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Title of the Thesis

Search for Meaning in the Context of Trauma: An interpretative phenomenological analysis of the trauma therapist's personal meaning of the Vicarious Traumatisation experience

by

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‘This thesis is the result of the author’s original research. It has been composed by the author and has not been previously submitted for examination which has led to the award of a degree.’

Signed: Date:

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Dedication

To:

My wife Shirin

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Abstract

This thesis examines the potential psycho-spiritual transformations of trauma therapists on the journey towards *inner self*. The main question which emerged from this study was *'How do trauma therapists manage to survive the vicariously traumatic effects of dealing with traumatised individuals through their personal meaning and cognitive processes?'*

The aim of the current study was to address the experience and consequences of trauma therapy. The quality of the therapeutic relationship, identifying the transformation in it over time and the reciprocal nature of this relationship has been explored. The intention was to raise awareness of work-related traumatic stress, and to provide a conceptual model to assist trauma therapists' understanding of how to constructively manage vicariously traumatic stress and its impact on their *whole being*.

An interpretative phenomenological analysis (IPA) research approach was used to investigate and understand the particular themes that emerged from the participants' narratives. This approach allowed the researcher to examine the phenomenon being investigated with sensitivity and respect in appreciating the actual lived experiences of the participants.

Research interviews were conducted, under this framework, with eighteen participants and produced a set of narratives portraying the lived experiences of trauma workers on trauma practice. Through IPA analysis of the deep meanings implanted within each narrative a set of guiding principles, major themes and sub-themes were set up and from them the outcomes of the work-related trauma impact on therapists emerged.

The emerging theory, the development of which is based upon the participants' lived experiences, shows that trauma therapists grow through three main psycho-spiritual developmental stages of balancing the impact of clients' trauma: *processing trauma*

– to protect from vicarious trauma, *transforming trauma* - to develop personally and professionally, and *living trauma* – to enhance their sustainability. The participants, however, were likely to involuntarily recycle the three stages when experiencing personal traumatic stress or organisational stressors, in addition to holding clients' trauma. An outline of the findings is provided along with a discussion of the limitations of this study and the implications this study has in the therapeutic processes in a trauma context. The trauma practice appeared to be a journey which may lead the therapist to the self-development and to the survivor's transformation.

Adopting a heuristic multi-cultural view, this study, aimed to provide a dynamic account of the inner transformative experience of trauma therapists in a reciprocal relationship with their traumatised clients. Moreover this study has suggestions with regard to spiritual and personal developmental implications for trauma social work practice. This portrait and the relationship of spirituality, social support and trauma to growth have implications for social workers in all practice areas in particular in a trauma context. The importance of spirituality mirrors an emerging area of interest in social work. The knowledge of factors that can play a role in post-traumatic growth can contribute to the work of social workers and others at any level of intervention.

CHAPTER I

Introduction

Trauma is contagious for the witness. Therefore, working as a trauma therapist with trauma survivors has the potential to arouse terror, rage and despair. This can cause secondary traumatic stress, which can lead to compassion fatigue or burnout (Figley, 1995b; Herman, 1992; Shafer, 2001).

In order to understand the trauma therapists' main concerns in this context and how they managed their emotion to clients' trauma it was important that this research examined trauma therapists' feelings and their points of view focussing on their everyday reality when interacting with traumatised clients.

This chapter presents the aim, purpose, and the background of the study, followed by the focus of inquiry and the potential significance of the research. The chapter concludes by drawing the reader's attention to the need for further generation of knowledge about the impact of trauma on the development of trauma therapist and presents the structure of this thesis.

Aim

The aim of this research was to use the Interpretative Phenomenological Analysis (IPA) approach to discover the main concerns of trauma therapists when working with traumatised clients, and to explain the processes that the participants used to continually manage those concerns.

Purpose

The purpose of this study was to use the method of IPA to develop an emerging theory of those processes by which trauma therapists described situations when interacting with traumatised clients. The study also aimed to describe how therapists changed and continually managed the traumatic stress within and outside the

therapeutic context. From the interpretations revealed, the findings described the hidden process.

The findings might provide invaluable insight and understanding of trauma therapists' processes when dealing with traumatic stress, which in turn could be useful as an educational and organisational resource tool. The intention is that this study would benefit trauma therapists by raising the awareness of work-related traumatic stress, and by providing a resource for understanding how to positively manage this and its impact on mind, body and soul, before it manifests in burnout or illness (Stamm, 1997b).

Background

Brief statement of study

Shafer (2001) called post-traumatic stress disorder an 'infectious' psychiatric syndrome that can be passed on to others such as family, emergency workers, doctors, nurses and therapists. How then do trauma therapists, who often carry their own trauma histories, bear the fear and terror and manage their traumatic stress when being with trauma clients without feeling overwhelmed or losing a sense of hope?

Choice of topic

I chose the topic of traumatic impact on trauma therapists for two main reasons. The main reason was the revelation of my ex-trauma therapist colleagues who were suffering from symptoms that they attributed to the traumatic stress level of their work with trauma survivors. The other was the personal experience of being vicariously traumatised by dealing with Post-traumatic Stress Disorder (PTSD) survivors throughout my clinical practice.

As a result, I am aware of and sensitive to the impact that post-traumatic stress has on the individual and how it is passed on through interactions and interpersonal behaviour. For this reason, it was my assumption that trauma therapists, who are in

therapeutic relationships with trauma survivors, are affected by the trauma impact and therefore need to find means to manage this.

The perspective of the researcher

My perspective as the researcher of this study has also been shaped by my combined professional experiences as a mental health social worker of five years, counselor and family therapist of eleven years, and three years as a supervisor of counselors.

I am a member of PSWA[1], and I have trained in Family Therapy, Group Therapy, Jungian Depth Psychology, specialising in Mental Health Social Work and Therapeutic Supervision. I worked in private practice, and supervised social work students at the Alameh T. University and the Azad University of Arak and also in the clinical team at Razi Psychiatric Centre in conjunction with the University of Welfare and Rehabilitation Sciences. Furthermore, my teaching experiences include six years as a teaching fellow and lecturer in social work, four years as the course coordinator for the undergraduate Counselling and Psychotherapy programme at the Alameh T. University and the Bachelor in Social Work, and lecturer at the Azad University of Arak undergraduate and postgraduate Social Work programmes. I have been living in the UK for more than four years.

It became apparent to me during the research that I was also motivated by my own need to make meaning of what brought me to this research. Taking responsibility for one's emerging perspectives during the process of research is as important as identifying the perspectives one brings to the beginning of it (Elliott, Fischer, & Rennie, 1999). During the course of the research I realised that I was reviewing myself as an ex-therapist. I knew that I would be bringing my own *transpersonal* perspective to practice, and probably applying this approach as a personal developmental tool. I realised I needed to understand how other professionals were experiencing Vicarious Traumatisation (VT) and transform their personal and professional lives. My understanding mirrored that of van Manen (1990), who stated: 'The point of phenomenological research is to 'borrow' other people's experiences

[1] Persian Social Work Association

and reflections on their experiences in order to better be able to come to an understanding of the deeper meaning or significance of an aspect of human experience' (p. 12).

Focus of inquiry

Earlier research in the area of traumatic effects has focused mainly on the aspect of *risk* for different health care providers in close contact with PTSD clients. The therapist's management of the unconscious process and the effects associated with the treatment of clients with PTSD was relatively unexplored. Therefore, there was a great need for further research on the *management, prevention* of harm and possibly *therapist's development* when listening to another's traumatic material within the therapeutic relationship. This was especially so in light of the fact that the preliminary literature review showed that unattended accumulation of the traumatic impact could lead to compassion fatigue, a form of burnout that manifests as a deep physical, emotional and spiritual exhaustion, accompanied by acute emotional pain (Pfifferling & Gilley, 2000).

The use of the IPA methodology aimed to explore the topic of vicarious traumatisation in a way that other methodologies could not. IPA has no preconceived view of what problem may be encountered in the research, nor how the participants resolve their problems (Smith, 2003). The question in this study therefore was further defined as the data was analysed (Polit & Hungler, 1997).

The phenomenon under investigation was the therapists' subjective meaning of the VT experience. The VT experience is neither linear nor causal, but dynamic, multi-dimensional and related closely to the meanings that it has for the therapist. This seemed to be a challenging topic to be investigated. However, choosing the IPA methodology enabled me to understand the relationship between therapists' personal meaning, their emotional and spiritual concerns and secondary traumatisation phenomenon itself. Osborn and Smith (2006b) argue: 'IPA is particularly useful where the topic under study is multi-dimensional, dynamic, contextual and

subjective, relatively novel and where issues relating to identity, the self and sense-making are important' (p. 217).

This IPA study describes the psycho-spiritual process occurring in trauma therapists when working with traumatised clients and when making decisions about how to manage vicariously traumatic effects of their work. Applying the IPA method to the data, which focused on the trauma therapist's lived experience, enabled me to establish the stages and phases that characterised this particular process. The study explored how participants described their reality in continually managing VT within and outside the therapeutic context in order to identify the implications for trauma practice. As Willig (2001b) argues 'IPA is a new and developing approach that leaves more rooms for creativity and freedom to explore on the part of the researcher who uses it' (p. 69).

Although there have been significant increases in understanding the phenomenon of secondary traumatic stress over the past thirty years, published research about trauma therapists' perspectives and concerns is limited. Analysing the participants' data revealed their main concerns and how they managed these that actually reflected trauma therapists' lived experience of VT. The findings of this study could effectively inform health care professionals about the impact of work-related secondary traumatic stress.

Research approach

This study applied an IPA inquiry which is a fairly recent qualitative approach to research, which combines a dedication to understanding the lived experience of the participant with the recognition that to achieve such understanding requires interpretative work on the part of the researcher. IPA offers a systematic approach to conducting qualitative research (Smith & Osborn, 2003).

The theoretical underpinnings of IPA are rooted in three touchstones. One significant theoretical criterion for IPA is *phenomenology*, which has been based on Husserl's works to create a theoretical knowledge of perception:

> The phenomenological approach stems from the principles of Husserl and what is of significance for a phenomenological inquiry is the focus on what individuals experience and how they perceive it. The purpose of IPA is to examine, as far as is possible, the perceptions of the participant. However IPA recognizes that this process involves interpretative activity on the part of the researcher. If the meaning of the experience is to be sufficiently explored, then such an intensive qualitative approach is necessary (Osborn & Smith, 2006a, p. 1001).

A second essential theoretical concept which informs IPA is *hermeneutics* - the theory of interpretation. A third noteworthy influence is *symbolic-interactionism*. The meanings which individuals attribute to events are of main concern, for symbolic-interactionism, but those meanings are only achieved through a process of social engagement and a process of interpretation (IPA, 2006).

In symbolic-interactionism meaning is formed through the utilisation of symbols and language. 'The individual society, mind, self and truth are not *things*, but are thought of as processes, undergoing constant change' (Charon, 1979, p. 32). Consequently, symbolic-interactionism focuses on common experiences or behavioural patterns of a group and meanings are derived from social interactions interpreted by the receiver.

Accordingly, as IPA lies within the qualitative-interpretative paradigm and is theoretically framed by the phenomenology, hermeneutics and symbolic-interactionist perspective, it was the best method for me to use in this study. Furthermore, IPA matches well with the topic and the initial research question: *'How do trauma therapists' manage to survive the vicariously traumatic effects of dealing with traumatised individuals through their personal meaning and cognitive processes?'*

The notion of *integration* in IPA is to 'generate a list of master themes which captures a quality of the participants' shared experience of the phenomenon under investigation, and which, therefore also tells us something about the *essence* of the phenomenon itself (Willing, 2001, pp. 58-59). In this regard, I used this integrated

set of constituent themes to identify their lived experience of VT in the context of trauma.

One of the 'valuable benefit of IPA is its capacity to investigate human experience within a cultural context. It places emphasis upon the contextual factors that are at work within an individual's life which may directly or indirectly play a part in the meaning-making process' (Shaw, 2001, p. 50). My proposal is that an extensive awareness of the behavioural patterns that actively assist trauma therapists to manage the impact of secondary traumatic stress will empower them in the way they work within the therapeutic culture.

IPA is a developing methodology in health psychology (Smith & Osborn, 2003) and the existing psycho-traumatology literature shows an increase in the application of qualitative research methods, mainly phenomenology, narrative analysis and grounded theory. Rennie (1996), a Canadian psychotherapist and researcher, describes the match of research and clinical practice as a 'holism of approach', and 'It continues to draw upon and stimulates a fullness of being in ways quite unlike what is experienced in the practice of the natural science approach inquiry' (p. 319).

Significance

The significance of this study is its potential to assist trauma therapists' well-being and to improve practice by bringing awareness and empowerment to therapists working with PTSD clients in UK. Even though the literature in the wider field of PTSD has been growing extensively for more than three decades, there are still many inconclusive and unknown aspects of the effects of PTSD and its impact on both survivors and, especially people, who care, support and work therapeutically with them. Unfortunately, 'only a small number of researchers focus on therapist well-being' (Hirschhorn, 1999, p. 24). This is supported by Pearlman and Saakvitne (1995), experts in the field of vicarious traumatisation in psychotherapy with incest survivors, in their statement that the body of literature on psychotherapy with traumatised clients has flourished over the past thirty years, yet 'little of that literature addresses the role and needs of the therapist' (p. 1).

Since most research on vicarious traumatisation has been conducted with therapists working in a trauma specialty area such as sexual abuse clients, perpetrators, combat veterans or war survivors, this raises the question of whether therapists who work with a range of traumatised and non-traumatised clients are affected differently? Recent research and literature on vicarious traumatisation suggest the need for further research. What most effects therapists? How do experienced therapists and therapists from different cultures, including therapists who work in private settings, experience and manage trauma impact? It is proposed that by examining the phenomena of vicarious traumatisation, as described by experienced therapists, a model of managing the impact of trauma can be generated.

And it is intended that developing a model that shows nominal stages (Glaser, 1998) and explains how therapists can successfully manage and integrate the effects of vicarious traumatisation will be conceptually and perceptually empowering for clinicians working with trauma clients in the UK. Therefore the purpose of this study is to explore how experienced UK therapists, working with a variety of clients in different therapeutic settings, who are provisional or full member of a professional body with high standards and have regular supervision[2], experience and manage the impact of trauma.

The generation of knowledge is an important purpose of research and is a responsibility of each profession in order to facilitate reasoning and decision making, which is located at the centre of professional practice (Higgs & Titchen, 1995). The IPA analysis has the potential to supply trauma therapists with new understandings of their main concerns and strategies within the complex process of managing those concerns.

IPA is selected for this study because the goal of IPA is understanding rather than proof and is well suited to domains of human behaviour in which little understanding

[2] I will discuss later, in chapter VI, that amongst all helping professionals that I interviewed in the field of trauma, only social workers have not received regular supervisions. The findings of this study reveal that there is more likelihood that social workers experience vicariously traumatic effects of their work compared to other helping professionals in a trauma context.

or information currently exists. The main task of this approach is to comprehend the meaning of the information under study by discerning themes for commonalities and uniqueness. This type of research also yields descriptive data that may be used for planning further studies and conceptual formulation:

> IPA has the potential to uncover constructs that have not been previously developed by either theorists or researchers. Consequently, IPA is an exploratory tool that is data-driven rather than theory-driven …This means that instead of attempting to support or refute an existing theory, researchers using IPA are able to investigate phenomena from a new perspective by learning from those who are experiencing it, rather than from theories that may be many years old (Shaw, 2001, p. 49).

In my opinion the potential significance of this study lies therefore, in the hypothesis that any new knowledge in this area might be helpful for health care providers, as more public acknowledgement of the effects of secondary traumatic stress and its possible prevention will help to normalise a still hidden phenomenon.

My research demonstrates that therapists working in agencies that provide counselling and support for clients, who are likely to be survivors of traumatic life events, in areas such as sexual abuse, violence, addiction and refugee status are subject to serious risk of secondary traumatic stress. Subsequently, burnout, compassion fatigue and disillusionment can lead to high staff turnover rates, which in turn can impact on the clients.

With regard to my own experience as a an ex-trauma counsellor, I have observed a number of individuals alleviate their unhappiness, and their understanding of the nature of suffering, through finding or giving meaning in their traumatic experience(s), and my own practice supports these outcomes. In undertaking this study I started from the broad assumption that constructing personal meaning could be part of the personal developmental process of any therapeutic relationship for both therapist and client. Furthermore, any spiritual growth might be placed in understanding and processing emotional suffering. However in the case of the

therapist it might be in the form of transcendental transformation in the therapist's inner experience (e.g. their inner senses) or in other words I would propose a new emerging terminology which is ***vicarious Transformation*** (***vT***).

Finally, the findings of this study may inform the organisations in which trauma therapists' work and provide the possibility to positively alter work conditions for clinicians, supervisors, treatment providers, policy makers and researchers.

Structure of thesis

CHAPTER I contains the 'Introduction', which outlines the aim, purpose, and background, focus of inquiry, research approach and significance of this thesis.

CHAPTER II 'the nature of trauma' reviews existing literature and research in the interface between trauma and Post-traumatic Stress Disorder (PTSD), the trauma impact from working with PTSD clients, and the role of trauma therapists in the treatment of trauma survivors. The area under investigation relates to the phenomenon of trauma impact and the recent research relevant to the prevalence of secondary traumatic stress in trauma therapists. This is followed by the focus of PTSD and Secondary Traumatic Stress within the UK context, and recent research pertinent to Secondary Traumatic Stress. The chapter concludes with a discussion of recent research on trauma impact on therapists, positive outcomes of stress, Post-Traumatic Growth, and meaning-making through existential and phenomenological lenses.

CHAPTER III 'the nature of meaning' reviews the theories of meaning in existential psychology. An in depth discussion of the psychology of meaning is presented here in relation to the lived-experience of the VT phenomenon. Other models of the healing and transformation process are also briefly discussed. This chapter also includes the Conclusion to the Literature Review (Chapter II and III).

CHAPTER IV This chapter focuses on the philosophical foundations that underlie the phenomenological method of research. It concludes by setting out explicitly the epistemological underpinnings of the empirical work that follows. The phenomenological and hermeneutic ideas which inform IPA are described, and the core characteristics of this method are discussed.

CHAPTER V describes in-depth the IPA methodology and the research process of this study. The chapter begins by outlining the key ideas of symbolic interactionism, and the philosophical underpinnings of IPA, in order to give the epistemological background for the research findings. A short discussion explaining why the qualitative research methodology of IPA was chosen proceeds a detailed description of the methods of IPA, the research process and data analysis. This provides the reader with an audit trail. The chapter concludes with documentation of the rigour and trustworthiness of this research undertaking.

CHAPTER VI presents the guiding principles, major themes and sub-themes emerged from analysis of the participants' lived experiences. The three guiding principles are also the stages of *balancing the impact of trauma***.** The first stage is identified as *processing trauma* – to protect from vicarious trauma - which relates to the participants' immediate strategies when feeling distressed by their client's trauma. The second stage *transforming trauma* – the therapist's personal and professional development - relates to the participants' intermediate strategies when becoming aware of the imbalance within, stemming from the impact of the trauma. This stage also offers the possibility for the professionals' personal development. The third stage *living trauma* – to enhance therapists' sustainability - relates to the participants' advanced strategies when integrating the impact of trauma. The data relevant to these three stages has been ordered to give information about the contexts, conditions, causes, strategies and consequences.

CHAPTER VII contains the discussion of the research findings, and relates them to existing literature. The chapter begins with an overview discussion of the four guiding principle themes of the study. Other significant themes and findings of the

research were also discussed based upon the interpretations of the therapists' lived experiences. This is followed by a consideration of the possible implications of this research for trauma therapists, health care providers, counselling agencies, and for supervision. The chapter concludes by outlining the limitations of this study and suggesting recommendations for future research directions.

CHAPTER II

THE NATURE OF TRAUMA

For the past three decades, researchers as well as practitioners have been concerned about the impact of work related stress experienced by social workers. While research on burnout has been a valuable field of exploration, a new concern has originated about work related stresses particularly allied with work with survivors of trauma. The concept of 'vicarious traumatisation' (VT) provides insights into the stresses of this particular kind of work. Vicarious traumatisation refers to 'transformation in the inner experience of the therapist that comes about as a result of empathetic engagement with clients' trauma material' (McCann & Pearlman, 1990, P. 145).

Early research on vicarious trauma, similar to the burnout research, has identified both personal and organisational correlates. However the focus of this study is to explore the subjectivity of the trauma therapy[3] from the therapists' lived experiences and their personal meanings that enabled them to survive and/or transform the VT experience.

According to Pearlman & Saakvitne (1995) vicarious traumatisation as a result of helping trauma survivors has been conceptualised as an impairment of therapists' self and could be experienced as a significant disturbance in their sense of meaning, identity, connection and worldview. Therefore the work-related trauma has significant existential impact on therapists' inner experience that needs to be addressed. However, the quality of this multi-dimensional impact and the potential constructive outcome of it appear to be less discussed or to some extent untouched in the existing literature.

[3] Dealing with traumatised clients in a therapeutic setting

I conducted an initial literature review before collecting data to create theoretical sensitivity and to raise my awareness of the concepts and the gaps in the existing knowledge (Glaser, 1998; Hutchinson, 1993). However, after the initial data collection and when the emerging concepts were identified, I undertook a further literature review. Furthermore, the second review involved comparing selective existing literature with the emerging data from this study, which will mainly be presented in the discussion in Chapter VII.

Stress and traumatic stress

Life presents human beings with many circumstances; some pleasant, some neutral and some negative. There are many ways to describe negative life events. Stress is one word used to describe what people experience in the face of negative incidents. Originally a mechanical term, the application of the term to humans arises from the notion that some events are taxing to the system. At times, stress levels related to a specific life event reach a point at which an individual can no longer manage. Traumatic stress occurs as the result of exposure to events that are life-threatening. Post-Traumatic Stress Disorder (PTSD) is a condition that can result from exposure to extreme stressors (American Psychological Association, 2010) such as war (Keane, 1993; Solomon, Laror & McFarlane, 1996) or sexual assault (Regehr & Marziali, 1999). Symptoms of PTSD include intrusive thoughts and/or dreams of the traumatic event and efforts to avoid or numb oneself to memories related to it (American Psychiatric Association, 2010).

PTSD, as a diagnosable disorder, was included in the Diagnostic and Statistical Manual (DSM-III) in 1980 (Yehuda & McFarlane. 1995). Originally it was conceived as a normative response to extreme stress. However studies since have cast doubt on the normative notion as it has been noted that many survivors of traumatic events have not developed PTSD (Yehuda, 1999). Consequently, theorists and researchers have begun investigating other possible risk factors such as age at time of trauma (van der Kolk, Hostetler, Herron & Fisler, 1994), personality (Regehr, Cadell & Jansen, 1999), intensity of the traumatic exposure (Green, 1994), and biological factors (Yehuda, 1999). In addition, PTSD has often been found to co-

exist with other psychological conditions such as depression (Green, 1994; Keane & Wolfe, 1990).

Recent trauma literature has concentrated on recovery after trauma. Regehr and Marziali (1999) investigated preexisting strengths and vulnerabilities and their impact on recovery. Harvey (1996) proposes an ecological model of trauma that takes into account community resources.

The possible outcomes she proposes are recovery or non-recovery with intervention and recovery or non-recovery without intervention. Jaffe (1985) presents a mode1 of self-renewal that includes active struggle, meaningful transformation and shared experience. He maintains that self-renewal is not possible if individuals remain silent about their experience, but must somehow share it by reaching out to others, both for gaining the support they need as well as providing it to others.

