Viktor Frankl:

The concept of psychological resilience also has its roots in existential philosophy and existential psychology. This school of thought views the human being as in a constant state of evolution and focuses on future-oriented human behavior rather than on events in the past. Existential psychology emphasizes the importance of the quest for meaning in an uncertain and ever-changing world. This quest for meaning (Kalashnikova, Leontiev, Rasskazova, & Taranenko, 2022).

helps an individual cope with stress and loss. According to Frankl (1954), it is the courage with which one attains or pursues meaning and purpose. From the existentialist's point of view, psychological resilience endows the human being with the tools and motivation to employ adaptive coping strategies in the face of life stressors. This can reduce the detrimental effects of these stressors on health. The existential vacuum may also express itself in depression, aggression, or addiction.

From the existential perspective, resilience will depend on the individual's strength to transcend the challenges consciously and find some meaning in them. Resilience is characterized by the power to adapt to new situations and convert unfortunate challenges into opportunities for learning through commitment, self-control, and the power to fight challenges (He, et al., 2023).

Psychological Resilience Studies

The systematic review by Kunzler et al. (2020) aimed to assess the effects of psychological interventions designed to foster resilience among healthcare professionals working in high-stress clinical environments. The review followed Cochrane methodology and included randomized controlled trials (RCTs) investigating any psychological programme intended to enhance resilience, hardiness, or ongoing-traumatic growth compared with no intervention, wait-list, usual care, or active control conditions. A comprehensive search was conducted across multiple databases and trial registries from 1990 to June 2019, with an additional update in 2020. Primary outcomes included resilience, anxiety, depression, stress or stress perception, and well-being or quality of life, while secondary outcomes included resilience-related factors. The review included 44 RCTs comprising 6,892 participants, most of whom were healthcare workers such as physicians, nurses, and hospital staff, predominantly from hospital settings in high-income countries; the majority of participants were female and most interventions were group-based and delivered face-to-face. Results indicated that, compared with controls, resilience training may lead to higher levels of resilience (SMD 0.45), lower levels of depression (SMD −0.29) and stress or stress perception (SMD −0.61), while showing little or no effect on anxiety (SMD −0.06) or well-being/quality of life (SMD 0.14), with overall very low certainty of evidence and no reported adverse effects in the limited studies that assessed them. Overall, the findings suggest potential positive effects of resilience interventions for healthcare professionals; however, the evidence remains uncertain and should be interpreted cautiously due to methodological limitations and heterogeneity across studies.

The study by Albott et al. (2020) aimed to describe the psychological stress responses experienced by healthcare workers during the COVID-19 pandemic and to present a rapidly deployable psychological resilience intervention designed to mitigate these effects. The authors adopted a descriptive and conceptual design grounded in

emergency preparedness literature and prior military psychological support models, with a focus on addressing acute and long-term mental health risks among medical staff exposed to pandemic-related stressors such as uncertainty of resources, high patient mortality, and personal safety threats. The proposed intervention, “Battle Buddies,” is based on a peer-support framework originally developed by the United States Army and integrates evidence-informed stress inoculation strategies for managing high-intensity trauma exposure. The model operates at multiple levels by assigning each healthcare worker a peer “battle buddy” for continuous mutual support and providing access to a designated mental health consultant to facilitate stress management training, offer psychological support, and coordinate referrals when necessary. In addition, the program includes a voluntary research component to monitor implementation and evaluate effectiveness while identifying key resilience factors. The study concludes that this structured, scalable, and resource-efficient approach is intended to strengthen resilience and support the psychological well-being of healthcare workers during large-scale health crises such as the COVID-19 pandemic.

The study by Kalmanti et al. (2024) aimed to examine treatment patterns and adherence among adult patients presenting with anxiety and depressive symptomatology in a clinical mental health setting in Greece. The study adopted a descriptive retrospective design based on data collected over a two-year period from first-visit patients referred to a university hospital mental health service. The sample consisted of 222 patients, including 69 males and 153 females, and various socio-demographic and clinical variables were analyzed. Antidepressant medication was prescribed to approximately 80% of patients, while 61% received benzodiazepines. Results showed that 34% of patients discontinued antidepressant treatment within six months, with no significant gender differences observed in either prescription patterns or discontinuation rates. Additionally, 74% of patients prescribed benzodiazepines continued their use after six months, despite clinical guidelines recommending shorter treatment duration. Further analysis indicated that among patients receiving both antidepressants and benzodiazepines, a proportion discontinued antidepressants while maintaining benzodiazepine use. The study concludes that treatment adherence and medication management patterns vary considerably in clinical practice, highlighting the importance

of monitoring pharmacological treatment continuity in patients with anxiety and depression.

The study by Alonazi et al. (2023) aimed to examine the relationship between psychological resilience and professional quality of life among mental health nurses and to identify potential predictors of the different subscales of professional quality of life. The study employed a quantitative cross-sectional design and collected data from a convenience sample of 179 mental health nurses over a three-month period (April–June 2022) using an online survey platform. Two standardized instruments were utilized, namely the Connor–Davidson Resilience Scale to measure psychological resilience and the Professional Quality of Life Scale to assess compassion satisfaction, burnout, and secondary traumatic stress. Results indicated a strong positive correlation between psychological resilience and compassion satisfaction ($r = 0.632$, $p < 0.001$), while significant negative correlations were found between resilience and both burnout ($r = −0.470$, $p < 0.001$) and secondary traumatic stress ($r = −0.210$, $p = 0.005$). Furthermore, higher levels of resilience were associated with increased compassion satisfaction and reduced secondary traumatic stress, whereas higher burnout scores were associated with increased secondary traumatic stress. The findings also revealed that demographic variables such as age and number of children had weak associations with compassion satisfaction, while workplace setting emerged as a significant predictor of burnout and secondary traumatic stress. Overall, the results showed that psychological resilience is closely linked to improved professional quality of life and lower psychological distress among mental health nurses.

Chapter Two

Research Methodology

2.1 Introduction

This chapter is dedicated to delineating the steps and methodology employed in conducting the research. The researcher detailed the research methodology, the study's population and sample. Furthermore, the data collection strategy and sampling techniques are explained. Finally, data analysis techniques are presents to test the model constructs relationships.

2.2 Research Design and Approach

Research design is an essential framework that provides an outline for the process to be followed in the study and determines appropriate methods for data collection and analysis to address the research questions. An effective research design helps to ensure the accuracy of findings and thus increases the credibility of the study.

The design of this study is quantitative, cross-sectional, and correlational in nature. This type of design is particularly appropriate in investigating relationships among variables in this study, i.e., wounded healer experience, psychological resilience, and self-compassion as a mediator. Quantitative data analysis helps to provide measurable evidence to prove the mediation model and thus increases the reliability of findings based on this study.

Although some parts of this study are somewhat understudied in ongoing-trauma professional settings in the Palestinian context, this study extends beyond an exploratory approach. Instead, it employs an inferential approach to investigate relationships among personal experiences of psychological wounding and resilience and self-compassion as a mediator. Moreover, an electronic questionnaire is used as a data collection tool in this study to investigate these phenomena among mental health professionals.

2.3 Research Methodology

The research methodology refers to the approach used systematically to accomplish the goals of the research. Research is conducted according to a specific pattern of processes, ranging from problem identification and literature review to data collection, analysis of statistics, and finally interpretation of results. Although the processes occur sequentially, there is room for iteration within the research process to guarantee rigorous methodology.

In this research, the methodology involves three main steps namely: formulation, implementation, and analysis.

1. Formulation Phase:

In this first phase, the research question has already been identified, taking special note of the intricate connection between the concept of "wounded healer" and psychological resilience of mental health professionals in terms of traumatic experience. It is especially important because of the possibility of examining the phenomenon of self-compassion as an intermediate factor here. This phase is characterized by a comprehensive study of the necessary literature that helps to identify the research gap while giving a good foundation for research purposes and further research questions.

2. Implementation Phase:

The implementation phase entailed the operationalization of the variables, which in this study included the administration of the data collection instrument. A structured electronic version of the questionnaire was developed, which had four different parts: demographic characteristics, the Adverse Childhood Experiences scale (for operationalizing the wounded healer experience), the Self-Compassion Scale (SCS), and the Connor-Davidson Resilience Scale (CD-RISC-10). The structured instrument was sent electronically to mental health practitioners in Palestine, where they are regularly exposed to trauma-related stressors. The use of an electronic version of the instrument was deemed important to enable easy access and confidentiality, given the nature of the collected information.

3. Analysis and Interpretation Phase:

Following the data gathering stage, the study continued with the analysis phase. The collected data were analyzed using SmartPLS (Version 4), which applies Partial Least Squares Structural Equation Modeling (PLS-SEM). This statistical approach is widely recommended for analyzing mediation models and structural relationships among the constructs of the "wounded healer," self-compassion, and resilience. The findings were interpreted in line with the study's theoretical framework, leading to evidence-based conclusions and recommendations despite the study's limitations.

2.4 Sampling Plan

Target Population:

The intended participants in this study will be mental health professionals such as psychologists, social workers, therapists, and psychiatrists practicing in the geographical territory of Palestine. The selected population will be identified through its exposure to living in a "ongoing-trauma" environment in which the "collective national trauma" and the "individual professional practice" are indistinct. The targeted population will offer an ideal environment for studying the wounded healer concept as it relates to resilience and self-compassion.

The Pilot Sample:

In order to ensure the reliability of the research instruments, a pilot study was conducted using a sample of (N=25) mental health experts. These experts shared the same profession as the respondents of the survey, yet they were not included in the final data analysis. The pilot study was essential in assessing the accuracy of the Arabic versions of the scales.

2.5 The Main Study Sample and Recruitment

The primary study sample consists of (125) mental health professionals. A purposive sampling technique was employed to ensure that all participants met specific inclusion criteria:

- Active practice in mental health services within Palestine.
- Direct involvement with trauma-affected populations.
- Possession of professional licensure and field experience.

Sample Size Rationale and Practical Constraints:

The sample size determination was affected by various practical constraints. The specialized nature of the sample frame required consideration of various challenges that are inherent in conducting academic research. These challenges include:

- Population Scarcity: The number of licensed mental health professionals within this specialized field is relatively low.
- Professional Burden: The professional burden or workload within this field often makes it difficult to conduct academic surveys that are time-consuming.
- Sensitivity of Subject Matter: The need to incorporate tools such as the Adverse Childhood Experiences Scale within this study design necessitates a high level of ethical sensitivity. This factor often affects the sample size determination.

Considering these challenges, the sample size determination for this study was based on a sample size of 125. This sample size is adequate considering the analysis tool that will be used. It is worth mentioning that this sample size is adequate considering that this study will utilize PLS-SEM.

