

THE LIVED EXPERIENCE OF VICARIOUS RESILIENCY AND GROWTH IN  
PSYCHOLOGISTS WHO WORK WITH TRAUMA SURVIVORS

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## ABSTRACT

The purpose of the study was to gain insight into how psychologists experience resiliency, satisfaction, and personal growth despite the challenges (e.g., vicarious trauma, compassion fatigue) of working with trauma survivors. While it cannot be ignored that many psychologists experience negative effects related to working with traumatized clients, it is important to acknowledge the potential to experience resiliency and growth from their work with trauma survivors. Interpretive phenomenological analysis (IPA) was used to explore the lived experiences of vicarious resiliency and growth in psychologists who work with trauma survivors. Data was collected through an in-depth individual semi-structured interview with six psychologists. The data generated was transcribed and analyzed using an interpretive phenomenological analysis (Smith & Osborn, 2003). Results revealed four major themes: *privileging a shared journey, developing purpose and personal growth, deriving positive meaning, and serving humanity* with an overarching theme of *maintaining resiliency*. The current study provided a valuable contribution to the limited literature on psychologists' ability to foster positive outcomes for themselves through focusing on resiliency, satisfaction, and growth, despite the inherent risks of trauma work. Applications to practice and suggestions for future research are discussed.

*Keywords:* vicarious resiliency, compassion satisfaction, vicarious posttraumatic growth, vicarious trauma, compassion fatigue

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## CHAPTER ONE: INTRODUCTION

Psychotherapy is an interactive process that affects clinicians and clients. Consequently, it is impossible for a helping professional to hear about traumatic experiences and remain unchanged (Salston & Figley, 2003). A helping professional's desire to help, along with their empathic engagement with traumatized clients, creates the conditions for emotional and psychological distress. For some mental health professionals the essence of what makes their profession interesting and exciting is the very thing that causes distress and trauma (Depass, 2005).

The negative harmful effects of working with trauma victims can be described as 'the cost of caring' for others in emotional pain (Figley, 1995). McCann and Pearlman (1990a) first identified the problem of vicarious traumatization, which they defined it as the cumulative transformative effect upon therapists resulting from empathic engagement with traumatized clients. Saakvitne and Pearlman (1996) consider vicarious trauma a natural human consequence of knowing, caring, and facing the reality of trauma. A therapist with sustained empathy, although integral to the therapeutic alliance (Clarkson, 2003; Gilbert & Leahy, 2007), has the potential to *give out* from fatigue (Radley & Figley, 2007). Figley (1995) introduced the concept of compassion fatigue to refer to the profound emotional and physical erosion that happens as a result of empathic engagement with traumatized clients.

Although the harmful effects of working with trauma survivors cannot be ignored, it is equally important to understand what protects and sustains clinicians in their work with traumatized populations. What has recently begun to emerge in the literature is a trend toward examining traumatic exposure from a positive perspective (Hyatt-Burkhart, 2011). From this perspective, benefit finding and resiliency is considered normative to trauma work, as oppose to pathology and disturbance.



The potential positive effects of trauma work reported in the literature are compassion satisfaction, vicarious resiliency, and vicarious posttraumatic growth (see Definition of Terms section). The positive effects of trauma work focuses on the psychological benefit, satisfaction, and personal growth that occurs as a result of working with trauma survivors (Hyatt-Burkhart, 2011). The current study explores the experience of meaning making, vicarious resiliency, and growth that allows psychologists to continue providing services to trauma survivors despite the challenges inherent in this work.

### **Purpose of the Study**

Literature regarding vicarious trauma and secondary traumatic stress is growing, but few studies have been undertaken that specifically explore vicarious resiliency and personal growth in psychologists who work with traumatized clients. Therefore, the current study adds to the scant literature on the lived experience of vicarious resiliency, vicarious posttraumatic growth, and compassion satisfaction in psychologists who work with trauma survivors.

### **The Researcher**

My current research topic was inspired by the combination of my own personal interests and previous work experience as a research assistant. As an aspiring psychologist I have always been interested in the professional challenges of working in the mental health profession. I have often wondered how human service providers, particularly psychologists, are able to continue their careers when faced with their clients' traumatic and debilitating stories. I have questioned what the result of being exposed to a client's horrific stories may have on the personal wellbeing of psychologists. My previous work experience as a research assistant allowed me to meet numerous helping professionals during interviews that targeted experiences of burnout and vicarious trauma. It was through the interview process that I became fascinated with the personal

stories and challenges experienced by the participants; I left many interviews feeling inspired by the positivity and perseverance that these professionals exhibited. These individuals were able to focus on the positive human traits and grow personally and professionally despite the challenges inherent in their work. I am pursuing this research in an attempt to help myself and future colleagues better understand how psychologists navigate the challenges of working with trauma victims in ways that maintain, and even advance, their well-being and career longevity.

### **Significance and Implications**

While it cannot be ignored that many psychologists experience negative effects when working with traumatized clients, it is important to acknowledge the psychologists who experience psychological benefit and personal growth from their work with trauma survivors. The assumption of exclusively negative consequences for those who provide treatment to trauma survivors has created training and educational approaches that are deficit based (Hyatt-Burkhart, 2011). The ability to foster positive outcomes through focusing on vicarious growth plays an important role in the ability to buffer against distress, increase clinician well-being, role retention, and improve therapeutic outcomes (Barrington & Shakespeare-Finch, 2013). Research in this area has implications for increasing psychologists' personal and professional well-being as well as for training and education programs.

Previous literature on self-care primarily focuses on generic self-care approaches such as seeking personal therapy (Bearse, McMinn, Seegobin, & Free, 2013), engaging in leisure activities, exercise, rest, supervision (Bober & Regehr, 2006), and monitoring boundaries (Iliffe & Steed, 2000). Bober and Regehr (2006) assessed whether 259 therapists believed and engaged in commonly recommended forms of prevention for secondary and vicarious trauma and whether engaging in these activities resulted in lower levels of distress. The participants generally

believed in the efficacy of coping strategies such as leisure activities, self-care activities, and supervision, however these beliefs did not translate into the time spent engaging in the activities. Interestingly, there was no association between time devoted to leisure, self-care, research and development, or supervision and traumatic stress scores. Therefore, this study found no evidence to suggest that engaging in commonly used coping strategies recommended for reducing distress among trauma therapists has an impact on immediate traumatic symptoms. The current study broadens the scope of preventative strategies by examining internal cognitive factors that psychologists' experience.

This study is not only concerned about the welfare of psychologists but also the risk that personal impairment may pose to client care. The Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2001) encourages psychologists to “seek appropriate help and/or discontinue scientific or professional activity for an appropriate period of time, if a physical or psychological condition reduces their ability to benefit and not harm others” and “engage in self-care activities that help to avoid conditions (e.g., burnout, addictions) that could result in impaired judgment and interfere with their ability to benefit and not harm others” (p. 63).

Guy and colleagues (1989) conducted a nationwide anonymous survey of 749 psychologists practicing psychotherapy to assess the impact of therapists' personal distress on the quality of patient care provided. Results found that the majority of the participants reported experiencing personal distress (as experienced when vicariously traumatized) during the previous 3 years; of those, 36.7% indicated that it decreased the quality of patient care, and 4.6% admitted that it resulted in inadequate treatment. Results suggest that personal distress of the clinician, due to vicarious trauma, may impact treatment with their clients. It is an enormous loss to the

profession when psychologists abandon their practice due to the apparent burden of caring, however, it is a tremendous disservice to both clients and practitioners when psychologists continue working, despite suffering from the damaging effects of vicarious trauma and compassion fatigue (Harrison & Westwood, 2009). Therefore, it is imperative to address these ethical concerns and ensure that appropriate and effective care is provided for not only traumatized clients but also those who work with them.

Psychologists provide help to people in need, but do they seek professional help themselves when faced with personal challenges? This was a question posed by Bearse and colleagues (2013) as they sought to understand the barriers that psychologists face when pursuing mental health care for themselves. Bearse and colleagues gathered 260 surveys from randomly selected clinical psychologists of the American Psychological Association (APA). The survey, which was constructed specifically for the purpose of this study, contained four sections. Section 1 and 2 presented a list of possible stressors and barriers, respectively, in which the respondents used a 5-point Likert-type scale to rate the degree of salience of each item. Section 3 asked questions about personal psychotherapy. Section 4 consisted of demographic questions such as: years in practice, gender, ethnicity, etc. Data was analyzed using a repeated-measures analysis of variance followed by profile analysis using paired sample t-tests. Results revealed that burnout was the most frequent stressor affecting psychologists followed by countertransference, vicarious trauma/compassion fatigue, depression, and personal trauma. The results suggested that difficulty in selecting an acceptable therapist, lack of time and financial resources, and difficulty admitting distress were the leading barriers that prevented psychologists from seeking personal therapy. The current study advocates for solutions to practical matters related to helping psychologists to and promoting their well-being. Taken together, the

significance of the current research is that it underscores the psychologists' ethical responsibility to address and reduce negative work related outcomes to improve their own welfare and that of their clients.

### **Definition of Terms**

For the purpose of clarity the following terms have been defined as they are used in the current study:

**Burnout.** Originally defined by Freudenberger (1974) as “to fail, wear out or become exhausted by making excessive demands on energy, strength, or resources” (p.159). According to Rupert and Morgan (2005) burnout is a syndrome of cynicism and emotional exhaustion involving three features: 1) depletion of emotional resources, 2) depersonalization, negative attitudes and feelings about clients, and 3) decreased sense of personal accomplishment.

**Compassion fatigue.** Compassion fatigue is a more general term and often referred to as the ‘cost of caring’ (Figley, 1995). Compassion fatigue was introduced by Figley (1995) as the natural consequence and stress response that can emerge suddenly as a result of the helper’s exposure to their client’s traumatic experience and the helper’s empathy for them.

**Countertransference.** Traditionally, referred to as the activation of the therapist's unresolved or unconscious conflicts and concerns. As clients describe the details of their trauma, the therapist experiences an intrusion of their own unresolved traumatic experiences by suffering from parallel states of fear, grief, and helplessness (McCann & Pearlman, 1990).

**Secondary traumatic stress** (Stamm, 1996) or secondary traumatization (Rosenheck & Nathan, 1985). Secondary traumatic stress is often used interchangeably with vicarious trauma. It is the natural consequent behaviour and emotions that result from the knowledge of a traumatizing event experienced by another and the stress resulting from helping or wanting to

help a traumatized or suffering persons. The symptoms are almost identical to those of post-traumatic stress disorder (PTSD) and may include emotional responses such as denial or over identification. The focus is not specifically on the disruption in cognitive schemas (as in the case of VT) but the observable symptoms directly linked to PTSD. For the purpose of the current study, the term vicarious trauma will be used throughout.

**Self-care.** Refers to self-initiated behaviours that people choose to incorporate into their daily lives in order to promote health and general wellbeing (Bickley, 1998).

**Traumatic experience.** As defined in *The Trauma-informed Toolkit* (2008), a traumatic event may be a single experience or repeated experiences that completely overwhelms the individual's ability to cope. It is defined as out of the ordinary in terms of the events overpowering nature, causing more than just stress but shock, terror, and devastation to the victim. A traumatic event results in profound feelings of fear, shame, helplessness, and powerlessness and can shape the way a person views themselves, others and the world. It is important to note that is it not the event that determines whether it is traumatic but rather the individual's experience of the event.

**Vicarious traumatization (VT).** A term coined by McCann and Pearlman (1990), it is the cumulative transformative effect on the helper due to the exposure of a victim's traumatic life event, resulting in the helpers themselves becoming traumatized. The term is unique to trauma work such that the service providers may experience some of the same symptoms as those impacted by primary trauma. Vicarious trauma also refers to the alteration in the helper's cognitive world and specific disruptions of their cognitive schemas in the helper's view of themselves, others, and the world.

## **Summary and Thesis Organization**

Despite the risks inherent in their work, psychologists are often able to continue working with victims of trauma. The experience of vicarious trauma and compassion fatigue is a reminder of the potential for psychological harm arising from trauma work. However, another body of literature is beginning to address the capacity for psychologists to overcome the impact of vicarious trauma and grow from their experiences. The current study adds to the scant literature that focuses on the positive perspectives of working with trauma survivors such as vicarious resiliency and growth.

The thesis is organized into five chapters. Chapter one provides an introduction to the primary purpose and significance of the current study. Chapter two educates the reader on the current literature and theoretical perspectives on the negative and positive impacts of trauma work on the clinician. Chapter three reviews the methodological approach of the current study, specifically interpretive phenomenological analysis, followed by data generation and analysis. Chapter four conveys the resulting themes and critically uses quotes from the participants that express their personal experiences of resiliency and growth. Lastly, chapter five presents the results and situates the findings within the current body of literature. The final chapter concludes with implications for personal and professional practice and suggestions for future research.

## **CHAPTER TWO: LITERATURE REVIEW**

This chapter contains a summary of the literature concerning the harmful effects on psychologist who treat trauma survivors and their ability to develop resiliency as a result of their work. This literature review was conducted using a variety of search engines that included Google Scholar, PsycINFO, PsycINFO – ProQuest, and written resources. Interestingly, there was ample literature on the negative work related issues and resiliency factors in emergency personnel; however, literature became limited when the search was narrowed specifically to psychologists. In the following section, research will be presented regarding the positive perspectives of trauma work, such as the development of resiliency and growth, despite the challenges of vicarious trauma and compassion fatigue. First, emerging concepts in the literature including vicarious trauma and compassion fatigue will be discussed with regards to the harmful effects psychologists experience when working with trauma survivors. The explanation of vicarious trauma includes a theoretical explanation of how vicarious traumatization manifests. Secondly, the phenomena and development of resiliency despite exposure to traumatic material will be discussed, specifically, the concepts of vicarious resiliency, posttraumatic growth, and compassion satisfaction. This review will conclude with an explanation of why research regarding the positive aspects in psychologists who work with victims of trauma is valuable and necessary.

### **Negative Outcomes in Working with Trauma Survivors**

There are a wide range of professionals who are affected by vicarious trauma and compassion fatigue. Commonly they are known as ‘helping professionals’ – such as police, medical personnel, social workers, nurses, and psychologists among others. It is believed that those who are exposed to victims of trauma or witness traumatic stress in others over prolonged



periods of time may experience vicarious trauma and compassion fatigue that resembles symptoms of post-traumatic stress disorder. This study shifts the focus from the client to the helping professional by focusing on the unique experiences of psychologists and the issues they encounter as a result of their profession. While there is abundant literature on professional burnout (Ackerley, Burnell, Holder, & Kurdek, 1988) and countertransference (Freudenberger, 1995; Salston, & Figley, 2003), growing attention is being paid to the particular effects that treating a trauma victim has on the psychologist's wellbeing. The shift in focus from professional burnout and job related stress to secondary traumatic stress or vicarious trauma is due to the recognition of the specific challenges involved in working with traumatized individuals (Canfield, 2005). In an effort to conceptualize this, I have identified emerging terms in the literature including vicarious trauma (i.e., secondary traumatic stress) and compassion fatigue. Such concepts explain how psychologists may develop negative outcomes as a result of their work and are expanded upon below.

### **Vicarious Traumatization**

McCann and Pearlman (1990a) coined the term vicarious traumatization and argued that it is an unavoidable consequence of being involved in the healing process of a trauma victim. In the process of providing therapy to survivors, the caregiver is exposed to traumatic material that over time begins to affect the psychologists' worldview, emotional and psychological needs, and cognitions. McCann and Pearlman (1990a) found that therapists/counsellors had a tendency to develop similar symptoms as their traumatized clients such as nightmares, fearful thoughts, and intrusive images. They concluded that mental health professionals, although qualified to provide trauma therapy, were not immune to the effects of hearing about people's traumatic experiences. Vicarious trauma is recognized as normal, predictable, and inevitable; however, if left untreated

or unidentified it can have serious effects on the helping professional and the client receiving services.

For some mental health professionals the essence of what makes their profession interesting and exciting is the very thing that causes distress and trauma. For example, Depass (2005) gathered qualitative data from 40 correctional mental health workers regarding their work with perpetrators and victims of traumatic experiences. Results revealed that individuals enjoyed clinical experiences and the excitement of working in a correctional environment, however they experienced feelings of bystander guilt. Participants experienced guilt from the observation (seeing and hearing) of others' traumatic stories, evoking emotional distress and hopelessness, feelings that are consistent with the characteristics of vicarious trauma. Although these individuals were negatively impacted by the challenges of their work, it is often those challenges that draw them to become a helping professional.

Iliffe and Steed (2000) explored the impact of working with domestic violence clients on 18 counsellors with high caseloads using semi-structured interviews. Results of their study revealed that the participants experienced classic symptoms of vicarious trauma and reported changes in cognitive schemas, particularly with regards to safety and worldviews. The participants in this study used a variety of strategies to counteract the adverse effects of their work including monitoring client caseloads, debriefing, providing peer support, practicing self-care, and becoming involved in political policies. In this study participants also felt privileged to share their clients' struggles and enjoyed seeing growth and change; they also expressed their commitment to their work and their belief that they were contributing a valuable community service.