Definitions and characteristics of trauma

The word trauma originates from the Greek word for 'wound' and has been used for centuries to describe physical wounds (Cassell, 1982, p. 1195). However, Moskowitz (2002) refers to William James (1890), a psychologist, philosopher and contemporary of Freud and Janet, as the first author who used the notion of trauma in a psychological sense over 100 years ago: 'Certain reminiscences of the shock fall into the subliminal consciousness … If left there, they act as permanent 'psychic traumata', thorns in the spirit, so to speak' (Moskowitz, 2002, p. 1). Current trauma researchers van der Kolk and Fisler (1995) define trauma 'as the experience of an inescapable stressful event that overwhelms one's existing coping mechanism' (p. 506). Whereas Danieli, a trauma specialist in New York, in an interview with Korn (2001) concerning the aftermath of the World Trade Center disaster, stated that 'every trauma has in its essence vulnerability, helplessness, and fear' (p. 1).

Definitions and characteristics of acute traumatic stress

At the simplest individual level, trauma can be described as any experience that exceeds the individual's ability to integrate it into their consciousness. This inability to integrate the trauma is more often explained at the individual level: biologically, cognitively and/or behaviourally.

Traumatic experiences, or extreme incidences outside the realm of normal everyday life, can have a significant impact on people's psychological functioning. Acute traumatic stress is a new category in the DSM-IV (American Psychiatric Association, 1994). It can cause significant psychological dysfunction and occurs when the interpretations of the traumatic event, insufficient coping mechanisms and limitations in support resources (Ursano, et al., 2009). The reactions to an acute traumatic stress may be immediate or delayed and may be direct or represent indirect traumatisation, e.g. witnessing the September 11 terrorist attack on television. Furthermore, acute traumatic stress shares the following characteristics with Post-traumatic Stress Disorder: 'Extreme avoidance of stimuli associated with the trauma; psychic numbing; the sense of foreshortened life span; and persistent symptoms of anxiety or increased arousal' (Ursano, et al., 2009, p. 41).

Stamm (1999) claims that according to the National Co-morbidity Study about 50% of women and 60% of men in the United States of America (USA) experience an event in their lifetime that would qualify as acute traumatic stress. An important feature attributed to acute traumatic stress is the fact that it is the precursor of Post-traumatic Stress Disorder. Thus, when the acute traumatic stress symptoms such as sleep disturbance, startling reaction, fear or phobia of the trauma site and degrees of social withdrawal last longer than thirty days, Post-traumatic Stress Disorder can be diagnosed (Ursano, et al., 2009). Most of people who develop acute stress disorder meet the diagnostic criteria of Post-traumatic Stress Disorder six months later, which has been estimated to affect about one in twelve adults during their lifetime (Ursano, et al., 2009).

Definitions and characteristics of Post-traumatic Stress Disorder

According to the *Diagnostic and Statistical Manual of Mental Disorder IV (DSM-IV)*, Post-traumatic Stress Disorder (PTSD) is a psychiatric syndrome caused by exposure to a psychologically distressing event that the individual finds severe or overwhelming, and would be distressing to almost anyone. It usually presents as intense fear, terror, helplessness and loss of hopefulness (American Psychiatric Association, 1994). Yehuda (Korn, 2001), a New York trauma expert, defines PTSD as 'a response that seems to be about the failure to consolidate a memory in such a way as to be able to be recalled without distress' (p. 1).

van der Kolk (1994), one of the leading trauma researchers, summarises what at that time were considered the three major predictors for the development of chronic PTSD: 'The magnitude of exposure, previous trauma, and social support' (p. 254). Then a year later, van der Kolk and Fisler (1995) refer to recent research which shows that 'spacing out' at the moment of the trauma may be the most significant long-term predictor for the development of PTSD (p. 511). However, several recent studies have shown that PTSD is among the most common of psychiatric disorders (van der Kolk, van der Hart, & Burbridge, 1995).

Cramer (2002) mentions that the National Co-morbidity Study in the United States found women were twice as likely as men to develop PTSD after exposure to traumatic stimuli. One may argue that this is not a matter of mental disorder, but rather a reflection of a 'sick' world where 39% of women are sexually or physically abused in their lifetime (Commonwealth Fund, 2010). This important point forms the basis of Judith Herman's (1992) book *Trauma and Recovery*, which is the intellectual mainspring of a collective feminist project focusing on domestic abuse. Herman disagrees in general with the DSM psychiatric diagnostic categories in relation to victims of extreme situations. To her the persistent anxiety, phobias and panic of survivors are not the same as ordinary psychosomatic disorders. She argues that the lack of 'an accurate and comprehensive diagnostic concept has serious consequences for treatment' (p. 119) when the connection between the client's present symptoms and the traumatic experience is not addressed.

When the existing diagnoses of post-traumatic stress was first introduced as a disorder in the DSM-III in 1980 it was based mainly on survivors of confined traumatic events such as combat, disaster and rape (Herman, 1992), whereas survivors of prolonged and repeated childhood abuse develop 'characteristic personality changes, including deformations of relatedness and identity' (Herman, 1992, p. 119). These occurrences differ from single incidents trauma and non-personal trauma such as natural disasters and are particularly vulnerable to repeated harm by others or self-harm (Herman, 1992; McCann & Pearlman, 1990; van der Kolk, McFarlane, & Weisaeth, 1996). Herman (1992), therefore, calls the responses to trauma 'complex post-traumatic stress disorder' as they are a spectrum of conditions, such as alterations to: 'affect regulation, consciousness, self-perception, perception of perpetrator, in relations with others, and in systems of meaning', rather than a single disorder (p. 119).

Furthermore, at the First World Conference of the International Society for Traumatic Stress in 1992 in Amsterdam, Figley (1995b) redefined Post-traumatic Stress Disorder by introducing three levels of PTSD. First, 'Primary Traumatic Stress Disorder' refers to those who directly experience PTSD. Second, 'Secondary Traumatic Stress Disorder' represents disorders displayed by helpers of those experiencing PTSD. Third, **'**Tertiary Traumatic Stress Disorder' applies to the supporters, as well as to supervisors and researchers, of the helpers of those experiencing PTSD (p. 1). All three levels of PTSD are more or less characterised by behaviours such as difficulty concentrating, poor sleep, frequent nightmares, intrusive memories of sad events, social isolation, difficult relationships at home and work, and problems relating to authorities (American Psychiatric Association, 1994; Shafer, 2001).

The symptomatology of PTSD

In the light of the focus of this study, the characteristics of the symptoms of PTSD are important as they make explicit the symptoms that are implicit in the parallel process of therapists' work-related trauma impact. The American Psychiatric Association (2010) stated that PTSD symptoms fall into three categories. First,

intrusion of sudden vivid memories accompanied by painful emotions called flashbacks, when individuals feel as if they are re-experiencing the trauma. Second, by *avoidance* of close emotional ties with family, colleagues and friends, because the trauma survivor feels numb and has diminished emotions and can complete only mechanical or routine activities. However, when re-experiencing the trauma they may alternate between the flooding of emotions and the inability to feel or express emotions at all and therefore avoid situations that are reminders of the original traumatic event. Depression is a common product of this inability to work through painful emotions. Third, *hyperarousal*, which means PTSD sufferers act as if they are constantly threatened by the trauma that caused their illness. They can be suddenly irritable or explosive and often have trouble concentrating or remembering current information. This constant fear that danger is near causes exaggerated startle responses in those who are experiencing it. For that reason PTSD clients may be at risk for self-harm and suicide as a result of poor control over their impulses.

Additionally, common symptoms are also a foreshortened sense of survival and a hyperactive nervous system resulting in behaviour such as nervous tics, tremors and chronic motor restlessness (American Psychiatric Association, 2010). Most importantly, there is a tendency to immediately switch from stimulus to direct fight, flight or freeze reactions (van der Kolk, McFarlane, & Weisaeth, 1996; van der Kolk et al., 1995). Trauma research found a strong association between PTSD and compulsive risk taking, exposure to danger and escapism into addiction, e.g. gambling, alcohol, psychoactive drugs. These become vehicles by which survivors, especially those who were abused as children, attempt to regulate their internal emotional states (Herman, 1992; McGregor, 1999; van der Kolk, McFarlane et al., 1996).

Furthermore, persons 'traumatised as children frequently suffer from alexithymia, an inability to translate somatic sensations into basic feelings' (van der Kolk et al., 1995, p. 6), which is a somatisation disorder: sufferers experience distress in terms of physical organs instead of psychological states (Saxe et al., 1994). McGregor (1999) presents an extensive list of somatisation, a natural extension of 'sympathetic

nervous system hyperarousal' with physical effects, e.g. from headaches, muscle tension or gastrointestinal problems to chronic pain (p. 13).

However, van der Kolk and McFarlane (1996) argue that although first-hand experience with trauma leads to personal suffering, some survivors express this in destructive ways, while others sublimate it into creative actions, socially or artistically, and 'thus serve as powerful agents for social change' (p. 33). The reflections of Pearson (1991), a Jungian analyst shed some light on the underlying conditions that lead to either destructive or creative pathways for the traumatised person:

> Whatever we deny in our conscious minds will posses us. Not to face the ways we all traffic in death is to cling to innocence – which is, essentially, an Ego-oriented position – and deny Soul … The more in touch we are able to be with our Souls, and hence with the natural order of the cosmos, the more in touch we can be with this creative, transformative part of ourselves (pp. 138, 164).

In my view the latest literature and research in the field of PTSD is as multifaceted as the disorder is complex, and there are many avenues one can explore. I will focus here on the psychoneurobiological mechanisms by which attachment experiences impact on 'the experience-dependent maturation of the right hemisphere' of the brain (Perry & Pollard, 1998; Schore, 2001) and its relationship to the psychoneurobiological process after the impact of trauma, as they relate to this study (Meares, 2000; van der Kolk & Fisler, 1995; van der Kolk, McFarlane et al., 1996). According to Schore (2001):

> … the right brain stores an internal working model of the attachment relationship which encodes strategies of affect regulation that maintain basic regulation and positive affect even in the face of environmental challenge (p. 311).

Multiple literature in neurobiological research (Yehuda in Friedman, 1995b; Yehuda in Korn, 2001; Schore, 2001; van der Kolk, 1994) assert that failure to cope with traumatic stress has significant neurobiological consequences as the cognitive neuroscience perspective assumes that features of traumatic memories and dissociative states in PTSD are properties of the underlying neural networks mediating these functions (Krystal, Bennet, Bremner, Southwick, & Charney, 1995). However, van der Kolk and Fisler (1995) explain that neuroimaging studies of people with PTSD showed that during the provocation of traumatic memories there was decreased activity in that part of the brain which is involved in transforming the subjective experience into speech, while the activity of the right hemisphere, processing intense emotions and visual images had significantly increased. Thereby, van der Kolk and Fisler (1995) confirm Janet's (1909) century-old clinical observations that until the traumatic memory can be organised into a personal narrative the trauma survivor experiences the 'intrusion of elements of the trauma into consciousness as terrifying perceptions, obsessional preoccupations and as somatic re-experiences' (van der Kolk & Fisler, 1995, p. 512).

People who suffer PTSD become 'stuck on the trauma' (van der Kolk et al., 1995, p. 1). This is in agreement with Piaget (1962), who noted that when memories cannot be integrated on a linguistic level they tend to stay organised on a more primitive level as visual images or somatic sensations. Meares (2000) supposes that what is impaired or lost during the experience of trauma are 'both the reflective function and that associative non-linear form of mental activity which underpins the stream of consciousness' (p. 58).

According to van der Kolk and Fisler's (1995) research, because traumatic experiences of individuals with PTSD are initially imprinted as sensations or feeling states they are not immediately transformable into personal narratives. Therefore, the failure to process information of traumatic experiences on a symbolic level 'is at the very core of the pathology of PTSD' (van der Kolk & Fisler, 1995, p. 14). Correspondingly, when researching the processing of emotional experiences a

decreased activity in the left hemisphere was registered while the activity increased in the area of the right hemisphere as well as in the right visual association cortex.

Schore (2001) asserts that 'if attachment is interactive synchrony, stress is defined as an *asynchrony* in an interactional sequence, and following this, a period of re-established *synchronicity* allows for stress recovery' (p. 306). According to Damasio (1994), it is a fact that the right hemisphere contains 'the most comprehensive and integrated map of the body state available to the brain' (p. 66).

The right hemisphere is formed prior to the verbal-linguistic left and correlates with certain maternal behaviour. It plays a superior role in affect regulation for the rest of one's lifespan, 'therefore it is centrally involved in the vital functions that support survival and enable the organism to cope actively and passively with stress' (Schore, 2001, p. 310). One may argue that persons who develop PTSD might not have had enough reciprocal mother/infant interactions to develop a sufficient sense of self to be able to re-establish synchronicity for stress recovery. However, the focus of this study is on trauma impact and as Meares (2000) concludes 'overcoming the effect of psychic imprints left by traumata is a major therapeutic task' (p. 130). Therefore, it seems more important to use the same process of intersubjective understanding within the therapeutic relationship with traumatised clients to manifest 'a state of being with another in which those experiences which make up a core of self can be created' or recreated (Meares, 1990, p. 46).

PTSD clients and trauma therapy

A survivor of a traumatic event will probably never feel as if the traumatic event did not happen, even though the disruptive, distressing effects of PTSD are treatable. Most experts agree that psychotherapy is an important part of recovery (Briere, 2001; Chu, 1991; Herman, 1992; McGregor, 1999; van der Kolk, 1987). The American Psychiatric Association (2010) states that not everyone who experiences trauma requires treatment, but many need professional help, pinpointing pharmacological and psychological treatment 'to recover from the psychological damage from experiencing, witnessing, or participating in an overwhelming traumatic event' (p.

1). van der Kolk in Wilson and Lindy's (1994) foreword states that whatever approach the therapist uses the therapeutic work 'basically consists of helping the patient acknowledge the facts, bear the feelings associated', and find ways to get on with life (p. xii).

An important aspect of working as a therapist with trauma survivors is having a good knowledge base of trauma (Briere, 2001; Chu, 1991; Herman, 1992; Pearlman & Saakvitne, 1995; Wilson & Lindy, 1994). As Chu (1991) pointed out, in order to treat trauma clients effectively the therapist needs to be able to recognise the presence of old trauma, the re-experiencing or reliving of previously dissociated events, as well as 'the importance of trauma in producing emotional disturbance and psychiatric illness' (pp. 330-331). Furthermore, it is with this understanding that practitioners are able to deal with the symptoms and behaviours of traumatised clients without getting caught up in re-enactments of unacknowledged past trauma. More important, however, is the understanding of trauma in a way that promotes empathy and patience, which enables the therapist to join with their clients in this often painful and difficult therapeutic process (Briere, 1994; Chu, 1991; Herman, 1992).

Following the World Trade Center disaster and the aftermath of trauma and PTSD, Korn interviewed Rachel Yehuda, a New York expert on PTSD, regarding her thoughts on the impact on people directly and indirectly. According to Yehuda, the majority of people who called into the New York PTSD program for help after 'September eleven' were both professionals, who were less stigmatized or had better knowledge about early interventions, and patients who had already been treated for trauma-related symptoms and had a strong reaction to the disaster. She emphasised that clinicians need training in PTSD even if patients don't exactly meet the diagnostic criteria and she stressed that people who don't talk about their trauma may not be able to get clear of their PTSD symptoms. Therefore, it is important for the clients to know that their difficulty in discussing this is called avoidance, which is one of the hallmarks of PTSD. The memory is distressing but inerasable, and they need to find a way to make the memory less distressing and to normalise the

necessary process of talking about the trauma with the distress and affect. Furthermore, Yehuda emphasised the need to educate the public and help destigmatise PTSD.

Herman (1992) fine-tuned the therapeutic goal by relating recovery to the two identified core experiences of psychological trauma: 'disempowerment and disconnection from others' (p. 133). She therefore concludes that recovery can take place only within the context of a relationship. Just as the survivors' capacities for trust, autonomy, initiative, competence, identity and intimacy were damaged by traumatic experiences inflicted by people, so they again must be reformed in relationship. Consequently, in facilitation of this reforming process she proposes the three recovery stages: 'safety', 'remembrance and mourning' and 'reconnecting with others' (p. 133). She states that in the course of a successful recovery there is 'a gradual shift from unpredictable danger to reliable safety, from dissociated trauma to acknowledged memory, and from stigmatised isolation to restored social connection' (p. 133). Similarly, Chu (1991) describes sharing the traumatic experience within the context of an interpersonal relationship as the crucial factor in trauma treatment:

> When the trauma is re-experienced, the trauma is again overwhelming, and it is only the sharing of the experience which makes it bearable. In this way, the intense *aloneness* of being abused without help from another person is changed. The events are tolerated, and most importantly, retained and integrated into memory as past experiences, rather than remaining a dissociated time bomb which is waiting to explode into consciousness. This is a crucial factor since reliving trauma without appropriate interpersonal support is simply to be overwhelmed again by the experience and to be re-traumatized. Reliving traumatic events in the context of an interpersonal relationship enables true abreaction possible and begins the curative process (p. 329).

There are as many approaches to the psychotherapeutic treatment of PTSD as there are for any other psychiatric condition. However, international research shows that the success of the therapeutic treatment lies not so much with the therapeutic

approach, but with the therapeutic relationship, as the therapy alliance is the most important factor affecting change (Hirschhorn, 1999; Miller & Duncan, 2006; Schore, 2001).

Trauma experts and researchers alike agree that the hallmarks of a 'good therapist' are the practitioner's ability to empathise with the client, to understand the client, and to fully accept them as traumatised people with their trauma stories (Briere, 1994; Figley, 1995a; Herman, 1992; Wilson & Lindy, 1994). According to Yalom (1995), 'although many factors are involved, a sine qua non for effective therapy outcome is a proper therapeutic relationship'. He specifies 'a therapeutic relationship between client and therapist that is characterised by warmth, empathic understanding, and acceptance' (p. 48). To hold traumatic reality in consciousness requires a social context that affirms and protects the victim and that joins victim and witness in a common alliance (Herman, 1992, p. 9).

Consequently, it is from this common alliance where therapists offer a safe environment in which they connect with their clients and faithfully and empathically bear witness to the reconstruction of the trauma story and assist the client to reconnect with their real self, that they are almost as deeply affected by the trauma as their clients are (Figley, 1989; Herman, 1992; Pearlman & Saakvitne, 1995; Stamm, 1997).

Positive outcomes of stress

Stress and coping research has dealt little with positive outcomes. The psychological study of adaptation to stress arose out of an interest in bravery and strength but shifted to a narrow focus on negative outcomes (Aldwin, 1994). Such an emphasis is likely due to a pathogenic approach rather than a salutogenic or health-oriented one (Antonovsky, 1979, 1987).

The questions have concentrated on identifying stressors that are associated with negative outcomes in order to prevent large numbers of individuals from becoming

ill. Possible benefits or positive events in stressful situations have been overlooked but are now receiving attention in the coping literature.

In the stress and coping literature, some studies have demonstrated benefits of coping with stressful events and trauma. Moos and Schaefer (1986) were among the first to integrate anecdotal evidence of stress-related growth and research findings in order to propose a framework of positive adaptation. Positive outcomes of life crises include enhanced social and persona1 resources and the development of new coping skills (Schaefer & Moos, 1992).

One study examined narratives of successful and failed attempts to change (Heatherton & Nichols, 1994). One hundred and twenty-six students in the U.S. were asked to write about their experiences of change. The researchers imposed the choice of change or non-change stories. However, it might have been more significant to ask people to write about whichever situation had the most importance for them.

Nevertheless, the researchers found that those who wrote about successfully making changes in their lives gave significantly more importance to issues of meaning than those who wrote about unsuccessful attempts. Increased self-knowledge and understanding was the component of meaning that was most often used. Calhoun and Tedeschi (1990) interviewed adults who had lost a spouse or parent about benefits arising from their bereavement. The majority of them reported an increased appreciation of the social support available to them, feeling more independent and able to accept their own mortality, experiencing greater self-efficacy and strength, a strengthening of their religious commitment and feeling more able to express their emotions.

Post-Traumatic Growth

In a continuing trend of examining healthy outcomes of stress, current literature has examined how individuals are transformed by trauma and even how they thrive after a stressful experience. Post-traumatic growth (Tedeschi & Calhoun, 1995; Tedeschi,

Park & Calhoun, 1998) is a growing area of psychological research that has been gaining attention.

Tedeschi and Calhoun first invented the term post-traumatic growth (PTG) in the early 1980s and, with Park (Tedeschi, Park, & Calhoun, 1998), have been the early researchers in the study of PTG. Posttraumatic growth was defined as ‘a significant beneficial change in cognitive and emotional life that may have behavioural implications as well’ (p. 3). Posttraumatic growth was practiced in distinctive ways in individuals and amongst groups.

Tedeschi and Calhoun (1995) portray seven codes that shape a theoretical framework, and have a connection to personal growth in the consequences of a trauma:

1. Growth occurs when schemas are changed by traumatic events.
2. Certain assumptions are more resistant to disconfirmation by any events, and therefore reduce possibilities for schema change and growth.
3. The re-construal after trauma must include some positive evaluation for growth to occur.
4. Different types of events are likely to produce different types of growth.
5. Personality characteristics are related to possibility for growth.
6. Growth occurs when trauma assumes a central place in life story.
7. Wisdom is product of growth.

Tedeschi and Calhoun (1995) synthesised these codes by declaring:

> Psychological growth is perceived when (a) some change has taken place in the view of self and/or the world; (b) this change is perceived to have resulted in a more profound understanding of the self and world; (c) this understanding allows for changes in behavior that are seen to be effective in warding off future distress, engaging in activities previously unconsidered or untried, or providing rewards previously unattained; (d) what is lost is devalued or

> transformed into a more valuable present and future; and (e) the changes that occurred appear to be possible because of the struggle with challenges presented by trauma, and perhaps *only* because of the trauma. As a result, survivors of trauma perceive themselves as wiser and blessed, although this is paradoxically the result of loss and suffering. (pp. 87-88).

Tedeschi and Calhoun (1996) acknowledged three wide categories of the understood benefits caused by trauma: alterations in self-perception, alterations in interpersonal relationships, and an altered philosophy of life. Correspondingly, Ryff and Heidrich (1997) and Lopez and Snyder (2003) have also designed and compiled measures that appraises the existence of qualities like commitment with others, sense of self-worth, and the improvement of life goals.

Resilience, in reaction to a traumatic life event, is a multidimensional characteristic; therefore individuals may demonstrate one ability, but not another. While there appears to be some consistency across theoretically alike domains, the same consistency does not exist for domains that are abstractly distinct (Luthar et al., 2000). This is congruent with the idea that many individuals are able to function regardless of a rough balance of these resilient capabilities.

According to Tedeschi, Park, and Calhoun (1998), the change in the labelling of the self as a ‘victim’ of trauma to be ‘survivor’ of trauma is the most important steps in Post-Traumatic Growth. This idea, as explored earlier, could be generalised to the experience of trauma counsellors who consider themselves as a victim or vicariously traumatised of their compassion. Alterations in self-concept are applied first and foremost to alterations in attitudes about the self, level of self-reliance, and consciousness of exposure.

Traumatised individuals experience development and growth when they are able to alter their view of themselves from that of a powerless, helpless victim to an empowered, supported survivor. In surviving a trauma and developing self-sufficiency potential adversities can be managed. Tedeschi argues that cognitive

changes take place in post-traumatic growth. Traumatised individuals may change their priorities, their sense of meaning and existential themes, make religious changes, and experience spiritual growth (Tedeschi et al., 1998).