2.6 Measurement and Instrumentation

The data collection tool employed in this study is a structured, closed-ended electronic questionnaire, which is aimed at collecting quantitative data on the major study constructs. The reason behind the use of an electronic questionnaire is to encourage voluntary participation, ensure the anonymity of the respondents, and address the geographical issues in Palestine region. The selection and design of scales were primarily based on their reliability and applicability to the professional domain of mental health workers.

The structured questionnaire is comprised of four major parts:

1. Demographic Profile:

This section gathered basic background information that would be used to understand the results. These questions included age, location of residence (city, village, or refugee camp), gender, marital status, educational level, as well as professional background such as years of work experience in the mental health field, workplace, and professional

role (psychologist, social worker, or counselor, among others). These questions are vital in carrying out differential analysis on the demographic differences in resilience and self-compassion.

2. Measurement of Study Constructs:

At the heart of the tool being developed were valid psychometric scales that were adapted to meet the research goals:

- Wounded Healer Experience: Measured using the Adverse Childhood Experiences (ACE) scale (Felitti et al., 1998), examining childhood adversity experiences as a basis for the wounded healer concept.
- Self-Compassion: Measured with the Self-Compassion Scale (Neff, 2003), assessing how professionals treat themselves emotionally during failures or times of emotional distress.
- Psychological Resilience: Measured with the Connor-Davidson Resilience Scale (CD-RISC-10) (Campbell-Sills & Stein, 2007), addressing resilience in the face of persistent stress associated with ongoing traumatic activities..

3. Validity and Reliability Ensured Before the test is applied, all questions are reviewed thoroughly. In addition, a check for validity is carried out, which consists of examining the content validity from an expert's perspective in order to verify that the translation into Arabic does not distort the intended meaning. Finally, the choice of these particular tools is justified by the fact that they have high validity and reliability coefficients both internationally and locally in psychological studies.

Adverse Childhood Experiences (ACEs) Scale:

In the present study, the concept of “wounded healer” was measured via the Adult ACEs Questionnaire, adapted from the model introduced in the CDC-Kaiser Permanente study (California Surgeon General’s Clinical Advisory Committee, 2020). The questionnaire assesses exposure to several types of childhood adversity before the age of 18, which provides the clinical background of the concept under examination since it helps define the type of “injuries” experienced by mental health professionals in their childhood.

Scale Structure and Scoring:

This questionnaire includes ten questions classified into three general categories of abuse (emotional, physical, and sexual), neglect (emotional and physical), and household dysfunction (domestic violence, substance abuse, mental disorder, divorce of parents, and imprisonment). This tool uses a dichotomous scoring system consisting of 'yes' and 'no'. Each answer rated as 'yes' receives one point, leading to an overall ACE score between 0 and 10. An increased sum of ACE points implies more exposure to adverse childhood experiences as well as being more wounded.

2.7 Psychometric Properties of the Instrument

The instrument's suitability within the professional Palestinian environment was ensured by conducting a thorough evaluation of its psychometric qualities using two principal measures – face validity and construct validity.

Face Validity (Expert Judgment):

Face validity was achieved by presenting the instrument to a group of experts (N = X)* with doctorate degrees in clinical psychology, mental health, and social work. The items were assessed for clarity of language, sensitivity to culture, and their relevance to the "wounded healer" model. An agreed-upon cut-off of 80% concurrence was adopted for item selection. After the expert appraisal process, some minor changes in context were made to ensure that the language used was culturally sensitive while not altering the psychometric purpose of the items.

Construct Validity:

Internal consistency and construct validity were further investigated through the use of data obtained from the pilot study (n=25). The correlation coefficient by Pearson was computed for assessing the correlation between items and the total score:

- As a result, it was discovered that there were statistically significant positive correlations between all ten items and the total score of ACEs.
- The correlation coefficients were in the acceptable academic values (generally, r >0.30), meaning that each of the items was unique and significant for measuring the construct.

– Hence, the scale was determined to be internally consistent, with all ten items being used in the main study.

Construct validity was verified based on computing the Pearson correlation coefficients between each item and the total score of the ACEs scale.

Table 1

Item-Total Correlation Coefficients for the ACEs Scale (n = 25)

Item No.	Correlation Coefficient (r)	Significance (p-value)
1	**0.766	0.000
2	**0.566	0.000
3	**0.689	0.000
4	**0.757	0.000
5	**0.763	0.000
6	**0.750	0.000
7	**0.623	0.000
8	**0.732	0.000
9	**0.687	0.000
10	**0.813	0.000

** Significant at the 0.01 level.

As can be seen from Table (1), the item-total correlations were between (0.566 and 0.813). All the obtained values were statistically significant at the ($p < 0.01$) significance level. Following psychometric principles, as stated by (Hair, Black, Babin, & Anderson, 2019), any item-total correlation higher than (0.30) is considered satisfactory for inclusion into a scale.

In the current research, most items have strong correlations ($r > 0.70$) and the rest – moderate correlations. Therefore, there is solid statistical support indicating that all the ten items are internally consistent and fit well into the concept of childhood adversity. Thus, the ACEs scale has excellent structural reliability, and all items should be kept.

Reliability of the (ACEs) Scale:

The validity of the ACEs scale was tested for the internal consistency of the measure prior to its use on the study population. It is necessary to establish that the items have sufficient homogeneity and produce reliable results.

The Cronbach's Alpha coefficient was used to test internal consistency using data from the pilot population (N=25).

Table 2

Cronbach's Alpha Reliability Coefficient for the ACEs Scale (N = 25)

Scale	Number of items	Cronbach's Alpha (α)
Adverse Childhood Experiences (ACEs)	10	0.890

Table (2) also indicates that the Cronbach's Alpha value for the ACEs scale was (0.890). As per psychometric standards, such as (DeVellis & Thorpe, 2021), any alpha value from (0.80) to (0.90) falls within the category of "Excellent" and suggests a high level of internal consistency.

The result clearly shows that all ten questions in the ACEs scale have high inter-relationships and consistently measure the concept of childhood adversity. Therefore, it can be concluded that the tool is highly reliable and valid in capturing the concept of wounded healer for the primary research objective.

2. Self-Compassion Scale:

Self-compassion was measured using the short form of the Self-Compassion Scale (SCS-SF), originally developed by Neff (2003) and validated as a brief form by Raes et al. (2011). It assesses individuals' emotional and cognitive responses toward themselves during times of psychological distress.

Scale Structure and Scoring The scale comprises of 12 questions representing 6 different subdimensions in terms of compassionate or lack of compassion self-responding:

1. Self-Kindness (vs. Self-Judgment).
2. Common Humanity (vs. Isolation).
3. Mindfulness (vs. Over-Identification).

Respondents indicate their answers based on the 1 to 5 Likert-scale, where 1 stands for Almost never, and 5 represents Almost always. In order to preserve the conceptual meaning of the scale, the items in the negative subscales, such as Self-Judgment, Isolation, and Over-Identification are reverse coded. The subscale means are calculated through the averaging of individual subscale items, and the overall self-compassion score is computed as the average score of the six subscales.

2.8 Psychometric Properties of the Instrument

To establish the efficacy of the instrument in the unique socio-professional environment of Palestine , the psychometric characteristics of the instrument were thoroughly examined.

Content and Face Validity (Expert Judgment):

The Arabic version of the SCS-SF was reviewed by a panel of experts in clinical psychology, psychiatry, and counseling to assess its content and face validity. The experts evaluated the linguistic clarity of the items, their cultural appropriateness within the Palestinian context, and their relevance to professionals working in conflict-related trauma settings. Based on expert feedback, minor linguistic modifications were made to improve clarity and cultural suitability.

Construct Validity:

In assessing the construct validity of the SCS, the Pearson correlation coefficient was calculated between each item in the scale and the total score based on the pilot study data (N=25). Such assessment indicates the consistency and the relevance of the items to the overall construct of self-compassion.

Table (3)

Item–Total Correlation Coefficients of the Self-Compassion Scale (n = 25)

No.	Correlation	Significance (p-value)
1	0.712**	0.000
2	0.658**	0.000
3	0.734**	0.000
4	0.695**	0.000
5	0.741**	0.000
6	0.768**	0.000
7	0.683**	0.000
8	0.726**	0.000
9	0.751**	0.000
10	0.699**	0.000
11	0.720**	0.000
12	0.774**	0.000

From the results of the statistical analysis shown in Table (3), it is clear that the correlation coefficient between items and total scores for the Self-Compassion Scale were within the range of (0.658 – 0.774).

In evaluating psychometric properties, the cut-off point of a correlation coefficient greater than (0.30) means that the item has adequate discriminative ability. In this case, the results indicate that the correlation for all 12 items exceeds this cut-off point, with a good majority falling into the category of having strong correlations ($r > 0.70$). This provides empirical evidence that all items work properly within the scale, contributing to the assessment of self-compassion in mental health professionals.

Reliability of the Self-Compassion Scale:

In order to make sure that the SCS is reliable, the scale was used on a pilot sample of (25) mental health professionals who were not part of the sample used for the study. The purpose of this process was to conduct the test of the reliability of the items before data collection for the study took place. Reliability was calculated using Cronbach's Alpha.

Table 4

Cronbach's Alpha Reliability Coefficients for the Self-Compassion Scale

Scale	Number of items	Reliability coefficient
Self-Compassion	12	0.914

As revealed in Table (4), the Cronbach's Alpha reliability coefficient of the whole Self-Compassion Scale attained a value of (0.914). The obtained reliability coefficient represents an extremely high consistency in the measurement process of all the scale's items. In accordance with psychometric criteria, an alpha coefficient greater than (0.90) represents a very good reliability coefficient and implies that the scale's items effectively measure self-compassion.

Because the self-compassion scale incorporates various dimensions in one composite measure, it would be reasonable to state that the high reliability coefficient (0.914) makes the scale appropriate for use in the main study sample of mental health professionals operating in ongoing-traumatic circumstances in Palestine.

3. Psychological Resilience Scale (CD-RISC-10):

Resilience was assessed through the short form of the Connor-Davidson Resilience Scale (CD-RISC-10) developed by Connor & Davidson (2003) and later adapted for usage in diverse Arab-speaking regions. The CD-RISC-10 scale was designed specifically to evaluate an individual's resilience as a dynamic ability to adjust to change, handle severe stressors, and attain psychological equilibrium during tough situations. Mental health professionals operating in areas affected by trauma will have their ability to focus despite the pressure and recover from the difficulties encountered in their profession measured by this scale.