School psychologists are also exposed to the negative effects of trauma intervention work. Four hundred school psychologists working in northern California were randomly selected to complete a survey that assessed: (a) their general levels of crisis intervention training; (b) the extent of their crisis intervention work; (c) their attitudes toward crisis intervention; (d) the effects of their crisis work on their own well being; and (e) their use of self-care strategies (Bolnik & Brock, 2005). Included in the survey were 37 specific burnout, vicarious traumatization, compassion fatigue, and stress-related reactions that were listed under one of the following five domains: physical, emotional, behavioural, cognitive, and work performance. Participants were asked to indicate how many of these 37 specific reactions they typically experience following crisis intervention work. The questionnaire also addressed self-care and asked participants to respond to a 5-point Likert-type scale on the importance they place on self-care and whether they employed these strategies during their crisis intervention work. Results revealed that 61% of participants reported having training in crisis intervention, and 86% reported having been involved in at least one school crisis intervention. With regards to attitudes, the majority of respondents reported feeling comfortable with crisis intervention work, and almost all respondents reported that the school crisis intervener role is at least somewhat challenging, rewarding, and interesting. In addition, results revealed that over 90% of participants reported negative reactions following crisis work, the most frequently reported reaction was physical reactions, specifically fatigue/exhaustion. The authors concluded by recognizing that the high percentage of school psychologists who experienced negative reactions to crisis work warrants not only training programs to develop crisis intervention skills, but also to prepare school psychologists for the reactions associated with such work.

Pearlman and Mac Ian (1995) identified indicators or predictors that increase the likelihood of developing vicarious trauma in helping professionals who work with trauma victims. They suggested that helping professionals with a previous trauma history showed more cognitive disruptions after working with clients' traumatic material. Likewise, Baird and Kracen (2006) synthesized numerous articles and found pervasive evidence to suggest that having a personal history of trauma is linked to the development of vicarious trauma. Saakvitne and Pearlman (1996) explain that this is because a personal history of trauma may be reawakened by the client's story and make a therapist sensitive to transference.

Psychologists who work with survivors of trauma for extended periods of time are exposed to seeing how painful and long the recovery process can be. This raised the question of whether extended trauma work contributes to the development of vicarious trauma? To answer this Baird and Kracen (2006) suggested that the amount of exposure, including hours with trauma clients, caseload, and cumulative exposure to the traumatic material of clients increased the likelihood of secondary traumatic stress. Similarly, Brady and colleagues (1999) found that therapists with higher levels of exposure to treating sexual abuse survivors reported significantly higher levels of traumatization, specifically in the area of spiritual well being, a key area thought to be impacted as a result of vicarious trauma.

The quality of one's work setting plays a large role in increasing the psychological risk of developing vicarious trauma. For example, a study by Geary (2008) identified that heavy caseloads, bereavement issues, apathy, lack of seasoned personnel, and violence at work all contributed to the development of personal distress. Likewise, Pearlman and Mac Ian (1995) examined the effects of trauma work on 136 female and 52 male self-identified trauma therapists by having participants complete questionnaires. Results suggested that inexperienced therapists

had higher levels of vicarious trauma, which were exacerbated when the individual had no supervision. An inexperienced helping professional with insufficient training or inadequate theoretical understanding of the issues may be determinants of experiencing vicarious trauma.

Some of the protective factors against vicarious trauma are outlined by Bloom (2003). Bloom suggests good social support, strong ethical principles of practice, knowledge of theory, on-going training, the development of competence in practice strategies and techniques, the awareness of the potential for vicarious traumatization, and the need to take deliberate actions to minimize the impact of vicarious trauma all serve as protective factors. In addition, Baird and Kracen (2006) supported the importance of having adequate supervision as they found evidence to suggest supervision protects psychologists from developing vicarious trauma.

#### **The development of vicarious trauma: constructivist self-development theory.**

McCann and Pearlman (1990b) provide a comprehensive theoretical framework, known as constructivist self-development theory (CSDT), for understanding how vicarious trauma develops and manifests. Based on the work of McCann and Pearlman (1990a, 1990b), CSDT focuses on three psychological dimensions – the self, the traumatic memories, and the psychological needs and related cognitive schemas of the individual who has experienced trauma. The complex interplay between these three dimensions contributes to the person's unique adaptation to trauma. In essence, people construct their own personal realities through the development of cognitive structures or schemas that are used to interpret events and make sense of their world.

The first dimension, *the self*, is a hypothetical construct used to describe the unique psychological experience of the traumatic event for the individual (McCann & Pearlman, 1990b). The concept of self comprises many capacities and resources that allow the individual to regulate

one *self* in regards to self-esteem, values of worth, and relationships with others. Capacities and resources of *the self* may be permanently or temporarily disrupted when presented with severe trauma. According to McCann and Pearlman (1990b), the individual's ability to work through traumatic exposure is dependent upon the strength and stability of *the self*.

The *traumatic memory* is the second psychological dimension. Together traumatic memories and life experiences are encoded into verbal (language-related aspects of memory are encoded) and imagery representational systems of memory, with visual systems being the most dominant symbolic system for most individuals due to the prominent ties to emotionality. It is the integration of verbal and imagery memory fragments and their associated affects that create whole memories and influence the person's cognitive schemas and self-structure.

The third dimension of CSDT is *psychological needs and cognitive schemas*, which serve to motivate human behaviour through development in early experiences. The cognitive expression of these needs is considered the schema or the individual's construction of reality (McCann & Pearlman, 1990b). As individuals interact with their meaningful environment these cognitive schemas develop, evolve, and become increasingly complex. Cognitive schemas are the individual's framework for understanding themselves and the world. Mental schemas include beliefs, assumptions, and expectations about self and world often pertaining to causality, trustworthiness, identity, and self-world relations. McCann and Pearlman proposed that schemas are impacted by traumatic events and influence the unique way the individual interprets and responds to traumatic events. Taken together, CDST supports that an individual's experience and response to trauma is determined by *the self*, the *traumatic memory*, and the *psychological needs and cognitive schemas*.

A traumatic experience may reinforce or disrupt the existing psychological needs and cognitive schemas of an individual. McCann and Pearlman (1990b) proposed seven fundamental cognitive schemas:

**1. Dependency/Trust.** Dependency refers to the need to have others prevent frustration, satisfy others needs, and to be treated with understanding and kindness (McCann & Pearlman, 1990b). Positive dependency/trust schemas may include expectancy that one can rely on others and their word or promise (McCann & Pearlman, 1990b). Helping professionals are exposed to their client's stories of cruelty, deceit, and betrayal that violate an individual's ability to trust. Consequently, this can disrupt a helping professional's schema of trust, causing them to be distrustful and suspicious of people's motives.

**2. Safety.** Safety is the need to feel safe and/or to have security. Positive safety schemas include the belief that one can protect oneself from physical and emotional harm, injury, or loss, and believe that other people and the world are fundamentally safe (McCann & Pearlman, 1990b). A helping professional's schema of safety is challenged when exposed to a client's story involving a loss of safety through threats and harm to innocent people. Disruption is increasingly probable if the helper has strong needs for security. When the fundamental schema of safety is violated it often results in heightened sense of vulnerability and an enhanced awareness of the fragility of life (McCann & Pearlman, 1990a). Disturbed schemas of safety are often accompanied by fear, anxiety, and phobias that may lead to avoidant behaviour (McCann & Pearlman, 1990b).

**3. Power.** Power is the need to direct or exert control over others and involve the belief that one can affect or control future outcomes in interpersonal relations (McCann & Pearlman, 1990b). Disclosure of a victim's loss of power, extreme helplessness, and vulnerability may

evoke concerns about a helping professional's own sense of power and efficacy in their world. When the schema of power is intruded it may leave the helper feeling helpless, depressed and abandoned about the volatile nature of humans and their capacity to commit violent acts.

**4. Independence.** Independency is the need to control one's own behaviour or rewards. Positive schemas include the perception that one can control their own thoughts, feelings, and behaviours (McCann & Pearlman, 1990b). When a victim has been raped or abused their freedom and personal autonomy has been damaged. Helping professionals who place a large emphasis on their own independency may identify with the client and find their loss of personal control and violation of freedom painful. Behaviourally, such persons may be rigid and over controlled, making it difficult to process emotional experiences.

**5. Esteem.** Esteem refers to the need to perceive others as compassionate and worthy of respect and is tied closely to the basic human need for recognition and validation. A service provider's schema of esteem is disrupted when they are exposed to their client's experience of being violated or harmed through uncaring, cruel, or malicious intentions by other human beings. As a result the helping professional's respect for other people and the human race in general is diminished. They may find themselves to be more cynical or pessimistic in their view of human nature and question the future of the human race. Disturbed schemas may be linked to feelings of self-loathing, worthlessness, despair and futility as well as behavioural manifestations of antisocial life patterns and general withdrawal. In the workplace, they may demonstrate a diminished belief in the value of other people and may be associated with cynicism, anger, or contempt.

**6. Intimacy.** Intimacy is the general need for connection or attachment to other human beings and includes positive schemas in the areas of intimacy, the belief that one will enjoy



being alone, that one can be a friend to oneself, that one can connect with others in a meaningful personal way (McCann & Pearlman, 1990b). Trauma victims often experience a profound sense of alienation from other people. Consequently, people who work with victims may experience the same sense of alienation that results from horrific imagery and cruel realities of their client's experiences. The confidentiality requirement prohibits helping professional from sharing disturbing traumatic material they are exposed to. Consequently, this disconnects helping professionals from others and strengthens the impression of alienation. Disturbed schemas in the area of intimacy include pervasive feelings of emptiness, loneliness, alienation, or estrangement and may lead to dependency on external sources (e.g., drugs, sex, or alcohol) (McCann & Pearlman, 1990b).

**7. Frame of reference.** Frame of reference is the ability to develop an understanding and frame of reference of why events occur or making sense of one's own personal experiences. If a helping professional's schemas are continually challenged by their client's traumatic experiences, their frame of reference is challenged and can experience an overall sense of disorientation. Like their clients, helping professionals can respond to the horrific stories with a pervasive and unsettling sense of unease, especially if there is no opportunity to process the material. A disturbed frame of reference can produce confusion and disorientation and may appear inconsistent with previous behaviours (McCann & Pearlman, 1990b).

It is when helping professionals experience disruptions in these fundamental schemas, by being exposed to their client's trauma, that vicarious trauma can occur. The distorted beliefs or cognitive schemas reflect a helping professional's attempt to protect oneself from the harm that the trauma clients threaten. The specific area in which disruption occurs will differ for different individuals depending on which area is more or less salient for them in their life. Changes to

cognitive schemas may be subtle or shocking, depending upon the disparity of the client's traumatic memories and the helping professional's existing schemas. Thus, the effects of vicarious traumatization are unique to each helping professional. According to Saakvitne and Pearlman (1996) understanding which aspects of self are vulnerable to disruption helps one identify and then better adapt to one's particular experience of vicarious trauma.

**Signs and symptoms of vicarious trauma.** Helping professionals who work with trauma survivors may find they feel less grounded and struggle to maintain a sense of inner balance (Saakvitne & Pearlman, 1996). If they are experiencing vicarious trauma their feelings become overwhelming and they may become intolerant or frustrated, unbearably anxious or chronically unable to experience pleasure. This may cause service providers to shut down emotionally often with feelings of numbness and depersonalization. Helping professionals who are negatively impacted by their work due to vicarious trauma may distance themselves from loved ones or may be challenged in their ability to maintain healthy relationships. General changes due to vicarious traumatization include: no time or energy for oneself, disconnection from loved ones, social withdrawal, increased sensitivity to violence, cynicism, nightmares, and generalized despair and hopelessness. More specific changes that occur include: disrupted frame of reference, changes in identity, world view, and spirituality, diminished self capacities, disrupted psychological needs, altered cognitive schemas, and alterations in sensory experiences (e.g., intrusive imagery, dissociation, depersonalization).

### **Compassion Fatigue**

The effectiveness of therapy relies heavily on the quality of a therapeutic alliance between the client and clinician, and is arguably the best predictor of treatment outcome (Clarkson, 2003; Gilbert & Leahy, 2007). Within the therapeutic alliance, the use of empathy is

one of the most vital elements in counselling (Clarkson, 2003; Gilbert & Leahy, 2007). The degree to which the psychologist utilizes and expresses empathy and compassion is directly related to feelings of trust and liking that the client conveys towards the therapist.

Compassion is “feeling and acting with deep empathy and sorrow for those suffering” (Stamm, 2002, p. 107) and is a necessary ingredient of being a psychologist; however, sustained compassion has the ability to *give out* from fatigue (Radley & Figley, 2007). Figley (1995) introduced compassion stress, which is defined as the stress connected with exposure to a sufferer, where as compassion fatigue is a direct result of exposure to a client suffering and complicated by a lack of support in the workplace and at home. Although an old problem, compassion fatigue is a relatively new concept in the field of traumatology and is most often referred to as the ‘cost of caring’ for others in emotional pain (Figley, 1995).

There are five major factors that appear to contribute to the depletion of compassion and altruism indirectly causing compassion fatigue: poor self-care, previous unresolved trauma, inability or refusal to control work stressors, a lack of satisfaction for work (Figley, 1995), and higher caseloads of trauma victims (Craig & Sprang, 2010). Woodward, Meyers, and Cornille (2002) support that previous unresolved trauma could be a predictor of experiencing distress when working with trauma victims. They conducted a study that assessed the prevalence of secondary traumatic stress symptoms among South Georgia child protective service workers using a survey research design. Results indicated that secondary traumatic stress symptoms were common among child protective services workers. The child protective service workers who disclosed suffering from a history of trauma reported being more symptomatic than those who did not suffer from a personal history of trauma. In addition, these workers reported being more

depressed, anxious, withdrawn, isolated, and distressed than workers that did not have a past experience of trauma.

Wee and Myers (2002) examined disaster mental-health workers involved in long-term mental health recovery activities by providing crisis-counselling services to victims of the Oklahoma City bombing disaster. Each participant received an extensive questionnaire including a Compassion Fatigue Self-Test for Helpers. Scores revealed that the entire sample was at risk of developing both compassion fatigue and burnout and the risk increased with the number of months of providing mental health services to bombing survivors.

A study, using questionnaires, assessed the psychosocial and emotional consequences of trauma work on experienced case managers in mental health services in Australia (Meldrum, King, & Spooner, 2002). Results found that a significant proportion of participants were not only experiencing symptoms of secondary traumatic stress, but approximately 18% of the 300 surveyed respondents reported experiencing compassion fatigue. In addition, those that were experiencing compassion fatigue were doing so at levels equivalent to those experienced by people who meet the criteria for diagnosis of posttraumatic stress disorder. Thus, the picture that emerged from the literature on compassion fatigue is that those who work with suffering suffer themselves and often experience mirrored symptoms of those of their clients.

**Signs and symptoms of compassion fatigue.** Figley (2002) outlined some of the signs and symptoms associated with compassion fatigue. Cognitively, an individual suffering from compassion fatigue may have trouble concentrating, decreased self-esteem, apathy, and disorientation. Emotional signs and symptoms include anxiety, guilt, anger/rage, survivor guilt, fear, helplessness, depression, and the tendency to be overly sensitive. Some behavioural symptoms are irritability, impatience, sleep disturbances, nightmares, hyper vigilance, appetite

changes, and withdrawn behaviours. Spiritually, an individual may begin to question the meaning and purpose of life, their spirituality, and faith in a higher power. Often times an individual experiencing compassion fatigue will have relational issues such as withdrawal, decreased interest in intimacy, mistrust, isolation from others, overprotective parenting, projection of anger or blame, and increased interpersonal problems. Somatic symptoms include sweating, rapid heartbeat, aches and pains, breathing difficulties, dizziness, and an impaired immune system. Compassion fatigue not only impacts the individual but also the organization due to the impact it may have on their work performance. Work performance signs of compassion fatigue include low morale, low motivation, avoiding tasks, negativity, lack of appreciation, detachment, poor work commitments, staff conflicts, absenteeism, exhaustion, and withdrawal from colleagues.

### **A Positive Perspective on Trauma Work**

The following section discusses an emerging concept in the literature: the belief that trauma work can have a positive impact on the helping professional. An introduction to positive psychology is provided in the subsequent section followed by a detailed description of positive psychological terms related to trauma work such as compassion satisfaction, vicarious resiliency, and vicarious posttraumatic growth. Three pertinent research articles are then critically reviewed as they guide the premise of the current study. Lastly, the current research is briefly defined as it relates to the relevant literature.