Experiencing trauma can lead an individual to have fuller insight into their vulnerabilities and cause them to consider that they have a 'second chance' in life (Tedeschi et al., 1998). There is increased concern with the meaning and the reason for life and death, in the category of existential themes and sense of meaning (Yalom & Lieberman, 1991). Spiritual growth increase a commitment to a preferred religion, increase an individual's religious beliefs, or beliefs in the existence of God. Adversity and suffering increased a sense of integrity and a raised perceptiveness.

The mechanism of trauma transformation is usually based upon questioning and re-evaluating the formerly held fundamental assumption and beliefs. Reconsideration, alteration, or reconstruction of individual's entire assumptions about and views of, the world through post-traumatic growth is part of the whole transformative process. Therefore both suffering and growth co-exist in survivors in the consequences of trauma. In particular this transformation takes place due to the contravention of fundamental assumptions, which have supplied meaning and construction to existence. McMillen and Fisher (1998), who developed 'Perceived Benefits Scale', asserted that the constructive life transformations happen following a traumatic stress experience.

Thriving after stress includes the notion of going beyond a return to the pre-trauma state, to grow and achieve more well-being (Ickovics & Park, 1998). Thriving has been gaining attention in the literature as well (Carver, 1998; Cohen, Cirnbolic, Armeli & Hettler, 1998; Saakvitne, Tennen & Affleck, 1998; Snodgrass, 1998). Both of these concepts fall within the theory of coping with stress that transforms the individual.

Transformational coping is a way of adapting to stress that benefits and changes a person (Aldwin, 1994; Tedeschi & Calhoun. 1995). It is most often associated with

coping with trauma. lndeed some suggest that trauma is a necessary precursor to change (Heatherton & Nichols, 1994). Generally stress and trauma are conceived as having negative consequences and not positive outcomes. However the idea that even a dangerous situation can be an opportunity is evidenced by the Chinese symbol for crisis, which combines the characters for 'danger' and 'opportunity'. This example emphasises the notion that stress-related growth is possible.

Tedeschi (1999) theorises about the process of growth for individuals and societies. He examines situations where the traumatic experience was violent, a potentially more traumatic situation than non-violent circumstances. He reflects on the necessity of change from victim to survivor in order for individuals to change and explores how, paradoxically, traumatized individuals may be more aware of their mortality as a result of their experiences and yet appreciate life more than before the trauma.

Calhoun and Tedeschi (1998) offer a model of transformation dealing with trauma (See Figure 2.1). This model is developed from an earlier version but based on new theory. The conceptualisation of 'person pre-trauma' in their model represents the personality characteristics and mental health of the person before the trauma occurred. This notion of the preexisting characteristics determining to some extent the outcomes is echoed in the trauma literature (Green. 1994; Regehr, Cadeli & Jansen, 1999; van der Kolk et al., 1994; Yehuda, 1999).

In Calhoun and Tedeschi's model (1998), the event or traumatic incident, is characterised as 'seismic' because of the shock that trauma sends through the system. Furthermore, challenges to the individual's higher-order goals, higher-order beliefs and to the ability to manage emotional stress result from the impact of trauma to the system.

In the face of these challenges, individuals ruminate, which is a process described as 'frequently returning to thoughts of the trauma and related issues, characterised by a sense of intrusion of these thoughts during daily activities' (Calhoun & Tedeschi, 1998, p. 227). The model includes two stages of rumination with the first defined as

more automatic processing and the second as more deliberate. Calhoun and Tedeschi consider that the shift between these two stages occurs with coping success: the ability to disengage from goals and beliefs that were rendered unattainable by the trauma.

This cognitive process proposed by Calhoun and Tedeschi (1998) parallels the theory of stress reduction proposed by Horowitz (1991). In Horowitz's theory, cognitive reappraisal occurs through a series of comparisons between the trauma and the schemata, or notions that individuals hold of the self in relation to others. Recurring intrusive images occur as the result of trauma; healthy adaptation entails controlling the automatic images and thoughts in order to deal with them. This process is referred to as 'dosing' (Greenberg, 1995).

Calhoun and Tedeschi's (1998) model of post-traumatic growth, shown in Figure 2.1, includes more than the cognitive processes. The existence of supportive others plays a role in both levels of rumination as well as in coping success by providing comfort and examples of new goals and beliefs which can be translated into revised schemata and new behaviours.

In their model before the outcome there is a process of meaning-making. The ruminations and the coping success are similar to Folkman's (1997b) representation of meaning-based coping that entails positive reappraisal, revised goals, spiritual beliefs and positive events. In the model of post-traumatic growth (Calhoun & Tedeschi, 1998), the presence of double-headed arrows between the second panel of rumination and the outcomes indicates that the process of meaning-making is ongoing even while growth is occurring. Folkman (1997b) represents a similar process of feedback in her model.

Within the outcome of post-traumatic growth, Calhoun and Tedeschi (1998) have included narrative development. This indicates that the reworking of one's life narrative is often a part of transformation. This includes the reconstruction of schemas to include the trauma and usually entails a notion for individuals that the

incident was the beginning of a better turn in life. Often people experiencing post-traumatic growth believe that the trauma served to better acquaint them with their true selves. Each of these depends upon the construction or reconstruction of meaning and underlines the importance of the meaning-making process in growth.

Narrative development interacts with wisdom, which is characterised by the ability to comprehend the contradictions in life. In an earlier version of the model (Tedeschi & Calhoun, 1995), wisdom was depicted as a second stage outcome after initial growth was experienced. The contradictions in life or:

> Paradoxes are appreciated among persons who have developed [post-traumatic growth]: in loss there is gain; to manage one must wait for healing and pursue healing; the trauma must be left in the past, and made meaning by the use of it to shed light on the future; one must recognize the need to receive help, but that the healing ultimately occurs within; both peace and distress can co-exist. Only an integrative perspective taken by the wise can encompass these paradoxes of trauma and growth. (Calhoun & Tedeschi, 1998, p. 223)

Narrative development, wisdom and the five factors of growth as represented in the Post-traumatic Growth Inventory (Tedeschi & Calhoun, 1996) form a feedback loop, which together delineate post-traumatic growth. Individuals may experience growth in one or more of these five dimensions without change in al1 as they each represent ‘a somewhat different domain of change’ (Calhoun & Tedeschi, 1998, p. 222). Relating to others requires modification of interpersonal behaviour, New Possibilities represents an alteration in goals, identity change is involved in Personal Strength and the remaining two entail revisions of the belief system.

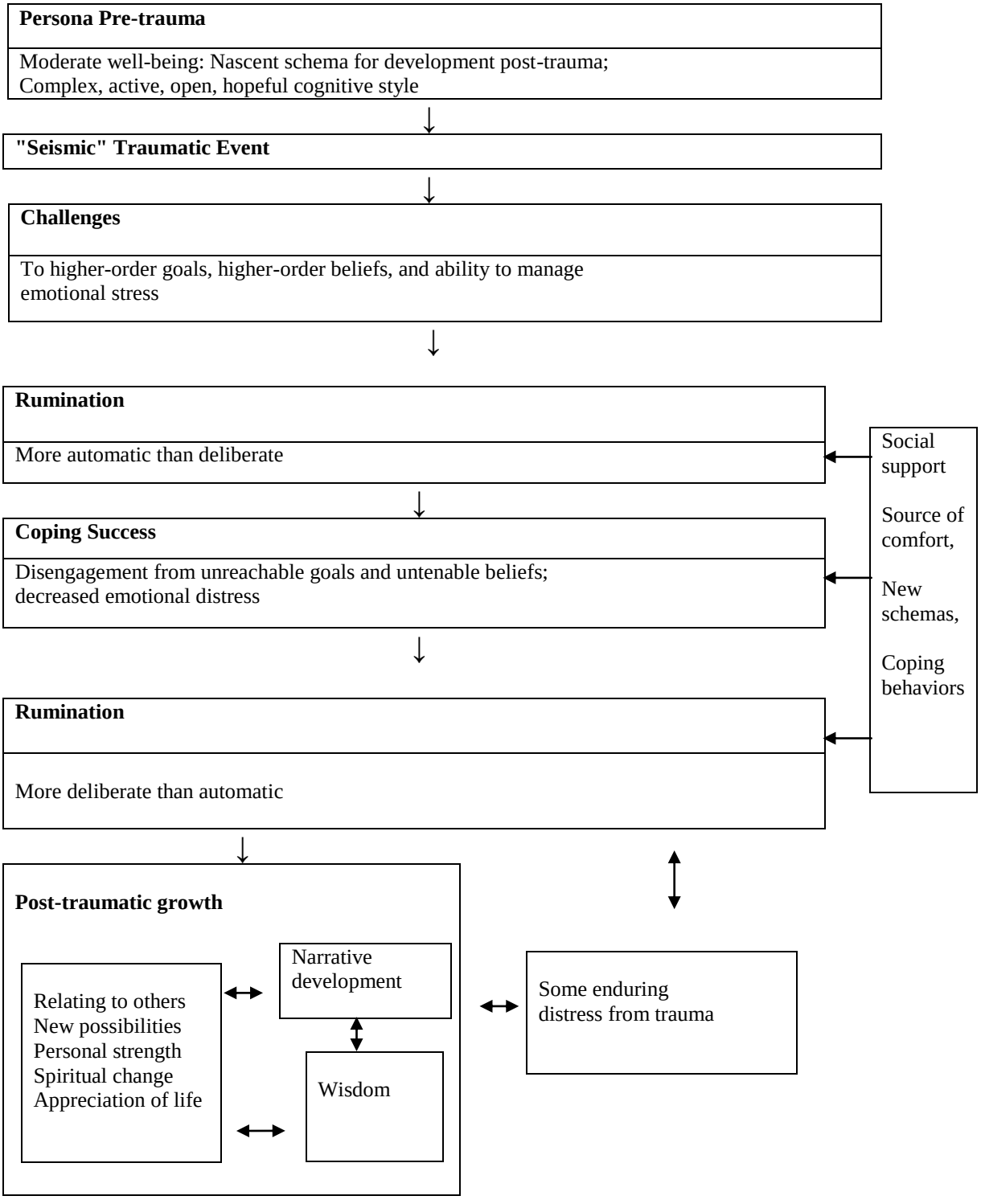
In this model of transformational coping, Calhoun and Tedeschi (1998) have included ‘some enduring distress from trauma’ (p. 222) as an outcome that influences both the second stage of rumination and the outcome of post-traumatic growth. Indeed these three panels have bi-directional arrows and so constitute an additional feedback loop, including distress as co-existing with growth echoes Folkman's

(1997b) model in relation to the co-existence of positive and negative emotional states. It is also an important testament to the notion that growth does not alleviate the pain and suffering of the trauma but exists alongside and the distress continues to influence the individual.

The situating of post-traumatic growth in the transactional framework of stress and coping could be threatened by the inclusion of pre-existing personality characteristics in the model. However, an important aspect of the transactional model is the appraisal of the stressful event (Lazarus & Folkman, 1984). In the model of transformation after trauma the personality factors that precede the trauma influence how the trauma is perceived. This notion of the influence of personality fits within the transactional framework.

The theoretical framework of this research is the transactional approach to stress and coping. As part of the paradigm shift from a study of negative outcomes to positive ones, this study builds upon the recent theorising about positive outcomes of stress and about post-traumatic growth.

Figure 2.1: Post-Traumatic Growth (Calhoun & Tedeschi, 1998, p. 221)



The trauma impact from working with PTSD clients

Phenomenology

In his 1916 writings Freud (1983) expressed how heavy and insufficiently successful the work of a psychoanalyst can be and he invites the reader to contemplate upon this[4]. It is common knowledge among therapists that trauma work is especially intense and disruptive, for both client and therapist. (Benater, 2000; Pearlman & Saakvitne, 1995).

As previously noted Herman (1992, p. 140) refers to the effects of trauma being 'contagious', while for Figley (1989, p. 1) Post-traumatic Stress Disorder is an 'infectious' psychiatric syndrome that can be passed on to others such as family, emergency workers, doctors, nurses and therapists. This is confirmed in the numerous researches of combat veterans that addressed extensively the impact of PTSD on the war survivor, their partners and children. Thus, the stress generated from supporting a traumatised person can lead to a range of signs and symptoms similar to the people they have been supporting, highlighting the interpersonal nature of trauma (Figley, 1998; Pearlman & Saakvitne, 1995).

Nader (1994) specifies the goal of effective therapeutic intervention with PTSD clients by declaring that the therapist needs 'to hear everything, including the worst aspects of victimisation' (p. 186). In van der Kolk's foreword in Wilson and Lindy (1994) he describes that this process:

> confronts all participants with intense emotional experiences and requires them to explore the darkest corners of the mind and face the entire spectrum of human glory and degradation. Sooner or later, those experiences are bound to

[4] 'Let's stop for a moment to ensure the analyst receives our sincerest sympathy, as he has to fulfil such heavy demands in his work. It almost appears as if analysing would be the third of these 'impossible' professions, in which one can be sure of insufficient success right from the beginning. The other two are educating and governing, and have been known for much longer.' – translated by A. Wacker

> overwhelm; the repeated exposure to our own vulnerability becomes too intense, the display of man's infinite capacity for cruelty too unbearable, the enactment of the trauma within the therapeutic relationship too terrifying' (p. vii).

Literature about helping induced trauma emerged as early as 1980 in relation to emergency services workers (Dunning & Silva, 1980). However, the growing literature shows there is no doubt that the phenomenon of helping-induced trauma exists, yet there is still no consistently used term to designate exposure to another's traumatic material by virtue of one's role as a helper (Figley, 1989, 1995a; Shafer, 2001; Stamm, 1997). The following five most commonly used descriptions for this phenomenon are: 'Countertransference', 'Compassion fatigue', 'Secondary traumatic stress', 'Vicarious traumatization', and 'Burnout' (Figley, 1989, 1995a; Pearlman & Saakvitne, 1995; Shafer, 2001; Stamm, 1997). Although used in a similar way, the main difference between these notions appears to be one of emphasis and focus.

Possibly the most commonly used term is 'burnout', though this is generally used in a wide range of work contexts that describe increased workload and institutional stress as the precipitating factors, and not necessarily trauma (Stamm, 1997). There are, however, areas of overlap. Wilson and Lindy (1994) state burnout is the 'terminal stage of countertransference' when the therapist develops 'a dominating belief of ineffectiveness' (p. 238). Likewise, Freudenberger (2000; 1984) refers to burnout as the deterioration and depletion therapists experience from excessive work-related demands.

Figley (1995b) defines secondary traumatic stress (STS) as emotions and behaviours that are a natural consequence from knowing about a trauma experience that happened to a significant other – 'the stress resulting from helping or wanting to help a traumatized person' (p. 7). He further states that STS is a syndrome with nearly identical symptoms to PTSD, and suggests the names 'compassion stress and compassion fatigue' to be appropriate for the 'cost of caring' (p. 9).

Traditionally, therapists included the reaction to work-related trauma impact under the notion of ‘countertransference’, meaning the effect of clients upon their therapists. One of Freud’s (1912) statements on countertransference is:

> But if the doctor is in a position to use his unconscious in this way as an instrument in the analysis, he must fulfil one psychological condition to a high degree. He may not tolerate any resistances in himself which hold back from his consciousness what has been perceived by his unconscious; otherwise he would introduce into the analysis a new species of selection and distortion which would be far more detrimental than that resulting from concentration of conscious attention (p. 116).

Furthermore, Wilson and Lindy (1994) argue there are four elements of countertransference, which relate to PTSD. First, the specific reactions of the therapist toward the client are ‘indigenous’ to the context of therapy’ (p11). Second, these reactions can either ‘enhance or disrupt the therapeutic process’. Third, they are ‘complementary or concordant’ (p. 11). In concordant reactions, therapists ‘respond to the dilemma of their patients by identifying with some aspect of their plight’, as their wish to survive, their defense to deny or their ideal to be courageous. In a complementary countertransference, the therapist identifies with the opposite role of ‘the survivor’s intrapsychic search for understanding’, like victimising, rather than empathising with the client (p. 11). Fourth, transference-countertransference is an ‘interactive process’ and is likely to stimulate reactions in therapist and client, for example emotional states, memories, fantasies and creativity (p. 11).

In short, from these countertransferential effects Wilson and Lindy (1994) conclude there are two types of primary countertransference reactions (CTR) toward PTSD sufferers. In type I CTR the therapist either empathically withdraws into intellectualisation, blank screen or misperception, or goes into empathic repression with withdrawal, denial and distancing. Type II CTR is either empathic disequilibrium through uncertainty, vulnerability and unmodulated affect, or empathic enmeshment, such as loss of boundaries, over-involvement and reciprocal

dependency. However, one might argue these phenomena may occur as a result of working with any difficult client population and may not necessarily derive from the impact of repeated exposure to traumatic client imagery and material.

When McCann and Pearlman (1990) presented their crucial paper about the life-pervasive effects of working with trauma victims, they questioned the construct of countertransference and its adequacy, arguing that it is too narrow since it does not address the lasting and pervasive adjustments to the therapist's values, beliefs and behaviours. They proposed the more precise term 'vicarious traumatization' (VT), for the impact upon the therapist's psyche of empathic engagement with trauma survivors.

McCann and Pearlman (1990) provided a theoretical framework for understanding the complex and often distressing effects of trauma on the professional. The concept is based in constructivist self-development theory, 'explicating the impact of trauma on an individual's psychological development, adaptation, and identity' (p. 152). The underlying assumption of VT is that it causes profound disruptions in the therapist's frame of reference, including their basic sense of identity, worldview and spirituality.

> Multiple aspects of the therapist and their life are affected, including their affect tolerance, fundamental psychological needs, deeply held beliefs about self and others, interpersonal relationships, internal imagery, and experience of their body and physical presence in the world (Pearlman & Saakvitne, 1995, p. 280).

Pearlman and Saakvitne (1995) stress that it is impossible for therapists to bear witness to survivors' trauma experiences and remain unchanged. They refer to vicarious traumatisation as an 'occupational hazard' and the 'inevitable effect of trauma work', which when unaddressed manifests in loss of hope, cynicism and despair within the therapist, who may withdraw emotionally in a state of disillusionment and resignation (p. 31).

Moreover, Saakvitne and Pearlman (1995) point out that 'vicarious traumatisation is a process, not an event' (p. 31) and includes the strong feelings and defences against those feelings as well as strong reactions of grief, rage, and outrage, which grow when the therapist is repeatedly hearing about and seeing people's pain and loss caused by human cruelty and indifference. They continue that the wish not to know about trauma, including the numbing, and the shell to protect from overwhelming feeling, are part of vicarious traumatisation and parallel the experience of PTSD. And last but not least, as Herman (1992) states, in addition to suffering vicarious symptoms of PTSD 'the therapist has to struggle with the same disruptions in relationship' as the client, as the repeated exposure to stories of human cruelty and betrayal inevitably challenges the therapist's basic faith (p. 141).

Even though I can relate to Wilson and Lindy's two types of countertransference reactions, I generally agree with Pearlman & Saakvitne (1995) that the concept of countertransference is wider since it focuses on the therapists' reactions to clients and their material. Countertransference as well as burnout can also occur outside the context of exposure to traumatic material, whereas compassion fatigue, secondary traumatic stress and vicarious traumatisation always result from working with trauma survivors. They are cumulative, meaning they result in long-term changes by affecting therapists' values, beliefs and behaviours (Figley, 1995b; Pearlman & Saakvitne, 1995; Stamm, 1999). Unlike burnout and countertransference, indirect trauma arises from repeated exposure to numerous clients who have been traumatised (Pearlman & Saakvitne, 1995).

In this study I am emphasising the fact that therapists are subject to secondary traumatisation, a broad category of secondary reactions to trauma that encompasses traumatic countertransference. Thus for reasons of clarity and consistency I will use the terms 'secondary traumatic stress' and the in vivo term mostly used by the participants of this study, 'trauma impact'.

Impacts of trauma on therapist's world-view

Through my reading on trauma I came across a mention of the work of Ronnie Janoff-Bulman (1992), a psychologist, who described the impact of trauma as shattering our assumptions about the world. This concept fascinated me. 1 began searching the literature on 'assumptive world' and started to see occasional references to the concept 'world-view' and some articles on the relationship between world view and the impact of trauma (Carmil & Breznitz, 1991). I also found references to the impact of the counsellor's world view on counselling interventions (Sim, 1994; Ornstein, 1993).

Mann expressed concern for how the process of therapy can change an individual's world-view so that

> They develop an intense self-absorption that goes beyond reflecting on their lives or experiences, they become acutely conscious of themselves as victims and begin to see this as their full identity they are obsessively concerned with feelings, with 'coping' and 'dealing' with the world rather than transforming it. (p. 112)

Meaning-making and trauma therapy

Experiences of VT to control the negative impacts of trauma therapy are experiences of suffering and vicarious disaster for which some kind of meaning must be found to survive such prolonged distress. Oates (1982) claims that humans are comprised of alpha and omega, the commencement and the conclusion, and it is the individual's psyche which enforces a meaning on the process. Human beings gain a sense of managing an unmanageable process through this infliction of meaning.

The essence of existence relates to the very transitoriness of life, which drives human beings' responsibility. Transience does not afford the individual the infinite opportunity of suspension. Therefore, it is due to the necessity attached to transitoriness, that an individual develops a need to construct sense and meaning of the transient time. 'Actually, the only transitory aspects of life are potentialities: as

soon as we have succeeded in actualising a potentiality, we have transmuted it into actuality, and thus salvaged and rescued it into the past' (Frankl, 1967, p. 43).

While VT experience, similar to clients' PTSD symptoms, appears in trauma therapists they are faced with their own vulnerability and to some extend transitoriness, which may initiate them into an emotional and existential crisis (Bower et al., 1998; Janoff-Bulman & Frantz, 1997). 'The comfortable assumptions that had previously been valuable guides to daily living can no longer be trusted, and the world now seems unpredictable and incomprehensible' (Janoff-Bulman & Frantz, 1997, p. 92).

The symptoms cause the therapist to consider the extent to which they had presumptions about their own sense of control and invulnerability, and prompt the trauma therapist's to probe her/his fundamental assumptions about the world and individual's existence (Janoff-Bulman & Frantz, 1997). They are tortured by feelings of concern as individual's fundamental assumptions crumble. 'The horror of meaninglessness and shattered assumptions creates a state of disequilibrium' (Janoff-Bulman & Frantz, 1997, p. 93).

At the heart of an individual's interior world are beliefs and functional patterns that are built over years of experience and impact and direct individual's interactions and perceptions of the world. Three of these principal assumptions are generalised beliefs about the exterior world, oneself and the association between the two (Jannoff-Bulman, 1992). According to Janoff-Bulman & Frantz (1997), at the innermost level of individual's consciousness, an individual assumes that s/he is commendable, the world is compassionate and also that the world is reasonable. Individuals presume that the quality of the association between the world and oneself is neither hit-or-miss nor indeterminable, but meaningful.

An individual's basic assumption of a 'meaningful' world is based on association between self-outcome eventualities that is rational. According to the Western view self-outcome eventualities are perceived to be linked to concepts of justness and rule.

Justness explicates the possibility through a reflection of the individual's nature and ethical characteristics, while rule comprehends possibility through a reflection of the individual's behaviours and activities (Horowitz, 1986; Janoff-Bulman & Frantz, 1997; Silver, 1994).