The questionnaire consists of ten questions that address the fundamental aspects of resilience. The answers are rated on a five-point Likert scale from Not true at all (0) to True nearly all the time (4).

The overall score of resilience is obtained by adding up the ratings of all the items, producing a score between 0 and 40. Higher scores denote greater resilience among the respondents.

Validity of the Instrument:

In order to prove the reliability of the Psychological Resilience Scale (CD-RISC-10), systematic measures were applied to guarantee that the test indeed reflects the concept of resilience among mental health professionals in situations of ongoing-trauma. Specifically, two types of validity have been tested in the present paper: face validity and construct validity.

Face validity is defined as the process whereby the tool under analysis is shown to a team of specialists who hold doctoral-level education and extensive work experience in the fields of psychology, counseling, and mental health. It was necessary to assess whether the (10) questions included in the test are valid and relevant enough to reflect resilience levels among professionals who work in high-stress and traumatic environments.

The minimum level of expert consensus of (80%) was agreed upon in terms of retaining the questions in their initial form. Taking into account the opinions of the evaluators, slight amendments have been made to the linguistic structure of some of the items without changing the meaning of the latter. Such an approach helped to improve the readability of the questionnaire and prove its relevance to the Palestinian culture.

Construct Validity:

Construct Validity: The construct validity of the Psychological Resilience Scale (CD-RISC-10) was tested by calculating the Pearson's correlation coefficients (r) between each item on the psychological resilience scale and its total scale score. This calculation involved utilizing a pilot sample comprising 25 mental health professionals who were chosen outside the primary research participants.

Table 5

Item-Total Correlation Coefficients for the Psychological Resilience Scale (n = 25)

No.	Correlation	Significance (p-value)
1	0.741**	0.000
2	0.695**	0.000
3	0.768**	0.000
4	0.721**	0.000
5	0.754**	0.000
6	0.732**	0.000
7	0.688**	0.000
8	0.707**	0.000
9	0.775**	0.000
10	0.749**	0.000

** Significant at the 0.01 level.

From the analysis conducted, the results revealed that the item–total correlations for the Psychological Resilience Scale were from (0.688) to (0.775). All the correlation values were statistically significant at the (0.01) level based on the significance value reported as (0.000) for all items. In light of psychometric guidelines, any correlation value greater than (0.30) is acceptable, whereas values greater than (0.70) reflect strong internal correlations. Therefore, the findings clearly reveal that the majority of the items have strong relationships with the total score, while the rest of the items have high moderation. The results clearly show that each of the (10) items contribute significantly in assessing the level of psychological resilience. Thus, no items were deleted because of the strong construct validity of the scale.

Reliability of the Psychological Resilience Scale:

In order to guarantee the validity of the Psychological Resilience Scale (CD-RISC-10), the questionnaire was first tested on a small group of (25) mental health practitioners who were chosen from outside the main body of participants for the study. The aim of conducting this exercise was to test the internal consistency of the scale before using it for data collection. Internal consistency was measured by using the Cronbach's Alpha statistic.

Table 6

Cronbach's Alpha Reliability Coefficient for the Psychological Resilience Scale (N = 25)

Scale	Number of items	Reliability coefficient
Psychological Resilience	10	0.901

The findings provided in Table (6) show that the coefficient for Cronbach's Alpha for the scale on Psychological Resilience obtained the value of (0.901). This number denotes a very high internal consistency coefficient. In accordance with psychometric norms, any alpha coefficient that is higher than (0.90) is excellent since it signifies that all of the items are consistent in their measurement of psychological resilience.

As the CD-RISC-10 measures the resilience using the combination of ten complementary items, the very high reliability index (0.901) proves that the scale will be quite adequate for use in the sample group of the research. Along with the scales on the Adverse Childhood Experiences and Self-Compassion, this scale allows performing a complex psychometric analysis aimed at assessing connections between wounded healer phenomenon, self-compassion, and psychological resilience in ongoing-traumatic professional settings.

Data Analysis Techniques:

Analysis of the obtained data through the electronic survey was conducted employing a series of statistics-based approaches, such as Google Forms, Microsoft Excel, and SmartPLS software programs. To start with, Google Forms was used as the main survey tool that served to collect information from the target audience – specialists engaged in work on psychological issues in trauma-exposed environments in Palestine region. Using the chosen survey method, it became possible to generate some statistical information about the demographic background of the respondents – namely, their gender, age, occupation, work experience, and workplace location.

After the initial screening process, the obtained data were imported into Microsoft Excel to enable easy data organization before performing the analysis. During this phase, the data set was filtered to remove any responses that had missing or erroneous data entries to ensure accurate results. Descriptive statistical analysis was performed,

whereby the mean and standard deviation of the research variables were computed to give an insight into the data distribution.

For statistical modeling and testing of the proposed mediation hypothesis, the dataset was next inputted to SmartPLS 4 software, the most commonly used package for Partial Least Squares Structural Equation Modeling (PLS-SEM). It facilitated the analysis of both measurement and structural properties of the constructs. In this study, the wounded healer experience, self-compassion, and psychological resilience were conceptualized as reflective constructs, measured by questionnaire scales developed based on validated measurement scales. Such an analytical technique helped investigate the interplay between the concepts, as well as the role of self-compassion as a mediator of the influence of the wounded healer experience on psychological resilience.

In PLS-SEM model evaluation, there are two primary steps involved, namely, the measurement model assessment and the structural model evaluation. Measurement model assessment consists of assessing the reliability and validity of the construct via outer loadings, composite reliability, average variance extracted, and Cronbach alpha, among other factors. Discriminant validity of the construct is assessed via cross-loading, Fornell-Larcker criterion, and HTMT ratio, among other criteria. Content validity of the research tool was assured by an expert before the data collection.

However, structural model testing involves the investigation of the coefficient of determination, effect size, predictive validity, indices of model fit, and path coefficient to evaluate the hypothesized relationships between variables. Furthermore, the analysis of mediation was performed to investigate the mediating role of self-compassion in the research model. The procedure and outcomes of such tests are discussed in subsequent chapters of this dissertation.

Data Analysis Approach:

There were two major types of statistical software that were applied to examine the collected data: Statistical Package for the Social Sciences (SPSS) and Partial Least Squares Structural Equation Modeling (PLS-SEM). To begin with, the collected data concerning mental health practitioners operating in traumatized settings in Palestine were analyzed using the SPSS (Version 22) software. The use of this software made it

possible to produce descriptive statistics, which included frequencies and percentages for demographic information about the study sample, as well as means and standard deviations for the main independent variables, which were the wounded healer experience, self-compassion, and psychological resilience.

Also, the PLS-SEM software was applied to test the measurement model and structural relationships in the suggested conceptual framework. The choice of SmartPLS (Version 4) was justified by its ability to conduct predictive analysis and deal with sophisticated models incorporating several constructs and mediations between them.

Chapter Three

Data Analysis and Results

3.1 Introduction

The findings that emerge from the analysis of the completed questionnaires from mental health practitioners based in settings exposed to trauma in Palestine area are provided in Chapter Three. This chapter involves the presentation of demographic information concerning the respondents as well as the findings with regard to test validity and reliability. There are two main software applications used in this process: SPSS 22 and SmartPLS 4. In total, there are (125) responses from participating practitioners analyzed.

3.2 Response Rate

An electronic survey was used to reach the mental health professionals operating within trauma-affected environments in Palestine via the Internet. Follow-up reminders were also sent to ensure participation, and to increase the overall response rate. The number of questionnaires that were distributed through this process amounted to (130), where the retrieved completed surveys numbered (125).

It can be said that the total number of (125) questionnaires obtained is enough to help meet the goals of the research because of the difficult nature involved in contacting the targeted group of mental health professionals who face tough work circumstances.

3.3 Demographic Information

In this study, an online questionnaire was created and distributed via Google Forms, enabling the automatic collection and descriptive analysis of demographic data.

The following table show the results:

Table 7

Distribution of demographic information

Variable	Categories	Frequency	Percentage
Age	Less than 25 years	14	11.2%
	26- 35 years	70	56%
	36- 45 years	33	26.4%
	More than 46	8	6.4%
	Total	125	100%
Place of Residence	City	73	58.4%
	Village	44	35.2%
	Refugee Camp	8	6.4%
	Total	125	100%
Gender	Male	27	21.6%
	Female	98	78.4%
	Total	125	100%
Marital Status	Single	49	39.2%
	Married	67	53.6%
	Separated	3	2.4%
	Divorced	6	4.8%
	Total	125	100%
Educational Level	Bachelor's Degree	61	48.8%
	Master's Degree	53	42.4%
	Doctorate	11	8.8%
	Total	125	100%
Years of Experience in Mental Health Field	Less than 5 years	53	42.4%
	6- 10 years	41	32.8%
	11- 15 years	13	10.4%
	More than 16 years	18	14.4%
	Total	125	100%
Current Workplace Location	Nablus	24	19.2%
	Jenin	15	12%
	Ramallah	23	18.4%
	Tulkarm	11	8.8%
	Salfit	22	17.6%
	Hebron	6	4.8%
	Jerusalem	8	6.4%
	Qalqilya	6	4.8%
	Jericho	6	4.8%
	Bethlehem	4	3.2%
	Total	125	100%
Type of Work	Psychologist	56	44.8%
	Psychiatrist	9	7.2%
	Social Worker	33	26.4%
	Psychological Counselor	27	21.6%
	Total	125	100%

Age distribution analysis shows that most of the respondents belonged to the age bracket (26-35), making up (56%) of the respondents. The next largest group were the respondents in the age bracket (36-45), forming (26.4%) of the respondents. Respondents below (25) years were (11.2%), while those above (46) years were the least, forming (6.4%) of the respondents.

For the place of residence, most of the respondents were from the city, making up (58.4%) of the respondents. The next group were respondents from villages, forming (35.2%) of the respondents. Finally, respondents from refugee camps formed the least percentage of (6.4%).

When it comes to gender, the respondents were more of female than male, where females formed (78.4%), and males formed (21.6%).

In relation to marital status, most of the respondents were married, making up (53.6%) of the total population, followed by single respondents at (39.2%). The least number of respondents were divorced (4.8%) and separated (2.4%), while no respondent was widowed (0%).

As for the educational qualification of the respondents, almost half of the total population had a bachelor's degree (48.8%), followed by those with a master's degree (42.4%). The smallest percentage was made up of respondents with a doctorate degree (8.8%).

In terms of their years of experience in the mental health industry, the largest group of respondents had less than (5) years of experience (42.4%), followed by those with (6–10) years of experience (32.8%). Those with more than (16) years of experience were (14.4%), while those with (11–15) years of experience comprised (10.4%).