Psychology is not just the study of disease, weakness, and damage; it is also the study of strength and virtue. According to Seligman (1998, p. 3), “the aim of positive psychology is to catalyze a change in psychology from a preoccupation only with repairing the worst things in life to also building the best qualities in life.” When Wise, Hersh, and Gibson (2012) expanded on

the comparison of surviving versus flourishing they stated that when focused solely on surviving, individuals inadvertently maintain a status quo/good enough mentality and often fixate on the negative. In contrast, when individuals focus on flourishing, a broader array of optimistic possibilities is invited into one's personal and professional life by emphasizing attitudes and practices that reflect an overarching positive orientation.

Seligman (1998) identifies the field of positive psychology at the subjective level to be about positive subjective experience: wellbeing, satisfaction, happiness, optimism, hope, and faith. At the individual level, it is about positive personal traits—the capacity for love and vocation, courage, interpersonal skills, perseverance, forgiveness, future mindedness, and wisdom. At the group level it is about the civic virtues and the institutions that move individuals toward better citizenship: responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic.

When intentionally induced, a positive mindset can broaden attention, cognition, and creativity, as well as enhance feelings of closeness and trust with others (Dunn & Schweitzer, 2005; Waugh & Frederick, 2006); buffer stress and negative emotional reactivity; and result in new and adaptive mental processes (Wise, Hersh, & Gibson, 2012). Fredrickson and colleagues (2008) conducted an experiment where individuals participated in a practice of loving-kindness meditation, which over time produced an increase in daily experiences of positive emotions. Results indicated that this increase in positive emotions produced increases in a wide range of personal resources such as increased mindfulness, purpose in life, social support, and decreased illness symptoms. Interestingly, these increases in personal resources predicted improved life satisfaction and reduced depressive symptoms.

The general claim of positive psychology is that there is a set of buffers against psychopathology – the positive human traits. Some human strengths that act as buffers against mental illness include: courage, future-mindedness, optimism, interpersonal skill, faith, work ethic, hope, honesty, perseverance, and insight (Seligman, 1998). Despite the risks of working with trauma victims, such as vicarious trauma and compassion fatigue, people still persist and do well when working in this area. This raises the question of what is it that protects helping professionals, who help people heal following a traumatic event, from developing prolonged psychological distress themselves? I have identified key terms in literature that psychologists employ to help prevent the deteriorating effects of their work with trauma survivors: compassion satisfaction, vicarious resiliency, and vicarious posttraumatic growth.

### **Compassion Satisfaction**

The compassion psychologists' express towards their client's trauma may have an exhaustive and fatiguing effect on them. Fortunately, it is possible for psychologists to regulate the risk of developing compassion fatigue by producing positive cognitions about their work and client (Radley & Figley, 2007). Therefore, our fundamental ability to experience and express compassion requires psychologist to either avoid compassion fatigue or to transform it.

Compassion satisfaction is to experience a sense of joy in helping others and to find satisfaction in one's work (Radley & Figley, 2007). Trauma workers motivation to help is partly shaped by the satisfaction derived from their work. Compassion satisfaction includes a sense of fulfillment in watching a client transform their role from victim to survivor and deriving satisfaction in knowing you helped with that process. Compassion satisfaction includes a sense of personal achievement, increase in confidence, and sense of humanistic benevolence gained as a result of empathetic engagement with an individual who has suffered from trauma or a crisis

(Stamm, 2002). In short, compassion satisfaction is the experience of deriving personal satisfaction from working with people in need. According to Pearlman and Saakvitne (1995) therapists often report deriving benefits such as an increase in their faith, a respect for the resiliency of the human spirit, a positive sense of self-worth, and a strong sense of purpose through their work.

Literature suggests that compassion satisfaction is negatively correlated with outcomes such as burnout and fatigue (DePanfilis, 2006; Rossi et al., 2012; Van Hook & Rothenberg, 2009), compassion fatigue (DePanfilis, 2006; Stamm, 2002), psychological distress (Rossi et al., 2012) and vicarious trauma (Hunter, 2012). The experience of compassion satisfaction may be felt in conjunction with compassion fatigue. In other words, the helper may feel compassion fatigue yet feel satisfied with the job they are doing. For example, Hunter (2012) used a qualitative design to explore the experiences of eight couple and family therapists in relation to their perceptions of the satisfaction and risks involved in their therapeutic bond. The participants reported considering traumatized clients to include those who have experienced child maltreatment, sexual assault, domestic violence, suicidal ideation, family breakdown, and clients with mental health issues. The findings from the interviews suggest that the experience of compassion satisfaction and the development of vicarious resiliency counter-balanced the intense difficulty of bearing witness to clients' traumatic experiences and the potential for vicarious traumatization.

Hyatt-Burkhart (2011) conducted a study with 12 mental health workers in a residential facility that specialized in treating children. The participants engaged in both focus groups and individual interviews. Hyatt-Burkhart found that participants with multiple traumas were able to identify characteristics within themselves that mitigated the experiences of both compassion



fatigue and vicarious trauma and helped them to find benefit and satisfaction in their work. Participants identified changes in their general demeanor such as becoming more open-minded, more tolerant, more patient, and more flexible. These findings demonstrate that mental health providers who work with traumatized clients may identify personal positive psychological and emotion growth as a result of their work.

Some evidence has suggested that individuals who have long-standing professional experience in treating trauma victims are able to do so because of their positive affect towards their role as a helper. Having compassion satisfaction has been linked to the longevity of being a mental health provider, such as a psychologist. In a national sample of trauma treatment therapists, Craig and Sprang (2010) found that the younger professionals reported higher levels of burnout and more experienced providers endorsed higher levels of compassion satisfaction, concluding that compassion satisfaction plays a key role in the ability to overcome the negative responses of continuous and prolonged exposure to the stress of working with the myriad of trauma-related experiences of their clients.

### **Vicarious Resiliency**

Vicarious resiliency is a process “characterized by a unique and positive effect that transforms therapists in response to a trauma survivor’s own resiliency” (Hernández, Gangsei, & Engstrom, 2007, p. 237). Vicarious resiliency is a term for the positive meaning making, growth, and transformation in the therapist’s experience and results from exposure to a client’s resilience throughout the course of the therapeutic process focused on trauma recovery (Hernández, Engstrom, & Gangsei, 2010). Vicarious resiliency refers to how the risks associated with trauma work can be reshaped and transformed into something more resilient and positive for the helping professional.

Resiliency is the ability to “bounce back” from adversity or turbulent setbacks (Froman, 2010, p. 63). When applied to trauma work vicarious resiliency is the ability for the service providers to acquire a sense of resiliency and inspiration through the resiliency displayed in their clients. An exploratory study by Hernandez and colleagues (2007) examined whether therapists working with traumatized populations learned something about overcoming adversity from their clients. They conducted semi-structured interviews of 12 psychotherapists who worked with victims of political violence and kidnapping. The results suggested that both vicarious trauma and vicarious resiliency affected the therapists. While the therapist may have been confronted with stories of powerlessness and sorrow they were also presented with clients’ tendencies towards resourcefulness and positive adaptation, which tended to have a positive influence on the therapist. For example, Hernandez and colleagues found that therapists identified specific ways in which their experiences of witnessing their clients’ resiliency affected their own attitudes, emotions, and behaviour. These specific changes included reflecting on human beings immense capacity to heal, reassessing their own personal problems, increased spirituality, developing hope and commitment, developing tolerance to frustration, developing time, setting, and intervention boundaries, and using community interventions. Findings advanced the concept of vicarious resilience and how it can contribute to sustaining and empowering trauma therapists.

Many studies suggest that psychologists are empowered by their interaction with their clients and their clients’ stories of resilience. Therapists apply lessons from their clients’ resiliency to their own lives through a process of introspection, which allows them to better cope with personal difficulties and troubles including work-related problems such as burnout and job fatigue. Engstrom, Hernández, and Gangsei (2008) furthered their exploration of vicarious resiliency by conducting semi-structured interviews with 10 mental health providers who work

with survivors of torture. Using a grounded theory analysis, the authors found that mental health providers were positively affected by the resiliency of their clients, their perspectives on life were altered, and they strongly valued their therapeutic work with clients. Engstrom and colleagues described three main themes of vicarious resiliency: (1) the recognition of the human capacity to thrive. Mental health providers were strongly affected by their client's ability to survive torture, escape from persecution, and start a new life. (2) Altered perspectives about one's life. Mental health providers identified that their attitudes, emotions, and behaviours were affected, such as the ability to heal in the therapy process and changes in the therapists' perceptions of themselves, their relationship, and their environment. (3) Reaffirming the value of therapy. This is the thought that a client's resiliency enhances professional motivation and ability to continually advocate for human rights.

Vicarious resiliency is an important element that counteracts the fatiguing process of doing trauma therapy and strengthens the therapist's motivation, helps them to find new meaning, and discover ways to take care of themselves (Hernandez, Gansei, & Engstrom, 2007). Vicarious resiliency describes how trauma therapists learn to appreciate and incorporate what they have learned from their clients' healing processes to strengthen their own well-being and protect against the risks associated with trauma work.

### **Vicarious Posttraumatic Growth**

Just as psychologists can develop trauma-related symptoms through the exposure of their clients' trauma, psychologists can also experience vicarious posttraumatic growth by observing posttraumatic growth in their clients. To add to limited research in this area, Arnold and colleagues (2005) interviewed 21 psychotherapists exploring the clinicians' perceptions of the ways in which they have been affected by their work with trauma survivors, with particular focus

on changes in memory systems and schemas about self and the world and perceived psychological growth. All of the participants reported that they regularly worked with clients who have experienced traumatic events (i.e., events that were disruptive enough to challenge or overwhelm clients ability to cope) including sexual assault or abuse, physical assault or abuse, serious physical illness or disability, traumatic bereavement, traumatic divorces, witnessing violence against others, natural disasters, and military combat. All 21 participants reported some sort of negative response to trauma work such as intrusive thoughts and images. A majority of the participants said that they had experienced negative emotional responses such as sadness, anger, anxiety, shock, fear, helplessness, and frustration. Conversely, all participants reported some sort of positive response to trauma work through their experience of observing and encouraging clients' posttraumatic growth. The majority of participants said that they believed that working with trauma survivors led to enduring, trait-oriented changes in the self, such as increased levels of sensitivity, compassion, insight, tolerance, and empathy. In addition, the majority of the participants shared that working with clients exposed to trauma had impacted their spirituality. For example, they gained an appreciation for different spiritual paths, broadened their spiritual perspectives, and deepened their faith.

Another study examined the lived experiences of 17 frontline clinical, administrative, and managerial staff from a not-for-profit organization that worked with refugee survivors of torture (Barrington & Shakespeare-Finch, 2013). Results from semi-structured interviews revealed that although the entire sample reported symptoms of vicarious trauma (e.g., strong emotional reactions, intrusive images, and shattering of existing beliefs) they also experienced vicarious posttraumatic growth. The participants experienced growth and change in three domains: changes in life philosophy, changes in self-perception, and changes in interpersonal

relationships. Changes in life philosophy included changes in the participants' growing sense of awareness, positively impacting their way of thinking, change in their values or priorities for life, becoming more understanding and less judgmental, increased sense of gratitude, appreciation for their loved ones, freedom, safety, and positive changes related to religiosity or spirituality. The second domain, changes in self-perception, reflected the participants' increase in personal strength and confidence. Changes in interpersonal relationships included the participants' ability to limit their social circles to those they truly connected with and shared similar beliefs or values. Despite, the inherent stressors, these participants were able to develop a found sense of meaning and experience personal growth as a result of working with trauma survivors.

Hyatt-Burkhart (2011) outlined perceived personal growth in areas of relationship skills, spiritual well-being, value of human life and relationships, and the ability to cope with adversity in response to work with trauma survivors. Consequently, if the therapist experiences a similar process of growth and transformation as the client, the therapist might also successfully integrate and transform their vicarious trauma to maximize the possibility of growth. According to Barrington and Shakespeare-Finch (2013), vicarious trauma acts a precursor to vicarious posttraumatic growth; it is impossible for trauma workers to experience significant growth without first feeling somewhat traumatized by their work. The current study evidently identifies the challenges and hazards in working with trauma survivors; however, it illuminated the extraordinary opportunity for personal growth in therapists who work with traumatized clients.

### **Pertinent Research**

The literature discussed above supports the rationale for the current research study. The aforementioned studies suggest that positive and negative outcomes of trauma work can, and often do, co-occur. This has created an emerging trend in literature to explore the potential

positive outcomes of trauma work. Therefore, the following section outlines three research articles that have been used to guide the current study.

Barrington and Shakespeare-Finch (2014) explored the lived experiences of a group of clinicians supporting survivors in their recovery from refugee-related trauma across a one-year period. The primary purpose was to provide further understanding of vicarious trauma and vicarious posttraumatic growth and provide suggestions for how to effectively manage clinician distress and foster opportunities for personal growth.

Participants were recruited from a not-for-profit organization responsible for providing psychological services to refugees (i.e., asylum seekers, displaced persons, or migrants) who have suffered torture and trauma prior to migrating to Australia. A total of 12 frontline clinical ( $n = 9$ ) and administrative staff ( $n = 3$ ) participated in two semi-structured interviews. Of the 12 participants, one was male and 11 were female, half had completed a psychology-related degree and 20% had completed a social work-related degree. The average number of years the participants had been working in the trauma field was 8.6 years. All interviews were audiotaped and transcribed. The aim of the initial interview was to examine the lived experiences of people working with survivors of refugee-related trauma, with a particular focus on how participants made sense of the stories they heard and if they experienced any positive outcomes from their work. The aim of the second interview was to explore any change in the experiences of participants across time. The second interviews were conducted one year after the initial interview.

Data was analyzed using interpretive phenomenological analysis (IPA). Results revealed five superordinate themes and 19 constituent themes from both interview one and two. The five distinct themes that emerged from the analysis included (a) Vicarious trauma, (b) Vicarious

posttraumatic growth, (c) challenges for clinicians, (d) rewards for clinicians, and (e) coping strategies and resources. Interviews with clinicians revealed some challenges of working with refugee population, including facing client-, system-, organizational-, and intrapersonal-related challenges on a daily basis. Challenges included: witnessing client distress, having clients with complex or clients in crisis, dealing with changing government policy, managing inter-agency dysfunction, balancing a demanding workload, and experiencing self-doubt or feelings of helplessness in the face of client trauma. Despite the challenges associated with trauma work, Barrington and Shakespeare-Finch discovered that clinicians also experienced positive transformation and personal growth. As a result of their work, participants reported positive shifts in their life philosophy, self-perception, and interpersonal relationships. Participants stated that their work had changed their lives in a profound and positive way. In addition, witnessing client change, resiliency, and hope, ongoing personal and professional development, and enjoyment from working with a unique client group were all described as rewards by the participants. Interestingly, the majority of participants reported actively searching for such positives to avoid feeling overwhelmed by client trauma. This suggests that having a purposeful mindset may help trauma workers cope with trauma work. This study supports the notion that clinicians who work with trauma victims can experience both negative and positive outcomes.

A qualitative study completed by Harrison and Westwood (2009) addressed potential protective practices that moderate the risks of vicarious traumatization in mental health therapists. Participants that met the following inclusion criteria were selected: (a) trained at the masters or doctoral level; (b) minimum of 10 years professional experience with traumatized clients; and (c) self-identified as having managed well in this work. Participants ranged from 49 to 59 years old and had between 10 and 30 years of experience working primarily with

traumatized clients in organizational (e.g., hospital, community mental health, residential program for alcohol and drug abuse) and/or independent practice settings.

Data was collected through narrative interviews, which took place in three phases. The initial phase was a structured interview to gather demographic information. The second phase involved open-ended, individual interviews where participants were asked, “How do you manage to sustain your personal and professional well-being, given the challenges of your work with seriously traumatized clients?” (Harrison & Westwood, 2009, p. 207) and “How could protective practices best be engaged in order to mitigate the risks of VT and sustain the efforts of others who work with traumatized clients?” (Harrison & Westwood, 2009, p. 207) The interviews were audio recorded, transcribed, and analyzed using narrative analysis, with a primary focus on thematic content analysis. The last phase consisted of a third interview to follow-up/member check and incorporate any requested revisions. Subsequently, revisions were made and a categorical content analysis across clinician narratives was conducted.

Results revealed nine major themes: countering isolation (in professional, personal, and spiritual realms); developing mindful self-awareness; consciously expanding perspective to embrace complexity; active optimism; holistic self-care; maintaining clear boundaries and honoring limits; exquisite empathy; professional satisfaction; and creating meaning. Most notable is the finding that empathy seemed to be a protective factor for some clinicians. These results undermine the preconceived notion of causality and inevitability of vicarious trauma and compassion fatigue in clinicians who work with trauma victims. Harrison and Westwood (2009) believe that efforts to avoid or resist the intensity of clients’ traumatic stories may be counterproductive. Rather, it is suggested that clinicians accept their relationship to the client’s traumatic story and integrate this aspect of their professional life into their identity. Harrison and



Westwood (2009) offered rich descriptions of the lived experiences of clinicians who are managing well despite the challenges of working with trauma victims, and their findings depart from the traditionally hazardous viewpoints of trauma work.