Simultaneously, the *Just World Theory* proposes that human beings believe that individuals get what they merit and merit what they get (Lerner, 1980). In this manner, an ethical, good person should be protected from adversity. Theories of justness and rule give persons the possibility to give meaning to the results, mainly negative results, permitting them the possibility for explanation of the choosing events and why they occur to particular individuals (Janoff-Bulman & Frantz, 1997).

Meaning making happens as persons search to identify and construct meaning and esteem in their being, as existence has been stripped to its fundamentals (Jannoff-Bulman et al., 1997). Normally, this includes a re-arranging of preferences in life. Survivors of traumatic events, describe a newly established consciousness and grasp for 'what really matters' (Jannoff-Bulman et al., 1997; Yalom, 1980).

There are numerous areas that are most frequently selected; however, meaning could be found in any domain. These spheres comprise intimate relationships and philanthropic societal origins, possibly because they empower survivors to be linked with others, to see further than themselves in connection with the world. Normally survivors comprehend some form of spirituality in an endeavour to make meaning by joining to something greater than themselves. Therefore, through new connections and commitments survivors participate in influential forms of meaning making in an effort to determine worth and meaning in their lives (Bower et al., 1998; Janoff-Bulman & Frantz, 1997; Taylor, 1983). It is obvious that meanings in circumstances impact on individual ambition and resilience.

What determines the crisis of a trauma therapist is not only the negative impact of VT, but the meaning attributed to it consequently affecting the therapist's coping style (Hafen et al., 1996). Louw (1994) postulates that coping with suffering and pain

may be viewed as an art. In particular, coping with suffering becomes an art when human beings obtain an unequalled approach of viewing their suffering as an outstanding prospect for growth. Suffering may generate great disturbances and transformations in individual's life and successively may establish new perceptions and ways of beholding the world. Louw (1994) conceives that the art of coping with suffering involves setting meaning into suffering even if everything seems unimportant in front of death.

Friedman (1985) suggests that:

> 'Ultimately, healing and survival depend on existential categories: on vision, for example, on hope, on the imaginative capacity, on the ability to transcend the anxiety of those about us, and on a response to the challenge that treats crisis as an opportunity for growth' (p. 5).

Louw (1997) proposes that entangled with the quest for meaning are three main issues as follows: one's 'attitude and the correlation between attitude and basic needs, the quality of each individual's responsibility and accountability in connection with ethics and existing structures, support systems and caring strategies' (p. 130).

Therefore, in the case of trauma therapy the discovery of meaning relies on a displacement in the trauma therapist's attitude according to basic emotional needs; the ethical framework or worldview which the trauma therapist grasps, and the support system surrounding the trauma therapist. As a result, Louw (1997) generalises that the exploration of meaning includes both a hermeneutic and relational attribute. In particular, Louw (1997) proposes that meaning is attained and determined through relationships. Simultaneously it is connected to ways of existence, impacted by individual's perception, construal and determination processes.

According to Dunbar and Mueller's (1995) transcendence model, four essential interconnected mechanisms in the life of sufferers are identified as follows: self-

contemplation; a process of life assertion; a re-conceptualisation of time, concentrating on the present; and for some a new sense of connections with others and the world. Their model is founded on post hoc analyses of published narratives, which are under the influence of selective sampling and subjective interpretation.

Dunbar and Mueller (1995) found that the first stage of meaning making process, which lasted between six months and five years, is feelings of refutation, revelation and numbness. They discovered that through an internal or external catalytic practice, sufferers were hurtled into action and began to transform their beliefs and actions. This first phase involved an exploration of the self, individual's roles in life, and minor alterations in insights and actions. The alterations made in the first phase were strengthened in stage two; here the sufferers began participating in activities that helped other individuals with the similar experiences. Ultimately, stage three was distinguished by the integration of the experiences of stage two into their perception of self. The sufferers began to make sense of their positive status as it revealed its purpose to them through helping others. In addition, they realised that they were not the only ones who had such experiences (Courtenay et al., 1998). The meaning constructed by these individuals might be distinguished by constituents of self-sacrifice and empathy, as their cognitions and actions were determined by being other-centred rather self-centred.

Courtenay et al. (1998) propose that the aptitude to find meaning through adversity replicates the uppermost stages of development described by Kohlberg (1984) and Fowler (1981) in which one is directed by a direction to a worldwide, self-transcendent perception of meaning. Trauma therapists require discovering and identifying meaning in their professional life. As Frankl (1969) declares this response requires being a response through activity. Frankl (1967), in fulfilling meaning, notes that people are not merely responsible towards themselves and others; they are further responsible to a Transcendent Being. Correspondingly, spiritual beliefs and maintaining hope have been found to be positively associated with the ability to survive effectively the VT (Jenmorri, 2006). Adopting from the idea that the quest for meaning could be transformed into a quest for a perception of

wholeness (Gould, 1993); the existential inquiry in trauma therapy scrutinises what it means to be a therapist in a traumatic context.

Meaning-making

The popular connotation of coping is to be doing well in a stressful situation. The psychological definition, however, includes coping mechanisms that could be detrimental as well. For instance, it is possible to create negative meaning in a situation such as occurs when an individual believes that she or he is experiencing a difficult situation because it is God's punishment. An interpretation of negative significance like this may produce destructive outcomes.

Meaning-making is comprised of two processes: the appraisal of meaning and meaning-making coping (Park & Folkman, 1997). The initial process is appraisal (Lazarus & Folkman, 1984; Park & Folkman, 1997). Appraisal of a stressful event determines how an individual reacts to the situation, depending on whether it is deemed to be harmful, challenging or benign. Primary appraisal involves the assessment of the personal significance of the situation. Secondary appraisal involves determining what can be done.

Meaning-making coping refers to the significance which the individual ascribes to the stress or trauma (Park & Folkman, 1997). Stressful events challenge how individuals view themselves, the world and themselves in relation to the world (Janoff-Bulman, 1992). In order to cope with and recover from trauma, individuals must reconcile the event with their beliefs, by altering how they view the event, themselves and/or the world (Horowitz, 1991; Janoff-Bulman, 1992).

Meaning-making involves the creation or re-creation of significance attached to an event or a life experience. The search for meaning provides the basis for Frankl's (1962, 1997) Life work. His book *Man's Search for Meaning* (1962) recounts his experience in a Nazi concentration camp dung the Second World War and how he came to understand the world and his experience. Frankl, a psychologist, is the

founder of logotherapy, a form of psychotherapy based on his view that human beings are always searching for significance in their lives.

Antonovsky's (1979, 1987) salutogenic as opposed to pathogenic orientation has made important contributions to theories of meaning. He proposes a general life orientation that he calls a sense of coherence. Comprehensibility, manageability and meaningfulness are the three elements of the sense of coherence (Antonovsky, 1987). He considers meaningfulness to be the element that provides motivation to individuals. In a classic study on meaning, Silver, Boon and Stones (1983) investigated how seventy-seven female survivors of incest made sense of their experience. Among many questions, they were asked how often they pondered the question 'Why me?' and sought to understand what had happened. More than 80 per cent of the participants were still trying to understand their experience. Only a few related that they were not searching for meaning at that time. Of those women who had made some sense of their incest, more than 90 per cent of them reported some satisfaction with the resolution. Despite this, almost al1 of them continued to search for meaning. Silver, Boon and Stones (1983) concluded that the ruminations associated with the search for meaning helped these women to adapt to their situation but did not end with finding an answer.

Social comparisons are one way of making sense of a stressful situation (Gottlieb, 1997). These are cognitive exercises that involve comparing oneself to those who are believed to be worse off. This can include comparing one's own situation to another real situation or creating a hypothetically worse situation to which one compares oneself. In addition, social comparison can work on a specific dimension. In the study by Taylor, Wood and Lichtman (1983), women who had breast cancer compared themselves to others in different situations: women with lumpectomies compared themselves to those who had mastectomies and older women compared themselves to younger women, al1 imagining that those in the other category must be worse off. Another dimension of selective evaluation involves constructing normative standards to which one compares oneself in order to have the appearance of doing well under the circumstances (Taylor, Wood & Lichtman, 1983).

Tebb (1994) conducted focus groups with caregivers in order to explore the creation of meaning in care-giving. Three different groups of caregivers were used: those caring for someone who had had a stroke, female caregivers of people with dementia and paid caregivers. The total number of people participating was twenty-three. They were asked about the meaning in their care-giving experiences through semi-structured interviews in the groups and through a questionnaire. For the unpaid caregivers, a combination of guilt ('No one else could do it') and values ('Helping someone provides purpose in life') assisted them in deciding to give care. This association of guilt and values produced feelings of being needed and useful and gave meaning to their lives as caregivers that allowed them, along with social support, to tolerate their difficult circumstances.

Kessler (1987) conducted qualitative interviews with bereaved individuals and analyzed them from the growth perspective of existential psychology. Many themes emerged including an increased awareness of the fragility of life, the bittersweet experience of losing a loved one before realizing the importance of that person, caring about connections with others and faith/spiritual meanings. Many of the 31 people interviewed found new personal strength through their experience.

Thompson (1985) interviewed people after fire had destroyed or damaged their homes. Finding positive meaning out of this stressful experience included finding side benefits, making social comparisons, imagining worse situations, forgetting the negative and redefining. It was hypothesized that those who focused on the positive and who positively re-evaluated the situation would cope better immediately after the fire and one year later. Support was found for the hypothesis.

Dunn (1994) focused on positive meaning in disability. He makes a cautionary distinction between insiders and outsiders on the issue of disability. An insider is a person with disabilities; an outsider is a nondisabled person. While Dunn acknowledges that outsiders might think that people with disabilities are to be placed on pedestals and treated differently, and that a notion of positive meaning and of positive illusions (Taylor, 1989; Taylor & Armor, 1996; Taylor & Brown, 1994) in

disability might add to that, he makes the distinction in order to warn against such views. Dunn (1994) posits that finding positive meaning is a process that can lead to changing the values and attitudes of the person involved and can make for better adjustment to disability.

However disparate these approaches to meaning, there is one common element: stressful events alter one's view of oneself, the world and the relationship of the self to the world. Park and Folkman (1997) differentiate between global meaning and situational meaning. Global meaning is one's view of the world and 'encompasses a person's enduring beliefs and valued goals' (Park & Folkman, 1997, p. 116). Beliefs about how the world functions have been referred to as schemas (Thompson & Janigian, 1988) and the assumptive world (Janoff-Bulman, 1992; Janoff-Bulman & Frieze, 1983).

Situational meaning is 'formed in the interaction between a person's global meaning and the circumstances of a particular person-environment transaction (Park & Folkman, 1997, p. 116). Situational meaning corresponds to Frankl's (1962) early work on meaning. Global meaning was more articulated in his book *Man's Search for Ultimate Meaning* (Frankl, 1997), which he wrote in the years before he died. His later work focused on people's attempts to explain the mysteries of life by religious and spiritual means. The various methods of social comparison (Taylor, Wood & Lichtman, 1983; Thompson, 1985) would fall into the category of situational meaning. The caregivers in Tebb's (1994) focus groups were reconciling their feelings with long-held values of helping others in order to adjust to their situation.

The existence of human being

Existential theoreticians split human existence into three categories: The physical features of the inner and outer environments, an individual's consciousness and interpersonal relationships. The existence of human being happens in all three domains simultaneously (Hergenhahn, 1994).

May (1967) states that unequalled to this interaction of the three existences is the human quality of self-affinity. More exclusively, humans are able to comprehend themselves as both object and subject, as a being to whom things take place. For this reason, as beings who vitally seek meaning and wisdom in life, beings within an existential context are viewed as willing representatives who track meaning in communications (Lester, 1984). Frankl (1978) suggests that original to human existence is a will to meaning, meaning in suffering, and liberty of will. He contends that man comprises of physical, psychological and spiritual dimensions (Frankl, 1978). He also believes that the spiritual dimension of man allows him to transcend beyond his surrounded self and find meaning in all circumstances (Fabry, 1968).

Exploration of meaning

In a challenge to describe what meaning really means, Stern (1971) clarifies that a philosophical definition of meaning is unachievable, and a definition could be just a statement about meaning. Since meaning is inherent in all definitions, it is in itself indefinable. The meaning of a sign is what it portrays. In this study, search for meaning will be contextualised within the experience of therapists' life and existence. Furthermore, the purpose and meaning of therapists' being in a traumatic context simultaneously in-the-world will be explored.

Reker and Wong (1988) in their definition of meaning suggest that meaning is 'the cognizance of order, coherence, and purpose in one's existence, the pursuit and attainment of worthwhile goals and an accompanying sense of fulfillment' (p. 221). They also imply that an individual's sense of meaning is typically stable, undertaking progressive transformations across the life span.

On the other hand, Frankl (1969) suggests that meaning exists exterior to man, and man needs to find this meaning to achieve beyond himself. He notes that 'man is responsible for giving the right answer to a question, for finding the true meaning of a situation' (Frankl, 1969, p. 62). Maslow (1966), in contrast suggests that meaning is interior to man; an individual projection of self-expression onto the exterior reality.

Meaning could be comprehended as a shared perception or mental understanding of relationships between objects, events and relationships. Therefore in one's 'meaning of life…the parts fit together into a coherent pattern, being capable of being understood by others, fitting into a broader context, and invoking implicit assumptions shared by other members of the culture' (Baumeister, 1991, p. 16). Consequently, Gould (1993) illustrates that meaning in life has been empirically related to the quality of relationship with others. Later I will discuss that in a therapeutic relationships within the trauma context this quality would be different and to some extent more profound.

Frankl (1969) suggests that 'we do not just attach and attribute meaning to things, but rather find them, we do not invent them, we detect them' (p. 31). Therefore, according to Frankl (1967) meanings are not subjective, internal ascriptions, but rather objective verities. He further notes that although meaning is external and objective the way in which an individual finds meaning is both illogical and subjective (Frankl, 1967).

Frankl (1969) argues that a human being's will to meaning is an inherent need to find as much meaning as possible in one's life, and to actualise as many values as possible. In addition, he proposes that it is not 'the meaning of life in general but rather the specific meaning of a person's life at a given moment…Everyone has a specific vocation or mission in life to carry out a concrete assignment which demands fulfillment' (Frankl, 1984, p. 113). He mentions that the journey to search for meaning is led by one's conscience, which is more than simply part of the person but instead a communication with a transcendental Being. Elsewhere he states that the 'conscience…has the power to discover new meanings that contradict accepted values' (Frankl, 1969, p. 63). Hence, Frankl (1969) promotes individuals to set apart established values and ideas in search of their own exclusive meanings. Nevertheless, he admonishes that this should be done maturely.

With a simplistic view, meaning can be defined as intent, purpose, sense, order, denotation, interpretation, significance and comprehensibility (Janoff-Bulman & Frantz, 1997). Moreover, meaning could be interpreted as:

> …the unique opportunity, task or duty intuitively discerned by [one's] conscience as a choice which is put before [one] in the unique situations of… life, which if responsibly realized or met, meaningfully relates [one] to life and purposefully directs one towards the future (Shantall, 1997, p. 69).

While Fromm (1949) implies a love of humankind, Adler (1964) talks about social interest, Kohlberg (1984) supposing that human being is forced by an ethical value of justice in defining meaning, and Frankl (1967) quotes self-transcendence, it seems apparent that the creation of meaning and comprehending of meaning has undergone numerous transformations and alterations. Therefore it is important that its sources be followed and comprehended.

The sources of meaning in existence

Human beings have searched for meaning in life from the beginning of time. *Meaning* was offered in various forms; first of all, the religious *weltanschauung*[5] offered human beings a clear meaning construction (Yalom, 1980). Through the application of the original myth, early religions of about 2,000 B.C., provided man with a special understanding of how the earth and humanity entered into existence. These accounts provided human beings with the concept of afterlife and defined the way in which the nature and the dead should be managed. Close to the end of the initial period, new ideas of understanding of life and meaning began to appear (Baumeister, 1991).

Gradually the focus of life moved away from essential survival and began to focus on construct of good and evil. The individual's meaning in life, which was the task of each individual to fulfill God's will, was exquisitely enacted (Yalom, 1980). These concepts were in time transformed by the introduction of the notion of a specific life

[5] world-view

meaning and purpose. Early mystical views, typically in the form of inductions and mysteries, emerged all through the world (Baumeister, 1991).

The notion of salvation was introduced following this time period (Baumeister, 1991). Brahmanism and Hinduism were the initial salvation institutions came out in India about 600 B.C. (Baumeister, 1991). These religions imply that religion could heal all of life's sufferings. Buddhism, with an especial attention to the notion of suffering and emphasising the idea of human achievement of salvation, began to emerge. As a result, *Nirvana* assured that human suffering and reincarnation could be eradicated. Initiations, meditation and moral purity were the ways to achieve this pledge of fulfilment (Baumeister, 1991).

After the appearance of Christianity and Islam, notions close to the concept of salvation were developed. The meaning of human life became different and univocal to the medieval individual. They understood their life on earth as a short interval, 'a temporary incarceration of the soul in the prison of the body, a brief trial and test, fated to end in death, the release from pain and suffering' (Baier, 1957, p. 3). The afterlife was the most significant belief. One's existence achieved meaning through acts which assured infinite existence and salvation following death (Baier, 1957). Existence in the world was considered as a pathway to the world-to-come; hence the disorder, losses and suffering experienced on earth were viewed as just way in that led to a better and happier salvation. Life lived according to the commandment of God would be rewarded. Meaning was achieved through lasting all that life 'threw at one', as reward through salvation was attained as a result of one's endurance (Baier, 1957).

Therefore religion introduced specific concepts surrounding the notion of meaning in life. In terms of which individuals existed, the religious belief presented a theory relating to the universal life framework and symbolic cosmos. All individuals that encompassed a certain religion shared a meaning system and world-view with all others who perceived the same religious tradition. Religion became the provider and creator of precise understandings of the world providing the human being with a set

of explicit practices and rites. This process was through contribution in these rites that beings were linked to the beliefs and meaning systems adopted by their precise system (van Den Heever, 1997).

According to Allport (1950) meaning and religion are strongly bound. He implies that religion provides man with a means through which he possibly will find existential meaning. On the other hand, Yalom (1980) mentioned that religion may provide individuals with a framework, within which meaning and purpose in life may be followed. In that order, Paloutzian and Ellison (1982) developed a measure of spiritual well-being, with significant meaning and purpose in life dependent on existential and religious dimensions. They found that both aforementioned dimensions correlated explicitly with self-esteem, purpose in life and an inherent religious orientation, and not positively with solitariness. Soderstrom and Wright (1977) in their study discovered that religious obligation is giving expression to a greater meaning in life while have insufficient religious obligation causes a deficiency of meaning in life.

However, the religious world-view came to be challenged through the development of science and the appreciation of empiricism. The scientific reality portrait moved forwards a different perception of meaning in life. Science urged that counter to common belief human beings in place of inhabiting the centre of creation was merely an occupant among millions, of the greater cosmos. Accordingly science suggested that meaning in life cannot recline in simple servility to God's will (Baier, 1957).

From the Kantian inquiring of the existence of fixed, religious perspectives experienced an attack objective reality (Yalom, 1980). As a result, the question of purposefulness and meaningfulness of life, which was once clear and cognisable, now remained unclear and indistinct. The concept of a greater meaning understood in individual's suffering was reduced and successively man was left with a lot of unanswerable questions. Frankl (1965) notes that:

> When we present man as an automaton of reflexes, as a mind-machine, as a bundle of instincts, as a pawn of drives and reactions, as a mere product of instinct, heredity, and environment, we feed the nihilism to which modern man is, in any case prone (p. xii).

Fabry (1968) includes that since many people no longer trusted social institutions; many refused the concept of a God and in order took on the responsibility of directing and guiding their own life. According to his contention, this successively resulted in an existential vacuum, leaving many individuals feeling 'unled, alone, unprotected, drifting and in despair' (Fabry 1968, P. 133). Therefore, scientific query deprived man of meaning and successively immersed him into a crisis of existence. In this regard, Sartre (1966) notes that 'All existing things are born for no reason, continue through weakness and die by accident…It is meaningless that we are born; it is meaningless that we die' (p. 428).

A life devoid of meaning destroys human being's fundamental assumptions of understanding. These basic assumptions upon which life and individual's behaviour, were once based, needed to be re-scrutinised and restructured. In order this crisis of existence stimulated the existential philosophers' enquiries and investigations surrounding the meaning in life. The key notions and concepts of existentialism will be clarified below.

Existentialism

Existentialism is a philosophical approach, interested in understanding individuals' being-in-the-world, clarifying what it means to be alive (van Deurzen-Smith, 1996), and centring particularly on matters of disobedience, conflict, identity, alienation, individual hope and despair (Gould, 1993). Kierkegaard's and Nietzsche's work are the origins of existential psychology. These philosophers, both, were driven by the searching for the reality and challenged the leading beliefs of their era (van Deurzen-Smith, 1996). Kierkegaard (1813-55) argued against both the 'objectivity' of science and Christian creed (Owen, 1994). He found that both theories were means of fleeing the anxiety understood in human being (van Deurzen-Smith, 1996). Nietzsche (1844-

1900), suggested that God is dead; giving man free choice, will, responsibility and bravery (van Deurzen-Smith, 1996).

These themes will be clarified below as the notions of: values, freedom, responsibility, human existence, self-actualisation, will to meaning, meaning as discovered, meaning and social relatedness and the concept of a higher being will be discussed. These concepts and values will be applied in relation to the experience of trauma therapy and vicarious traumatisation.

Human volition to meaning

Frankl (1967) believes '…the tension between being and meaning is in-eradicable in man' (p. 25). He also suggests that the essential motivator of human behaviour is the 'will to meaning'. Frankl (1967), counter to Freud and Adler, argues that the will to pleasure and the will to power are not in force basic motivators of human behaviour, but instead are both consequences of the primary will to meaning. Pleasure could be understood as the completion of meaning, whereas power could be viewed as a way to achieve a goal. A specific amount of power is normally a requirement for meaning fulfilment (Frankl, 1967). 'Thus, the will to pleasure mistakes the effect for the end, the will to power mistakes the means to an end for the end itself' (Frankl, 1967, p. 21).

Correspondently, Fromm (1949) suggests that the quest for meaning is an intrinsic situation connected to being human. In other words, Fromm (1949) asserts that Man '…must give account to himself of himself, and of the meaning of his existence' (p. 41). He mentions that human beings are intensely aware of their humanity and it is this very knowledge that profoundly affects and directs their lives. Therefore, humans by the very quality of their humanity are motivated to find meaning and rational in their existence. Thus, as Gordon (1978) argues, the search for meaning in life and death are inevitably attached with one's search for true self, of one's internal being and knowledge of who and what one is.

Regarding death, the most complex and mysterious existential notion, Becker (1975) suggests that death is the principal opponent with which one must fight in order to attain human's entire aspiration of successfulness. He proposes that 'Man transcends death not only by continuing to feed his appetites but especially by finding meaning for his life' (Becker, 1975, p. 3). Gould (1993) assumes that the search for meaning and purpose is fundamental to humanity. Meaning in life allows individual to make sense of existence notwithstanding chaos, injury, guilt and suffering. Meaning scrutiny expedites a recovery of health, caring of the human spirit and wholeness (Gould, 1993).

In the same way Frankl (1969) states that meaning is essential to emotional well-being. He maintains tension between how things are and how they should be, is in force the tension between being and meaning, 'It is the meaning of meaning to set the pace of being' (Frankl, 1969, p. 51). It centres on the meaning of being value-holder, 'of learning from the past, to live responsibly in the present and to plan hopefully for the future' (Gould, 1993, p. xii). However, this is unavoidably linked with the quandary of freedom as it eventually influences individual's meaning making process.