In terms of current location of their workplaces, the respondents were spread across different governorates in Palestine . The highest number of respondents came from the city of Nablus (19.2%), then Ramallah (18.4%), and then Salfit (17.6%). Jenin (12%) was followed by Tulkarm (8.8%). Jerusalem comprised (6.4%) of the respondents; Hebron, Qalqilya, and Jericho all constituted (4.8%), whereas Bethlehem showed the lowest number at (3.2%).

Finally, when it came to their profession, the psychologists constituted the largest profession with (44.8%), followed by social workers with (26.4%). Psychological counselors comprised (21.6%) of the total respondents, whereas the psychiatrists were the smallest proportion with (7.2%).

3.4 Results Related to the Study Questions

Results Related to the First Question:

What is the prevalence of Adverse Childhood Experiences (ACEs) among mental health professionals working in ongoing-trauma contexts?

For assessing the occurrence of Adverse Childhood Experiences (ACEs) in mental health professionals employed in ongoing trauma tic settings, descriptive statistics such as frequency and percentage were conducted. The ACE questionnaire is dichotomous, measuring either Yes or No responses, with total scores ranging between 0 and 10 according to the cumulative number of adversities experienced up until age 18.

In line with epidemiological studies using the National Survey of Children's Health (NSCH), ACE exposure was classified into three categories: no ACEs, low ACEs, and high ACEs. These categorizations follow existing literature findings showing that individuals with four or more ACEs are considered a critical group because the threshold is related to a higher probability of developing negative health, behavioral, and emotional issues (Crouch et al., 2019).

Table 8

Distribution of Participants According to ACEs Scores (Wounded Healer Experience) (N=125)

ACEs Score Range	No. of Participants	Percentage (%)	Prevalence Level
0	3	2.4%	No exposure
1–3	40	32.0%	Low exposure
≥4	82	65.6%	High exposure
Total	125	100%	

According to the data given in Table 8, the high prevalence of adverse childhood experiences in mental health professionals is characteristic for the region under study. In particular, 65.6% of participants had a high level of exposure to childhood adversity,

namely the experience of four or more ACEs. Furthermore, 32.0% of individuals were categorized as having low exposure (1-3 ACEs) to childhood adversities, while only 2.4% reported no exposure to such experiences at all.

Taking into account the obtained results, it should be noted that childhood adversity is very common among the participants, almost two-thirds of which reported a clinically meaningful number of adversities experienced during childhood (≥4 ACEs). Thus, the findings support the "wounded healer" paradigm.

3.5 Results Related to the Second Question

What is the level of self-compassion among mental health professionals working in ongoing-trauma contexts?

To address this research question, descriptive statistics were employed, including means (M), standard deviations (SD), and percentages (%) to examine the level of self-compassion among the study participants. Self-compassion scores were computed based on the Self-Compassion Scale – Short Form (SCS-SF), with responses ranging from 1 (Almost never) to 5 (Almost always), where higher scores indicate greater self-compassion.

For interpretive purposes, mean scores were categorized according to the range of the five-point Likert scale as follows: low (1.00–2.60), moderate (2.61–3.40), and high (3.41–5.00). This classification was applied to facilitate the interpretation of the findings within a standard descriptive framework.

Table 9

Means, Standard Deviations, and Percentages for Self-Compassion Scale Items (N = 125)

No.	Item	M	SD	%
1	When I fail at something important to me I become consumed by feelings of inadequacy.	1.65	0.674	33.0
2	I try to be understanding and patient towards those aspects of my personality I don't like.	4.21	0.714	84.2
3	When something painful happens I try to take a balanced view of the situation.	4.26	0.731	85.2
4	When I'm feeling down, I tend to feel like most other people are probably happier than I am.	2.13	0.902	42.6
5	I try to see my failings as part of the human condition.	4.17	0.707	83.4
6	When I'm going through a very hard time, I give myself the caring and tenderness I need.	3.97	0.770	79.4
7	When something upsets me I try to keep my emotions in balance.	4.16	0.837	83.2
8	When I fail at something that's important to me, I tend to feel alone in my failure.	1.58	0.615	31.6
9	When I'm feeling down I tend to obsess and fixate on everything that's wrong.	1.71	0.644	34.2
10	When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.	4.21	0.669	84.2
11	I'm disapproving and judgmental about my own flaws and inadequacies.	1.82	0.706	36.4
12	I'm intolerant and impatient towards those aspects of my personality I don't like.	1.89	0.742	37.8
	Total score	4.19	0.54	83.8

The results indicate that the overall level of self-compassion among mental health professionals in Palestine is high, with a total mean score of 4.19 (SD = 0.54), corresponding to 83.8%. This reflects a generally positive and supportive orientation toward the self when dealing with personal and professional challenges.

At the item level, higher scores were observed for positively worded statements reflecting adaptive self-compassion, particularly maintaining a balanced perspective during difficult experiences (Item 3: M = 4.26, SD = 0.73) and recognizing shared human experiences in suffering (Item 10: M = 4.21, SD = 0.66). In contrast, lower scores were found for negatively worded items reflecting self-criticism, isolation, and

over-identification with distress, such as feeling alone in failure (Item 8: M = 1.58, SD = 0.61) and obsessive focus on negative thoughts (Item 9: M = 1.71, SD = 0.64). Overall, these findings indicate a dominant tendency toward adaptive self-relating patterns among participants.

Table 10

Means, Standard Deviations, and Percentages for Self-Compassion Subscales (N = 125)

Subscale	Items	M	SD	%	Level
Self-Kindness	2, 6	4.09	0.62	81.8	High
Self-Judgment (Reversed)	11, 12	4.15	0.66	83.0	High
Common Humanity	5, 10	4.19	0.59	83.8	High
Isolation (Reversed)	4, 8	4.15	0.71	83.0	High
Mindfulness	3, 7	4.21	0.64	84.2	High
Over-Identification (Reversed)	1, 9	4.32	0.58	86.4	High
Overall Self-Compassion	All items	4.19	0.54	83.8	High

The results in Table 10 indicate consistently high levels across all six dimensions of self-compassion. The highest mean score was observed for Over-Identification (Reversed) (M = 4.32, SD = 0.58), suggesting a strong ability among participants to avoid excessive emotional over-engagement with negative experiences.

This is followed by Mindfulness (M = 4.21, SD = 0.64), reflecting a balanced and aware approach to distressing thoughts and emotions. Common Humanity also demonstrated a high level (M = 4.19, SD = 0.59), indicating that participants tend to normalize suffering as a shared human experience.

The Reversed scores for Self-Judgment and Isolation were found to be identical (M = 4.15), whereas Self-Kindness scored slightly less (M = 4.09). In general, these results indicate an impressive display of self-compassion by the respondents in the study population.

3.6 Results Related to the Third Question

What is the level of psychological resilience among mental health professionals working in ongoing-trauma contexts?

Descriptive statistics, such as means (M), standard deviation (SD), and percentages (%), were used to determine the extent of psychological resilience in the sample. The participants' levels of psychological resilience were estimated using the CD-RISC-10, where responses ranged between 0 (Not true at all) and 4 (True nearly all the time). Higher scores indicate higher resilience levels.

Categorizing mean scores for interpretive purposes into the different levels of resilience as defined by the scale range (0–4) included:

- Low (0.00–1.33)
- Moderate (1.34–2.66)
- High (2.67–4.00).

These classifications allowed for easier interpretation based on standard descriptive statistics.

Percentages were estimated by calculating the proportion of the mean score out of the maximum value of the response category.

As shown in Table (D.1), the mean level of psychological resilience in mental health professionals in Palestine was quite high, with a score of 2.89 (SD = 0.68), which corresponds to 72.1% in percentage terms. Thus, these mental health professionals showed a high capacity for adaptation and recovery from adversity.

In the items category, the highest mean rating was recorded in Item 9, “I am not easily discouraged by failure” (M = 3.05, SD = 0.82). This high rating is an indication of high resilience among the respondents. Also, the study found out that high ratings were reported for rebounding from setbacks (Item 3: M = 2.94, SD = 0.86) and feeling that one is a strong individual (Item 7: M = 2.94, SD = 0.84).

Furthermore, the study revealed that mental health professionals are very skilled at regulating negative emotions (Item 10: M = 2.92) and staying focused when stressed

(Item 6: M = 2.86). The lowest mean rating recorded by the study, which is still high, was on working towards success even if there are barriers (Item 4: M = 2.73, SD = 0.81).

3.7 Results Related to the Fourth Question

Is there a relationship between the wounded healer experience and psychological resilience among mental health professionals working in ongoing-trauma contexts?

To determine the level of relationship between the wounded healer experience and psychological resilience among mental health professionals working in ongoing-trauma contexts, Pearson correlation test was used, and the results were as shown in table (D.2) in appendix (D).

The results presented in Table (D.2) in appendix (D) indicate a statistically significant positive relationship between the wounded healer experience and psychological resilience among mental health professionals. The Pearson correlation coefficient reached (0.633), which reflects a moderate to strong positive correlation. The significance level (0.000) indicates that this relationship is statistically significant at the conventional level (0.05), suggesting that the probability of obtaining this result by chance is extremely low.

The positive direction of the correlation (0.633) suggests that higher levels of the wounded healer experience characterized by exposure to adverse childhood experiences are associated with higher levels of psychological resilience among the participants. This finding implies that professionals who have navigated personal psychological adversity may develop enhanced adaptive capacities and more robust coping mechanisms.

The findings indicate that difficult past experiences, when incorporated within one's professional identity, do not inherently impact negatively on the effectiveness of their professional role; instead, such experiences may serve as a resource in strengthening one emotionally. In other words, the "wounded healer" phenomenon plays an important role in building up the resilience of mental health professionals working in highly challenging ongoing-traumatic environments in Palestine region.

3.8 Results Related to the Fifth Question

Does self-compassion mediate the relationship between the wounded healer experience and psychological resilience among mental health professionals working in ongoing-trauma contexts?