That last article of particular interest, as it pertains to the current study, is by Silveira and Boyer (2014). Similar the current study, Silveira and Boyer explored major topics such as: resiliency, posttraumatic growth, compassion fatigue, compassion satisfaction, vicarious trauma, vicarious resiliency, and vicarious posttraumatic growth. Specifically, Silveira and Boyer examined vicarious resiliency in counsellors who work with children and youth who have experienced interpersonal trauma.

Purposeful sampling was used to recruit participants who met the following criteria: (a) at least 3 years of experience working with trauma; (b) in the previous 12 months of practice, having a caseload composed of children and/or youth victims of abuse, including at least 50% of clients who were survivors of interpersonal trauma; and (c) demonstrated positive impact. Participants included four female counsellors who worked in an organization that specialized in trauma treatment in the Pacific Northwest region of Canada. The average age of the participants was 57 years, with between 8 to 22 years of experience in child and youth trauma treatment. All participants had postsecondary education and were engaged in ongoing education and training in trauma treatment. Individual interviews were conducted that followed an interview protocol with five main questions that addressed: (a) the general impact of trauma work on counsellors, (b) the ways each participant dealt with work-related stress, (c) the impact on the participant's personal life of witnessing clients' resilience processes, (d) the impact on the participant's clinical practice that client resilience processes had, and (e) participants' input about the potential usefulness of the concept of vicarious resiliency in each of their practices.

The authors employed qualitative instrumental multiple case study design to learn about the vicarious experience of resiliency among trauma counsellors. Silveira and Boyer examined each case separately followed by thematic analysis methodology to develop cross-case themes. Results suggested that bearing witness to their clients' resiliency reinforced the already existing optimism and hopefulness of the counsellors in this study. Silveira and Boyer found that their participants gained a stronger appreciation for human resiliency and expressed hope in deriving positive meaning from their clients. The participants' sense of hope was also related to their therapeutic relationship with their client. Accordingly, due to a close therapeutic bond, participants were able to witness their clients' accomplishments and strengths and in turn they experienced increased optimism and belief in change. The participants recalled feeling a sense of reward as they observed and reinforced their clients' strengths. Importantly, the participants spoke of the value of their clients' victories and successes as they felt it nurtured their confidence and increased their sense of professional self-efficacy. Being exposed to their clients' trauma and adversities allowed the clinicians to put their own challenges into perspective. Another major finding was that the participants acknowledged that they learned from their clients and often integrated this knowledge or insight into their own lives, such as an increased motivation to change and grow. Silveira and Boyer provided an inclusive look at trauma work, implying that counsellors have the ability to seek meaning from their work with traumatized clients if they shape and reframe their thinking.

Together, these studies highlight the transformative potential of re-contextualizing one's own response to trauma work by attending to clients' stories of resilience and growth. Although these studies were informative about the potential positive effects of trauma work on the clinician, the sum of these studies suggest the need for further inquiries. For example, how does trauma work

impact a group of homogeneous helping professionals such as psychologists? Furthermore, if the trauma is generalized to all age groups (e.g., children, youth, adults, elderly), does this change the impact on the helping professional? How does trauma work impact helping professionals with a variety of years of experience? In sum, the study of a variety of variables that affect the degree of vicarious resiliency and meaning making in the face of trauma work such as, years of experience, participants from multiple organization, and different forms of trauma work would provide beneficial information about this phenomenon. The abovementioned studies selected from the scant literature on vicarious resiliency were chosen to create a foundation and direction for the current study. However, due to the limited work on the positive effects of trauma work, future research is warranted and was the purpose of the current study.

### **Current Study**

In the field of mental health treatment, there has long been an awareness that exposure to traumatic events can create psychological disturbance in those who invest in helping those traumatized. Rather than focusing on dysfunction and pathology, the current study introduces how psychologists faced with vicarious trauma can focus on compassion and growth in their work with trauma survivors. Taken together, the therapeutic process of trauma work is bidirectional, that is, clinicians are not only generators but also recipients of resiliency and growth.

The three articles described above closely resemble the current study, however the current study added new variables. Similar to the current study, Barrington and Shakespeare-Finch (2014) used IPA as their methodology but they only examined clinicians, with different backgrounds and training, who treat a specific group of trauma victims. In the present study, the participants have similar backgrounds and training as Registered Psychologists but they work for

different organizations with a variety of presenting traumatic material. I did not control for the number of years of experience as a Registered Psychologist because it was believed that the variability would add richness to the data collection. This was unique to the present study, as the aforementioned articles examined participants who had greater than 8 years of experience. Similar to Barrington and Shakespeare-Finch (2014), I used IPA, however, only one interview was conducted in the current study. Barrington and Shakespeare-Finch examined the changes in the participants' experiences over the course of one year, whereas I determined it was not necessary to conduct a follow-up interview. The qualitative nature of the current research study addressed the gap in the limited available literature by illuminating the experiences of resiliency and growth in six psychologists who work with traumatized clients.

The ability to foster positive outcomes through focusing on vicarious growth plays an important role in the ability to buffer against distress, increase clinician well-being, role retention, and improve therapeutic outcomes. Therefore, the purpose of the current study is to examine the experience of growth and resiliency developed in psychologists who work with trauma survivors.

## **CHAPTER THREE: METHODOLOGY**

The following section outlines the rationale for qualitative inquiry and how the methodological approach, interpretive phenomenological analysis (IPA), guided by a social constructivist view, was used to explore the lived experiences of vicarious resiliency and growth in psychologists who work with trauma survivors. A discussion on participant selection, data generation, and data analysis follows. Lastly, ethical considerations are discussed.

### **Research Design**

#### **Qualitative Inquiry**

Qualitative inquiry is a holistic approach to studying a phenomenon in context that values the subjective experiences and meaning of a problem (Hays & Singh, 2012). Qualitative research is generally exploratory in nature and often includes research questions that address the process such as the *how* or *what* versus the reason for an outcome or *why* (Hays & Singh, 2012). Qualitative research tends to value the meaning of a research problem therefore this form of inquiry focuses on narratives, words, and quality rather than numbers and quantity. Qualitative inquiry was employed because it allowed me to listen to the individual's personal experiences and actively engage in the interviews to gain insight and new perspectives about the phenomenon of vicarious resiliency and growth in trauma work.

The current phenomenon of study was informed by social constructivism. I agree with Gergen (1985) that knowledge is acquired through social interchange; it is how people come to describe, explain, and account for the world in which they live or how they make sense of reality. Social constructivism assumes that knowledge is the result of an active and cooperative initiative of people in relationships and that understanding is based on observation (Gergen, 1985), experience, consciousness, and language (Parker, 1998). I have chosen social constructivism

because it makes us conscious about the differences in human experience and gives voice to individuals that might otherwise go unheard (Parker, 1998). My rhetoric corresponded with the social constructivism view and the qualitative form of inquiry in that my written report reflected the participants' voices (Hays & Singh, 2012).

Qualitative inquiry is an appropriate method when an in-depth and meaningful account of a phenomenon is needed. By using qualitative methods, I collected rich data, which allowed deep insight into how psychologists persist in their profession despite the challenges of vicarious trauma and compassion fatigue.

### **Interpretive Phenomenological Analysis**

Interpretive phenomenological analysis was the methodology chosen to explore the lived experience of vicarious resiliency and growth in psychologists who work with trauma survivors. The purpose of IPA is to explore how participants make sense of their personal and social worlds (Smith & Osborn, 2003). Specifically, IPA strives to use participants' lived experiences and knowledge to discover and describe the meaning they develop as a result of their experience (Hays & Singh, 2012). IPA attempts to explore personal experience and is concerned with the participants' personal perceptions or accounts of an event (Smith & Osborn, 2003). In other words, IPA is concerned with trying to understand what a particular phenomenon is like, from the point of view of the participant. Three key areas of the philosophy of knowledge have informed IPA: phenomenology, hermeneutics, and idiography (Smith, Flowers, & Larkin, 2009).

Within the first key area of phenomenology, the following four philosophers have been influential: Husserl, Heidegger, Merleau-Ponty, and Sartre (Smith et al., 2009). Husserl's contribution to IPA was the process of reflection on human experiences. He promoted going outside familiarity and pre-existing categorization in order to examine each new experience on

its own. According to Husserl, phenomenological attitude requires a reflexive practice which is experienced in the consciousness of the individual (Smith et al., 2009). In order to achieve this, Husserl identifies the core structures and features of human experience in his phenomenological method. His method introduces the notion of bracketing, which is setting aside the “taken-for-granted” ways of living and examining our perception of experiences and of the world (Smith et al., 2009, p. 13). Husserl’s work was further extended and developed by the three remaining philosophers. They each contributed by furthering the view of a person as “embedded and immersed in a world of objects and relationships, language and culture, projects and concerns” (Smith et al., 2009, p. 21). Unlike Husserl’s descriptive individualistic experiences, they focused more on understanding and personal perspectives of one’s involvement and relationships in the world and to others (Smith et al., 2009).

Hermeneutic is the second major theoretical underpinning of IPA and is considered the “theory of interpretation” (Smith, Flowers, & Larkin, 2009, p.21). The three most important hermeneutic theorists are Schleiermacher, Heidegger, and Gadamer. While Schleiermacher offered a holistic view of the interpretative process, Heidegger focused on the impact one’s previous experiences and assumptions have on interpretation (Smith et al., 2009). Heidegger believed “priority should be given to the new object [being studied], rather than to one’s preconceptions” (Smith et al., 2009, p.25). Similarly, Gadamer emphasized the importance of history and tradition on interpretation and that one’s preconceptions are inevitably present (Smith et al., 2009). Furthermore, the hermeneutic circle, a dynamic relationship between the part and the whole, has influenced IPA (Smith et al., 2009). The hermeneutic circle suggests that “to understand any given part, you look to the whole; to understand the whole, you look to the parts” (Smith et al., 2009, p. 28). In other words, the hermeneutic circle is concerned with not only the

meaning of the word but also the context of the whole sentence. In relation to the current study, IPA required a double hermeneutic process, or a two-stage interpretation process (Smith & Osborn, 2003), where I made sense of the participant who tried to make sense of their experience of resiliency and growth in trauma work.

Idiography, the third major influence upon IPA, is concerned with the particular and operates at two levels (Smith, Flowers, & Larkin, 2009; Smith & Osborn, 2003). First, IPA is concerned with the depth and detail of analysis. Second, IPA is committed to understanding a person's perception of a single experience and the movement from a single case to a more general claim (Frost, 2011; Smith & Osborn, 2003). Taken together, IPA is "the detailed examination of the human lived experience" (Smith, Flowers, & Larkin, 2009, p. 32), and suggests that experience can be understood by examining the meaning people place on their experience.

IPA provided a rich source of ideas about how to examine and understand lived experiences (Smith, Flowers, & Larkin, 2009). IPA is committed to exploring how people make sense of their major life experiences, such as a psychologist's experience of resiliency and growth in trauma work. IPA aims to engage individuals' reflections of experiences that have impacted their lives and challenges them to reflect on the significance of these events (Smith, Flowers, Larkin, 2009). The IPA framework was an effective approach to use for this type of research as the current study was focused on understanding the participant's experience of growth and resiliency. This approach valued the participant's experiences and positive perspectives of working with trauma victims, and guided me in examining and interpreting the phenomena of resiliency and growth.



## **Data Generation**

### **Participants**

Six psychologists, Registered with the Saskatchewan College of Psychologists, were recruited. Smith, Flowers, and Larkin (2012) suggested that six participants was within a reasonable range for a sample size to obtain sufficient information to address a gap in literature while not so many as to generate an overwhelming amount of data.

The selection criteria required the participants to be registered with the Saskatchewan College of Psychologists and to have experience working with victims of trauma. The participant's experience of trauma was subjective to each participant as it was not the event itself that determined whether it was traumatic but rather the individual's experience of the event. Therefore, participants were asked to describe the types of clients and traumatic exposure they had experienced or that they continue to work with.

Participants were originally recruited using convenience sampling followed by snowball sampling (Van den Hoonaard, 2012). In other words participants were selected because of their convenience and accessibility to the researcher. Snowball sampling was a strategy employed that included asking the initial participants if they knew anyone who fits the criteria for the research study or who might be interested in participating in the study (Van den Hoonaard, 2012). A letter of invitation was used to make initial contact and invite three psychologists who I knew had experience working with trauma victims. I then contacted three referrals of individuals they suggested might meet the criteria with a letter of invitation to participate.

It is important to acknowledge the advantages and disadvantages of having a prior association and/or professional relationship with half of the participants. I believe that a pre-existing relationship with three of the participants made the interview process more comfortable

and allowed for a deeper conversation. However, due to a prior relationship the participants may have felt reluctant to share some details or found themselves withholding information.

### **In-Depth Semi-Structured Interviews**

Individual semi-structured in-depth interviews were conducted to collect data from the participants (Smith, Flowers, & Larkin, 2009). This interview style allowed participants the opportunity to share their stories and personal experiences. Interviews were conducted to gain insight into psychologists' personal experiences of remaining resilient while working with victims of trauma. This method was idiographic (Smith, Flowers, & Larkin, 2009) because a small number of participants were interviewed with the aim to reveal the lived experience of each participant.

The interview took place at a private and safe location of the participant's choice and in an environment that promoted comfort and discussion. The consent form was discussed with the participant before the interview commenced. The consent process provided details regarding the time commitment required, purpose of the research, confidentiality, and expectations. Participants were asked if they would like to review the final transcript of their interview, to add, alter or delete information prior to data analysis. Half of the participants requested to review their transcripts prior to analysis. The three participants that wished to review their transcript requested only minor revisions to wording. Otherwise, all of the participants were satisfied with their transcripts and required no further alterations. In regards to confidentiality and anonymity, information was kept completely confidential and data was reported in a manner to protect the identification of participants. Therefore, any identifying information, such as names and organizational affiliations were removed. Permission to audio-record the interviews and choose a pseudonym was requested from each participant.

Smith, Flowers, and Larkin (2009) identified the most important thing at the beginning of the interview is to establish rapport with the participant. Without trust and rapport the participant is unlikely to share personal stories and therefore compromise the quality of the data. To increase trust and rapport I was clear and confident about my interviewing style so the client knew I was interested in what they had to say about the topic in as much detail as they wished to share. I communicated my genuine interest in them and their experiences. It was important in the opening phase of the interview to have the participant become comfortable in sharing their experiences. To do this, I allowed the participant time to give their full answer while prompting when necessary; but I was careful not to interrupt or intervene too quickly.

Open-ended conversational based questions, relevant to the study's purpose, were primarily used. Probes were used when necessary to ask the participant to elaborate, explain, or provide more detail to a story or example that was communicated. It is important to note that Smith and Osborn (2003) suggested that the interviewer's role is to facilitate and guide, rather than dictate exactly what happens during the interview. Therefore, the interview guide (see Appendix A) was used as a reference but was not followed exactly the same for each participant. In accord with Smith and Osborn (2003) the interview questions were not followed in sequence for each participant, nor was every question asked exactly the same way.

The interview began with basic demographic questions such as years as a registered psychologist and their scope/type of practice. I gathered information regarding the type of trauma work they had experienced followed by asking about the challenges that they encountered in their work. The interview questions were based on the purpose of my research. Therefore, questions aimed to reveal the personal growth and resiliency participants experienced despite their work with trauma victims. It was assumed that the participants would have the knowledge

and education to seek counselling and therapeutic services if they felt the need for follow-up support after the interview. Therefore, no formal debrief letter with counselling services was provided but rather a verbal check-in or informal observation of each participant was made to ensure they were not emotionally or psychologically distressed as a result of the interview. The verbal check-in included questions such as “how are you doing after talking about of all this?” and, “are you okay to end our interview?” By checking in with the participant I was able to gauge their level of distress. However, no referrals for therapeutic services were needed. I was aware of the sensitive nature of our discussion and made an effort to guide the interview in a positive direction that did not lead to any distress for the participants.

### **Data Analysis**

The current study used interpretive phenomenological analysis to explore how psychologists who work with trauma victims make sense of their experiences of vicarious resiliency and personal growth. The data generated through interviews included detailed information regarding what the experience of the phenomenon studied was like for *this* person and what sense *this* person has made of their experience (Smith, Flowers, & Larkin, 2009). IPA provided a flexible framework, rather than a prescriptive method of data analysis, to explore emergent themes. The following four stages were followed to analyze the interview data.

In stage one, I transcribed and then re-read each interview. I reflected on and recorded any moments, observations, or reflections I had within the interview that I found powerful or striking in order to help store them for later interpretation. In stage two, I re-read the transcripts and highlighted specific segments, phrases, and quotes that were related to the phenomenon of study. As a result of remaining close to the data and meaning described by the participants, I began to identify categories, general ideas, and emergent themes within each interview.