Free will

According to Sartre free will settles the way in which the individual understands and transcends conditions (Sartre, 1966). Frankl (1967) implies that although one's own experiences and their creative actions assist meaning, it is through individual's attitudes and choices, by which 'ultimate meaning' is articulated. Heidegger (in van Deurzen, 1999) mentions that human beings are not genuinely liberated, yet they are 'thrown' into the universe that is previously in existence before their appearance. Consequently, he proposes, that one shapes part of a society, surroundings, history, culture and particular circumstances. He believes it is only inside these explicit conditions that one is able to implement one's freedom of choice. In addition, Fromm (1949), re freedom of choice, declares that individuals are not free to choose between having and not having ideals, but where they are given freedom is in the manifestation and preference of ideals.

Frankl (1967) perceives that individual is not free from all conditions specifically biology and circumstance, but the individual is free to choose a position in relation to these conditions. Thus, the individual is free to transcend the spiritual and physical determinants of existence (Frankl, 1967). 'He becomes capable of taking a stand not only toward the world but also toward himself' (Frankl, 1967, p. 19).

Thus, true heroism is accomplished when one is able to transform one's quandary within (Frankl, 1969). Although Frankl (1969) concurs with Adler that biological, psychological and sociological powers are significant, he suggests that the self is mainly determined by noetic[6] causes, which request personal freedom and responsibility. According to Gould (1993) Freedom of will is the freedom to find meaning, and this creates a more forward looking life.

Responsibility

Frankl (1967) inevitably associates responsibility with the concept of freedom. He mentions that 'freedom…is the subjective aspect of a total phenomenon and, as such, is still to be completed by its objective aspect, responsibility' (Frankl, 1967, p. 71). Therefore, responsibility is intrinsic in freedom of choice. Individuals must presume full responsibility for what an individual turns into (Hergenhahn, 1994).
Frankl (1984) declares that, for the individual is to be responsible for life; the meaning of life is not to be questioned but to be responded to. In the same way, Tillich (1952) states that:

> Man's being is not only given to him but also demanded of him. He is responsible for it; literally, he is required to answer, if he is asked, what he has made of himself…The situation produces anxiety which in relative terms is the anxiety of guilt…Man is asked to make of himself what he is supposed to become, to fulfil his destiny. In every act of moral, self-affirmation man contributes to the fulfillment of his destiny, to the actualization of what he potentially is (p. 52).

[6] Relating to mental activity or the intellect; C17: from Gk noētikos, from noētos 'intellectual', from noein 'perceive' (Oxford University Press, 2004).

Frankl (1967) proposes that responsibility is the 'I ought'; 'the fulfillment of the concrete meanings of…personal experience' (p. 71). Frankl (1969) suggests that it is up to the individual to decide upon whether s/he interprets responsibility in connection with being responsible to humanity, compassion, conscience or God. Individual's response to meaning require not be in words but rather by behaviours. The right reaction depends upon the circumstances and the individual. The correct response will then be a dynamic response within the real circumstances of current existence (Frankl, 1984). Hence 'Man has to answer to life by answering for life; he has to respond by being responsible; in other words, the response is necessarily a response- in-action' (Frankl, 1978, p. 243).

Meaning as revealed

Some existential philosophers suggest that while no impressive design exists in the world, no objective meaning, it is human beings that choose upon the meaning of their existence, their circumstances and their world (Camus, 1954; Sartre, 1966). Yalom (1980) proposes that it is the one's own construction that presumes that individual's life is meaningful. In contrast, Frankl (1969) notes that while meaning is not something tangible that can be pointed to and observed one should not view it as merely subjective. Instead, Frankl (1967) proposes that individual subjectively experiences the objective truth of meanings. 'We do not just attach and attribute meanings to things but rather find them; we do not invent them, we detect them…' (Frankl, 1967, p. 31). Therefore, individual experiences meaning trans-subjectively[7] as meaning can prove itself just through the subjective experience (Shantall, 1997).

The ultimate meaning is no more directed by rational cognition but instead impelled by individual's existential pledge. Meaning may be perceived but ultimate meaning required to be interpreted. Though, in interpreting individual is compelled to reach a decision, as reality is overwhelmed by lots of interpretations (Frankl, 1967). Frankl (1967) asserts that meaning is not experienced at a merely rational point; instead it is understood through instinctive perceptive. This involves receptiveness and willingness to understanding meaning. He notices that:

[7] the objective world of meaning is experienced subjectively

> Meaning necessarily transcends man and his rational processes. It is rather accessible to an act of commitment, which emerges out of the depth and center of man's personality and is thus rooted in his total existence. What we have to deal with is not an intellectual or rational process, but a wholly existential act… (Frankl, 1967, p. 57).

Frankl (1969) proposes that meaning is directed and guided by individual's value system.

Values

According to Stern (1971) 'life is meaningful when it is directed toward the realization of values' (Stern, 1971, p. vii). Frankl (1969) suggests that meaning is never understood in the same way for any two persons, nor even the same way for the same person in different circumstances. He asserts that meaning is unique to the unique moment (Frankl, 1969). He states that the appearance of values can be gathered into three different attributes which each consecutively impacting the way in which meaning is perceived (Frankl, 1969). At the outset, creative values appear through individual's creations; experiential values are demonstrated through individual's experiences and confrontations while attitudinal values apply to the decisions and choices individual chooses to make when s/he cannot physically change her/his situation. While one's values guide the personal meaning making process, it is one's force towards self-actualisation that motivates and stimulates the process.

Self-actualisation

Maslow (1964) explicates that intrinsic in individuals is an inclination to move in the direction of growth and harmony. He proposes that inherent in the individual is a pecking order of motives. One turns in the direction of one's need to self-actualise, once the physiological, security and safety needs are met. Yalom (1980) proposes that there is a humane motive in finding meaning and furthermore there is an aspect of self-actualisation and transcendence in the effort to find meaning. He mentions that the ways in which an individual may self-actualise are through anxiety, guilt and

through the identify conscience that is the search for meaning. Frankl (1969) observes self-transcendence as 'the essence of existence' (p. 50). He proposes that self-transcendence includes the aptitude to retreat from oneself and focus on the exterior environment, hence the 'self-transcendent quality of human existence renders man a being reaching out beyond himself' (Frankl, 1969, p. 8). This reaching out further than oneself has a connection with man's social connectedness.

Meaning and social connectedness

Frankl (1969) notes that a sense of meaning is not merely inherent, instead one may find this meaning by a committedness to something that is further than oneself. He proposes that meaning is found on the subject of others. He also proposes that meaning could be experienced in three manners: what people inform in connection with their duties, tasks or creations; what they obtain from the world in the sense of their experiences; and the attitude they choose to confront their quandaries and sufferings (Frankl, 1969) hence, 'meaning is not only emerging from existence itself, but rather something confronting existence' (Frankl, 1978, p. 100).

Lacocque (1982) implies that human being is determined by a need to relate to the others. In the same way, Adler (1964) suggests that meaning in life is directly connected to empathy and social obligation. Camus (1954) concurs that the experience of meaninglessness comes across in feelings of reclusiveness and purposelessness. Frankl (1967) identifies the self as constructive, capable to structure and construct both action and thought that bring about possible meanings which are actualised both in connection with the individual's self together with others. He also portrays the existential performance as the essential reliance in Being. This reliance has its origin in both an existential 'I am' as well as 'I ought' (Frankl, 1967, p. 57). Frankl (1967) mentions that individual is not only responsible regarding oneself and others in fulfilling meaning, but also the individual is responsible to a transcendent being.

Transcendent being

Frankl (1969) suggests that individuals should make conclusions as regards meaning under direction of the conscience and should not only seek meaning in a responsible way. Frankl (1969) scrutinise the conscience as something greater than the individual, instead it is a communication with an eminent being. Conscience for him is the aptitude to find out meanings where others are incapable to do so (Frankl, 1969).

Frankl (1969), once speaking of religion, does not simply bring up conventional religions and God but he applies to the spiritual aspect of humanity. He employs the notion of religion within its most comprehensive capacity. Correspondingly, Fromm (1949) identifies that the responds to man's need for meaning vary in the structure and way in which they express themselves, however whether secular or religious, necessarily, they are all rooted in the identical need. He identifies the appearance of this need as 'frames of orientation and devotion' (Fromm, 1949, p. 48).

Frankl (1969) proposes that the most perceptible example of future-directedness is intrinsic in individual's experience of trust and religion, which he scrutinise as 'an unconditional trust in ultimate meaning' (p. 156). He views that essential to many religious beliefs is the strong belief that what an individual does not understand in the present, inevitably will understandable finally. Therefore, since nothing is seen as random but instead everything is considered as belonging to meaning, Frankl (1969) asserts that faith deluges life with meaning.

While eventually all thinkers concur that all human beings are a value-bearer, that all are driven by a volition to meaning and have free will, but some have an argument about the ways of discovering meaning (Gould, 1993). 'Part of what it means to be human is to wonder about what it means to be human. Part of the uniqueness of being human is to puzzle over the meaning of that uniqueness' (Baird, 1985, p. 117). The quest for meaning is a search for a perception of wholeness (Gould, 1993). Therefore, the existential investigation explores the meaning of existing.

In the matter of trauma therapy where therapist's entire sense of self and being- in-the-world is questioned under the transformation of vicarious trauma experience; the therapist becomes intimately conscious of an existential crisis, focusing particularly on concerns of meaning, identity, connection and worldview (Pearlman & Saakvitne, 1995). The experience of vicarious trauma forces the therapist to become entirely aware of one's fragility and the vulnerability of life. It is this very awareness that deeply affects and drives therapeutic and traumatic aspects of the professional life. Therefore, their professional life as a trauma therapist by the very potential risk of vicarious trauma is driven to find meaning and significance in their existence.

CHAPTER III

THE NATURE OF MEANING

The evolution of meaning

According to Bee (1996), intrinsic to humanity is the inherent aptitude to interpret one's experiences as meaningful, consequently this quality may be observed as essential in human development.

Baumeister (1991) defines four needs for meaning. He observes one's need for purpose. 'The need is to see one's activities as oriented towards a purpose. The vital thing is to interpret one's current activities in relation to future or possible states' (Baumeister, 1991, p. 32). He, on the other hand, examines the need for value. He also mentions that individual's are motivated to discover value to vindicate their actions. Baumeister (1991) proposes that one is driven by the need for a sense of effectiveness, alleviating senses of control, proficiency and authority. In the end, he suggests that individuals need to make sense of their existence in a way that eases a sense of self- respect and worth (Baumeister, 1991).

For that reason, developmental theorists and likewise stage theorists have endeavoured to scrutinise and elucidate the development and growth of meaning. Theories presuming the developmental dimensions of meaning have been shaped by Jean Piaget (1952), Erik Erikson (1963), Lawrence Kohlberg (1984), James Fowler (1981), Gary T. Reker (1991) and Jack Mezirow (1991).

Jean Piaget

Piaget (1952) proposes that as infants, individuals create their own pre-assumptions through the sensory modalities about the world through information existing to them. Through development these pre-assumptions are re-appraised and resettled with the assistance of experience and language. As individual learns the symbolism of language individual steadily comes to comprehend the symbolic, semantic,

conceptual and metaphorical meanings existing. Moreover, individuals start to conceptualise subjects and objects, expressing both themselves and their mutuality, and within this system a requirement to make some sense create or some meaning is constantly in participate (Weenolsen, 1988).

Ultimately there is a displacement in meaning, where meaningful takes on a greater intension. Meaning in life required at this stage. Individuals seek to make sense of the existence considering its limitations, particularly its symbolic deaths. Developing a system of values, beliefs and attitudes by which to evaluate whether existence is worthy of continuance or not (Weenolsen, 1988). It seems that essential to each living stage, even though displacement and shifting, is a system of meaning. From a developmental standpoint we discussed that, meaning making becomes obvious in early childhood and remains obvious throughout the life span.

Erik Erikson

Erikson (1963) proposes that human beings advance through a variety of meaning systems throughout the lifetime. In particular, he mentions that while in adolescence one centres on achieving a perception of identity and self, in early adulthood one focuses on accomplishing closeness and professional position; in one's mid-forties and mid-fifties one starts to find a sense of meaning through self-transcendent attempts. Erikson identified this stage productively as 'the concern in establishing and guiding the next generation; and it may take the form of specific concerns for one's progeny or, more broadly, in care and charity for the species' (Yalom, 1980, p. 440).

Lawrence Kohlberg

According to Kohlberg's (1984) theory of moral development, he portrays three consecutively attained levels of moral way of thinking. These comprise two phases at each level. Level 1, which he named *pre-conventional reasoning*, is impacted by values of enjoyment and endorsement, therefore meaning could be extracted through perceptions of enjoyment and endorsement. Level 2, which he named *conventional reasoning*, is distinguished by systems and standards of the family and later by the

systems and standards of society. Therefore, it is the family and society which provides individuals with the system of meaning. Level 3, which he named *principled reasoning*, is described by a plea to a set of beliefs that recline behind social traditions or rules. This level necessitates a re-assessment of individuals' not appreciated meaning premises and a re-discussion of what rational and holds worth for the individual. Ultimately, Kohlberg (1984) suggests a final stage, merely fulfilled by extremely few. This stage distinguished by self-transcendence, a sense of wholeness and harmony with being or existence (Bee, 1996).

James Fowler

Comparing Kohlberg's (1984) model, Fowler's theory of faith development is abstractly broader and pondering the manners in which adults comprehend the reason of life (Bee, 1996). Fowler discovers the appearance of individual worldviews regarding self, other and the universe. It is significant to pay attention even as Fowler uses the word faith generally connects to religion; he perceives faith as a set of premises encompassing the essential quality of individual's relations with others and with the universe.

He also proposes that this worldview includes unique 'master' stories, providing individuals with personal concepts of who is in control, how to make life worthy moreover what it is that life is about (Fowler, 1983). Fowler is concerned not in the precise content of individual's faith except in the construction or appearance of that faith. Therefore, his focus resides on the searching of the fundamental construction or sense shared with many diverse beliefs or principles, while exploring faith development (Bee, 1996).

Fowler proposes that personal development happens through a sequence of faith constructions (or worldviews) over the path of childhood to adulthood. He has divided this growth process into the six stages. Two of the six occur mostly in childhood while four are initiated in adulthood. The stage of adult faith development is responsible for the development of meaning structures (Bee, 1996).

Synthetic-conventional faith, the first of the adult stages, normally takes place throughout adolescence and persists into early adulthood. This stage is distinguished by a re-assessment of fundamental assumptions, systems and beliefs; however this re-assessment takes place against the setting of the fundamental external-authority assumption. Characteristically, this stage is distinguished by an exteriorisation of authority. The immature individual chooses and successively holds a set of precise beliefs from those that are attainable - 'out there'. Fowler mentions that a number of adults do not advance further and decide to identify themselves and their experiences inside the meaning structure of various groups or precise set of beliefs (Bee, 1996).

The next stage is *individuative-reflective faith*. Throughout this stage adults naturally move from their preferred faith district and turn in the direction of discipline and consistency. The individual now re-assesses previous beliefs and values and interiorises the accountability innate to those values (Bee, 1996).

Conjunctive faith is the next stage which motivates a gap external from the self. This stage encompasses a regenerated insight and open-mindedness as individuals come to recognise that there are a lot of worldviews, not all of which they may prefer to hold but all of which embrace value. This stage is often together with a concern in the wellbeing of others, the commune at large (Bee, 1996).

Universalizing faith is the final stage of Fowler's theory. This stage is hardly ever achieved, as it requires a shift away from individuality. Although conjunctive faith engages an honesty and new integration of meaning, the individual is often left searching for generalness while simultaneously attempting to preserve a sense of individuality. In the stage of generalising faith the values of unconditional love and fairness rule. Effectively individuals at this stage are distinguished by an external direction. This at times, may be observed by others as revolutionist to the constructions of humanity or traditional religion, as they query their fundamental assumptions (Bee, 1996).

Fowler asserts that every stage is mostly connected with age. Every stage at its finest time has the 'potential for wholeness, grace and integrity and or strengths sufficient for either life's blows or blessings' (Fowler, 1981, p. 274). Every stage constructs the one it comes after, adapting a sense of confidence and serenity and facilitating a more extended possibility for intimacy with the others and self (Bee, 1996).

Gary T. Reker

To understand the nature of meaning structures, Reker developed a model of appearance of meaning systems through the years of adulthood. Reker (1991) suggests that adults find meaning through traditions, culture, lasting principles and morals, free time activities and personal interactions. Reker (1991) suggests that these diverse resources of meaning could be organised into four levels that is *self-preoccupation* in which meaning is effectively found in financial safety and satisfying one's personal requirements; *individualism*, in which meaning is found in personal growth or accomplishment, articulated through leisure activities or creativity, *collectivism*, which embraces meaning from culture and traditions and from communal basis; and *self-transcendence*, in which meaning is found through values, principles, creed and humanity (Bee, 1996).

Jack Mezirow

Mezirow (1994), from a developmental standpoint the way in which recognised sets of belief and meaning systems could be confronted in adult life. He explains a process which he identifies transformative learning as 'the social process of construing and appropriating a new or revised interpretation of the meaning of one's experience as a guide to action' (pp. 22-223). Mezirow's theory proposes that one's superior cultural assumptions and meaning systems both forms and describes one's personal meaning making processes. However, when these cultural assumptions are confronted and rather improved through individual, personal experience, transformative learning happens (Taylor, 1997).

Mezirow sees meaning as an interpretation. To make meaning is to construe experience. We make interpretations both through perception and cognition. We also

make meaning both intentionally and unintentionally. As part of the process of making meaning, people intemalise symbolic images through the process of socialisation. In order to perceive objects, events and concepts we refer back to our imaginative projections of these models. Mezirow explains consciousness then, not as a state of awareness but as the 'form of action of our construing these actions' (Mezirow, 1991, p. 34). The resulting 'loaded' perception is then objectified or given form**,** through language which is a system of representation with no direct relationship to objects and events of the external world. Mezirow (1991) claims that:

> construal involves projecting our symbolic models, as filtered by habits of expectation, onto objects and events in terms of (a) time and space, direction, dimension, entity, feeling, and punctuation of events and/or (b) the concepts, categories, and metaphors that come with language mastery**.**
>
> The prelinguistic reality of (a) affects efforts to apply the linguistic concepts of (b) through intuition, and (b) monitors (a) through the use of reason. (p. 34)

Meaning perspectives act as conceptual codes that form, limit and potentially distort what and how we think/believe/feel, and what, how, when and why we learn what we learn. These meaning perspectives have cognitive, affective, and conative dimensions. Both perceptions and comprehension are filtered through these meaning perspectives.

Mezirow asserts that interpretation involves making a decision that may result in various outcomes including confirmation, rejection, extension, or formulation of a belief or meaning scheme. Mezirow defines a meaning scheme as 'the specific beliefs, attitudes, and emotional reactions articulated by an interpretation' (Mezim, 1991, p. 35). These are recycled from earlier interpretations that may not have been reflected upon. Meaning schemes serve as specific habits of expectation while meaning perspectives may be seen as groups of related meaning schemes.

While developmental theories provide significant information in relation to the development and growth of meaning, innate in these theories are struggles of generalisation, untrustworthiness and possible invalidity (Bee, 1996). Moreover, one of their original faults is their assumption of generality. Instead, meanings are characteristically contingent upon context. Baumeister (1991) mentions that 'A context is an organized set of meanings and interpretations-that is, a set with patterns and interconnections…the context helps determine the specific meanings' (p. 20). The context of meaning making influenced by developmental theorists in the experience of Vicarious Trauma will be explored below.

Meaning in suffering: Eastern approach

I found that the Buddhist approach to suffering, its study of the mind its concept of compassion and composure were useful for the conceptualisation of meaning in relation to vicarious trauma as a cause of suffering in therapists. Here I will examine Buddhist theories in relation to the notions of self and ego and the way these two notions are linked to emotional health. I thenceforth propose a model to offer an understanding of the role of emotional responsiveness and the development of symptoms of vicarious trauma in trauma therapists. This model takes Buddhist teaching on the mind and emotional suffering into account.

Buddhism suggests a way to free the mind from suffering deeply and effectively. A meditative practice of this way is Zazen, which is assists to quiet the mind and achieve self-insight (McClain & Adamson, 2004). For these reasons, a numbers of therapists, who have explored and practised Zen Buddhism, claim it is to be helpful contribution to Western psychotherapy (Brazier, 1995; Mruk & Hartzell, 2003; Epstein, 1995).

Buddhist teachings on self-generated emotional suffering, empathy and compassion offers Western researchers the means to clarifying the close links between, meaning making processes, the capability to extend deep compassion without compromising the emotional health and the level of self-awareness in the process.

I start with some brief historical highlights in order to introduce Buddhism as a main Eastern approach in identifying the notions of meaning and suffering. In addition, some of the differences existing between a numerous Buddhists schools of thoughts are discussed.

Mental conditioning and suffering

Here I will discuss the concepts of ego and self and will specify the ways in which these notions contribute to an appreciation of the Buddhist conceptualisation of suffering as well as an understanding of significant dynamics of mental disorder.

Based upon Buddhist teaching, when confronted with pain and uncertainties in life, individuals react by building a self, namely, defence mechanisms whose purpose is emotional and mental protection, a kind of stronghold which turns into a prison house made of self-protective shapes and tendencies of mind and behaviour (Brazier, 1995).

Individuals' investing in self, and their mental attitudes in the form of 'this concerns me', function according to their entities of superposing personal schedules on what is out there and classifying peoples and occasions into 'me/not me' categories (Brazier, 1995). What individuals perceive then would be in the form of 'good/bad', 'scary/not scary', 'pleasurable/not pleasurable' and so forth. This mental function refers to step number four of Skandhas process which called the Samaskaras: attaching images, memories and feelings to what is being perceived in the present (Brazier, 1995).

According to Buddhism, identification with the Samaskaras is the start of our problems. In general there is a way to de-identify with the Samaskaras, that is, to acknowledge these mental processes as normal while acknowledging that they do not have the ultimate reality, if wellbeing and happiness are to be experienced is highly recommended. However, it is going to be a hard task, because what seems attractive to individuals about the Skandhas, is a sense of solid identity and sensual pleasure, which become a source of sticking and attachment (Brazier, 1995).

It would be a naïve conclusion to think that Buddhism supports the ideas of self-denial or self-sacrifice approach to life, however our attachment to the essence of this teaching, to remain aware of transient and unreliable nature of the pleasures and displeasures that life involves is the solution (Epstein, 1995; Brazier, 2003).

The Skandhas and self-concept set in motion a different kind of vicious cycle which entraps individuals in pessimistic and pathological patterns of thought and enchains their psychic energy. In Buddhism teachings this phenomenon is described in detail as conditioning (Epstein, 1995; Brazier, 2003). Samsara, conditional existence, in contrast to Nirvana[8] differs from individual to individual and also exists on a continuum. Twenty four different forms of conditioning are described in depth in the Book of Origination[9] (Brazier, 1995). Some of these ideas will be mentioned briefly later in this chapter and in the thesis.

A keystone to Buddhist psychology is the conditioning of individual mental statuses and its analysis. Mental statuses do not exist in a void; they are rooted in the existence of conditions inside and outside of individuals. In addition, individuals' mental statuses are fluctuating, shifting and changing subsequently from happy moods to suffering and distress and vice-versa due to the nature of conditions and dependency to them (Brazier, 1995). Buddhism and its scrutiny of the nature of self-process and ego[10] suggest conceptual implements for mindfulness.