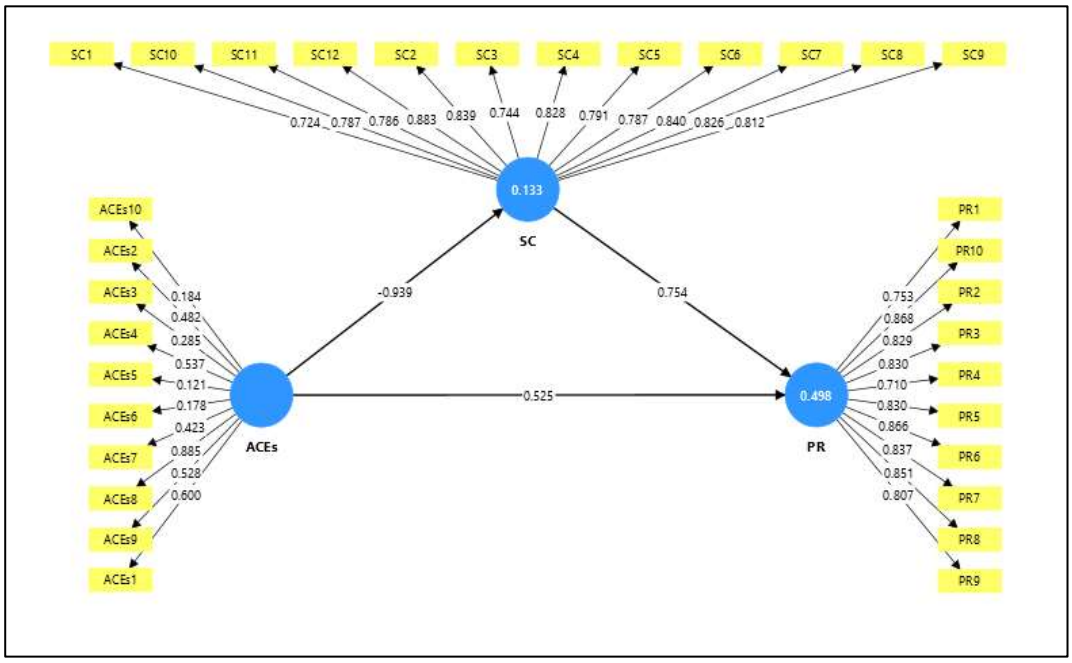
To test the proposed mediation model, the researcher evaluated the structural model using SmartPLS (Version 4). Path coefficients (β) were estimated using the PLS algorithm, while their statistical significance was assessed through a bootstrapping procedure with 5,000 subsamples. The structural model included the relationships between the wounded healer experience, self-compassion, and psychological resilience.

The estimated path coefficients indicated a positive relationship between the wounded healer experience and psychological resilience ($\beta = 0.510$), a negative relationship between the wounded healer experience and self-compassion ($\beta = -0.949$), and a positive relationship between self-compassion and psychological resilience ($\beta = 0.755$). However, the bootstrapping results showed that the paths from the wounded healer experience to psychological resilience ($p = 0.206$) and to self-compassion ($p = 0.248$) were not statistically significant. In contrast, the relationship between self-compassion and psychological resilience was positive and statistically significant ($p < .001$).

Furthermore, the indirect effect of the wounded healer experience on psychological resilience through self-compassion was not statistically significant. Therefore, self-compassion did not mediate the relationship between the wounded healer experience and psychological resilience among mental health professionals working in ongoing-trauma contexts.

Figure 1

Path Coefficients for the study model



The results presented in Figure (1) illustrate the path coefficients of the proposed structural model and the relationships among the wounded healer experience (ACEs), self-compassion (SC), and psychological resilience (PR) among mental health professionals in Palestine .

Interpretation of Path Coefficients (β):

The estimated path coefficient from the wounded healer experience to psychological resilience was positive (β = 0.510), indicating a positive directional relationship in the structural model. The path coefficient from self-compassion to psychological resilience was also positive (β = 0.755), suggesting that higher levels of self-compassion are associated with higher levels of psychological resilience. In contrast, the path coefficient from the wounded healer experience to self-compassion was negative (β = −0.949), indicating an inverse directional relationship between the two variables.

Explanatory Power of the Model (R^2):

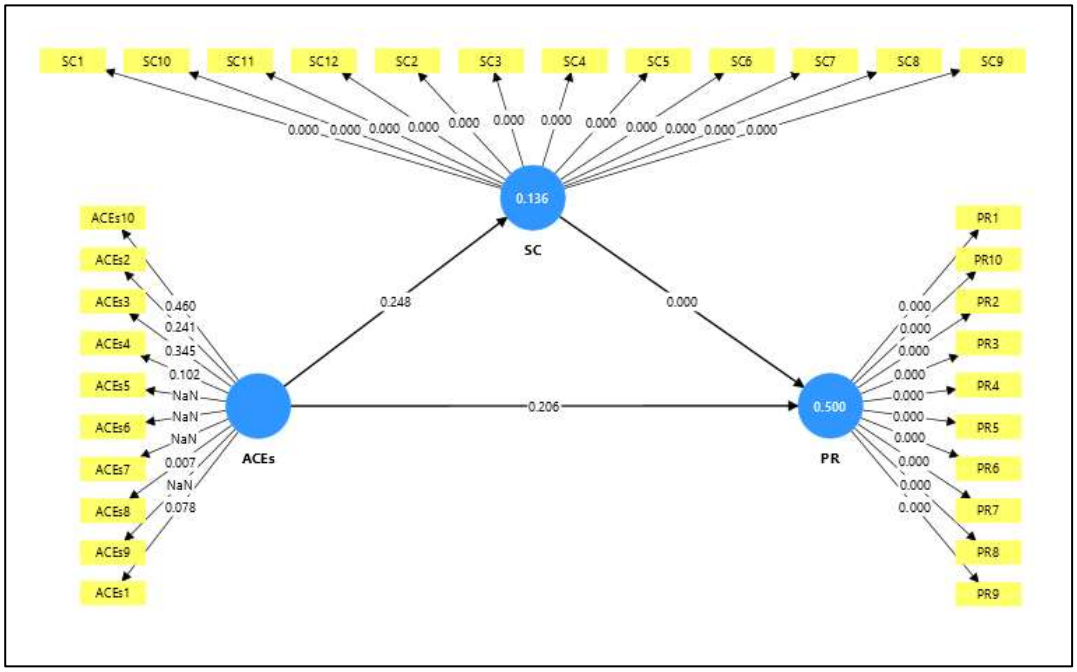
The coefficient of determination (R^2) for self-compassion was 0.133, indicating that the wounded healer experience accounted for approximately 13.3% of the variance in self-compassion. The R^2 value for psychological resilience was 0.498, indicating that the

wounded healer experience and self-compassion together explained approximately 49.8% of the variance in psychological resilience.

It should be noted that Figure (1) presents the estimated path coefficients obtained from the PLS algorithm. The statistical significance of these relationships was subsequently evaluated using the bootstrapping procedure, as presented in Figure (2) and Table (D.3).

Figure 2

PLS bootstrapping (p-value, R2) for the study model



The results illustrated in Figure (2) present the structural model after applying the bootstrapping procedure with 5,000 subsamples to examine the statistical significance of the relationships among the wounded healer experience (ACEs), self-compassion (SC), and psychological resilience (PR).

The bootstrapping results indicated that the path from the wounded healer experience to self-compassion was not statistically significant ($p = 0.248$). Likewise, the direct path from the wounded healer experience to psychological resilience was not statistically significant ($p = 0.206$). In contrast, the relationship between self-compassion and psychological resilience was positive and statistically significant ($\beta = 0.755$, $p < .001$).

The mediation analysis summarized in Table (D.3) showed that the direct effect of the wounded healer experience on psychological resilience was not statistically significant

(β = 0.510, p = 0.206). Similarly, the relationship between the wounded healer experience and self-compassion was not statistically significant (β = −0.949, p = 0.248). Since these paths were not statistically significant, the indirect effect of the wounded healer experience on psychological resilience through self-compassion was also non-significant. Therefore, self-compassion did not mediate the relationship between the wounded healer experience and psychological resilience among mental health professionals working in ongoing-trauma contexts.

3.9 Results Related to the Sixth Question

Are there significant differences in the psychological resilience, self-compassion, and wounded healer experience according to demographic variables (age, place of residence, gender, marital status, educational level, years of professional experience in mental health, current workplace, and type of work) among mental health professionals working in ongoing-trauma contexts?

To answer this question, the researcher calculated the means (M) and standard deviations (SD) for psychological resilience, self-compassion, and wounded healer experience across the various demographic categories. Wilks' Lambda test and Multivariate Analysis of Variance (MANOVA) were then used to examine whether statistically significant differences existed according to the demographic variables.

The results presented in Table (D.4) in Appendix (D) show the outcomes of Wilks' Lambda test examining differences in psychological resilience according to the participants' demographic characteristics. Although slight variations were observed in the mean levels of psychological resilience across the demographic groups, the multivariate analysis revealed that none of these differences reached statistical significance at the significance level of (α = .05).

The probability values for all demographic variables exceeded the acceptable level of significance. Specifically, age (p = .715), place of residence (p = .161), gender (p = .895), marital status (p = .974), educational level (p = .885), years of professional experience in mental health (p = .991), current workplace location (p = .347), and type of work (p = .165) all showed non-significant results. These findings indicate that psychological resilience among mental health professionals working in ongoing-trauma

contexts remains relatively consistent regardless of their demographic characteristics. This stability may reflect the shared professional preparation, exposure to similar occupational challenges, and common psychological demands experienced by practitioners working in trauma-related settings.

The results displayed in Table (D.5) in Appendix (D) present the Wilks' Lambda test examining differences in self-compassion according to the demographic characteristics of the participants. The analysis revealed that self-compassion differs significantly across some demographic variables, while no statistically significant differences were found for others.

Statistically significant differences were found according to age ($F = 1.811$, $p = .014$), place of residence ($F = 1.757$, $p = .019$), and years of professional experience in mental health ($F = 1.876$, $p = .010$), as all probability values were below the significance level of (.05). These findings suggest that self-compassion may be influenced by personal maturity, living conditions, and accumulated professional experience, which can shape practitioners' ability to respond to themselves with understanding, emotional balance, and self-kindness when facing occupational stress.

In contrast, no statistically significant differences were found according to gender ($p = .939$), marital status ($p = .147$), educational level ($p = .091$), current workplace location ($p = .313$), or type of work ($p = .212$), indicating that these variables do not appear to influence self-compassion among mental health professionals working in ongoing-trauma settings.

The findings presented in Table (D.6) in Appendix (D) summarize the results of Wilks' Lambda test examining differences in wounded healer experience according to participants' demographic characteristics. The analysis indicates that statistically significant differences were found for only two demographic variables, whereas the remaining variables showed no significant differences.

Specifically, wounded healer experience differed significantly according to marital status ($F = 2.782$, $p = .007$) and current workplace location ($F = 2.056$, $p = .046$), as both significance values were below the criterion level of (.05). These findings suggest that personal life circumstances and workplace context may contribute to variations in

how mental health professionals experience and integrate their own emotional wounds while providing psychological support to trauma survivors.