Stage three involved examining the emergent themes and clustering them together according to their similarities (Frost, 2011). My task at this stage was to look for patterns within the categories and emergent themes. To aid in this, Frost (2011) recommends producing a structure that will help highlight converging ideas. Therefore, I used a table to organize the significant comments, phrases, and quotes that made up the emergent themes. In alignment with Frost (2011), I provided a descriptive label that conveyed the conceptual nature of each cluster. I did this by listing the descriptive label that identified clusters in the left-hand column of a table. Within each cluster I also highlighted similar sub-themes using different colored highlighters.

In stage four, a table of themes was produced outlining the major themes and sub-themes that represented the participants' experience of resiliency and growth. The left-hand column described the general descriptor or major theme, with each participant's extracts and quotes along side each theme. Each quote contained a page number, so that it was possible to check the context of each extract in each transcript.

In keeping with IPA's idiographic commitment (Frost, 2011; Smith, Flowers, & Larkin, 2009) it was important to consider each participant's account separately, trying to 'bracket' the ideas and concepts that emerged from each transcript. Thus, I followed stages one through four for each participant and their corresponding transcript. When this process was completed, I created a master table with the themes that were representative of all participants. In addition, I was able to amalgamate similar sub-themes in order to make the data more concise, in accordance with Frost's (2011) and Smith and Osborn's recommendations (2003). This process was iterative and required repeated returns to the data to check meanings as care was taken to distinguish between what the participant said and my interpretation or account of it (Smith & Osborn, 2003).

When the master table of themes and sub-themes was complete, I continued to analyze the data as I wrote the results section. At this point I merged and made adjustments to the locations of the sub-themes to enhance coherency. I also changed the wording of the themes to better reflect the clusters. I used quotes from the participants to exemplify their personal experiences. The emergent thematic analysis is presented in the results section followed by a detailed discussion that links the themes to current literature.

### **Trustworthiness**

Trustworthiness, also known as validity and quality, was an important factor to consider when conducting qualitative research. Yardley's criteria (Yardley, 2000) for assessing the quality of qualitative research was used to establish trustworthiness. I demonstrated sensitivity to context, by appreciating the interactional nature of data collection throughout the interview process (Smith, Flowers, & Larkin, 2009). This included showing empathy, making the participant feel comfortable, and respecting the interview process. In addition, I respected the raw data by including numerous verbatim extracts from the participants' stories in the final report of the results.

Yardley (2000) discussed commitment and rigor as being an important aspect of a quality and trustworthy research study. Commitment is demonstrated through my choice of data collection, which was an in-depth interview. The in-depth interviews involved a level of personal commitment and investment; for example, I attended closely to what the participant was saying to ensure the participant felt heard. I demonstrated rigor through my appropriate sample size given my research question, the quality of the interview, and the completeness of the analysis (Smith, Flowers, & Larkin, 2009).

I was clear with outlining the stages of my research, in accordance with Yardley's criteria of transparency and coherence (2000). Transparency, in all stages of my research, provides the reader with a comprehensive and accurate rendition of my research process. With regards to coherence, my underlying theoretical assumptions are consistent with my research approach. Lastly, trustworthiness was established through careful consideration of the impact and importance of my research. Regardless of how significant I believed my topic to be, the real validity lies in whether the reader finds my research interesting, important, and useful.

### **Ethical Considerations**

In accordance with the University of Saskatchewan research requirements, an ethics application was submitted to the Behavioural Ethics Review Board (Beh-REB) and approved on April 13, 2015 (BEH approval # 15-94). Information included, participant recruitment, informed consent, confidentiality and anonymity, appropriate storage and destruction of data, and conflict of interest were included in the ethics application.

### **Confidentiality**

All information provided by the participants remained confidential and anonymous. All identifying information was altered and pseudonyms were used in replace of the individual's name and/or organizational affiliation.

### **Sensitive topic**

There was a chance that the participants may have become distressed during or after the interviews due to the sensitive nature of the discussions. To reduce the risk of psychological or emotional harm, precautions were taken by focusing the interview on the strengths and resiliency gained from the participants' work.

## **CHAPTER FOUR: RESULTS**

The purpose of this research study was to explore the lived experience of resiliency and growth in psychologists who work with trauma survivors. The data was analyzed using IPA and is represented thematically throughout this chapter. The themes and sub-themes were generated through analysis of the participants' own words. For the sake of coherency and to protect anonymity, the excerpts included in this chapter were altered and edited. For example, ellipses (...) were used to represent omitted words or text that did not relate to the phenomenon being explored. Further, words that were repeated or used as filler (e.g., ahh, you know, yeah, mmmm, etc.) were omitted. Any information that could be used to identify participants was altered and pseudonyms were chosen by the participant or researcher. Lastly, added words providing context for the reader were specified using square parenthesis. In keeping with the idiographic aspect of IPA research (Smith, Flowers, & Larkin, 2009), the voices of each participant were maintained throughout the representation of findings. The following section begins with a brief introduction to each participant and his or her experience of working with trauma survivors. Lastly, emergent themes are discussed that reflected the participants' lived experience of growth and resiliency (Smith, Flowers, & Larkin, 2009).

### **Contextualizing the Data**

All participants interviewed were registered with the Saskatchewan College of Psychologists and were practicing in their respective roles. Two of the six participants were provisionally registered, whereas four were fully registered. The participant's had a range of experience working with children, youth, and adults. Three psychologists had experience in forensic psychology whereas the remainder worked in private practice and public health care.



This section provides an introduction to each participant and their views of the challenges involved in working with trauma survivors.

### **Participant One: Vanessa**

Vanessa was a Registered Doctoral Psychologist for 14 years and has experienced working with a range of trauma survivors. Within her job Vanessa was exposed to material and stories that, according to her, “nobody really wants to hear about.” Vanessa explained that the traumatic stories that she heard sometimes made her feel “helpless because you feel [the client’s] hopelessness.” Vanessa also shared that hearing the “gory” details of trauma exhausted her: “you have to sit there and just look at it as details, but you’re so exhausted afterwards and sometimes you go home and you just want to sleep, or you just want to hug your husband, or whoever is there.” Due to confidentiality regulations, Vanessa felt isolated in her work because she could not talk about her experiences to others. Vanessa shared a specific example of when she experienced vicarious trauma when working with a client with a traumatic background who attempted suicide. As a result, she questioned her professional ability: “Like you question whether you’ve done everything? You question how you do it? You question how can I connect with this person and things you’re taught how to do aren’t doing it?” Although Vanessa found working with complex traumatic cases interesting, she admitted that she no longer has the same “idealistic, or idealized, happy view of the world” and has become desensitized to things around her. Vanessa stated, “People don’t really care about psychologists ... people have this thing that if you’re a psychologists you hear [trauma] all day so it’s not a big deal.” However, Vanessa admitted, “certain cases will get to you, certain things will trigger you and that’s ok.”

### **Participant Two: Sophie**

Sophie was a Registered Doctoral Psychologist for over 23 years and has counselled individuals with a variety of concerns. Sophie stated that many psychologists believe in the notion of “no pain no gain” or in other words “the idea that people really had to dig down deep and tell the dirty secrets” of their traumatic experience in order to heal. Diversely, Sophie has migrated from this view of trauma work and as a result changed her approach to a “response based approach,” which has been beneficial for her. Sophie explained that she struggled on a visceral level when she heard about children or animals being hurt, and she admitted that it might, at times, “limit my work and my capacity in that work.” Sophie recalled the “darkest period” of her career when she felt a “pervading sense of evil.” Sophie became hyper vigilant as her “awareness of the possibility of being violated was ever present,” and she carried it with her into her personal and social life. She recalled, “Looking around and feeling much disease, and feeling not at all relaxed in my own skin.” Sophie viewed the longevity of her career as a psychologist to be developmental and maturational. Sophie has become more “grounded” in her self and does a better job of having a fuller life. As a result, she explained, “The awareness of my own capacity and my own limitations is easier because I am more in tune with myself and all the multiple dimensions of who I am.” Sophie believed her ability to be with the client while also figuring out how to take care of her self in the process is ongoing.

### **Participant Three: Jan Ray**

Jan Ray was a Provisionally Registered Psychologist for two years. When queried about the challenges of trauma work, Jan Ray explained that she had reservations about asking her clients uncomfortable questions, specifically questions that may “trigger someone the wrong way and then them not having the capacity to self-sooth and calm down.” Her concerns over

providing the best treatment for her clients sometimes lead Jan Ray to question whether she did the right thing, “if I take something home, it’s more related to being worried if I did a good job, or if I did this right or if I did that wrong, was it helpful or was it not? Or are they going to be ok?” Jan Ray did not identify a specific instance that had personally impacted her but instead acknowledged that it was a collective result. She explained that she hears the same traumatic story over and over again, with little variations, often unveiling “all the layers” of human nature. She spoke about the challenges in hearing difficult stories, however, Jan Ray was able to remain compassionate through her ability to understand “what the [client] is going through.”

#### **Participant Four: Alison**

Alison was a Provisionally Registered Doctoral Psychologist for one year but was involved in psychological work for 9 years. Alison had a strong affinity for her clients and admitted that she was “almost too empathetic,” which has created challenges. Early in Alison’s career she found it difficult to set boundaries and limitations between demonstrating that she cares but not getting overly involved with her clients. As part of Alison’s development throughout her career she had to adjust her expectations because:

Sometimes you don’t make much progress which is hard as a clinician...you don’t really get to see long term, what benefits you might be giving, you do look for very small victories ... to recognize the small steps are still progress and celebrating those.

Alison explained that “what you hear is just so horrific sometimes that it’s hard not to be affected by it. I also don’t want to be unaffected by it... I’m glad it affects me but I think it does take an emotional toll.” For example, Alison shared that she has difficulty sleeping and often thinks about her work at home. She displayed commitment and compassion in her statement: “I’d love to be able to make everything okay for everybody.”

### **Participant Five: James**

James was a Registered Psychologist for 15 years and the only male to be interviewed. James believed the challenges of his work to be twofold: helping the client and making sure you personally do not get “caught up in the trauma.” In helping the client, James thought it was important not to believe you are going to “save the world” but “to improve them, give them something so that they can improve.” James explained the importance of “reducing bad behaviour so that someone else doesn’t get hurt as often” because “the reality is that most improve to some degree and that to me is a success.” With regards to the challenges of not being personally impacted by the trauma of his clients, James supposed, “people that come into this business need to have a personality... strong headed... approach [work] with the notion that, that’s their issue that I’m helping them with, not my issue.” James warned against having empathy:

You can have sympathy for them but that emotional empathy, I caution people against. I caution myself against. If I start to empathize and feel the same emotions as they are, then I am now caught into the vortex of the trauma. I have to sympathize with them but I have to remain emotionally distant.

When empathizing James advised to be careful, “You are going to get possessed with the same inner trauma that they have and you will burn yourself out and then be useful to nobody and not accomplish anything.” However, James acknowledged that being personally impacted by trauma work might happen, “It will happen, it will, and it’s not an insult, in fact, if you weren’t to go off the rails you wouldn’t be human.”

### **Participant Six: Rachelle**

Rachelle worked as a Registered Psychologist for over 25 years and began trauma work later in her career, within the last 10 years, and she believed this has made her better able to cope with the traumatic stories. Similar to Sophie, Rachelle believed you do not need to know all the details of the victim's story in order help them. Rachelle recognized she was "not immune to some of the things that can happen" and had difficulty hearing about children who were harmed. It bothered Rachelle that "people would treat their children like that but then in a way you feel empowered because there's a system that's going to help them." She believed engaging in self-care and having a support network was crucial, and Rachelle was fortunate to work in a safe environment and be a part of a stable family life. In addition, Rachelle demonstrated healthy boundaries. She explained that she purposely forgets information or "distances" herself as a coping method, "there are kids I've seen a long time ago, I don't remember them, I don't remember their names." Rachelle was always searching how she can help her clients and believed that was how she coped because her "brain goes right to how can I help."

### **Finding Meaning and Resiliency in Trauma Work**

The data collected from each participant was full of rich descriptions of experience about their work as psychologists with trauma survivors. The assumption of IPA was that the researcher learns something about the participants' psychological world (Smith & Osborn, 2003). Likewise Smith and Osborn (2003) identified that meaning was essential and the aim of IPA was to try to understand the content and complexity of those meanings rather than measure their frequency. Subsequently, an interpretative relationship was undertaken with each participant and their corresponding transcript; and as a result, themes emerged through interpretation. The themes were not selected purely on the basis of their prevalence within the

data but based on richness of the particular passage (Smith & Osborn, 2003). This means that not every participant's experiences contributed to each established theme. In the final stage of analysis an overarching theme with four themes, accompanied by their respective sub-themes, remained. Figure 4-1 provides a schematic representation of the themes and sub-themes.

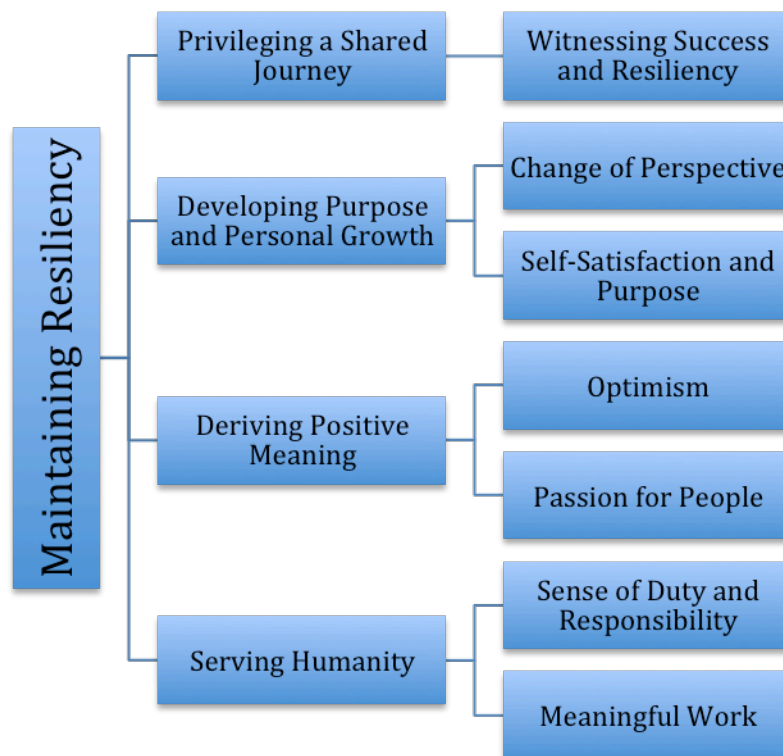


Figure 4-1. The Positive Outcomes of Trauma Work: Overview of Themes and Sub-Themes

The focus of the current study was to explore resiliency and growth in psychologists that work with trauma survivors. The participants described the continuous and dynamic process of maintaining resiliency in the face of trauma work; and as a result, an overarching theme of *maintaining resiliency* emerged. Within the overarching theme of *Maintaining Resiliency*, four major themes were identified. The first major theme was *privileging a shared journey* that encompassed the sub-theme of witnessing success and resiliency. The second theme, *developing purpose and personal growth*, included the sub-themes change of perspective and self-satisfaction and purpose. The sub-themes of optimism and passion for people merged together to

create the third major theme of *deriving positive meaning*. Lastly, the participants identified *serving humanity* as the fourth theme that was composed of two sub-themes: sense of duty and responsibility and meaningful work. The following sections elaborate on each of the themes and sub-themes.

### **Maintaining Resiliency**

The ability to overcome challenges when confronted with the inevitable stress of trauma work is an ongoing and dynamic process. All of the participants acknowledged the challenges inherent in trauma work. For example, Vanessa explained that her work was sometimes “emotionally draining” and often left her feeling hopeless. For Alison, she sometimes felt “too empathetic” in her work, which impacted her personal life because she carried the stress of work home with her. Sophie shared that she has become hyper vigilant to the “pervading sense of evil” that was present around her. Sophie and Rachelle expressed the same difficulties in hearing traumatic stories involving children and found this impacted them on a visceral level. The “gains are slow” in trauma work, according to James and, therefore, can be discouraging at times. Jan Ray explained that the traumatic stories of all her clients have had an accumulative effect on her and has changed her view on humanity. Based on the participants’ responses, it was apparent that, as psychologists, they continue to experience challenges in their work with trauma survivors.

While the risks of trauma work were noted throughout the participants’ careers as psychologists, they prevailed despite these challenges. For example, Sophie reminisced about a period in her career when she worked in an environment that she believed to be “the darkest period” for her because she was exposed to “people who do some really dark things to other people but also because so much dark has been done to them.” Yet, 23 years later, Sophie

continues to work with trauma survivors in her profession and values her ability to witness individuals “reclaim their agency” and “reclaim their lives.”

The participants’ ability to cultivate and maintain a mindset of resiliency was not a single process but believed to be dynamic and developmental throughout their career. Four themes emerged that elucidated their ability to maintain resiliency in their work: *privileging a shared journey, developing purpose and personal growth, deriving positive meaning, and serving humanity.*

**Privileging a shared journey.** The participants felt privileged that they were invited into their clients’ lives. The opportunity to share in their clients’ healing journeys was considered a rewarding aspect of their work. Rachelle valued her ability to be involved in her clients’ lives and expressed appreciation towards her clients for “opening their life” to her. She believed this to be “a very special thing.”