Mindfulness Psychology and symptomatology

According to the current literature on Vicarious Trauma, symptoms are alterations and have a function namely, to recover, antagonise and balance the influence of traumatic event. It seems, based on the literature, that VT applies the biological science model to explore the nature of symptoms. Although the persona's coping mechanisms may be non-adaptive, symptoms have a positive function.

[8] Signifying the enlightenment and freedom from the despotism of mental conditioning

[9] The seventh book of Abhidharma, the Pattana

[10] The Skandhas and in particular the theory of conditioning

McCann & Pearlman (1990) summarise this possibility as follows:

> Other positive effects include a heightened sensitivity and enhanced empathy for the suffering of victims, resulting in a deeper sense of connection with others; increased feelings of self-esteem from helping trauma victims regain a sense of wholeness and meaning in their lives; a deep sense of hopefulness about the capacity of human beings to endure, overcome, and even transform their traumatic experiences; and a more realistic view of the world, through the integration of the dark sides of humanity with healing images. Although we may be sadder but wiser, it is important to acknowledge the many ways this important work has enriched our own lives as well as countless others (p. 17).

Cognitive or emotions disorder, in Zen Buddhism, are part of what should not be considered as unknown or unwanted demonstration that should be eliminated, despite their painfulness (Reynolds, 1980). In Buddhism, psychological symptoms of distress reflect unhealthy feelings or thought processes specifically the missing or mis-focussed mind. Symptoms are part of what individuals are at some point in time, and not extraneous, scattered problems. Buddhist teachings emphasise living with our distresses and relating to them in different manners by detaching and de-identifying from them, and learning to observe them (Reynolds, 1980).

Concluding the discussion on Buddhism teachings, this model informs us that: initially vicarious traumatisation' symptomatology related to the domain of stress awareness and subsequently the development of this kind of symptoms is related to the individual's understanding of the stressors and their assessment of it.

Trauma therapy and spirituality

In relation to the impact of dealing with traumatised individuals on spirituality, the Brady, Guy, Poelstra and Brokaw (1999) study states that the practitioners who treated a larger number of survivors of abuse reported a greater satisfaction in their spiritual life, 'The more exposure to trauma material, the higher the respondent's spiritual well-being' (p. 390).

According to Decker (1993) regardless of one's mental state, for those who experience trauma, trauma will impact one's spiritual growth. He declared that these individuals will become more focused in their search for meaning and purpose since trauma inevitably called into question old perceptions, necessitating a reconsideration of values and fundamental beliefs (Decker, 1993). Similarly, therapists and professionals who are exposed to survivors' traumatic materials vicariously are faced with spiritual crisis and challenges. Neuman and Pearlman (1996) consider that the therapist who is involved in trauma work revalidate their spirituality, 'Perhaps more than any other realm … it is our spirituality which is deeply affected by doing trauma work' (p. 14).

Therapists confronted by clients' traumatic material and imagery, particularly when they listen to the narratives of human ruthlessness, will have their fundamental belief challenged. Dealing with survivors of traumatic event influences therapists to question their own perception of meaning and hope. The therapist's scrutiny of the human state may become progressively more cynical, bringing about excessive doubt in the motivation of others (Herman, 1992).

Congruently, Pearlman and Saakvitne (1995) asseverated,

> We have come to believe over time that the most malignant aspect of vicarious traumatization is the loss of a sense of meaning for one's life, a lose of hope and idealism, a loss of connection with others, and a devaluing of awareness of one's experience … best described as spirituality (p. 160).

As a result, we are able to consider that vicarious traumatisation and spirituality are bonded directly. One of the possible outcomes of vicarious traumatisation is impairment to an individual's spiritual life and it is believed by some to be the most hazardous risk to trauma therapists' emotional well-being.
In addition, comprehending the association between spirituality and vicarious traumatisation is significant not only for therapists, but also for their clients. Neuman and Pearlman (1996) mentioned that addressing spirituality is frequently crucial in

recuperation work, and Wittine (1994) proposed that an influential sense of spirituality improves therapists' aptitude to put up with clients' suffering and stay strong. Sargeant (1989) declared conclusively the impact of therapists' spiritual well-being on client's recovery:

> It is of paramount importance that the clinician has a clear understanding of her or his own spirituality and has addressed existential questions of suffering and meaning. Issues of countertransference are no less real in the therapeutic area of spirituality than they are in other clinical areas (p. 187).

It is regrettable that this area of complexity is one of the least explored. On the effect of work-related trauma impact, I found no empirical research on the therapist's spirituality and the quality of the VT effect on their spiritual wellbeing, considering the rather abstract nature of the spirituality, perhaps one of the greatest difficulties is the definition of spirituality. Numerous distinguishing definitions have been suggested (Decker, 1993; Merwin & Smith-Kurtz, 1988; Pearlman & Saakvitne, 1995).

For the purpose of this enquiry, spirituality is perceived as having both religious and existential constituents, signifying a relationship with supernatural being or a higher power attached with a perception of meaning further than oneself and life purpose (Moberg, 1979; Moberg & Brusek, 1978). While various definitions exist, the majority agree that spirituality is disturbed or changed by traumatic experiences.

Therapists who dealt with more trauma clients reported a more spiritually and existentially gratifying life than those with less exposure to trauma survivors (Brady et al., 1999). Decker (1993) proposed that spirituality may get better following a trauma, particularly if fundamental beliefs are mentally grounded. Numerous researchers in the field of psycho-trauma concur that trauma brings concerns with meaning to the people's lives (Decker, 1993; Neuman & Pearlman, 1996; Sargeant, 1989).

According to Brady et al. (1999) dealing with survivors of sexual abuse, as a huge traumatic experience, may impel therapists to confront their own conceptions of meaning and reliance. This sensitive prominence of spiritual components of trauma therapy/practice may reinforce therapists' spirituality. They used the phrase *purified by fire*[11] (e.g. 'baked into a nan') as an analogy to justify this subjectivity in a more concrete way.

Brady et al. (1999) found that the therapists' own confidence may appear stronger and more resilient when they encounter trauma clients' concerns for meaning, hope, and spiritual perception. Therapists, who serve fewer trauma clients, may have fewer causes to address issues of spirituality and, consequently, be less likely to struggle with their own spiritual queries.

Emerging spiritual crisis in a therapist because of exposure to survivors' traumatic material is a prerequisite for her/his psychological growth. 'Thus, one possible explanation for the connection found between exposure to traumatic material and spirituality may be that such exposure actually enhances spiritual well-being, highlighting the role of suffering in spiritual development. For instance, sexual abuse survivors may serve as a catalyst for therapists' personal growth' (Brady et al., 1999, p. 392).

[11] Please see chapter VI, p. 168:

> I have to say that there is a real baptism of fire working in here. The experience that you gain when you're working in this field is just [being] baked into a nan absolutely baked into a nan ... I think there's a label by which ... so when they are in crisis they come to the office door and they come cut, self-harmed ... you get experience of young women being intoxicated, young women try to throw themselves through the window, young women hanging themselves off the back of the doors. You get the whole range of stuff, you could have people having pseudo-procedures, young women also young men who suffer psychosis while having audio-hallucinations ... so you get to experience; the experience that you get is phenomenal because once you're there with them you get again and you get again and just build and build and build … on your competence, confidence and experience really (Angela).

Although this exposure to distressing material may construct a cognitive dissension and fleeting spiritual crisis it, can ultimately result in a stronger, improved sense of spiritual well-being. On the other hand, a stronger sense of spiritual well-being may guide therapists to deal with more traumatised clients and this may provide them with a clear perspective of their life and existence in working with trauma survivors (Brady et al., 1999).

Brady et al. (1999) concluded that therapists with strong spiritual well-being may be drawn to circumstances and individuals that will make them reconsider spiritual attributes, inspiring new opinions and beliefs. These professionals might perceive they have the essential spiritual and existential potency to perform such demanding work with people whose fundamental assumptions about self, other, and supernatural being (or God) are so remarkably tackled. Thus, 'Therapists in any stage of their development may benefit from further examination of the role of spirituality in their personal life and their therapeutic work with survivors' (Brady et al., 1999, p. 392).

Congruently, Anderson (1987) asserts that 'one explanation for the increased spirituality could be that increased exposure to trauma enhances spiritual well-being because suffering is implied as a part of spiritual growth' (p. 12). Therefore, an emerging phenomenon linked to the enhancement in therapist spirituality is the theory that therapists may be pulled to work with trauma survivors because of their strong spiritual foundations or beliefs in a spiritual being or God, which they see as giving them the essential intensity to do trauma work.

Other positive effects of trauma therapists' reactions to their work in trauma therapy include accelerated emotional development; a sense of advantaged contribution in observing bravery and inventiveness, and the contentment of being a cause of positive change (Mahoney, 1991; Schauben & Frazier, 1995).

The study of vicarious traumatisation, based on Brady et al. (1999), reported the unforeseen outcome that clinicians seeing higher numbers of sexual abuse survivors in fact had greater spiritual well-being. On the other hand, from the *Spiritual Well-*

Being Scale (Ellison, 1983), while therapists with greater existing and cumulative exposure to explicit sexual trauma portrayals would have considerably lower scores, the Brady's et al. (1999) research findings shows the opposite result. Brady et al. (1999) argue that it is a requirement for therapists to significantly scrutinise their own spirituality and the potential influence of trauma therapy on their spirituality and spiritual well-being.

Healing spiritualities

Part of that search for meaning may lead us to seek a supportive spiritual community. The authors describe some characteristics of a-healing spirituality. They say that we need recognition, support, and understanding of the way we are experiencing the world in order to heal spiritually, therefore we need a spirituality which reflects or places primary emphasis on our experience of the self, and encourages us to interpret the sacred in our own way, honour our own vision, and act authentically. We need a spirituality that provides space and silence, and a place of safety for us to explore our elemental power and develop images of strength and wholeness. Such spirituality leads us to our true self, animates us enriches our healing, and opens us to our feelings (Cooper-White, 1995; DeMarinis, 1993).

To facilitate healing authors argue that spirituality needs to be rooted in the idea of immanence where the sacred is part of, not separate from, life. It needs to be embodied and holistic, connecting us to al1 living things. A healthy spirituality involves connection to a caring community which accepts challenge and fights for social justice, connecting spirituality and social power (Allen, 1986; Bass and Davis, 1988; Cooper-White, 1995; DeMarinis, 1993; Greenspan, 1993; Keller, 1986; Ruth, 1994; Sanchez, 1989).

In other words, these authors say that we need a liberated and liberating spirituality, which recognizes us as unique individuals living interdependently. These are some of the same characteristics we could use to describe mindful practice which supports a therapist's spiritual choices. So where do we find our spirituality? According to the literature, it seems that we find it in silence and seclusion, and in the midst of

everyday life, in separation and in connection, in leaving home and in coming home, in our joys and in our sorrows, in nature, in caring and compassion, in transformation, inside and outside of organized religions, in our own creativity, in old traditions and in new theologies. And we find it when we listen to our inner voice and reconnect with our authentic self (Allen, 1986; Baldwin, 1991; Keller, 1986).

Healing approaches

When a therapist decides to work holistically with a survivor of trauma, many of the basic mindful practices remain a part of her/his work. What is different is that there seems to be a shift towards finding a balance between the head and the heart. It may show up in the language used, the questions asked, and the practices and tools offered (Greenspan, 1993). The healer may see the process as one of transformation involving a fundamental shift in focus (Laidlaw et al, 1990). Goals include helping the client reconnect to her authentic self and rekindle a sense of hope, joy and wonder, and a belief in her sacredness.

Healers described the deep connection between client and therapist, saying that, in an alliance based on mutuality and a 'moving towards', we need to be willing to open ourselves with compassion to the pain of our clients, helping her create a place of safety - both physically and mentally - in which to explore the journey towards awareness and wholeness. As guide, supporter, advocate, role model, warrior, resource and catalyst, our role is to help the client to access their knowledge and use their resources for healing and repowering themselves (Cooper-White, 1995; DeMarinis, 1993; Ellis, 1990; Greenspan, 1993; Hyde, 1990; Malmo, 1990; Laidlaw et al, 1990; Shaffer, 1982).

More than simply employing skills, they speak of trusting one's intuition, and helping the client to connect to their intuitive and spiritual powers (Baldwin, 1991; Hagan, 1988; Greenspan, 1993; Shaffer, 1982) One clients described the relationship between themselves and therapist as the therapist's own self engaging with them with vitality, warmth, and intense concentration, responding with their ‘whole mind and heart’ (Malmo, 1990).

Therapists and healers describe the importance of living consciously and authentically, suspending judgment, and practicing compassion, ensuring that we will be fully present in the helping relationship (Brock, 1989; Greenspan, 1993; Kaza, 1993; Macy, 1991). The teachings of the Medicine Wheel are described by several Aboriginal authors as a way of approaching healing of the physical, emotional, mental, and spiritual, in a movement towards wholeness and balance for individual and community (Absolon, 1993; Allen, 1986; Bopp et al, 1984; Hodgson, 1990).

Anatomy of a therapeutic process in a traumatic context: Transpersonal[12] approach

Intuition

Intuition plays a strong role in healing presence and recovery from the trauma. There are times for action and times to be silent and allow a situation to unfold. Helping professionals trust their intuition to guide their practice. Gadow (1989) writes, 'relationships of empathy and shared experience with another person are most likely to provide the conditions where intuition will be found. Our minds open and our senses capture those experiences that do not necessarily make sense as described. In a therapist-client relationship often it is empathy that gives us the capacity to pass from knowing about a situation to experiencing it with the patient. We are able to capture the true spirit of the other person and gain a clear sense of how to *be* in our actions, rather than knowing only what to *do*' (pp. 535-36). When that happens, 'we feel intuitive knowing so strongly that we experience the epiphany, the flash of insight the 'aha' that says we understand the situation with a certainty that allows us to take action' (Copeland Cooper 1997, p. 49).

[12] Cowley, A. S. (1993). Transpersonal social work: A theory for the 1990's. *Social Work*, 38(5), 527-534.

Transcendence or transformative ability

‘Spiritual transcendence defines the nature of the caring connection in a professional caring relationship. Caring**,** of course, makes possible a intimate form of emotional involvement that challenges the conventional assumption that distance and objectivity are necessary for the nurse to be an effective provider of care’ (Montgomery 1992, p. 42). As I became aware of the power of healing presence in my practice, distancing or withholding myself from the patient became equivalent to refusing pain medication or nourishment. They are all basic needs of the patient for healing.

Montgomery (1993) describes the changes created through involvement. 'Instead of experiencing themselves as isolated individuals doing something to or for another person, caregivers, by entering into the world of another, allow themselves to become part of something greater than themselves. As one therapist says, ‘I could be larger than my little self’ (p. 74). The *sum* of two people connected in a caring relationship is greater than their individual parts and I believe it creates the energy for healing.

I have been in situations where I seem to be drawing on some capacity within myself to connect with the traumatised client. This connection occurs in different levels of intensity. It may be a heightened awareness and ability to make meaning of the person’s description of symptoms or the intuitive knowledge that there is something terribly wrong which causes me to search for that missing piece of information which will clarify the picture. Some practitioners will argue that these skills and abilities will occur as a therapist gains expertise, but I feel that it is a matter of becoming in tune with the ability to heal.

Studies suggest that there is a distinct qualitative deference between helping relationships connected at the level of the ‘ego’ and those connected at the level of ‘something greater’, at the level of the spirit. The nurse and the client experience union, but that union occurs beyond the level of self at the level of a greater force. The spiritual nature of the connection also serves as an important resource from

which the therapist can derive meanings that sustain him or her through loss and other stressors associated with caring' (Montgomery, 1992, p. 49).

Authenticity

'To become an effective healer, one must be authentic. In the mystical metaphoric realm where there is still conjecture about how actual healing occurs, one thing is certain; one who would be a healer must be genuine. Only those with genuine intent become healers' (Keegan, 1994, p. 106).

The term authenticity, derived from the Greek word *authentikos* encompasses the notion of being real or genuine. 'Authenticity means being oneself honestly, in one's relations with his [sic] fellows. The extent to which the self is revealed will influence the authenticity or genuineness of that person in a relationship.

When I was truly grounded, sure of who I was and my place in the therapeutic[13] relationship, then I could become truly open because I was so sure of my footing. The more I am able to understand myself the greater my authenticity with others. 'I am able to see from the inside what others see from the outside. Feelings attitudes and actions lived in the moment are matched by an inner genuine awareness' (Fleury 1984, p. 72). Morse et al. (1992) offer valuable insight in their suggestion that sympathy and compassion may still not be effective if the therapist is not genuine. Being present includes being present as yourself.

Centering

'Healers also frequently use the term 'centering' to describe this experimental state. Centering requires the exclusion of extraneous, distracting thoughts and feelings, focusing the attention on the immovable, central core of being' (Dossey, 1993, p.

[13] Dealing with traumatised individuals, I used to be a mental health social worker with an existential-transpersonal approach working in different clinical settings form child abuse to domestic abuse and violence against female service users with mental health difficulties (see chapter III, the section: *Researcher as Participant*).

197). ‘The receptive mode seems to be an essential component of intellectual work. We must settle ourselves, clear our minds, reduce the racket around us in order to enter it’ (Noddings, 1986, p. 34). An authentic presence is of sufficient power to penetrate outer *armour* of objectivity. An elusive inner self is more likely to be discovered through connecting with another's genuine presence (Lashley et al., 1994, p. 56).

Healer or healed, the development of my ability to be truly present with the client requires risk taking. I needed to step out of the carefully crafted mold of practical education of the past and client’s expectations. It required my confidence to commit myself to a therapeutic relationship, both personally and professionally.

An investment; I recognised that each person was an individual with great potential, not just a client living out a statistic. Being presented with the client, with my whole being, required my conscious effort. It happened when my intent was to understand the client’s experience, and to attempt to share their reality with them. I used my self-knowledge to pull forward those parts of myself which fitted best with that person in a therapeutic relationship. I became the trauma therapist they needed.

Healing the healer

In such an intense therapeutic relationship, the importance of the healers doing their own healing work is crucial. We need to avoid carrying our wounds with us into our work, re-victimising clients, and sabotaging social action (Cooper-White, 1995; Cowley, 1993; Hodgson, 1990; Kuyek, 1990; Turner, 1990).

They say that when deep feelings unleashed in sessions cause us to be triggered, we need to find appropriate ways to release them. Creating community in our lives and drawing on our own spirituality, can help us to release the pain. Spiritual exercises such as individual and group meditation may help us prevent burnout and provide the

energy to allow us to continue in the work (Cooper-White, 1995; Cowley, 1993; Hodgson, 1990; Macy, 1991). I looked at some of these in more detail:

Journal writing

If I needed to describe the moment my healing process began, it would be the day I wrote down my feelings for the first time. In the next few years, I amassed hundreds of pages of journal entries, poems, and recently, songs. The literature describes how writing bears witness to our experience, creates consciousness or awareness, marks our passage by providing a benchmark, keeps track of our dialogue with the self, connects our inner and outer worlds, connects action and reflection, helps us sort our thoughts, access our intuition, reconnect to our cultural roots, and re-invent our self (Allen, 1986; Baldwin, 1991; Hagan, 1990).

Storytelling, metaphor, imagery, and myth

The storyteller may speak to the spirit through imagery, myth or metaphor and the woman can recreate her own story (Allen, 1986; Dion Buffalo, 1990; Hyde, 1990). Through myth, unconscious conflict can be brought to the surface. We can create myths to describe how we feel about a specific problem and create new endings for ourselves (Dion Buffalo, 1990; Downing, 1989). Myth 'guides our attention toward a view of ourselves, a possibility that we might not otherwise encounter' (Allen, 1986, p. 116).

Imagery, the world's most ancient and potent healing resource, invokes the senses and speaks to the spirit (Achterberg, 1985; Davis &Weaver, 1982). I found a number of healers who discussed the use of imagery in healing work and the role of the therapist in the process (Achterberg, 1985; Baldwin, 1991; Ellis, 1990; Herman, 1992, pp. 202-203; Hyde, 1990; Malmo, 1990; Turner, 1990).

Spirit guides, liberating archetypes and dreamwork[14]

Therapists described how a spirit guide can help one to integrate the feelings and needs of the child into the adult self, provide comfort, protection, wisdom, joy and companionship, and reframe negative attitudes about themselves leading to a healing transformation. The client needs to determine the form it will take a separate being, a part of themselves, an animal, an angel, or whatever the client perceives as comforting and non-threatening (Ellis, 1990; Hyde, 1990; Malmo, 1990; Laidlaw, et al., 1990; Turner, 1990). It could be another name for our intuition or 'the still small voice within' (Baldwin, 1991, p. 151). Karen Signell (1990) describes it as an empathic witness helping us to deal with the daily barbs, teasing and belittling remarks directed towards us as women.

Dreamwork as a form of spiritual guidance adds to Jungian dream analysis, empowering us to interpret our own symbols and use our dreams to access our own inner wisdom, provide a new point of view, or help us reconnect with the wounded soul (Baldwin, 1991; Downing, 1989; Signell, 1990; Strickling, 1990). Active dreaming can be used to rewrite the script and create a different ending (Signell, 1990; Shaffer, 1982).

Exercises help one to remember and question the symbolism of dreams, and use our dreams for problem-solving, to see where we are being empowered or victimised, to indicate choices, connect us to our unconscious needs or buried anger, and help us to debunk stereotypes (Baldwin, 1991; Signell, 1990, 120; Davis &Weaver, 1982) .

Compassion, mindfulness and meditation

Some Buddhists believe that experiencing another's compassion, even if we cannot emulate it, lets us know that it is within our human capacity (Macy, 1991; Nhat Hanh, 1987). Several authors connect compassion to healing and define compassion as the understanding and love which helps people to change, connects us to people's

[14] Any systematic inquiry into or use of dreams with the purported purpose of healing or self-development. Its theory posits "archetypal energy" and "life energy" (Raso, 2000).

pain, creates acceptance, and recognises the sacredness of al1 beings (Dass and Bush, 1992; Greenspan, 1993; Kaza, 1993; Lerner, 1986; Macy, 1991; Nhat Hanh, 1990).

The Buddhist practice of mindfulness can help client and therapist, keeping us fully present in the moment with heart and mind, helping us to see what is healing for us and what is not, and leading to concentration, wisdom, joy and happiness; allowing us to see deeply into the nature of reality and the wonders of nature (Kaza, 1993; Nhat Hanh, 1975; 1987; 1990).

Several authors say that meditation increases our capacity for loving kindness and compassion, brings us to a place of peace, calm and silence; helps us to uncover our deepest thoughts and feelings; develop clarity and self-authority, conserve energy and gather and direct power, leading to action. It can help us to discover, trust, and express our inner wisdom, and prevent burnout (Iglehart, 1982; Macy, 1991; Nhat Hanh, 1987; 1990; Ywahoo, 1989). Iglehart (1982), Macy (1991), and Ywahoo (1989) describe meditations for social activists and social action.

Meditation begins with breathing deeply together to ground and to connect us. Breathing allows deep feelings to arise and can help us to release and transform fear and pain (Hyde, 1990; Iglehart, 1982; Laity, 1994; Sanchez, 1989; Starhawk, 1989).

Working with despair

Therapists describe the importance of facing our deep despair before we can be fully alive. They stress that this is different from the martyrdom of traditional Christian theology (Baldwin, 1991; Brock, 1989; Cooper-White, 1995; Greenspan, 1993; Macy, 1991; Williams, 1984).