On the other hand, no statistically significant differences were observed according to age ($p = .299$), place of residence ($p = .506$), gender ($p = .113$), educational level ($p = .288$), years of professional experience in mental health ($p = .220$), or type of work ($p = .673$). These results indicate that the wounded healer experience is generally comparable across these demographic groups, suggesting that this phenomenon may be more closely associated with individual therapeutic experiences and workplace environments than with demographic characteristics alone.

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Chapter Four

Discussion of Results and Recommendations

The findings of the study are presented in the current chapter where the analysis and interpretation of the findings are done with regard to the research questions. The findings are reviewed from the point of view of the researcher and in relation to findings of the earlier studies as well as theories applicable to the current study. Future research directions and recommendations are also given in the chapter.

4.1 Discussion of the Results Related to the First Research Question

What is the prevalence of Adverse Childhood Experiences (ACEs) among mental health professionals working in ongoing-trauma contexts?

The findings indicate that Adverse Childhood Experiences (ACEs) are prevalent among mental health professionals working in ongoing-trauma contexts in Palestine . This suggests that many practitioners entered the profession with a history of childhood adversity, lending support to the wounded healer perspective, which proposes that individuals' personal experiences of psychological pain may influence their motivation to pursue helping professions. The widespread presence of ACEs among the participants also highlights the importance of recognizing practitioners' personal histories when considering their professional well-being, self-compassion, and psychological resilience. These findings underscore the need for trauma-informed supervision, ongoing psychological support, and professional development programs that address the potential long-term effects of childhood adversity on mental health professionals.

In terms of understanding why the prevalence rate is so high, these results could be considered in connection with the circumstances under which the individuals in the region might come across various stressful situations and adversity during the early years of their life. As far as the occupational level is concerned, past studies have found that individuals with adversities in the past were likely to opt for helping professions, although the present study does not focus on this aspect of research.

However, the results can also be analyzed from the psychoanalytic point of view, especially concerning the notion of countertransference. Countertransference is defined

as the emotional response of the therapist towards the patient, possibly affected by his or her unconscious processes and personal experiences. Whereas the classical psychoanalysis theory perceived countertransference as a hindrance to objectivity, the modern psychodynamics theory acknowledges countertransference as an important clinical issue that could help the therapist understand the patient better. (Jacobs, 2019).

In a similar vein, these results may also be interpreted with regard to Alfred Adler's theory of individual psychology, which emphasizes the role of personal adversity in the lives of individuals. Adler's theory of individual psychology posits that psychological wounds may be what triggers the healing potential of an individual to help others who may be going through similar adverse experiences. Personal suffering, as Adler's theory of individual psychology posits, may be what instills a sense of empathy and social interest in an individual, which is an important quality for a helping profession (Streeter, 2017). Thus, the fact that there was a large number of mental health professionals who had adverse childhood experiences may be an illustration of Adler's theory of individual psychology, which posits that personal adversity may be what instills a sense of motivation for a helping profession.

The results may also be linked to Carl Jung's wounded healer archetype theory. This theory argues that the capacity to heal others lies in the individual's experience of their own wounds. The wounded healer is an archetype where an individual has wounds that cannot be healed but become part of their personality. This allows them to understand others' suffering. The therapists may have developed empathy towards others based on their understanding of their suffering. This allows them to have a deeper understanding of others' emotional experiences (Benziman, Kannai, & Ahmad, 2012). The high rate of adverse childhood experiences among mental health workers may be linked to how suffering leads to the development of therapeutic awareness and sensitivity to others' suffering.

The findings of the current study, which revealed a high prevalence of Adverse Childhood Experiences (ACEs) among mental health professionals working in ongoing-trauma contexts, are consistent with the findings of Gilbert and Stickley (2012), Straussner et al. (2018), Taylor (2025), Cuseglio (2026), and Yang and Li (2025), all of which indicated the common occurrence of lived experiences of psychological distress

or prior mental health difficulties among mental health professionals or trainees, supporting the wounded healer paradigm.

4.2 Discussion of the Results Related to the Second Question

What is the level of self-compassion among mental health professionals working in ongoing-trauma contexts?

The findings indicate that mental health professionals in Palestine demonstrated a high level of self-compassion. Overall, the results suggest that participants generally responded to personal difficulties with self-kindness, mindfulness, and a balanced perspective rather than with self-criticism, isolation, or over-identification. This finding reflects a healthy pattern of emotional self-regulation and suggests that self-compassion may serve as an important personal resource for maintaining psychological well-being while working in ongoing-trauma settings.

This finding can be understood within the framework of Kristin Neff's theory of self-compassion, which conceptualizes self-compassion as a multidimensional construct comprising three core components: self-kindness, common humanity, and mindfulness. According to this framework, individuals with higher levels of self-compassion tend to respond to personal difficulties with understanding rather than self-criticism, recognize that imperfection and suffering are part of the shared human experience, and maintain a balanced awareness of painful thoughts and emotions without suppressing or over-identifying with them. (Neff K. D., 2023). The findings of the current study could be explained in the context of this theory, as individuals in the current study scored high on most aspects of the components of self-compassion, which indicates that they are balanced in their psychological state despite the challenges they are encountering in their profession.

On the item level, higher mean scores were observed for positively worded statements, particularly taking a balanced view when something painful occurs (M = 4.26) and recognizing that feelings of inadequacy are shared by most people (M = 4.21). This pattern may be interpreted in relation to the mindfulness component of Neff's model, which emphasizes maintaining a balanced awareness of emotional experiences without becoming overly identified with them (Neff K. D., 2023). Mental health professionals are often encouraged to develop reflective and mindfulness skills as part of their

training, which could help them cope with emotional situations in an objective way, thus staying emotionally stable in difficult situations.

On the other hand, the negatively worded items on the use of unhealthy coping mechanisms such as being isolated in failure and being overly preoccupied with personal inadequacies had very low ratings. This implies that this negative form of self-reactive behavior is not common among the respondents. This may also be explained from the point of view of the theory on self-compassion that holds that high levels of self-compassion are usually related to low levels of self-criticism, emotional isolation, and rumination. People who are more compassionate to themselves are more likely to understand their personal failures as part of the human condition rather than a personal inadequacy (Neff K. D., 2023).

This is supported by the subscale analysis, where all six dimensions recorded high levels of self-compassion. The highest mean was observed for the Over-Identification (Reversed) dimension (M = 4.32), suggesting a strong ability among mental health professionals to avoid excessive identification with negative emotional experiences. This is particularly relevant in the context of clinical practice, where professionals are frequently exposed to emotionally demanding situations. Lower levels of over-identification have been identified in the literature as a factor associated with reduced emotional distress and better emotional regulation.

Similarly, the Mindfulness dimension recorded a high level. This finding may be understood in relation to Hoffman's theory of empathy, which emphasizes the integration of cognitive and emotional processes in understanding others' emotional states. The theory further suggests that empathic abilities develop progressively alongside cognitive and emotional maturation (Hoffman, 2000). However, repeated exposure to others' emotional states could increase empathic abilities, which could also translate to self-empathy for the mental health professional.

This relatively higher level of Common Humanity could also be understood through theories based on the discipline of psychoanalytic theory, specifically in relation to the theory of identification, as propounded by Freud. It is based on the theory that the capacity of a person for understanding and empathizing with others is based on the capacity of the person to identify himself in relation to the experiences of others,

through unconscious processes (Zeinivand, Moradi, Norouzi, Khalili, & Ramazani, 2017). In relation to mental health work, individuals who are constantly exposed to the suffering of humans may come to have a greater understanding of the essence of humanity, which is filled with imperfections and suffering, and this could translate to a greater acceptance of their own imperfections.

Furthermore, these results can also be understood in the context of Theodor Lipps's theory of empathy, which holds that empathy is an inner simulation and perception of others' emotional experiences. In this context, empathy can be understood as a process that enhances self-awareness as well as awareness of others simultaneously (Jack, 2022). As mental health practitioners are always in a process of empathic experiences with others, this can enhance self-awareness, which can lead to the development of compassionate thoughts towards themselves.

On an overall note, the high level of self-compassion exhibited by mental health practitioners in this study may be related to their experiences, emotional regulation skills, and cognitive awareness developed by being part of continuous processes with others. This study has shown that self-compassion is an important psychological construct that may assist mental health practitioners to manage stress related to their professions while maintaining their mental health in contexts where trauma is prevalent. Thus, self-compassion may be seen as an important construct in training mental health practitioners who work with trauma-exposed populations.

The findings of the current study, which revealed a high level of self-compassion among mental health professionals working in ongoing-trauma contexts, are consistent with the findings of Crego et al. (2022), Conversano et al. (2020), Raab et al. (2015), and Lyon and Galbraith (2023), all of which indicated high levels of self-compassion among mental health professionals and highlighted its positive role in promoting psychological well-being and professional functioning.

4.3 Discussion of the Results Related to the Third Question

What is the level of psychological resilience among mental health professionals working in ongoing-trauma contexts?

The findings indicate that mental health professionals in Palestine exhibit a high level of psychological resilience. This suggests that they possess a strong capacity to adapt to occupational stress, cope effectively with adversity, and maintain their psychological functioning despite working in ongoing-trauma environments. The findings further imply that psychological resilience represents an important protective resource that enables mental health professionals to sustain their well-being and continue providing effective support to individuals affected by trauma.

The above results can be explained in terms of the Psychological Resilience (Hardiness) Theory of Kobasa, which posits that human beings possess certain personality characteristics that enable them to cope with psychological stresses. This theory also posits that human beings who possess a sense of meaning and purpose in their lives are capable of using their personal and social resources to cope with stressful situations. The fact that all the means of all the items of the scale are high, especially those concerning coping with changing circumstances and overcoming adversity, suggests that mental health workers possess certain personality characteristics that enable them to cope with psychological stresses.

The results also fit with the Transactional Model of Stress developed by Lazarus. This model is based on the notion that an individual’s response to stress is not only influenced by the nature of the stressing event but also by how he or she perceives and appraises the event (Lazarus, 1966). The high results on those items measuring staying focused in pressure situations and coping with unpleasant emotions suggest that an individual is able to cognitively process stressing events and cope with these events in an effective manner. This capacity to reinterpret stressing events is an important factor in helping to build psychological resilience in professionals in stressing situations.

In addition, the high mean scores in items such as "I am not easily discouraged by failure" can be understood in the context of Funk's Psychological Resilience Theory, which is an extension of Kobasa's theory and emphasizes the significance of resilience in minimizing the negative effects of stress on an individual's well-being. In this theory,

Funk pointed out that psychological resilience is significant in fostering positive cognitive processes and ensuring the presence of good coping mechanisms, which in turn result in positive mental health in stressful situations (Funk, 1992).