Appreciation for the therapeutic relationship was evident across participants’ accounts; many experienced the therapeutic relationship as deeply rewarding. For example, Sophie shared an inspirational aspect of her work:

What makes it worth it is seeing the movement and witnessing and being in the movement with people as they reclaim their lives, and reclaim their agency. That doesn’t get any better than that, feeling like I’ve had the opportunity and privilege of working along side someone and hopefully contributing to their lives in a way that has moved them to a better place ... the level of intimacy that we are permitted into in our roles is phenomenal and I think, what other job do you get the privilege of really being invited into somebody’s life in such a significant way, witnessing their transformations in such a significant way? That fills me, that feeds me, and I feel so lucky that I get to do that.



Sophie shared her personal view of being invited into her client's life, she explained, "It's a real privilege to be let in and I think we have to earn that. We have to be invited in and we have to be a good guest in their lives and not do things that we wouldn't do as a guest." Inspired by the work of Harlene Anderson, Sophie believed therapists have a dual role. The dual role of therapists included being a host and a guest in her clients' lives. Sophie shared her personal experience of her dual role with her clients:

We're a host in our world as the therapist and therapy that's the work I know and yet I'm a guest in the life of this person, that's their world, that's what they know, they know it way better than I do and so it's balancing those positions and trying to be a good host and guest.

It was through the recognition and appreciation of feeling privileged to work with trauma survivors that allowed the psychologists to be positively impacted by their clients' hope, strength, resiliency, and capacity for growth. Many of the participants expressed their profound appreciation for being allowed in their clients' lives because it has personally transformed them. The following sub-theme discusses how the participants' have been personally transformed by witnessing success and resiliency as they journeyed with their clients.

***Witnessing success and resiliency.*** Having the privilege to be involved in someone's healing journey as they overcome trauma can positively impact the helping professional. It was evident that the participants became enthusiastic when they spoke of their clients' success stories. Vanessa came by her excitement honestly when she shared, "I feel excited when [clients] walk out and they say I don't need you anymore, it's wonderful, it's my happy day... nothing replaces that." Alison has been able to use her success stories with some clients to help her through difficult times with other clients. She shared that it is pleasing for her to hear her clients

say they don't feel "damaged" anymore. Such successes help Vanessa get through the times when she "feels stuck" in her work with other clients.

Alison was amazed by her clients' ability to recover from trauma. Being a psychologist has allowed Alison to experience resiliency and strength through witnessing this in her clients. She stated, "The resiliency in our clients is absolutely insane, it's unbelievable to me what people can survive... the fact that they're still surviving is immensely admirable." However, Alison admits she can become "too involved" because she would "love to be able to make everything okay for everybody." She explained that sometimes it is hard to shift her clients out of their traumatic backgrounds and to reframe their personal experiences. For Alison, this is difficult because "It's always easier when you see your clients make progress you feel like you're making a difference and helping them out."

Similarly, Sophie explained that witnessing her clients overcome adversities provided a sense of hopefulness and inspiration. Through the therapeutic relationship and shared healing journey, Sophie has had the opportunity to witness success and growth. She explained:

Witnessing the resilience that human beings have and how we navigate those darker times in our lives is hopeful to me, it sort of fills me with that sense of 'yah, we all encounter adversity, but look at all these amazing people who I've had the opportunity to be a part of their lives, look what they've done in the face of the unacceptable in so many ways!'

Sophie continued to share her amazement in her clients when she shared, "I think it instills a sense of *awe* that we have the capacity to step outside of that and continue living full, rich lives. It gives a sense that 'isn't life great.'" James identified that the "gains are slow and hard to find

sometimes,” however, he continued to develop a sense of fulfillment from the minor successes that his clients experienced:

Other people outside of that system, outside of the therapeutic relationship, may not see it as well, but progress with these [clients] goes very, very slowly, so it’s hard to dig and find gold nuggets of success, but you will find [success], it feels good, you’re improving their lives and that’s good.

The “gold nuggets” that James spoke of are the small success stories of his clients that he valued. James expressed focus and commitment to his clients and their healing journey. In the area he worked, success may be hard to find but it was evident that James felt a sense of satisfaction and excitement when his clients showed progress.

Jan Ray described the inspiration she received from her clients as they moved forward despite their traumatic background. For her, it was admirable that her clients were even able to move on. It was their resiliency and strength that made her question her right to judge when she passionately conveyed, “It’s just what they went through, horrifying situations, it’s a miracle they’re alive, like it’s a miracle they’re walking around on earth right now, and would you, if you went through that?” Jan Ray chuckled when she described herself as “a bit of a mouth piece” when it comes to advocating for her resilient clients:

If I hear people being racist or looking at things in an ahistorical way, or where the solution is as simple as ‘quit drinking and get a job’, I can be a real mouth piece. I can flip into advocacy mode pretty quick.

As a result, Jan Ray believed witnessing the resiliency in her clients has given her a deeper understanding, appreciation, and compassion for those suffering.

Rachelle believed that it was her ability and knowledge that she could help individuals get through trauma that made trauma work “worth it.” Rachelle believed that everyone has endured trauma in their lives, but if she could help people and “teach them some skills to help them come through it” that is rewarding. Rachelle was inspired by witnessing her clients move past their trauma, “I’ve seen [clients] come through it and being resilient and doing wonderful.” It was clear that she became excited when she discussed her clients’ stories of success. Rachelle valued her ability to help people and the very simple validation of knowing she has helped someone was the most satisfying aspect of her work.

Taken together, the participants expressed genuine admiration and respect for their clients’ strength and resiliency. It appeared as if the experience of strength and resiliency of their clients overflowed into the lives of the psychologists. It was through witnessing their clients’ growth that the participants were able to develop their own sense of resiliency. Through their work with trauma survivors, the participants also developed an expanded sense of purpose and personal growth with regards to their individual perspectives and self-view.

**Developing purpose and personal growth.** These participants have all been changed, to some degree, by their work with trauma survivors. As the participants continued their work with trauma survivors, they continued to be forever changed. For example, Alison shared, “Overall, I like who it’s made me... I don’t know, without the knowledge of the backgrounds of where people come from, I don’t know if I would be as compassionate and open as I am.” Similarly, Alison spoke of the growth she has experienced from the challenges of doing trauma work:

I definitely see it as a good challenge, like I work to work my brain ... I don’t know if it’s a conscious thing as everyday I’m going to grow, I think it just kind of happens because everyday you’re thrown something new.

Many of the participants spoke about their change in perspective and outlook on life as a result of their work. They found value and meaning in their work as it gave them a sense of satisfaction and purpose. The following sub-themes: change of perspective and self-satisfaction and purpose were derived from the theme of *developing purpose and personal growth* and will be described below.

***Change of perspective.*** The participants valued their shared journey with their clients and believed it not only inspired them to become more resilient but have shaped them personally and professionally. For example, Alison related, “I like this work, this work has made me, I’m an empathetic person anyways, but I think this work has made me more compassionate than I was before.” She shared a story of when she was walking with a friend outside of a store and an intoxicated man started talking to them. Alison’s friend began to get nervous and agitated by him, whereas Alison was comfortable and open to talking to him. She expressed humility in her statement:

[Work has] given me an attitude towards the people that I think most often people would draw away from, I lean in towards a little bit... like, show me a white guy in a business suit and I’m like AHHH, but the homeless person on the street who just wants to talk, I’m like, ‘lets talk.’ I like that about myself, I was never that way before.

Vanessa’s change in perspective towards people has arisen from her close connection to her clients and as a result she has “become more sensitive to people’s suffering” and has continued to learn from her clients, “You learn a lot clinically from the cases, but you also learn a lot of fun things.” She recalled fun facts that she had learned from her younger clients. It was apparent that whether it was meaningless fun facts or life lessons, Vanessa showed a strong

appreciation for the opportunity to learn from her clients. It was evident that Vanessa's curiosity to learn from her clients alongside her compassion for her clients had a positive impact on her.

Being exposed to their clients' trauma and adversities has allowed these psychologists to put their own challenges into perspective. For example, Alison shared that working with trauma survivors has given her "huge perspective" on her own problems and has helped her evaluate "what's worth getting upset over." Alison explained that when she encountered a situation that she felt to be insurmountable, she would often remind herself of her clients that have had to overcome so much more. She expressed modesty when reflecting on her problems, she shared, "So, even my problems are privileged problems."

Jan Ray expressed similar growth and change in her own perspectives as a result of working with trauma survivors, she explained, "Like after you see how deep some people's problems really are, like, honey, that's not a problem. You want to know about a problem, I'll tell you about a problem." Jan Ray explained that trauma work has helped her evolve as a person in terms of "being more assertive, doing very uncomfortable things that I don't want to do, like interviewing parents and asking them hard questions and awkward questions about their parenting behaviours." It was apparent that Jan Ray developed more confidence in her self as a result of the difficult work that she engages in on daily basis. Jan Ray exhibited compassion towards her clients' circumstances and admitted that she was not sure if she would have been able to overcome some of the hardships that her clients have been through. She described the majority of her problems to be "privileged in general" and explained, "If we would have grown up in those shoes instead of these shoes, we may not have done any better."

Similarly, Sophie shared how trauma work has impacted the evolution of her outlook on life. Like Jan Ray and Alison, Sophie often put her own problems into perspective and compared

her difficulties to those of her clients. As a result she has grown a strong sense of appreciation and gratitude for her own life. This was apparent in her comment:

When you hear difficult things and you witness things that people have encountered and have had to endure, it often has me appreciating what a beautiful life I have, and what a privilege I have to be living in the life that I'm living. So, it often gets me reflecting on how grateful I am that I have this life.

Taken together, it appeared that trauma work created an introspective platform for these participants. For example, trauma work encouraged Sophie to “embrace the moments and the relationships and the things that are the most meaningful” to her. Likewise, the psychologists interviewed shared how working with their clients has transformed their ability to show compassion and face adversities, as well as deepen their appreciation for life and relationships. In addition to experiencing a change in perspective, the participants expressed an expended sense of satisfaction and purpose because they were able to do some of the most difficult work among helping professionals.

***Self-satisfaction and purpose.*** It was apparent that these psychologists felt pride in their ability to work with clients whose circumstances are viewed by society as challenging. Vanessa bluntly admitted, “People don’t really care about psychologists. People have this thing that if you’re a psychologist you hear this all day, so it’s not a big deal.” Although Vanessa believed this to be true, she did show pride in her ability to work with the most challenging clients and cases. Similarly, James felt a sense of satisfaction in his ability to work with the “most difficult people” in society and “still walk away intact and make a difference with them.” James reflected upon an interesting analogy about the satisfaction he felt as a psychologist:

There is a certain amount of, I guess we'd call it, unpolished badge that you keep in your back pocket that you're proud that you can do this. It's not a badge that other people would consider to be very shiny, and maybe it's not very shiny, but a badge it is, and it's one that you have.

As psychologists, these participants felt like valuable members of the helping community. They felt important because their skills and knowledge proved vital to the healing process of their clients. For example, James explained that it gave him a sense of confidence that he was being asked to work with a population that the majority of other professionals find difficult. James explained that he felt valued in his work because people needed him for his skill set and his ability to help clients in very challenging circumstances with complex traumatic histories. He explained, "There's a certain amount of respect other people give you because you're helping them work with this [client]." James believed that psychologists have a valuable skill set and carry with them a sense of pride:

There's a certain amount of pride. You belong to, for lack of a better term, a club. A group of people who work with the most difficult people in society, and you're the frontline person who does that and there's a certain amount of self-satisfaction you can do that.

Similarly, Rachelle shared that she has experienced a sense of satisfaction through knowing that her colleagues and clients valued her skills. She added:

It feels good, it does, I mean, there is part of [trauma work] that is personal ... to be honest that is part of it, it is personal in the sense that it makes me feel, it feeds my ego when I can help somebody, it's true.



Rachelle shared that she received more ‘thank yous’ than complaints and this has created a sense of satisfaction and purpose because she knows how to help people when they are in need of help. Likewise, Alison found a sense of “gratitude” from working with trauma survivors because “it’s much more powerful working with [this] population than with people who are more well adjusted and come from better backgrounds.”

The participants identified being changed, to some degree, by their clients. These psychologists have been inspired to grow and develop personally and professionally. They shared how their work with trauma survivors has given them perspective and an appreciation for their own life. Many of the participants, especially Rachelle and James, identified how their work has given them a sense of satisfaction and pride because their skills were considered valuable. Thus, their ability to remain resilient in their work relies heavily on the positive impact their clients have on them. Interestingly, there was something about the challenges of trauma work and the skills required to be successful in such work that was an affirmation of the psychologists’ impact and purpose in their professional lives. In addition, many of the psychologists have cultivated a mindset that allowed them to continue their work with trauma survivors.

**Deriving positive meaning.** The participants’ responses sparked the notion that perhaps the ability to sustain oneself in their role as psychologists working with trauma survivors requires a particular mindset; a mindset that psychologists need to have to remain resilient when they are working with the most difficult clients and traumatic stories. Over the course of the interviews two sub-themes emerged that reflected the participants’ ability to derive positive meaning from their work. First, the participants seemed to share a similar optimistic view about trauma work. Second, the participants expressed a strong passion for people and relationships. It was evident

that the participants' personal mindset and worldview played a role in their ability to remain resilient in their work with trauma survivors.

Sophie believed it was her personal mindset about people that lead her to this profession, she explained, "I totally love people, I love relationships, I see myself as a relational person [and] that's where my strengths are in the world. So I think navigating towards this profession is really an extension of that." James expressed a different view on his personal mindset in that it partly reflects his training and personality style:

It's also partly a mindset when you go in to this business ... [psychologists] are not prepared for [trauma survivors] and it's not so much them it's their training ... I guess personality styles, for whatever reason some people prefer the colour blue and others prefer the colour red, I don't know what it is, it's just what they prefer. Other people prefer to work with challenging people and they find that a little more spicy than working with people that are less challenging in different ways. I can't explain that. It's a combination of training, personal style, and personality.

Whether innate or developed, the participants conveyed a personal mindset or worldview that has helped them overcome some of the challenges of trauma work. The participants' personal mindset was divided into two sub-themes, specifically, a sense of optimism in their work and for humanity as well as a strong affinity for people and relationships.

***Optimism.*** A sub-theme that emerged within *deriving positive meaning* was the participants' ability to remain optimistic in their work. In other words, the participants' overall demeanor and attitude was positive and hopeful, despite the challenges associated with trauma work. Whether it was overtly said or observed, I noticed that the participants expressed an encouraging and uplifting attitude about trauma work. Despite working with traumatic stories

and difficult material, these psychologists were able to maintain a positive perspective about their profession and clients. For example, Rachelle said, “There is a lot of positives to helping people, more, in my mind, there is more positives than negatives.”

Rachelle explained that her clients have been more successful than not and as a result she has “always felt positive at work.” However, Rachelle explained that her perspective of doing the best she can and not being “out to fix everybody, or help everybody” has helped her remain positive. In other words, Rachelle has maintained a positive attitude in her work with trauma survivors through her ability to foster realistic expectations of her role as a psychologist.

Rachelle explained her beliefs about being a psychologist:

I know I can’t help every person who walks in my office, I don’t have that false sense of belief that I’m going to affect everybody and help them. I don’t believe that. I think I’ll do the best and I can ... We might not be able to do something in the moment but we’ve opened counselling to them so when they’re older as adults and they’re willing and now they’re ready to deal with their trauma, it’s that we haven’t made counselling a bad experience that they won’t come back.

Despite numerous roadblocks and challenges inherent to trauma work, Vanessa believed having a positive attitude is crucial to remaining resilient in her work. She presented a strong belief that change was “not negotiable” because “otherwise the client’s not going to do better.” She maintained this perspective by having a “goal driven” attitude: “What I do is I look at where we’re going with the client and how I’m going to get him/her or the family there and what needs to be done to get the goals done.” Vanessa implemented a “change is not negotiable” attitude to help her self and the client move through the difficult aspects of trauma therapy. She believed it

was her positive and motivated approach to trauma work that has helped her get through the challenges.

When confronted with barriers in a client's healing journey, Sophie reminded herself to remain hopeful, "I can and do remind myself 'Okay, I've been here before and we've got through this, or I've got through this [before].'" She has often used this thought process and positive self-talk to aid in her work with trauma survivors. Alison was able to see the good in people, despite their shortcomings, "And I knew that people could still be really great people even though they were doing things that other people didn't approve of." Alison focus on the positive aspects of trauma work appeared to be an important factor for her as it helped her remain dedicated to her goal of helping the client while not becoming burnt out by the emotional labour involved in trauma work.