Fear of feeling despair can keep one in denial by filtering out anxiety-provoking data. It can keep us from addressing our own oppression and prevent us from cultivating an awareness that can lead to personal transformation and social change (Macy, 1991; Williams, 1984). For the counsellor, suppressing feelings of despair takes valuable energy**,** can lead to burnout, and interferes with our ability to feel

empathy as we suppress al1 feeling (Cooper-White, 1995; Macy, 1991). To acknowledge despair is to let go of the assumption that we are personally responsible and can control all events and allows us to release our grief, making room for hope and joy.

Baldwin (1991) sees the dark night of the sou1 as a positive event. This was my experience as well. Because it is risky, it is crucial that we do our despair work in community (Macy, 1991). Disintegrating defenses and ideas, this plunge into the unknown can open the doors to new perceptions and new responses and lead to spiritual transformation (Baldwin, 1991).

It seems that holistic healers use a variety of practices to help client heal but the literature emphasises that these are more than simply techniques. They are part of an overall approach to healing and transformation touching both client and therapist, and whose effects may spread to the community and the world.

Conclusion to the Literature Review: Chapter II and III

In chapter II, the meaning and definitions of trauma and PTSD have been explored in a discussion with existent views on the VT phenomenon. Five most commonly used descriptions for VT phenomenon were introduced and discussed as follows: countertransference, compassion fatigue, secondary traumatic stress, vicarious traumatisation, and burnout. The area under investigation relates to the phenomenon of VT impact and the recent research relevant to the prevalence of secondary traumatic stress in therapists. The chapter included discussions of recent research significant to trauma impact on therapists, its conceptualisation and its connection to the therapeutic settings for the direction of this study. Through exploration of the nature of trauma and stress, the concept of *positive outcomes of stress* and closely related notions like *Post-Traumatic Growth* (PTG) were explored.

The phenomenon of VT impact was discussed from an existential perspective with reference to psychological effects of dealing with trauma survivors on trauma therapists. The focus of this review was on the impacts of trauma on therapist's world-view and their personal meaning-makings of the VT experience. The meaning-making literature in the trauma context was discussed and led the review to the discussions on existentialism and exploration of meaning. Views of celebrated authors like Victor Frankl were presented in relation to attainment of meaning.

Views of the VT impact as a negative experience, if considered as suffering, and as a positive experience, if considered as a *meaningful* suffering, were presented. The question of whether trauma has the capacity to be considered as a means of personal development and growth was introduced. In fact, the possibility for growth and development of trauma therapists from a traumatic context explored as an untouched and rarely noticed domain of the current literature. Traditional images of trauma provided insights on how VT has been represented through the past three decades. From their writings can be gleaned insights into meaningful aspects of the VT phenomenon. Finally, significant meaning and purpose in life with regard to the VT impact, previously identified by existential writers and trauma researchers, were presented.

This chapter endeavoured to explore and comprehend the concept of VT through therapists' experiences and their personal meaning given to those experiences; its diverse effects on therapists' psycho-spiritual health through the time; and the quest to make meaning out of the VT experience that fulfils therapists' desire to pay for the cost of caring. It examined the philosophy of existentialism, as well as clarifying various developmental frameworks of meaning and the origins of suffering – as a correlated concept to the meaning.

In chapter III, the development and growth of meaning by developmental theorists including Jean Piaget, Erik Erikson, Lawrence Kohlberg, James Fowler, Gary T. Reker and Jack Mezirow was described. Since being human provides one with the ability to observe oneself as both subject and object, as a human being to which

things take place, trauma therapists are able to choose a response to their professional life with exposing themselves to the negative impact of work-related trauma. One's will to meaning, and meaning in suffering become thoroughly evident as trauma therapists effort to make sense of life. The notion of *meaning in suffering* explored through the Buddhist approach to suffering for the conceptualisation of meaning in relation to vicarious trauma as a cause of suffering in therapists. This in turn generalised and extended to the experience of *meaning* for professionals who deal with trauma survivors and consciously take the risk of vicarious trauma.

Researches on the impact of trauma on therapists' spirituality were reviewed and the place of Mindfulness Psychology and holistic approaches to trauma therapy were discussed. In addition, the therapeutic process in the trauma context with a transpersonal lens was introduced. The other significant aspect of this review was a discussion on the healing of the wounded-healer through journal writing, metaphor, imagery, myth, liberating archetypes, dreamwork, mindfulness and meditation.

Western and Eastern frameworks in relation to cognitive processes of meaning making examined exploring the intersection of culture with personal meaning systems. The concept of *therapists' persona1 meaning of VT* appears to enjoy a psycho-existential quality from a Western perspective and a spiritual quality from an Eastern approach. Though this makes it harder to capture, in the sense of focus for study, the importance of this longed for human experience makes the challenge worthwhile. From extant literature it is intimately intertwined with health psychology and existential psychology. As such, *personal meaning* of the VT experience has a rightful place within the conceptual understandings of psychology, phenomenology and existentialism.

Meaning-making coping, when trauma therapists find positive meaning in their experiences is an important moderator of stressful experiences. The creation of meaning is central to the process of coping and has an important role to play in the models of positive outcomes. By reviewing the existing literature, it became apparent that the process employed in the research project needed to incorporate a reflexive

component in order to uncover deeper levels of *meaning* not readily apparent in the telling of the story. The telling of the story of vicarious trauma is one level of meaning-making. Reflecting on the story is a second level of meaning-making that may point to underlying beliefs and enable the researcher to see what is at work behind the narratives. One more level of meaning-making points to the conversational interaction between the researcher and the participants. How do they construct the narratives on vicarious trauma experience and how do they fashion their own identities in the process?

What is apparent from an initial investigation of the literature related to the experience of VT is that it rarely appears under the category of existentialism, phenomenology and hermeneutic. More often it is embedded within psychological writings. When it does appear it is spoken of as though we all understand what it means, we just don't know how to acquire it. From my investigation of available literature, the concept has not enjoyed IPA research, with its two phenomenological and hermeneutic components, as an experience in its own right. It is my intent to take a step back and to study the phenomenon of VT using lived experience of trauma therapists within the IPA framework. From within the lived experience itself may be gleaned practical approaches to understand personal meaning.

CHAPTER IV

PHILOSOPHY OF METHOD

This chapter focuses on the philosophical foundations that underlie the phenomenological method of research. The philosophy underlying the method has implications both for the research procedures themselves and the interpretation of the research results or data that follow. Once I have mapped out the general philosophical underpinnings of the phenomenological method, I turn, in Chapter Five, to the specific methodological approach and procedures which I chose to apply for the present study. However, before I begin to examine the highly complex and intellectually challenging subject of the philosophy of phenomenology let me make the following comments. It has been my experience with the field of phenomenology that the more I begin to understand the subtle nuances of meaning associated with the study of experience and consciousness, the more complex and deeper the 'journey' becomes. The study of experience itself brings us face to face with the 'big,' and indeed spiritual, questions of our very 'being.' It seems characteristic of the phenomenological inquiry that there is always another question to be asked whenever one appears to have found an answer.

Philosophical Foundations

It is not my intention here to go into a lengthy discussion on the emergence of the human science perspective or to provide a defense of its accompanying methodology. I think it is safe to say that, at least in the field of psychology, the human sciences have securely arrived at a place of acceptance and respectability. The human science perspective, with its accompanying method of qualitative research, has allowed researchers the opportunity to explore areas of human experience that were previously inaccessible due to the epistemological claims and methodological constraints of natural science (Collaizi 1978; Valle & King, 1978).

In order to situate myself more narrowly within the philosophical landscape, I would place the approach of the present study under the heading of the existential phenomenology. Specifically, existential-phenomenological psychology is a discipline that has evolved in an attempt to reveal our previously 'unknowable' subjective experience and validate the knowledge gained from the study of experience as part of a legitimate human science endeavor. Valle and King (1978) provide the following definition of existential-phenomenological psychology:

> …that psychological discipline which seeks to explicate the essence, structure or from of both human experience and human behavior as revealed through essentially descriptive techniques including disciplined reflection. (p.7)

Valle and King (1978) provide an overview of how the philosophy of existentialism and the methodology of phenomenology have evolved and blended together, creating an alternative to traditional behavioural psychology. Existentialism is a philosophy which concerns itself with understanding the human condition as it manifests itself in our concrete, lived situations. The existentialist is interested in the introspective, subjective and most subtle of experiences, such as the feeling of joy, indifference or absurdity. Some of the key historical proponents of existentialism include Soren Kierkegaard, Friedrich Nietzsche, and Feodor Dostoevski, and in the present century we have the writings of Martin Heidegger, Jean-Paul Sartre, Maurice Merleau-Ponty, and Albert Camus.

Existential phenomenology and the notion of 'lifeworld'

This thesis is advocating a qualitative approach which addresses the lifeworld of the individual. The phenomenological term, 'lifeworld' originates in the works of Alfred Schutz and describes and defines lived human experiences. Simply put, lifeworld is '...the whole sphere of everyday experiences, orientations, and actions through which individuals pursue their interest and affairs by manipulating objects, dealing with people, conceiving plans, and carrying them out' (Wagner, 1970, p. 15). Schutz's phenomenological philosophy of the 'lifeworld' constitutes a sociological framework

based on phenomenological considerations (Wagner, 1970). ‘Life world’ or ‘world of daily living’ is defined as:

> The total sphere of experiences of an individual which is circumscribed by the objects, persons, and events encountered in the pursuit of the pragmatic objective of living. It is a 'world' in which a person is 'wide- awake' and which asserts itself as the 'paramount reality' of his life (Wagner, 1970, p. 320).

Giorgi (1985) indicates that, ‘The life-world is the everyday world as it is lived by all of us prior to explanations and theoretical interpretations of any kind’ (p. 99). The life-world includes emotions, motivations, symbols and their meaning, empathy and other subjective aspects associated with the naturally evolving lives of individuals (Berg, 1989). From this perspective it includes both conscious and unconscious content.

The concept of the lifeworld is fundamental to existential phenomenology and is concerned with both the particular qualities and characteristics of the individual life, as well as its universal features of subjective embodiment, selfhood, intersubjectivity, temporality, spatiality, personal project and discursiveness (Ashworth, 2003, p. 23). As such, it shares some common ground with discourse analysis which examines how the worlds of people are discursively constructed and how these are implicated in the experiences of the individual.

Interpreting lived experience

Interpretative phenomenological analysis (IPA) (Smith, 1996) with its dual epistemological underpinnings of phenomenology and hermeneutic inquiry held a certain resonance for me. Thus, throughout this research process, I have had to think about what IPA means by ‘interpretative’ and ‘phenomenological’. This is an ongoing and developmental process and I have had to grapple with some difficult and complex ideas and concepts. The remainder of this chapter is a brief consideration of my current but dynamic epistemological stance.

The methodology of phenomenology, as founded by Edmund Husserl, became an almost perfect complement to existentialism as a means of exploring the subject of lived-experience (Valle & King, 1978). Husserl's central insight was that *consciousness is intentional,* in other words, consciousness is always 'of something' (Osborne, 1990). As such, we are fundamentally oriented towards a world of emergent meaning (von Eckartsberg, 1986).

Husserl was interested in the world of immediate experience as it is expressed in everyday language. His life work was dedicated to a pursuit of revealing and describing the *inherent character* of conscious experience (Osborne, 1992). The word 'inherent' is important in this context, in that Husserl believed, and argued, that there are clearly commonalties in the way we humans experience phenomena. In other words there may be variations in reported descriptions of experience but there is inevitably a common, or essential, theme amongst these variations. Husserl argued that by uncovering the common underlying themes in the description of an experience we could reveal the *essence* of the phenomenon under study. The *essence,* or essential meaning of a phenomenon, is revealed by uncovering the invariant, or necessary and sufficient, constitutive features of the phenomenon (Wertz, 1986).

For Husserl, the nature of human consciousness is that of the *Lebenswelt* or *life-world.* The life-world is the place where the world and the person come together; it is the world of immediately encountered experience, the taken-for-granted world of everyday life (Natanson, 1964). Consciousness, or the life-world, is the world as lived by the person and not the external reality which might be considered separate or independent of the individual. For Husserl external reality can only be apprehended through consciousness.

Husserl's early work is described as pure phenomenology and his later work as transcendental phenomenology (Stapleton, 1983).With pure phenomenology Husserl is primarily focused on how knowledge is constituted in human consciousness. In this phase of his work, Husserl's descriptive method focused upon how external reality reveals itself through intentional acts of consciousness (Osborne, 1992). With

transcendental phenomenology, Husserl continues to assert that we cannot escape human consciousness, or the life -world, but we can transcend the individual ego and apprehend the universal nature of phenomena as they appear to an essentially 'anonymous' consciousness.

Interpretive phenomenology and the dispute between Heidegger and Husserl on the issue of "bracketing"

There appear to be two main branches of twentieth century phenomenology (Stapleton, 1983). The primary branch, from an historical perspective, is the pure and transcendental phenomenology as founded by Husserl. The second branch is hermeneutic, or interpretive, phenomenology associated with the work of Heidegger. It is over the issue of transcending the ego, which is discussed above, where it seems that Heidegger and other interpretive or existential phenomenologist part ways with Husserl's phenomenology.

Husserl argued that the essence of a phenomenon, which appears to us through consciousness, can be grasped by utilising a process described as 'bracketing'. Bracketing requires that we suspend our preconceptions and presuppositions concerning the phenomenon under study. Through a rigorous process of bracketing and reduction, Husserl asserted that we could achieve *presuppositionless knowing* (Stapleton, 1983). Heidegger did not support Husserl's attempt to achieve presuppositionless knowing through a process of bracketing and argued that this final reduction as dispensable. Whereas Husserl focused on trying to uncover the 'objective in the subjective', Heidegger argued that even this 'split' was misleading (Osborne, 1992).

For Heidegger and other so-called interpretive phenomenologists, *each* individual and his or her world are said to co-constitute one another (Valle & King, 1978). This perspective envisions a total, indissoluble unity between the individual and his or her world. This is similar to Husserl's concept of the *Lebenswelt*, with the difference being that the interpretive phenomenologist does not expect to reveal the universals of experience in consciousness. In other words, Husserl's efforts were aimed at

finding the universals in human consciousness while Heidegger challenged the very concept of universals.

One of the implications for the above noted differences in the views of Husserl and Heidegger is that those researchers who side more with Heidegger's view, that of interpretive phenomenology tend to show more interest in the variations of interpretation of a phenomenon, rather than looking solely for the commonalties or universals of experience. From the interpretive phenomenologist's perspective there is a greater interest and emphasis on the individual's unique existential experience, the individual's being-in-the-world, and how that unique being-in-the-world has created novel meaning that is contextually bound (von Eckartsberg, 1986).

Therefore, the interpretive phenomenologist would also be interested in the meaning attributed to 'uncharacteristic' reports of a reported experience as well as the common or characteristic reports. From this interpretive perspective variations in reported experience are a product of each individual's unique interactive relationship with the world. Heidegger described an 'anticipatory dimension'' of human existential experience, where our present experience anticipates, and thereby influences, what is to come (Osborne, 1992). From this perspective our 'contact' with the world is one in which we 'construct' our personal reality as we actively and purposively engage with the world. The concept of 'fore-understanding' (Wertz, 1984) in contemporary psychological research is analogous to Heidegger's anticipatory dimension of being.

Description vs. Interpretation

Bringing the previous discussion into a more current context, we find that this historical debate between Husserl and Heidegger is still unresolved both within the general field of philosophy and the narrower domain of phenomenological psychology. Giorgi (1992), who may be described as a key spokesperson for descriptive phenomenology, acknowledges that hermeneutic or interpretive phenomenology has become the predominant contemporary approach to phenomenological research. Giorgi recognises that the philosophical foundations of

the interpretive perspective, as developed by Heidegger, Gadamer, Ricouer and Taylor, among others, are generally more in line with the meta-theoretical paradigm shift from modernism to postmodernism. However, Giorgi (1992) and Mohanty (1989) argue that the descriptive approach to phenomenology has often been misunderstood and that both descriptive and interpretive approaches to phenomenological research are legitimate and valuable in their own right.

The most significant issue of disagreement between the descriptive and interpretive approaches concerns the question of whether the analysis of conscious experience, and the analysis of co-researchers' lived experience, is more accurately labeled a descriptive process or an interpretive process. Giorgi (1992) contrasts the differences between description and interpretation, stating that;

> ... description is the clarification of the meaning of the objects of experience precisely as experienced. Interpretation would be the clarification of the meaning of experienced objects in t m s of a plausible but contingently adopted theoretical perspective, assumption, hypothesis and so on (p. 122)

Giorgi's approach (1985) emphasises the description of the contents of pre-reflective consciousness. The descriptive approach to phenomenology rests on the theoretical assumption that our personal biases and interpretations can be transcended through a suspension of our pre-suppositions. For Giorgi (1992) and Mohanty (1989), and others who adhere to descriptive phenomenology, it is possible for the researcher to describe the meaning of experience without providing an interpretation. With the descriptive approach to phenomenology the researcher attempts to stay as close to the data as possible, describing what presents itself precisely as it presents itself; neither adding nor subtracting from it. The following quote nom Giorgi (1992) effectively captures this conceptualisation;

> The descriptive scientist believes that the unified meaning can be teased out and described precisely as it presents itself not in order to substitute for the variety but as a means of accounting for it. In other words, it is the very

> structure, ‘variations of an identical meaning’ or ‘unified variations’, that matters and not variations as opposed to unity. (p. 123)

A proponent of the interpretive approach to phenomenology would undoubtedly counter the above argument with the assertion that all descriptions are a form of interpretation. From this perspective, even a rigorous well bracketed description of the pre-reflective level of immediate experience is affected by our previous experience and interaction with the world. In this conceptualisation, there is no purely ‘naive’ level of contact with the world. We cannot escape interpretation because we each have a unique, co-constituted, situational perspective ‘in-the-world’.

Although there are clearly differences between the two general trends in phenomenological research, there are also similarities. In fact, on the surface of it there are more similarities between interpretive and descriptive phenomenological studies than there are differences. The interpretive approach often sets out with roughly the same goal as the descriptive approach: to provide a report on the common characteristics, or qualities, of human experience. The descriptive and interpretive approaches may employ actual research procedures which are identical. Both approaches may attempt to stay as close to the data as possible. Both approaches may be attempting to report on immediate experience, that is experience as it first appears in consciousness. However, the descriptive researcher claims that an effort is being made to produce precise descriptions of immediate experience, whereas the interpretive researcher claims that interpretations of immediate experience are being provided.

As I stated above, both the interpretive and descriptive approaches to phenomenology often have the shared goal of identifying the common characteristics, or qualities, of human experience. Proponents of the descriptive approach prefer to use the terms general structure or essence to refer to the commonality of meaning that is apparent in variations of reported experience (Giorgi, 1985). The interpretive phenomenologist may also use the term structure to

refer to commonality of reported meaning. However, in contrast to the descriptive approach, the interpretive approach steers clear of asserting that the commonality of meaning apparent across variations of reported experience reveals the *essence* of the phenomenon under study. Instead the commonality of meaning associated with a phenomenon is viewed as an exposition of the 'clustering' of meaning around a general theme (Stapleton, 1983). Again, the interpretive phenomenologist does not expect to reveal *universals* of experience in consciousness and therefore avoids terms such as 'essence'' which suggests *identical* meaning across variations of reported experience.

Interpretative phenomenological analysis

IPA is a qualitative approach which locates itself firmly within the discipline of psychology. It sits between the mainstream social cognition tradition and discursive psychology, acknowledging the strengths and limitations of both approaches. IPA builds on these strengths emphasizing both the meaning making, interpretative and constructive aspects of the person. However, it does this through a synthesis of ideas and concepts drawn from the phenomenological and hermeneutic traditions. This has led to the development of a distinctive qualitative psychological methodology and an analytic method, which is idiographic, inductive and interrogative (Smith, 2004).

IPA: A descriptive and interpretative phenomenological approach

IPA stresses that grasping and illuminating the lived and experienced life are interpretative activities, familiar and human activities carried out empirically and systematically by the researcher. This is described as a double hermeneutic, a dual process in which 'the participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world.' (Smith & Osborn, 2003, p. 51). 'Reality' as it appears to and is made meaningful for the individual is what is of interest to the IPA researcher, and she/he recognises her/his dynamic role in making sense of that reality. Thus, IPA can be seen as a method for hermeneutic phenomenology; descriptive because it is concerned with how things appear and letting things speak for themselves, and interpretative because it recognises there is no such thing as the uninterpreted

phenomenon. For IPA, this is not a contradiction because phenomena and lived experience are always/already meaningfully experienced.

IPA: A method for hermeneutic phenomenology

IPA has been described as contextual constructionist research, which is research 'based upon the assumption that all knowledge is necessarily contextual and standpoint-dependent.' (Willig, 2001, p. 145). Like other qualitative approaches, in particular discursive psychology and discourse analysis, IPA is critical of mainstream psychology's way of acquiring knowledge about human beings. However, unlike the discursive paradigm, it locates itself firmly within the discipline, seeing opportunities for a useful dialogue between the various traditions, which can contribute to the debate as to what constitutes a viable mode of inquiry for psychology.

Whilst IPA is critical of many of the dominant methodological and epistemological assumptions of the discipline, it challenges these from within by taking an interrogative stance to both its own findings and the extant psychological literature. For example, it regrets that the cognitive revolution led to a cognitive psychology of information processing rather than a psychology whose core concern was meaning and making as conceived by Bruner (1990). However, it questions and disputes how cognition has been conceptualised. For example, Smith (1994) pointed to how both social cognition and IPA share a concern with unravelling the relationship between what people think (cognition), say (account) and do (behaviour). Both epistemologically and methodologically this concern manifests itself differently, but even so, the engagement has led to a body of empirical qualitative studies with wider ramifications for social policy (e.g. Flowers, Duncan & Knusson, 2003; Flowers, Smith, Sheeran & Beail, 1997).

More generally, IPA's alliance with phenomenological psychology and the phenomenological and hermeneutic philosophy traditions make it a potentially useful contributor to recent trends in cognitive neuroscience and the study of consciousness (Chalmers, 1995; Gallagher, 1997). In contrast to the nomothetic principles underlying most psychological empirical work, IPA is resolutely idiographic,

focusing on the particular rather than the universal. This implies a shift in focus from establishing causal laws to a concern with understanding meaning in the individual life. For IPA, these two ways of acquiring knowledge does not require an either/or stance. Rather, it argues for (a) the intensive examination of the individual in her/his own right as an intrinsic part of psychology's remit, and (b) that the logical route to universal laws and structures is an idiographic – nomothetic one, as indicated by Harré:

> I would want to argue for a social science…which bases itself upon an essentially intensive design, and which works from an idiographic basis. Nevertheless such a science is aimed always at a cautious climb up the ladder of generality, seeking for universal structures but reaching them only by a painful, step by step approach. (Harré, 1979, p. 137).

On a practical level, IPA studies express their commitment to idiographic designs by the use of single person case studies (e.g. Smith, 1991; Weille, 2002) as well as doing full justice to each individual in a study before attempting cross case analysis at within and between levels.

Not only does IPA study people idiographically, it emphasises the strength of an open inductive approach to data collection and analysis, what has been referred to as 'big Q' research (Kidder & Fine, 1987). Qualitative research, IPA included, rejects hypotheses in favour of open-ended questions, which aim to generate (at the minimum) rich and detailed descriptions of the phenomenon under investigation. In addition, it is possible to move beyond description with IPA and offer levels of interpretations based on the analysis as well as seek explanations for the phenomenon. Description, interpretation and explanation are inevitably unclear categories and shade into one another within the analytic process. However, a key rule for IPA is to remain grounded in the data, and it should be possible to 'track' back and forth on the path from raw data through 'thick' description to low level cautious interpretation to more speculative and tentative readings, all of which can be embedded within psychological theories and concepts. In addition, the inductive

nature of open questions and participant led interviews which characterise IPA studies, can lead the researcher into surprising and unanticipated arenas. Finding something which challenges previous assumptions leads the receptive researcher to generate and develop interpretations which accommodates and brings to light the unexpected.