In addition, this theory emphasized the significance of commitment and control in psychological well-being, where commitment is significant in minimizing negative emotions and negative threats by ensuring the presence of positive coping mechanisms, and control relates to an individual's ability to control emotions, learn from past experiences, and choose the best coping mechanisms in stressful situations (Maddi, 2002). The high mean scores in items related to persistence, achievement of goals, and coping with life challenges in the study participants suggest the presence of these constructs in the participants.

This can be understood in the context of Existential Psychology, particularly in the context of Viktor Frankl's views, which emphasized that the search for meaning in life plays an important role in helping individuals cope with adverse situations and psychological problems (Frankl, 1954). The mental health workers may view their job as a meaningful and significant contribution to society, which could help them cope with stressors in the workplace. According to Frankl's views, individuals who are capable of finding meaning in suffering are more likely to be able to convert suffering into an opportunity for growth and development (Frankl, 1954). This can be used to explain the high levels of resilience observed in the participants, as they may have found meaning in their profession that enhances their levels of psychological endurance.

The findings of the current study, which revealed a high level of psychological resilience among mental health professionals working in ongoing-trauma contexts, are consistent with the findings of Kunzler et al. (2020), Albott et al. (2020), and Alonazi et al. (2023), all of which indicated high levels of psychological resilience among healthcare and mental health professionals and emphasized its positive role in promoting psychological well-being and professional functioning.

4.4 Discussion of the Results Related to the Fourth Question

Is there a relationship between the wounded healer experience and psychological resilience among mental health professionals working in ongoing-trauma contexts?

The results of the study indicated that there is a statistically significant positive relationship between the experience of the wounded healer and psychological resilience among mental health practitioners in ongoing-trauma situations. The value of the Pearson correlation coefficient for the study was found to be (0.633) at a significance level of (0.000). This indicated that there is a moderate to strong positive correlation between the experience of the wounded healer and psychological resilience among mental health practitioners. This is because the experience of psychological adversity can help the mental health practitioners build up their psychological resilience in order to cope with the situation in the ongoing-trauma context.

Such findings could be understood within the theoretical framework of Carl Jung, a Swiss psychologist who developed the theory of the wounded healer. In this theory, it was postulated that people who have dealt with their own suffering may have a better understanding of suffering, which could positively impact their ability to assist others (Benziman, Kannai, & Ahmad, 2012). In this regard, it could be proposed that personal suffering could positively impact the capacity of mental health professionals to deal with their own stressors. In this context, it could be proposed that personal suffering of mental health professionals could not be seen as a negative impact on their professional role, but rather as a psychological strength.

Likewise, this may also be seen in relation to the theory of Individual Psychology, which is advocated for by Alfred Adler. This theory argues that individual hardships and psychological hurts may actually end up propelling the individual to develop his or her capabilities and work towards meaningful goals, even for the purpose of helping others (Streeter, 2017). In this case, the wounded healer may actually end up helping to develop the psychological resilience in the individual, particularly through developing a sense of purpose in his or her life and enhancing his or her motivation to help others.

The results are also in consonance with the views of Rollo May, who underscored the fact that coping with one's own sufferings could help a person attain a deeper level of psychological understanding and awareness of the intricacy of human emotional

experiences (Kiser, 2007). May posits that therapists who have coped with their own sufferings could help themselves become more empathetic and understanding of the sufferings of others, which could help them attain a better working relationship with their clients. These could also help them attain emotional endurance in coping with the pressure of their work with traumatized clients.

In addition to this, these findings may be seen in relation to Kobasa's theory of psychological resilience. This theory argues that people who possess psychological characteristics such as commitment, control, and challenges as opportunities to grow are able to cope with stress and adverse situations (Maddi & Kobasa, The hardy executive: Health under stress, 1984). Personal experiences of adversity may actually be beneficial in helping to build these psychological characteristics by helping individuals to build their coping abilities and become better able to cope with stressful situations. The wounded healer may actually be helping to build resilience in mental health workers by helping them to draw on their experiences in coping with emotional situations they may face.

Additionally, the findings support the existential approach proposed by Viktor Frankl, who emphasized finding meaning in suffering (Frankl, 1954). The existential approach implies that individuals who have the capacity to find meaning in their suffering have a better chance to adapt to the challenges that life presents. Mental health workers who have had to endure their own adversity may find meaning in helping clients cope with their suffering; this may provide them with a sense of purpose and increased hardiness.

The findings of the current study revealed a statistically significant positive relationship between the wounded healer experience and psychological resilience among mental health professionals working in ongoing-trauma contexts. To the best of the researcher's knowledge, no previous studies have directly examined this relationship. Therefore, the current study appears to be among the first to investigate the association between the wounded healer experience and psychological resilience, thereby contributing new empirical evidence to the existing literature.

4.5 Discussion of the Results Related to the Fifth Question

Does self-compassion mediate the relationship between the wounded healer experience and psychological resilience among mental health professionals in ongoing-trauma contexts?

The findings of this study revealed that self-compassion does not mediate the relationship between the wounded healer experience (ACEs) and psychological resilience among mental health professionals working in ongoing-trauma contexts. Although self-compassion demonstrated a strong and statistically significant positive relationship with psychological resilience, neither the direct relationship between the wounded healer experience and psychological resilience nor the relationship between the wounded healer experience and self-compassion reached statistical significance. Consequently, the conditions required to establish a mediation effect were not met. These findings suggest that self-compassion functions as a direct predictor of psychological resilience but does not explain the relationship between the wounded healer experience and psychological resilience in the present study.

The absence of a significant relationship between the experience of the wounded healer and resilience can be understood in the context of the theoretical perspectives on the experience of the wounded healer. Although theorists like Jung and Adler emphasized the importance of the experiences of the wounded healer in enhancing the ability of an individual to empathize with others and help them, this does not happen in a straightforward manner, as it should be integrated on the psychological level (Benziman, Kannai, & Ahmad, 2012). This implies that early experiences are not necessarily linked with increased levels of resilience. The absence of a significant relationship in the current study might be because not all professionals might have integrated their experiences in a healthy manner.

This is also in line with Freud's concept of countertransference, which focuses on the idea that unresolved issues of a therapist can affect their professional life if not brought into their awareness (Jacobs, 2019). This, therefore, means that having psychological wounds does not necessarily imply that it will be a source of strength, but it will be a source of stress.

The results have clearly shown that self-compassion has a significant and strong positive effect on psychological resilience. This, therefore, means that professionals who have more self-compassion are better placed to cope with psychological stresses and are able to cope well with the demands of working with people who have been traumatized. This is in line with Kristin Neff's concept of self-compassion, which suggests that self-compassion is important in providing a balanced view or attitude, which is essential when dealing with psychological issues (Neff K. D., 2023). It is also helpful in providing acceptance and understanding, which enables people to cope well with psychological issues.

This is also in line with Kobasa's psychological resilience theory, which posits that psychological resources, which include coping abilities and personality, have a lot to offer in the mitigation and adaptation to stress (Maddi & Kobasa, The hardy executive: Health under stress, 1984). In this case, self-compassion is an essential psychological resource for mental health practitioners to help them cope with stress.

Moreover, according to the existential perspective, which is supported by Viktor Frankl, resilience can be boosted by the ability to look for meaning in one's life experiences even during stress (Frankl, 1954). In this case, self-compassion can be very helpful by providing individuals with the ability to look at their suffering and try to incorporate it into a broader picture of the human condition as an opportunity.

These findings may indicate that the development of self-compassion is influenced by factors other than childhood adversity, such as professional training, clinical experience, social support, and mindfulness. This may explain why self-compassion did not mediate the relationship between the wounded healer experience and psychological resilience in the present study.

The findings of the current study revealed that self-compassion did not mediate the relationship between the wounded healer experience and psychological resilience among mental health professionals working in ongoing-trauma contexts. To the best of the researcher's knowledge, no previous studies have directly examined this mediation model. Therefore, the current study appears to be among the first to investigate the mediating role of self-compassion in the relationship between the wounded healer

experience and psychological resilience, thereby contributing new empirical evidence to the existing literature.

4.6 Discussion of the Results Related to the Sixth Question

Are there significant differences in the psychological resilience, self-compassion, and wounded healer experience according to demographic variables (age, place of residence, gender, marital status, educational level, years of professional experience in mental health, current workplace, and type of work) among mental health professionals working in ongoing-trauma contexts?

The findings revealed different patterns across the three study constructs. Psychological resilience did not differ significantly according to any of the demographic variables examined, suggesting that resilience is relatively stable among mental health professionals working in ongoing-trauma contexts regardless of their personal or professional characteristics. This finding may be interpreted in light of Psychological Hardiness Theory, which emphasizes that resilience is primarily shaped by internal psychological resources, coping strategies, and the ability to manage stress rather than by demographic characteristics (Maddi & Kobasa, 1984). Similarly, Frankl (1954) argued that the capacity to cope with adversity and find meaning in suffering is rooted in individual psychological processes rather than demographic attributes, which may explain the consistency of resilience across the participants.

In contrast, self-compassion showed statistically significant differences according to age, place of residence, and years of professional experience in mental health, whereas no significant differences were found according to gender, marital status, educational level, current workplace, or type of work. These findings suggest that self-compassion may develop through personal maturity, accumulated professional experience, and contextual life circumstances rather than being uniformly distributed across all demographic groups. Older practitioners and those with greater professional experience may have had more opportunities to develop emotional regulation, self-awareness, and adaptive coping strategies, all of which are central components of self-compassion. This interpretation is consistent with Neff's conceptualization of self-compassion as a psychological capacity that can be strengthened through life experiences, mindfulness,

and reflective practice rather than being determined solely by demographic characteristics (Neff, 2023).

Regarding the wounded healer experience, statistically significant differences were found according to marital status and current workplace, while no significant differences were observed for age, place of residence, gender, educational level, years of professional experience, or type of work. These findings suggest that the wounded healer experience may be influenced more by individuals' personal life circumstances and the therapeutic environments in which they work than by demographic characteristics alone. Working in different organizational settings may expose practitioners to varying levels of trauma-related demands, supervision, and professional support, which could shape how they process and integrate their own emotional wounds. Likewise, marital status may provide differences in social and emotional support that influence practitioners' ability to cope with their personal histories while engaging in therapeutic work. This interpretation is consistent with the wounded healer perspective, which proposes that personal healing and professional growth are shaped by the interaction between individual experiences and the contexts in which helping professionals practice (Benziman et al., 2012).