Taken together, the participants shared the common thread of optimism. Despite the challenges of working with trauma survivors and even trauma perpetrators, the participants were able to maintain a positive outlook on humanity and therapy. Their optimistic outlook appeared to contribute to them staying grounded and overcoming the difficulties of trauma work.

***Passion for people.*** It was evident that the participants expressed an affinity and passion for people, which has helped them overcome the difficulties of trauma work. For example, Rachelle has always exhibited compassion for others and explained that she likes "being around people" and becomes energized when she is busy at work helping others.

A part of Alison's ability to remain compassionate towards people was her belief in "unconditional positive regard, not for the behaviour but for the person." She believed it was important to be able to separate the behaviour from the person in order to remain empathetic towards the client. It was through her unconditional positive regard for people that she was able

to move forward in treatment because, according to Alison, it was difficult to remain compassionate towards a trauma perpetrator because they are someone who has caused so much harm. However, Alison believed it was important to separate the behaviour in order to have compassion for the trauma that has been done to the individual. Similarly, Jan Ray drew on her compassion towards her clients' stories to help overcome the challenges of working with individuals who have inflicted trauma on others. Jan Ray allowed herself to get to know the client and attempted to understand them and their behaviour in a broader, relational context. Even though her client may have done harm to others, it was through her understanding and relationship with the client that she was able to develop compassion.

Sophie believed her ability to have compassion for her clients and continue trauma work heavily depended on these questions of how she defined who she was as a psychologist. She said:

What is the worldview that we bring to this work? What do we see as our identities as psychologists, as helping professionals? How do we see ourselves, do we see ourselves as the all knower, or do we see ourselves as the collaborator, as someone who is there to walk the journey?

After Sophie posed these questions, she considered, "maybe that is a mindset." Sophie also explained her role, as a psychologist, was relational and expressed that her therapeutic relationship was a critical aspect of trauma work. Sophie believed the "vehicle of change" was the "therapeutic relationship" and "conversations". In other words, the therapeutic relationship was essential to the healing process of her clients suffering from trauma. For Sophie, the "vehicle of change" sustained her.

The therapeutic relationship was crucial in trauma treatment; therefore, it was no surprise that these psychologists expressed a strong passion for people. A unique quality of these psychologists was their ability to connect with people as their job relied heavily on their capacity to do so. It was hard to decipher whether their affinity for people was what drew the participants to become psychologists or if hearing stories of overcoming traumatic adversities drew out their admiration for people's strength in the face of adversity. Regardless, it was a mindset that these psychologists had or had to adopt in order to remain resilient in their work with trauma survivors.

**Serving humanity.** Despite the challenges of trauma work the participants continued to provide psychological services to their clients because they believed it was the right thing to do. The participants expressed a strong passion for their work and providing support to those in need. For example, Vanessa explained that she continued to come to work each day because she believed in mental health care. She said, "It's really critical and I think if we don't take care of the mental health stuff our physical health goes down." The participants believed that they had a responsibility to help their clients because they have the knowledge and capacity to do so. As Jan Ray explained, providing psychological services to trauma survivors is "kind of like [being] a serving humanity." In addition, all of the participants regarded working with trauma survivors as some of the most meaningful work. Thus, the theme of *serving humanity* is divided into two sub-themes: sense of duty and responsibility and meaningful work.

***Sense of duty and responsibility.*** As the interviews progressed and the participants lived experience of resiliency and growth began to emerge, it was evident that each participant expressed a sense of obligation to their work. The participants believed it was their responsibility to work with trauma survivors. James viewed his work as his "sense of duty" because "that's

what I do, that is what I have to do.” Similarly, Alison shared her feelings of commitment and responsibility to trauma work:

A lot of psychologists don’t want to go there at all, they just can’t handle stories, or they don’t have the sympathy, or it’s too stressful, or there’s a lot of hostility. There’s a lot of good reasons not to do this work; I don’t really have any of those and I think part of it is I can do it and I am good at it, so I feel a bit of a responsibility to do it.

A clear sense of commitment emerged from the participants’ accounts of their work. It was apparent that the meaning the participants established from their work with trauma survivors was that they felt a responsibility to help. For example, Rachelle explained the meaning she developed from working with trauma survivors was the power in “knowing you’ve helped somebody.” Rachelle continued, “I was trained to do this, I don’t know what else to do.” When asked to elaborate, she continued to explain her sense of duty towards her work:

YES, it’s my job, this is what I do! ... I think that’s how I see it, that’s my job, I’m not out to save the world, I’ve never felt that, it’s my job, I’m trained to be a psychologist, I have tools that I can do, and that’s my job.

Rachelle believed it was her job to provide support to trauma survivors because she has the ability and capacity to help. Rachelle believed everyone has trauma and “people need someone to talk to, and I feel if I’m grounded and can help them then I will try, and if there’s clients I can’t, then I will ... find somebody who can.” Rachelle continued to express her feelings towards her job as a psychologist, “If someone’s to say I couldn’t be a psychologist tomorrow, that would be very hard because it’s, it is a part of who I am now after doing this for so long.”

As part of providing therapeutic services to her clients, Jan Ray displayed her unwavering responsibility to her clients by being a “strong advocate.” She shared, “I’ve always been able to

access some passion, specifically for people who are not treated well or individuals who have a hard time advocating for themselves.” Clearly, Jan Ray exhibited a sense of obligation to help traumatized and vulnerable clients.

Taken together, the participants displayed a profound sense of duty to trauma work. They believed in the importance of providing mental health services and support to clients in need. It was evident that their sense of responsibility helped them remain resilient and resistant to the negative impacts of trauma work. In addition, the participants’ strong belief in the importance of providing support to clients in need helped them in their ongoing adjustments of trauma work.

***Meaningful work.*** In addition to believing in the importance of providing mental health services to trauma survivors, the participants considered trauma work to be meaningful in its own right. All of the participants felt strongly towards the importance and significance of trauma work that they have continued to treat trauma survivors. According to Alison, “It is probably the most rewarding psychological work I’ve ever done,” because the clients she worked with “need the help the most.” Believing in the importance of trauma work was a general theme that emerged amongst all of the participants.

After discussing the difficulties of trauma work, Jan Ray explained what she valued most in her work that seemed to outweigh the negatives. She shared, “I guess it’s probably that old cheesy thing, you think you’re making a difference.” All of the participants believed that the support they provided to trauma survivors has made a difference. Alison explained that trauma work is interesting, rewarding, and meaningful. She found it much more satisfying to work in a situations where she was dealing with people who have been traumatized than to work in situations where they have not been. About the latter, she commented, “maybe it’s not quite as interesting or rewarding but it’s easier.” Alison laughed as she said; “Some days I wake up and



dream about having a job like that, but for the most part I'm much happier in a place where I am challenged and feel like I'm doing really good work, personally meaningful [work]." Again, there was an underlying emphasis on the significance of being challenged and how the unique challenges of trauma work posed a positive aspect for Alison. Interestingly, the participants appeared to find meaning and purpose in their personal and professional lives through the unique challenges of trauma work.

It was apparent that the participants found trauma work to be more significant and meaningful than other forms of therapy. This was evident in Jan Ray's comment, "I probably feel like doing this type of work is some of the most valuable work." Jan Ray expressed pride in the trauma work that she has done because she felt like she was "doing something that matters, like it's a good thing to do in life," and she "could feel more proud of doing this than selling shoes. I mean people need shoes, but on a spectrum this is more important." Similarly, I detected a sense of satisfaction in Rachelle as she explained, "It feels good" to work with people in need.

For Sophie, the connection with her client has always been important to her. She appreciated the opportunity to be invited into her client's life in hopes that she could help them regain their agency. Together, her connection and the ability to make a difference in her clients' lives have sustained her. Sophie explained that the reason she was in and continues to be in this line of work was because it was "meaningful work, and has the potential to make a difference in real ways in people's lives." Interestingly, Sophie referred to psychological work and trauma work as a "calling." She explained the importance of passion when working with trauma survivors:

If we don't feel that [then] I don't know how you would continue to do this work ... if the passion's not there then I think it would be very, very difficult to do this work and to

feel like you're effective in it and that's certainly how I feel about my career, I can't imagine myself doing anything else.

In closing, the participants believed in the value and importance of trauma work. Being able to help trauma survivors seemed more significant than helping non-traumatized clients. Because of their beliefs in helping people in need, the participants conveyed a sense of responsibility and articulated the importance of trauma work. Together, their sense of duty and the belief that they were conducting meaningful work played a role in their ability to maintain their resiliency, despite the challenges of trauma work.

### Summary

This chapter presented the lived experiences of six registered psychologists who gained resiliency and meaning from their work with trauma survivors. The data analysis was grounded in IPA. According to the theoretical underpinnings of IPA, it was possible to learn about a phenomenon, such as the development of resiliency and meaning in trauma work, by exploring the participants' perceptions as they recalled their direct experience with that phenomenon.

The participant's experiences merged to form the following themes: *maintaining resiliency*, *privileging a shared journey*, *developing purpose and personal growth*, *deriving positive meaning*, and *serving humanity*. The theme, *maintaining resiliency*, was found to be the over-arching theme because it was apparent that the ability to sustain oneself in trauma work was an ongoing, dynamic, and multidimensional process. The four major themes made up the multidimensional process of *maintaining* resiliency. With regards to the first theme *privileging a shared journey*, the participants expressed how grateful they were to be intimately invited into their client's life. As a result of the strong therapeutic relationship, the participants described their experience of *developing purpose and personal growth* because their work with trauma

survivors had created a new meaning and perspective in their life. Of note, it was through the challenges of trauma work that the participants felt affirmation of their skills as professionals and their purpose in life. The theme *deriving positive meaning* was established because the participants remained positive towards their work and focused on the therapeutic relationship with their clients to overcome the challenges of trauma work. Lastly, the participants expressed *serving humanity* as a reason why they were able to continue to work with trauma survivors because they believed it was meaningful and valuable. It is important to note that the majority of the participants expressed their work as being a part of who they are and a reflection of their personality; many referred to their work as a “calling.”

It was the participants’ ability to share in their clients’ traumatic healing journey that inspired them to overcome personal and professional adversities. The participants identified that it was a combination of who they are, their positive point of view, and their passion for people that influenced their sense of responsibility and duty towards helping people in need. Subsequently, this has allowed them to remain resilient despite the challenges of trauma work.

## CHAPTER FIVE: DISCUSSION

The purpose of this research was to explore the lived experience of vicarious resiliency and growth in psychologist who work with trauma survivors. A review of the literature revealed a lack of exploration in the positive impacts of trauma work on helping professionals (Barrington and Shakespeare-Finch, 2014; Harrison and Westwood, 2009; Silveira and Boyer, 2014).

Therefore, the purpose of this study was to explore the experience of resiliency, satisfaction, and personal growth in psychologists who work with trauma survivors, despite the challenges inherent in the work such as vicarious trauma, compassion fatigue.

Drawing on the experience of psychologists through semi-structured interviews, it was evident that each participant experienced the negative impacts of trauma work, however, the positive effects of sharing in their client's healing journey appeared to counteracted these challenges. Through an exploration of finding resiliency and growth in trauma work, an overarching theme of *maintaining resiliency* emerged as a common thread among the other themes. The participants described the continuous and dynamic process of maintaining resiliency through the themes: *privileging a shared journey*, *developing purpose and personal growth*, *deriving positive meaning*, and *serving humanity*. In the first theme, *privileging a shared journey*, participants appreciated the ability to be involved in their client's life and to witness such amazing resiliency and strength in their clients. In the second theme, *developing purpose and personal growth*, participants shared how they have been, to some degree, positively changed by their work with trauma victims. The third theme that emerged was *deriving positive meaning*. Under this theme, it was evident that the participants' personal mindset of optimism and their passion for people and relationships played a role in their ability to remain resilient in trauma work. Lastly, in the fourth theme, *serving humanity*, participants displayed a sense of

responsibility and duty to helping clients in need and expressed a strong belief in the importance of their work. The following chapter provides a brief summary of the findings and integrates them with the current literature. The strengths, limitations, and implications of this study are discussed followed by directions for future research.

### **Maintaining Resiliency**

The literature suggested that the risks associated with trauma work could be reshaped and transformed into a source of resiliency and positive experience for the helping professional (Hernandez, Engstrom, & Gansei, 2010). However, in the current study the psychologists' ability to remain resilient, despite the challenges of trauma work, was not a single process but, rather, a dynamic and developmental process throughout their careers. The participants' spoke of the significant challenges of trauma work, specifically the difficulties with the emotionally draining stories and interactions combined with the "slow gains." Yet, all of the psychologists believed there were more positives than negatives in trauma work that helped them remain resistant to the negative impacts of trauma work. Of note, these individuals were not only able to overcome the challenges of trauma work but were able to positively grow and develop personally and professionally. It was evident that this process was not easy or static, but progressive and developmental. At times, their resiliency was challenged and deflated but somehow they managed to regain their agency. In the current study, four major themes were discovered to contribute to the multidimensional and dynamic ability of the psychologists to remain/maintain resiliency despite the challenges of trauma work. The four themes were: *privileging a shared journey, developing purpose and personal growth, deriving positive meaning, and serving humanity.*

**Privileging a shared journey.** The participants expressed the privilege of being invited into their clients' lives as being one of the important aspects in remaining resilient when working with trauma survivors. Consistent with previous literature (Barrington & Shakespeare-Finch, 2014), the participants explained that witnessing their client's success and resiliency was inspiring and described it as a rewarding aspect of their work. Barrington and Shakespeare-Finch (2014) supported this notion that clinicians can experience both negative and positive transformations. Likewise, Arnold, and colleagues (2005) found that, in addition to experiencing negative emotional responses to trauma work, the majority of participants said that they believed that working with trauma survivors led to enduring, trait-oriented changes in their self, such as increased levels of sensitivity, compassion, insight, tolerance, and empathy. As a result of witnessing their client's resiliency, the participants in the current study became enthusiastic when they spoke of their clients' success stories. The participants were amazed and inspired by their clients' ability to overcome such hardships and adversity in their lives. The current study supported Silveira and Boyer's (2014) findings that bearing witness to a clients' resiliency to the adversity of trauma reinforced the clinician's optimism and hopefulness. Similar to Silveira and Boyer (2014), the current study found that by sharing in their clients' healing journey, the psychologists were able to witness their client's accomplishments and strengths and in turn they experienced a sense of reward as they observed and reinforced their clients' success.

Hernandez and colleagues (2007) conducted a study that examined whether therapists working with traumatized populations learned something about overcoming adversity from their clients. The results suggested that witnessing their clients' resiliency impacted the trauma therapist's own attitudes, emotions, and behaviours. Specifically, the participants reflected on the privilege of witnessing their client's immense capacity to heal. Engstrom, Hernandez, and

Gangsei (2008) furthered the exploration of vicarious resiliency by conducting interviews with mental health professions who worked with survivors of torture. One of the major domains that they discovered was that the mental health providers were strongly affected by their client's ability to survive trauma. Therefore, similar to the current study, the participants gained a stronger appreciation for the human capacity to thrive. The theme *privileging a shared journey* described how these psychologists learned to appreciate and incorporate what they have absorbed from their clients' healing process to strengthen their own well-being and protect against the associated risks of trauma work.

**Developing purpose and personal growth.** As the participants continued their work with trauma survivors, they couldn't help but be forever changed. Consistent with previous studies (Barrington & Shakespeare-Finch, 2014), the current study discovered that the participants experienced positive transformations and personal growth from their work with trauma survivors. Likewise, Hyatt-Burkhart (2011) explored the concept of compassion satisfaction and found that mental health providers who work with traumatized clients identified positive psychological and emotional growth as a result of their work. In addition, Hyatt-Burkhart outlined that if the therapist experiences a similar process of growth and transformation as the client, then the therapist might also successfully integrate and transform their vicarious trauma to maximize the possibility of growth.

The participants valued their shared journey in the face of their own hardships and they believed it had not only inspired them to become more resilient but also shaped them personally and professionally. Personally, trauma work appeared to change the participants' perspectives in life. Specifically, trauma work helped the participants' to put their own challenges into perspective and gave them a deeper appreciation for their own lives. Silveira and

Boyer (2014) found similar results when they examined vicarious resiliency in counsellors who worked with children and youth that had suffered interpersonal trauma. They found that clinicians put their own challenges into perspective after being exposed to their clients' trauma and adversity. Another major finding of Silveira and Boyer, that mirrored the findings of the current study, was that the participants acknowledged that they learned from their clients and often integrated such strategies into their own lives, such as increased motivation to change and grow. Barrington and Shakespeare-Finch (2013) found that participants that worked with refugee survivors of torture experienced growth and change in their life philosophy. Changes in life philosophy included changes in the participants' way of thinking, values or priorities in life, becoming less judgmental, and increased sense of gratitude and appreciation for their loved ones. This was seen throughout the current study. For example, Jan Ray and Alison explained that they have become less judgmental towards individuals who appear less fortunate. In addition, Sophie explained that her appreciation for her own life has grown as a result of her work with trauma survivors.

It was apparent that the participants felt pride in their ability to cope with some of the most difficult work among helping professionals. The participants expressed a sense of satisfaction and purpose that they had the ability to work with the "most difficult" clients in society. Many of the participants explained that their work gave them a sense of satisfaction and pride because their skills were considered valuable. This is consistent with previous literature as Silveira and Boyer (2014) found that clients' success stories and victories nurtured their participants' confidence and increased their sense of professional self-efficacy. Interestingly, there was something about the challenges of trauma work and the skills required to be successful



that sustained the participants because it affirmed their impact on others through their work and purpose in life.

**Deriving positive meaning.** The current study found that the participants demonstrated resiliency due to deriving positive meaning from their clients. Results suggested that the participants' work with trauma survivors had changed their lives in a profound and positive way. Barrington and Shakespeare-Finch's (2014) found that participants reported searching for such positives to avoid feeling overwhelmed by their clients' trauma. Interestingly, in the current study, consciously deriving positive meaning from trauma work was reported to be an active approach to help mitigate the harmful effects of working with trauma survivors. This is consistent with previous literature as Wise, Hersh, and Gibson (2012) suggested that when intentionally induced, a positive mindset could buffer against stress and negative emotional reactivity and result in new and adaptive mental processes. The current study sparked the notion that perhaps the ability to sustain oneself in trauma work required a particular positive mindset in order to remain resilient when working with trauma survivors. The majority of the participants saw the value in their work and believed there were many positives to helping individuals in need. It was evident that the participants in the current study shared a common thread of optimism.

In addition to remaining optimistic in the face of trauma work, the participants shared a passion for people and relationships. The psychologists valued their therapeutic bond with their clients and believed that sustained and energized them in this challenging work. Similar to other findings (i.e., Harrison & Westwood, 2009), the participants' compassion and exquisite empathy for human suffering seemed to be a protective factor for some of the participants. According to Harrison and Westwood (2009), some clinicians accept their relationship to the client's traumatic

story and integrate this aspect of their professional life into their identity. The current study found that the participants integrated their clients' success stories into their personal life by deriving positive meaning from their clients' ability to overcome adversity. However, it is important to note that it was hard to decipher whether their passion for people was what drew them to become psychologists who worked in the area of trauma or if hearing their clients' stories of overcoming traumatic adversities drew out their admiration for people's strength.

**Serving humanity.** Results of the present study revealed that participants expressed serving humanity as an aspect of meaning that they developed from their work with trauma survivors. This finding was unique to the present study as no other literature, that was found, displayed the same results. The majority of the participants shared that they believed it was their responsibility to help survivors of trauma. The participants made sense of their work with trauma survivors, by regarding it as their obligation and sense of duty towards society.

One participant, Sophie, believed this line of work was a "calling." She explained that it was her calling to become a psychologist and to help people through therapy. Sophie's perception of her work corresponded with previous research conducted by Duffy, Bott, Allan, Torrey, and Dik (2012). Duffy and colleagues examined the link between the participants' perceptions of work as a calling and job satisfaction in 201 employed adults using an online survey. Interestingly, those professionals who endorsed the perceptions of work as a calling were more committed to their careers, found more meaning in their work, and were more satisfied with their jobs. The results found in Duffy et al. (2012) mirrored the results that were found in the present study. Similar to Sophie, Rachelle explained that being a psychologist was a part of who she was. Sophie and Rachelle believed their ability to remain resistant to the harmful effects of trauma work relied heavily on their strong belief that they were suppose to be in this

profession. In other words, these participants believed that becoming a psychologist contributed to their work satisfaction, work meaning, and commitment to their careers.

The participants' belief in the importance of providing treatment to trauma survivors played a role in their ability to maintain resiliency despite the associated risks of trauma work. Engstrom, Hernandez, and Gangsei (2008) found that, for mental health providers, working with trauma survivors reaffirmed the value of therapy. For the participants in the current study, being able to help trauma survivors seemed more significant than helping non-traumatized clients. Therefore, the meaningfulness of trauma work supported the participants' ability to maintain resiliency when working through the difficulties of trauma work.

### **Strengths of the Study**

There are several strengths in this study. First, this research added to the limited literature in the area of studying the positive impacts of trauma work on helping professionals. Numerous studies have explored the negative impacts of trauma work such as vicarious trauma (McCann & Pearlman, 1990a, 1990b) and compassion fatigue (Figley, 1995). However, there is growing interest in how helping professionals experience resiliency and growth that parallels their clients'. The current study explored the personal experience of growth, resiliency, and satisfaction in psychologists who conduct trauma treatment.

The second strength is the utilization of IPA as the specific qualitative approach to explore how psychologists' experience trauma work. IPA allowed for an in-depth exploration of the participants lived experiences and perceptions. The case-by-case analysis provided detail about the perceptions and understandings of this particular group of psychologists, rather than making general claims about a population. The small homogenous sample and idiographic nature of IPA allowed for a rich and detailed exploration of each participant's experience (Smith,

Flowers, & Larkin, 2009). In addition, IPA not only valued individual evaluation but also cross-case considerations between participants. This involved finding patterns and similarities that reflected congruent themes from all the participants' interviews. Following IPA as the methodological approach proved to be a unique strength as it provided detail and insight into the personal experience of resiliency and growth in psychologists who work with trauma survivors.

The fourth strength of the current study was the use of semi-structured interviews. Semi-structured interviews attempted to enter, as far as possible, the psychological and social world of the participant while allowing the participant to introduce issues or topics that the researcher may not have thought of (Smith & Osborn, 2003). The advantages of using semi-structured interviews was that it facilitated rapport with the participants, allowed for greater flexibility of coverage, and allowed the interview to go into novel areas, which ultimately deepened the richness of the data.

The final strength of the study was the impact the research process and topic had on the psychologists. Interestingly, this particular strength of the study only became apparent as the interviews progressed. The participants appeared excited to reflect on their careers and share personal stories. I noticed that the interviews served as a means of validation for them and their careers. Being able to share their thoughts and feelings with someone who showed a genuine interest and awe for their capacity to work with trauma victims was incredibly validating for them. The interviews reinforced how appreciated they are that they have the ability to work with trauma survivors. Overall, the interviews were a positive experience for the participants as they expressed their interest in the research topic and how much they enjoyed being interviewed.

## **Limitations of the Study**

The current study had several limitations. First this study utilized a qualitative methodology, specifically IPA, because it sought to explore psychologists' lived experiences of trauma work. As a result, this study provided an in-depth experience from a specific group of only six psychologists. A limitation of this is that it reduces variability and therefore transferability amongst the general population of psychologists. Broad transferability was not the goal of my research; my goal was to illuminate the potential for positive outcomes for psychologists who work with trauma survivors. Furthermore, because only psychologists were interviewed for this study the results may not reflect the experience of all helping professionals who work with trauma survivors.

A second limitation is the convenience sampling that was conducted. As a result of convenience sampling, I had a pre-existing association and/or professional relationship with three of the six participants. Although I believed this helped to create a comfortable atmosphere within the interview, there could be some concerns regarding the prior researcher-participant relationship. For example, the participants may have been reluctant to share some details or express their true feelings. In addition, a prior relationship was established with only half of the participants, which could have impacted the variations between participants. While this may be seen as a limitation in the study, I believe the prior relationship allowed for a stronger rapport and deeper sharing of information.

Thirdly, the use of semi-structured interviews posed a potential limitation. According to Smith and Osborn (2003), semi-structured interviews reduce the amount of control the investigator has over the situation. In accordance with Smith and Osborn (2003), the interview followed the participants' experiences and only probed when interesting areas arose in order to

maximize the opportunity for the participant to share their own story. A limitation is that not all the interviews were alike because the questions were asked differently or at different times. While this is characteristic of IPA and encouraged by Smith and Osborn (2003), it does, however, create limitations when comparing results because the interview information was not gathered identically.

Lastly, due to the positive framework of the study, participants' personal history of trauma was not explored in the interviews. In addition, the current study did not directly question the participants about their personal lives. Therefore, this may be considered a limitation as the participants' personal lives and history of trauma was not known to help understand how it might influence their perspectives of working with trauma survivors.

### **Implications for Practice**

The results of the present study have implications for increasing psychologists' personal and professional well-being. Focusing on the positive impacts of trauma work has implications for future training and educational purposes for helping professionals who work with trauma survivors. In addition, the findings of the present study underscore the ethical responsibilities shared by psychologists.

Results may be useful for helping professionals who work directly with trauma survivors (e.g., counsellors, therapists, psychologists). Previous literature on self-care has primarily focused on generic self-care approaches such as seeking personal therapy (Bearse, McMinn, Seegobin, & Free, 2013), engaging in leisure activities, exercise, rest, supervision (Bober & Regehr, 2006), and monitoring boundaries (Iliffe & Steed, 2000). While self-care is crucial and ethically required (Canadian Psychological Association, 2011), this study suggested that there were other aspects that help sustain individuals as helping professionals such as using the shared

journey with your client as a means to develop strength, growth, and resiliency. In addition, focusing on the positive aspects of trauma work such as the development of individual growth and the changing of personal perspectives may help retain psychologists who have difficulty working in trauma work. Taken together, the current study broadens the scope of preventative and self-care strategies by examining internal cognitive factors such as personal growth, resiliency, strength, and providing perspective that may help a helping professional's well-being.

Results may benefit organizations that employ helping professions. While it is important to acknowledge the potential risks inherent in trauma work, it is equally important to recognize the experience of psychological benefit and personal growth. The literature suggests that the majority of training and educational approaches of preventing burnout, vicarious trauma, and compassion fatigue are pathological and deficit based (Hyatt-Burkhart, 2011). This means that training programs often provide information on how you can avoid being negatively impacted as a result of working with survivors of trauma rather than what you can gain from trauma work. Wise, Hersh, and Gibson (2012) stated that when focused solely on surviving, individuals often fixate on the negative, whereas when individuals focused on flourishing, a broader array of optimistic possibilities was invited into one's personal and professional life by emphasizing attitudes and practices that reflect an overarching positive orientation. In accordance with Wise, Hersh, and Gibson, the results of the current study suggested that helping professionals have the ability to foster personal positive outcomes by focusing on vicarious growth and resiliency, which may help buffer against distress and the negative outcomes of trauma work. Fredrickson and colleagues (2008) found that an increase in positive emotions might lead to an increase in personal resources such as mindfulness, purpose in life, social support, and decrease illness. Therefore, education, workshops, and training for helping professions may benefit from an

overarching positive orientation that includes information on how to nurture one's own ability for growth and satisfaction in trauma work. Subsequently, training that helps buffer against distress may increase clinician well-being, role retention, and improve therapeutic outcomes (Barrington & Shakespeare-Finch, 2013).

This study is not only concerned about the welfare of the psychologist but also the risk that personal impairment may have on client care. The literature suggested that personal impairment and distress of the helping professional had a negative impact on client care (Guy, Poelstra, & Stark, 1989). Consistent with the Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2001), the current research underscores the ethical responsibility shared by psychologists to address and reduce negative work related outcomes to improve their own welfare and that of their clients.

### **Future Research**

There remains a strong need for future research on resiliency and personal growth in helping professions who work with trauma survivors. Previous research has examined the impact of trauma work on helping professionals in general such as, counsellors, therapists, and other mental health professionals (Barrington and Shakespeare-Finch, 2014; Harrison and Westwood, 2009; Silveira and Boyer, 2014), however this was the first study, to my knowledge, that examined the positive impacts of trauma work specifically on psychologists. Therefore, future research is warranted to further examine the positive impacts of trauma work on psychologists, specifically in the development of vicarious resiliency and growth. In addition, a possible research question for future research may be what characteristics or personality traits contribute to a psychologist's ability to work with trauma survivors?



Future research could focus on training and educational programs that may help prepare psychologists to cope with the challenges of trauma work. As previous literature (e.g., Hyatt-Burkhart, 2011) has suggested, the majority of training and education approaches are focused on how to prevent vicarious trauma and other negative work related outcomes from happening. This approach is pathologically driven, whereas the current study suggested that it might be more beneficial to focus on what you can gain from trauma work. Therefore, approaches and strategies for helping trainees to learn how to nurture their own ability for growth and satisfaction in trauma work would be beneficial to include in training programs and professional in-service sessions.

One idea to include in training programs would be to focus on the perception of work being a calling. As Duffy et al.(2012) suggested, those with a perception of work as a calling are more committed to their careers and commitment to a career has been related to job satisfaction. In addition, the perception of trauma work as a calling may also increase work meaning, which in turn, could lead to greater work satisfaction. Therefore, it may be beneficial to explore this concept in future research in order to include it in educational programs for helping professionals.

In the utilization of IPA, there was no availability for standardized scales or measures. Perhaps in the future, a mixed method design with a larger sample size of psychologists could enhance the transferability of research findings in this area. For example, quantitative studies could gather information regarding the percentage of psychologists that experience negative and/or positive impacts of trauma work. In addition, qualitative studies could follow up to inquire about the experiences and perspectives of those negative and positive experiences of trauma work. However, due to the limited research on the positive impacts of trauma work in

general, I think more qualitative research is necessary to capture the lived experience of resiliency and growth in helping professionals who work with trauma survivors.

A challenge I encountered when conducting this research was the ambiguity of terminology and conceptualization. For example, secondary traumatic stress (i.e., secondary traumatization) and vicarious trauma were defined differently but often used interchangeably (McCann & Pearlman, 1990a, 1990b; Stamm, 1996; Rosenheck & Nathan, 1985). In addition, terms used to describe the positive impacts of trauma work, such as compassion satisfaction, vicarious resiliency, and vicarious posttraumatic growth were theoretically different, however exhibit commonalities and overlap in definitions that make it difficult to differentiate. Therefore, future research in the area of conceptualization and delineations of such terms would be advantageous.

## **Conclusion**

The purpose of this research was to explore the lived experience of vicarious resiliency and growth in psychologist who work with trauma survivors, despite the challenges inherent in trauma work (e.g., vicarious trauma, compassion fatigue). The literature has noted a lack of exploration of the positive impacts of trauma work on the helping professional. Therefore, to fill this gap in literature, the current study explored six psychologists' lived experience of vicarious resiliency, satisfaction, and growth in their work with trauma survivors.

The results revealed that participants experienced many difficulties associated with trauma work; however, they also displayed an immense capacity to find meaning and growth from their work. Evidently, the positive aspects of trauma work seemed to outweigh and counteract the negatives effects. Through individual interviews the participants shared personal experiences of how they have enhanced personal growth and positive meaning in attempts to

maintain resiliency throughout their careers. The overarching theme of *Maintaining resiliency* reflected the ongoing and dynamic process of maintaining the participants' resiliency despite the challenges of trauma work. Subsequently, four major themes emerged: *privileging a shared journey, developing purpose and personal growth, deriving positive meaning*, and *serving humanity*. Taken together, the participants shared how privileged they felt to be invited into their clients' lives. It was through the shared healing journey with their client that the participants were able to witness resiliency and growth and subsequently transform that into their own lives. Many of the psychologists revealed a sense of satisfaction and importance from their work. It was the unique challenges of trauma work that made these psychologists believe that they had significant skills that were valued by society. In other words, being able to overcome the challenges of trauma work gave the psychologists affirmation of their skills and purpose in life. All of the psychologists believed their work were valuable and meaningful and derived fulfillment and positive meaning from being able to treat trauma survivors. For most of the participants, they believed they had a sense of "duty" and responsibility to provide treatment to trauma survivors because doing trauma work was significant and necessary. The results suggested a transformative potential of re-contextualizing a psychologist's response to trauma work by attending to the possibility of growth and resiliency.

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## Appendix A: Semi-Structured Interview Guide

### **The Lived Experience and Meaning of Vicarious Resiliency in Psychologists who work with Trauma Survivors**

Demographics:

Pseudonym: \_\_\_\_\_

Gender: M or F or Other

Registered with the Saskatchewan College of Psychologist: Y or N

Practicing Registered Psychologist: Y or N

Years of Experience: \_\_\_\_\_

Mailing address OR Email (Request Final Transcript):

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1. I'm curious to know your experience of working with trauma survivors, in terms of the type of trauma work you do and for how long have you been working in this area?
2. What is it that drew you to this area of work?
3. What are some of the challenges of providing psychological services to trauma survivors? (Listen for challenges of descriptive levels: when, how, what)
4. Has there been a time when you questioned whether you wanted to or could carry on in this work?
  - a. How did that look?
  - b. What was it that made you feel this way?
  - c. You mentioned...(story)... was there a time your compassion was exhausted?
5. How were you able to carry on after dealing with a traumatic story (OR use their example story)?
6. How do you navigate those challenges to allow you to carry on in this work? What keeps you going?
7. What is it that keeps you resilient and compassionate in your line of work?
8. What motivates you or gives you energy in your work?
9. What advice would you want an early career psychologist to know about this work?
10. Is there anything else you would like to share or that you think we have missed?

CHECK-IN: How are you doing after talking about all of this? Are you okay to end the interview?