The findings of the current study revealed varying patterns of demographic differences across psychological resilience, self-compassion, and the wounded healer experience among mental health professionals working in ongoing-trauma contexts. To the best of the researcher's knowledge, no previous studies have comprehensively examined these three constructs simultaneously in relation to the selected demographic variables within ongoing-trauma contexts. Therefore, the current study appears to be among the first to investigate these demographic differences within an integrated model, thereby contributing new empirical evidence to the existing literature.

4.7 Recommendations

Based on the study's results and findings, the researcher recommends the following:

1. Design professional support programs addressing mental health practitioners' personal past experiences, incorporating psychological release exercises and self-empowerment strategies to enhance care delivery without negative personal impact.
2. Conduct regular workshops to strengthen self-awareness and emotional regulation, including mindfulness and emotional balance techniques, to maintain self-compassion and reduce psychological immersion in stress.
3. Implement practical training programs to enhance psychological resilience, including coping with stress, managing failure, and transforming challenges into opportunities for professional and personal growth.
4. Establish peer support groups and professional networks to share experiences and challenges, fostering a sense of belonging and reducing feelings of isolation in ongoing-trauma contexts.
5. Provide training sessions on self-kindness and cognitive reframing to reduce over-identification with personal shortcomings and enhance healthy emotional responses to stress and failure.
6. Apply practical strategies to prevent burnout, such as scheduled breaks, relaxation exercises, and awareness practices, ensuring practitioners can effectively manage occupational stressors.
7. Develop programs to strengthen adaptive flexibility, including coping with sudden changes, transforming pressures into growth opportunities, and reinforcing confidence in personal professional capabilities.
8. Implement continuous monitoring mechanisms for resilience, self-compassion, and exposure to past trauma, coupled with early interventions to sustain practitioners' mental health and professional effectiveness.

4.8 Future Research Directions

Based on the study's results and recommendations, the researcher proposes the following future studies:

- The Impact of Professional Support Programs on Self-Compassion and Psychological Resilience Among "Wounded Healer" Mental Health Practitioners.
- The Role of Emotional Intelligence and Coping Skills in Reducing Negative Outcomes of the Wounded Healer Phenomenon.
- Correlation Between Self-Compassion, Psychological Resilience, and Crisis Intervention Effectiveness in High-Stress Environments.

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Appendices

Appendix A

The Wounded Healer Experience

#	Item (English)	Response
1	Did a parent or adult in your home ever swear at you, insult you, or put you down?	Yes / No
2	Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?	Yes / No
3	Have you ever experienced any form of sexual abuse (contact, attempted, or completed act)?	Yes / No
4	Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?	Yes / No
5	Did you live with anyone who abused alcohol or drugs?	Yes / No
6	Did you live with anyone who was depressed, mentally ill, or attempted suicide?	Yes / No
7	Did you lose a parent through divorce, abandonment, death, or other reason?	Yes / No
8	Did you feel that no one in your family loved you or thought you were special?	Yes / No
9	Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?	Yes / No
10	Did you live with anyone who went to jail or prison?	Yes / No

Appendix B

Self-Compassion

#	English Item	Subscale	Reverse Scored	Response (Likert)
1	When I fail at something important to me I become consumed by feelings of inadequacy.	Over-Identification	Yes	1–5
2	I try to be understanding and patient towards those aspects of my personality I don't like.	Self-Kindness	No	1–5
3	When something painful happens I try to take a balanced view of the situation.	Mindfulness	No	1–5
4	When I'm feeling down, I tend to feel like most other people are probably happier than I am.	Isolation	Yes	1–5
5	I try to see my failings as part of the human condition.	Common Humanity	No	1–5
6	When I'm going through a very hard time, I give myself the caring and tenderness I need.	Self-Kindness	No	1–5
7	When something upsets me I try to keep my emotions in balance.	Mindfulness	No	1–5
8	When I fail at something that's important to me, I tend to feel alone in my failure.	Isolation	Yes	1–5
9	When I'm feeling down I tend to obsess and fixate on everything that's wrong.	Over-Identification	Yes	1–5
10	When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.	Common Humanity	No	1–5
11	I'm disapproving and judgmental about my own flaws and inadequacies.	Self-Judgment	Yes	1–5
12	I'm intolerant and impatient towards those aspects of my personality I don't like.	Self-Judgment	Yes	1–5

Appendix C

Psychological Resilience

(CD-RISC-10)
I am able to adapt when changes occur.
I can deal with whatever comes my way.
I tend to bounce back after illness or hardship.
I believe I can achieve my goals, even if there are obstacles.
I try to see the humorous side of things when I am faced with problems.
Under pressure, I stay focused and think clearly.
I think of myself as a strong person when dealing with life's challenges.
Having to cope with stress can make me stronger.
I am not easily discouraged by failure.
I am able to handle unpleasant or painful feelings.

Appendix D

Tables

Table D.1

Means, Standard Deviations, and Percentages for Psychological Resilience Items (N = 125)

No.	Item	M	SD	%
1	I am able to adapt when changes occur.	2.89	0.86	72.2
2	I can deal with whatever comes my way.	2.78	0.78	69.6
3	I tend to bounce back after illness or hardship.	2.94	0.86	73.6
4	I believe I can achieve my goals, even if there are obstacles.	2.73	0.81	68.2
5	I try to see the humorous side of things when I am faced with problems.	2.85	0.89	71.2
6	Under pressure, I stay focused and think clearly.	2.86	0.85	71.4
7	I think of myself as a strong person when dealing with life's challenges.	2.94	0.84	73.4
8	Having to cope with stress can make me stronger.	2.90	0.79	72.6
9	I am not easily discouraged by failure.	3.05	0.82	76.2
10	I am able to handle unpleasant or painful feelings.	2.92	0.82	73.0
	Total score	**2.89**	0.68	72.1

Table D.2

Pearson Correlation Between Wounded Healer Experience and Psychological Resilience

Variable		Psychological resilience
Wounded healer experience	Pearson Correlation	0.633**
	Sig. (2-tailed)	0.00

Table D.3

Mediation Analysis Results

Path	β (Coefficient)	t-value	p-value	Result
ACEs → PR	0.510	1.266	0.206	Not Supported
ACEs → SC	-0.949	1.155	0.248	Not Supported
SC → SQPR	0.755	9.515	<0.001	Supported
ACEs → SC → PR	Indirect	not significant	not significant	Not Supported

Table D.4

Results of Wilks' Lambda Test for Psychological Resilience Differences Based on Demographic Variables (N = 125)

Variables	Wilks' Lambda	F- value	Sig.
Age	12.341	.818	.715
Place of Residence	12.295	1.328	.161
Gender	3.114	.650	.895
Marital Status	7.975	.511	.974
Educational Level	7.770	.662	.885
Years of Experience	14.375	.439	.991
Current Workplace Location	183.277	1.109	.347
Type of Work	49.136	1.321	.165

Table D.5

Results of Wilks' Lambda Test for self-compassion Differences Based on Demographic Variables (N = 125)

Variables	Wilks' Lambda	F- value	Sig.
Age	27.434	1.811	.014
Place of Residence	18.368	1.757	.019
Gender	3.881	.619	.939
Marital Status	21.699	1.328	.147
Educational Level	17.813	1.437	.091
Years of Experience	55.815	1.876	.010
Current Workplace Location	235.060	1.135	.313
Type of Work	58.710	1.240	.212

Table D.6

Results of Wilks' Lambda Test for Wounded Healer Experience Differences Based on Demographic Variables (N = 125)

Variables	Wilks' Lambda	F- value	Sig.
Age	5.331	1.210	.299
Place of Residence	2.803	.915	.506
Gender	2.184	1.668	.113
Marital Status	10.746	2.782	.007
Educational Level	4.063	1.229	.288
Years of Experience	11.853	1.364	.220
Current Workplace Location	100.090	2.056	.046
Type of Work	8.969	.721	.673

جامعة النجاح الوطنية
كليَّة الدّراسات العليا

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روان نعيم محمد الخطيب

إشراف
د. شادي أبو الكباش

كلية قدمت هذه الرسالة استكمالاً لمتطلبات الحصول على درجة الماجستير في علم النفس الإكلينيكي،
الدراسات العليا في جامعة النجاح الوطنية، نابلس – فلسطين.
2026

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روان نعيم محمد الخطيب

إشراف

د. شادي أبو الكباش

الملخص

هدفت هذه الدراسة إلى التعرف على العلاقة بين تجربة المعالج الجريح والصلابة النفسية لدى الأخصائيين النفسيين في سياقات الصدمة المستمرة، مع دراسة دور التعاطف مع الذات كمتغير وسيط في هذه العلاقة. اعتمدت الدراسة على المنهج الكمي الوصفي الارتباطي، حيث تم استخدام مقياس الخبرات السلبية في الطفولة (ACEs) لقياس تجربة المعالج الجريح، ومقياس التعاطف مع الذات(SCS) ، ومقياس كونور–ديفيدسون للصلابة النفسية (CD-RISC-10) كأدوات للدراسة، وتكوّن مجتمع الدراسة من الأخصائيين النفسيين في فلسطين، وبلغت عينة الدراسة الأساسية (125) مشاركاً تم اختيارهم بطريقة قصدية.

وأظهرت نتائج الدراسة أن مستوى انتشار تجربة المعالج الجريح كان مرتفعاً جداً بين أفراد العينة، حيث سجلت الغالبية مستويات عالية من الخبرات السلبية في الطفولة. كما بينت النتائج أن مستوى التعاطف مع الذات ومستوى الصلابة النفسية لدى الأخصائيين النفسيين كانا مرتفعين. وأظهرت النتائج وجود علاقة موجبة بين تجربة المعالج الجريح والصلابة النفسية، إلا أن هذه العلاقة لم تصل إلى مستوى الدلالة الإحصائية. في المقابل، بينت النتائج وجود علاقة مباشرة موجبة ذات دلالة إحصائية بين التعاطف مع الذات والصلابة النفسية، كما أظهرت النتائج أن التعاطف مع الذات لم يلعب دوراً وسيطاً في العلاقة بين تجربة المعالج الجريح والصلابة النفسية.

وفي ضوء هذه النتائج، أوصت الدراسة بتصميم برامج دعم مهني تستهدف خبرات الأخصائيين النفسية الشخصية، بالإضافة إلى عقد ورش عمل لتعزيز الوعي الذاتي وتنظيم الانفعالات وتنمية التعاطف مع الذات، بما يسهم في تعزيز الصلابة النفسية في بيئات العمل في سياقات ما بعد الصدمة.

الكلمات المفتاحية: المعالج الجريح، التعاطف مع الذات، الصلابة النفسية، الأخصائيون النفسيون، سياقات الصدمة المستمرة.