In sum, IPA is both a methodological approach within qualitative psychology as well as a method for analysing qualitative data (Smith, Jarman & Osborn, 1999; Smith & Osborn, 2003). It utilises insights from phenomenology and hermeneutic philosophy in a way which if not wholly attractive to mainstream psychology, opens up a space for engaged debate and possible collaboration. IPA explicitly locates itself within psychology and a central aim is to contribute to psychological knowledge (Smith, 2004; Smith, Flowers & Osborn, 1996).

Summary

In this chapter I have discussed the philosophical foundation of the current study to expand its methods of inquiry. Two traditions of phenomenology: the pure and transcendental phenomenology and hermeneutic, or interpretive, phenomenology were described. The dispute between Heidegger and Husserl on the issue of 'bracketing' was also discussed. In the second half of the chapter I outlined the epistemological underpinnings of the thesis: phenomenology and hermeneutic inquiry. This was accompanied by a detailed description of IPA, a qualitative approach which fuses these traditions, providing a systematic method for fine grained empirical analyses of human phenomena. The following chapter provides a full description of the stages of an IPA study as well as detailing the research design of the empirical work in this thesis.

CHAPTER V

METHODOLOGY

Initial considerations

There were no formerly published *Interpretative Phenomenological Analysis* (hereafter IPA) inquiries of *Vicarious Traumatisation* at the time this research was conducted. Despite the preferences of IPA vs. other approaches (see the section: *IPA: Methodological approach of the study*), since each IPA study is unique, it is in any case desirable to formulate specific design appropriate to the interpretative aims of the particular study.

The aim of this research is to use the IPA approach to discover the main existential concerns of *trauma therapists*[15] in light of their subjective meaning given to their experience when dealing with traumatised clients, and to explain the intellectual (cognitive) and emotional processes that trauma therapists used to continually manage those concerns. To generate further information, this qualitative study aims to explore in detail the perceptions and experiences of trauma therapists who are involved in trauma practice, 'precisely because this may shed light on the subjective perceptual processes involved' (Chapman & Smith, 2002, p. 126).

I was interested in exploring ways in which trauma therapists narrate their own concerns of VT experience while dealing with trauma clients. I wanted to know how they work at their own well-being and how they manage those concerns. In addition, how they work at transforming their clients and even their own lives from suffering, despair and meaninglessness to meaning, hope and purpose. In other words, to find out how they make a difference in the lives of people who experienced trauma and their own life as a person affected by trauma.

[15] **Trauma therapist (or worker)** in this study, which includes a different type of helping professionals in trauma context, refers to every practitioner who was involved in treatment or providing services for survivors of traumatic events.

This study intended to explore the nature and quality of vicariously traumatic effects of dealing with traumatised clients on therapists' inner experience. Relatively little research; however, has focused on the therapists' personal development in light of *work-related trauma*[16] effects and the quality of their transformation while facing peoples' trauma. The need to inform helping professionals regarding the potential constructive outcomes of VT, through developing new concepts (e.g. living VT) based upon the participants' experiences instead of using overused conceptualisations such as *preventing*, *coping* and *surviving* VT will be highlighted in this study. In fact, the focus of this study is to identify the potential developmental and constructive outcomes of dealing with traumatised people rather than just symptomatology and pathology of the therapeutic processes.
At the start of this study my research concerns took the form of the broad query: *What accounts, regarding trauma therapists' lived experience of vicarious trauma, might be missing that could:*

a) *support their emotional and spiritual well-being;*
b) *enhance their resilience and sustainability;*
c) *keep them putting their own needs on hold; and*
d) *protect trauma therapists in front of prolonged emotional distress,*

in therapeutic processes with the trauma survivors?

In this research, the empirical study was led by a small set of research questions, which aimed to discover the largely unexplored domain of trauma therapy. The initial question was:

How do trauma therapists understand and make sense of their experience of helping traumatised people?

[16] **Work-related trauma** is another terminology that I used in this research as an alternative for **vicarious traumatisation**

It was the combination of no formerly published IPA studies of vicarious trauma, at the time this research was conducted, joined with the rareness of published information regarding the constructive impacts of VT from within UK that justified the significance of this study and which helped developed the research questions. In the end, the key research question of the study became: '*How do trauma therapists manage vicarious traumatisation through their cognitive processes*[17] *and personal meanings?'*

According to Smith (1996) by applying IPA, it is likely to explore the content of participants' specific beliefs and reactions and to attain a more in-depth understanding of the subjective processes that they used to interpret their own behaviours. As a result, the core research question contains two supporting questions:

(a) *How do trauma therapists' cognitive processes and personal meanings enable them to survive the negative impacts of VT?*

(b) *In what ways do trauma therapists find transformative and personal developmental aspects of dealing with traumatised clients that will help them to live the VT affirmatively?*

From the outset, these questions were provisional and process oriented, designed to capture the lived experiences of participants from their perspectives within the particular context of their lives. They were the backdrop as the data was collected and analysed, and I referred to them often to ensure that they were 'working' throughout the research process.

The first question was an attempt to remedy psychology's (also other related disciplines) neglect of the study of *meaning* and *meaning making* in the spirit of the lived experience.

[17] The notion of ***cognitive processes***, in this study, refers to any mental activity by the trauma therapist in terms of meaning – making with regard to VT experience.

The second question was important because of the absence of any detailed existential psychological examination of the forms of trauma therapists' affirmative experiences of VT impact and the specific contexts in which it takes place. At the outset the two sub-questions seemed more necessary than important.

The participants' lived experiences did not need to be compared to anyone else's in order to construct an 'orderly' design. The certainty that it was appropriate to be guided by the data was validated by the developing strength and clarity of my epistemological and methodological positions. Therefore, the best appropriate design for this study was decided to be: A small scale in-depth, with a commitment to an idiographic approach, study which first started with the analysis of each case and then moved onto a within cross-case analysis (see the section: *Analysis of the Interviews*).

By investigating the existing literature I have explored the key and supporting questions of the study in their wider context. As a result, I have set up the background to the current study. The information outlined on this chapter (see the section: *IPA: Methodological approach of the study*) about the benefits of employing IPA inquiry, and as discussed earlier rareness of publications with regard to the constructive impacts of VT, supported the possibility of studying the experience of helping professionals who were dealing with traumatised individuals in the UK.

I was interested to examine the lived experiences of those therapists who were benefited from the experience of their work. In fact, I wanted to explore how their personal meaning and cognitive processes might help them, bring positive attitudes to their work that enable them to maintain their wholeness and well-being. I wanted to know if the experiences of UK therapists reflected what the literature revealed in terms of the aspects of personal meaning most relevant to their personal transformation. In addition, I was interested to discover the ways in which the therapists managed to survive VT and *LIVING* it affirmatively. This study was designed to address the aforementioned key and supporting research questions.

Identifying potential participants

The recruitment of the participants was driven by the initial comparative design. I drew up a set of clear criteria for comparative purposes: the professionals who were involved in trauma practice, had professional experience of dealing with traumatised individuals for more than one year, felt they were successfully managed the negative effects of their work and at the same time felt they were benefited from the experience of dealing with traumatised clients.

For a background to this study, I thought it would be useful to know how many helping professionals, in the greater Glasgow, I could get involved in this study. As soon as I got the ethical approval, I posted the research flyers to the potential participants. First I thought there might be helping professionals amongst part-time students in Counselling Course from the Strathclyde University, who might be interested to participate. I also considered seconded counselors and clinical psychologist amongst staff who were working as a practice teacher, researcher or part-time lecturer at the Counselling Course and were involved in counseling and psychotherapy. Later I did the same procedure to recruit from the Departments of Psychology, Glasgow Caledonian University.

Forwarding the research information to the course director of the counselling course (University of Strathclyde), my supervisor asked him to disseminate the information pack to the colleagues and students. This source of potential participants did not prove fruitful, therefore I realised that I required to try other sources. With regard to this recruitment procedure, I think despite the fact that the number of professionals, which were fit to this study, might be small; the timing was also against us. Our call to participate was very close to the Easter vacations and the final examinations of second semester.

At the outset there were a number of potential reasons for the difficulty in recruiting. I think one major issue, that I found challenging to deal with, was the complexity of ‘where to start?’ probably because of less familiarity with the potential recourses and limited connections. Some concerns were with regard to the process of disseminating

my research information. It was also probable that I did not do large enough email advertising. Due to the initial concerns regarding the sample size, I also considered recruiting from other parts of Scotland rather than just focusing on Glasgow; England and Wales were other alternatives that I had in mind. However the number of responses later were promising enough that, I realised I could focus the data collection process on just greater Glasgow.

In one of the monthly *IPA Research Group* meetings at the Glasgow Caledonian University, I discussed my concerns in relation to recruitment and sample size and got some feedbacks from members of the group. It was suggested that I can advertise on the *WebCT* (online university recourse for student networking) and also contact the Counselling Course of the Glasgow Caledonian University. Consequently I contacted with the *IPA Research Group Coordinator* (Glasgow Caledonian University) and asked him to circulate my research information and call to participate between the IPA members, students and staffs.

With time I considered other resources particularly online directories such as Yell.com, uktherapists.com, counselling-directory.org.uk and published directories (by local authorities) in broad categories of mental health and well-being in greater Glasgow e.g. DIRECT[18]. I consulted these resources to find out the number of professionals and organisations who were dealing with traumatised clients such as trauma counsellors, loss and bereavement counselling workers, professionals who were serving survivors of child abuse, domestic abuse and rape cases mainly from NGO's, private and voluntary organisations. I made a complete list of professionals who were working in the related areas to trauma therapy and gradually made contact with them.

One of the university's online resources on which I considered posting my research announcement was *Pegasus*. I consulted with a postgraduate student, who already

[18] DIRECT. (2008). SOUTHSIDE DIRECTORY FOR HEALTHY MINDS AND WELLGEING, NHS: Greater Glasgow

advertised her advertisement, and then asked the GSSW[19] administrative staff to post my announcement on Pegasus. After some discussions, the University[20] Communication Team advised me that Pegasus may not be a good place to put my advert and instead it would be better to contact staff via the emailing system – which I had already done.

I anticipated that it would take a long time to recruit amongst professionals who were working for the NHS because I required to go through the NHS ethical procedure to achieve the approval to access the professionals. I also considered social work services which may have been providing such trauma support services but because of the same issue[21], I decided to focus on NGO's, private and voluntary organisations and professionals who were involved in private practice with regard to the trauma support services.

After making some connections I found out that one of the centres which provided counselling and advisory services for ethnic minorities women in Glasgow might be helpful. Initial contacts with the bereavement counselling director of the centre and some preliminary discussions, made me feel it would be a good idea to start from there. I sent my research information to her and asked her to distribute it to the centre's bereavement counsellors also to the other colleagues in different organisations. As a lone researcher I had few options and the most important thing was make as much as possible research network to keep out myself from the lone situation.

I identified three sets of potential participants which I then categorised as service providers for traumatised individuals including: University based counselling services, private counselling services and a variety of trauma support organisations. I contacted the staff working in student support services such as counselling and advisory services from University of Strathclyde, Glasgow Caledonian University

[19] Glasgow School of Social Work

[20] University of Strathclyde

[21] Getting through the ethical approval procedures from the local authorities

and the University of the West of Scotland. I also considered sending my research documentations by post but I realised that postal responses would take longer time than email responses

Consequently, I decided on email advertising and I drew up an e-draft asking for volunteers to participate in a study of how dealing with traumatised clients impacts on therapists' inner experience. The advert letter enclosed with each email explained the criteria for participation, what participating would involve, and how to contact me if they wanted more information or wanted to take part (see Box 1).
The research information pack, which was sent to each potential participant by email, included: the advertisement, letter of intent, participant's information sheet and consent form (see Appendixes 1-4) and the map of the Jordanhill Campus along with detailed written direction to my office – the main interview venue. Generally, I gave an outline of my research aims and invited potential participants to come along for the interview to my office at Jordanhill Campus. I informed them about my availability, which was flexible, and stated that I would also be happy to undertake the interview in their preferred venue.

Box 1:

A sample of an invitation message to an organisation

Dear Sir / Madam,

I am currently undertaking a PhD in Psycho-traumatology at the Glasgow School of Social Work (Universities of Glasgow and Strathclyde).

I am currently looking for volunteers to interview as part of my research data collection process. The aim of my research is to help enhance the understanding of how dealing with traumatised individuals impacts on professional's inner experiences.

As an organisation which provides such counselling services I am hoping you will agree to circulate the attached to colleagues on my behalf. The items attached are: the advertisement, letter of intent, participant's information sheet and consent form. Please feel free to forward these documents onto colleagues or other organisations which may be interested in taking part in my research.

With regards to the interview questions, I would say most of them are referring to the general notion of helping professional's personal development and constructive aspects of their work experiences. The interview will take between 60-90 minutes.

I am available from 9.00 am to 9.00 pm Monday – Friday so please feel free to contact me to arrange a time which fits into your schedule, if you are willing to take part.

I would be very happy to answer your queries regarding the interview or any other related issues prior to/during our meeting. Also, I would like to thank you in advance for your co-operation and look forward to hearing from you soon.

Yours sincerely,

Arash Toosheh

My next thought was to ask potential participants to forward my research information onto other colleagues or related organisations. I thought it would be a good idea to make a network for the recruitment process rather than just contacting professionals by myself. Fortunately it did work and I got a various number of new contacts from professionals of different agencies and organisations that I barely

thought they might be interested in taking part in this study before. I normally sent my research information pack to them by email and invited them to participate in this qualitative study. Table 3.1 shows a list of organisations that were contacted by myself and also through the network - contacted professionals deleted from this list for the confidentiality purposes:

Table 3.1

List of contacted organisations

Contacted by myself:

Private Counselling Services (specialised in Trauma Counselling)
Breakthru for Women
Children1st - Glasgow Children and Families Counselling Project
COMPAS TEAM (trauma support organisation)
Cruse Scotland
Glasgow Women's Aid
LGBT Domestic Abuse
Medical Foundation (torture care)
MWRC – the Muslim Women's Resource Centre
Rape and Abuse Support
Rape Crisis Scotland (Rape Crisis Centre Glasgow)
SAY Women Resource Service
Scottish Domestic Abuse
Scottish Women Said
Strathclyde Gay and Lesbian Switchboard
Violence Against Women Partnership
Victim Support

Contacted by the network, on my behalf:

ASSIST (traumatic stress free serve)
Lanarkshire NHS
Department of Social Work, Glasgow City Council

By creating this network, the recruitment approach was likened to snowball sampling (see also: *Generalisability*). In fact, some of the contacted professionals assisted me in terms of forwarding my research information to their colleagues and linked organisations or provided me with the contact details of their colleagues or fellow professionals. In doing so, the research information for the purpose of sampling was just circulated to the professionals who were actually involved in trauma support professions and were suitable in that they met the criteria for the study.

As I had expected, it took me a number of weeks to recruit the trauma therapists during which time I exchanged between 100 and 110 emails. I received some calls but, some of the professionals calling did not fit the criteria. I gradually began to understand that sticking with the criteria was less essential than speaking with professionals who could help me address the research questions. However, as I will discuss later (see: *Research Participants*), all the participants in this study were well-suited to the criteria and there were no concerns of getting less credible data.

After the preliminary contacts I had more detailed correspondence, by email and phone, about what participation involved. The reasons for these initial arrangements were: (a) I intended to provide the potential participant with as much information as possible regarding what would be involved in their capacity; (b) I wanted to create a comfortable environment for the formal interviews.

As a supplement to the qualitative study, I decided to conduct a pilot study with two participants to examine the interview process and making revisions to interview guide if necessary to improve upon it. The main aim of the pilot study was practicing the data gathering process and developing a plan for the later analysis. It was intended to extract some initial themes from these two interviews.

I developed an interview guide for this phase of the research which identified five major cluster areas to be covered:

(a) *Descriptions of therapists' lived experience: effects of dealing with traumatised clients on therapists*
(b) *Personality features of trauma therapist*
(c) *Identifying personal/subjective meaning*
(d) *Personal developmental and transformative dimensions of dealing with traumatised clients*
(e) *Existential, spiritual and transpersonal*[22] *dimensions of dealing with traumatised clients*

According to the IPA Group (2007) discussions, there are two different IPA interviewing approaches in conducting semi-structured interviews. Compared to Jonathan Smith (2004) who believes the interviewer should have a list of questions in mind when conducting a semi-structured interview, Paul Flowers thinks an IPA researcher should start the interview with a general question and move with the *thought process* of the interviewee. I personally used a combination of the two, however most of the time I preferred to apply the latter style because it provided me with the opportunity to learn from participants' lived experiences rather than just sticking on my own questions on the interview guide.

I have found that the best way to conduct any interview is to have the participant lead. Therefore, I considered that the participants were going to be my cultural guide into their journey of surviving and benefiting from helping traumatised clients. In doing so, new themes emerged from participant's accounts which enabled me to enhance my understanding of the vicariously effects of dealing with traumatised clients and the dynamics of the therapeutic process.

[22] Describes an experience, event, object or idea that is extremely special and unusual and cannot be understood in ordinary ways

With time, through conducting a number of interviews, I realised that I no longer needed to check the interview guide because I was familiar with the questions and I was naturally able to ask questions relevant to the study by going through and following the participants' thought process during the interview.

Considerations for methodological approach

From the beginning I realised that I should address three major areas in this research: (a) identifying professionals who were involved in trauma practice (b) choosing a methodological approach that could enable me to make sense of therapists' stories in the most participant-centred way, and (c) employing a strategy for data collection that would facilitate participants' explorations of their experiences and perspectives.

Throughout the initial consideration for the best methodological approach for this study, I realised that a qualitative approach was needed because of the necessity to rely on therapists' perceptions and interpretations of the phenomena under investigation. In perceiving and portraying the experiences of trauma therapists who bring their personal meanings to the experience of trauma therapy, a qualitative approach was entirely suited to my interest.

Qualitative research can be perceived as 'interpretive inquiries regarding meaning making' (Gale, 1993, p.81). I considered participants' personal meanings and interpretations regarding their experiences of trauma therapy (the core data of the current study) would be complemented by my own subjective meaning and interpretations (finding themes inside the core data).

Of the available approaches, the theoretical assumptions and analytic techniques within interpretative phenomenological analysis (IPA) most closely fitted in with my methodological needs. IPA offered a methodology suited to exploring interpretations and meaning making. IPA is an epistemological framework or position and at the same time a method of analysis that unites constituents of hermeneutics, phenomenology, social cognition, and symbolic interactionism (Smith, 1996; Smith, 2004).

IPA aims at exploring participants' lived experiences in order to understand how they make sense of their personal and social worlds by focusing on the meanings that specific experience, events, or states have for them (Smith, 1996; Smith, 2004; Smith & Osborn, 2003). IPA, through getting as close as possible to the participants' life-world, facilitates the researcher to obtain an 'insider's perspective' of a particular phenomenon (Conrad, 1987; Smith & Osborn, 2003).

IPA applies straightforward participant subjectivity; an inductive, idiographic approach which looks at participants as experts on their experiences. In IPA typically a case study framework is preferred; an understanding of the unique perspective of each participant can be created through analysis of an interview transcript in relative separation from other interviews.

Similar to other phenomenological approaches, the main push of IPA is to remain faithful to the accounts and meanings of participants, however, the role of the researcher in interpreting participants' accounts is acknowledged, even promoted, so that intuitive understanding of a psychological nature may be created (Smith, 2004).

In fact, IPA was chosen as the methodological framework for this study because it focuses on the psychological processes that occur within the trauma therapists, while recognising how social and personal contexts affect trauma therapists to make sense of their experience. The 'experience' here implies interacting with traumatised clients in a therapeutic culture and the impacts of those therapeutic interactions on therapists' inner world.

Since the experience of vicarious trauma is a phenomenon which has both social and personal elements, it was essential to use a methodological approach that could identify the significance of exploring participants' social and personal worlds. Additionally, IPA presented a means to achieve detailed descriptions of participants' experiences of vicarious trauma, which were precious in understanding how they make sense of their personal experiences of vicarious trauma, as well as their reasons for engaging in helping traumatised individuals. Last but not least, the focus that IPA

puts on exploring overarching themes over participants' experiences was constructive to theorising about therapists' motivations for engaging in trauma therapy.

IPA: methodological approach of the study

IPA is a qualitative approach developed within psychology (Smith & Osborn, 2004). It is a quite new approach to qualitative analysis. In fact, it constitutes a part of the 'interpretative tradition', which 'starts with and develops analyses from the point of view of the experiencing person … Such studies aim to capture the worlds of people' (Charmaz, 1995, p. 30). Based upon the IPA approach, any study would be informed by each participant's accounts (meanings) and those of the researcher (Smith, 1996).

IPA, according to Smith (1996), is based on both phenomenology (the prominence of meaning to the individual) and symbolic interactionism (the prominence of social interactions in meaning-making, and the need for interpretation to address them). In other words, the term 'interpretative phenomenological analysis' is used to indicate these two aspects of the approach (Smith, Jarman, & Osborn, 1999). Through the theoretical standpoint, IPA is more suited with the methods and position of grounded theory than of discourse analysis, which has a quite different focus on discursive resources and practices in social contexts. Contrary to grounded theory, IPA is a distinctively psychological approach, both in conceptualisation and in practice.

Several features of IPA made it the most appropriate methodological approach for this study. First, the topic required to be approached with participants to allow them to: (a) recall their experiences of dealing with traumatised clients, (b) reflect their understandings of VT, and (c) share their perspectives on transformative and personal developmental aspects of VT impacts. I thought it might be possible that some participants may never have had an opportunity to express their views on the subject of vicarious traumatisation and its potential affirmative impacts. I wanted to facilitate the exploration of the topic by providing a framework, while at the same time providing participants with as much opportunity as possible to enable them to guide the focus of the discussions.

Second, the topic under investigation had the characteristics that made IPA a useful instrument for the context of the study. 'IPA is particularly suitable where the topic under investigation is novel or under-researched' (Smith & Osborn, 2004, p. 231) and such was the case with the current study (see the section: *Initial Considerations*). IPA studies are usually undertaken with small sample sizes of around 5 to 15 people (Smith & Osborn, 2003). I anticipated (correctly) that I would probably attract a small group of people with the characteristics of interest: helping professionals working with traumatised clients, who were interested in drawing on either *making meaning of* or *giving meaning to* their experience of trauma therapy and the transformative/developmental aspects of their work.

Third, IPA is participant-centred and relies on each participant's account. The core data of the study are the accounts professionals gave of their experiences, understandings and interpretations. Their discourses also helped inform subsequent interview questions by guiding the emphases within the topics once the study was in progress. According to Smith, Jarman, and Osborn, (1999) verbal accounts given by interviewees reflect their original beliefs and thoughts and present an insight into the life-world of the individual:

> One may consider that what respondents say does have some significance and 'reality' for them beyond the bounds of this particular occasion, that it is part of their ongoing self-story and represents a manifestation of their psychological world, and it is this psychological reality that one is interested in. (Smith, 1995, p. 10)

Fourth, IPA presents an analytical instrument in support of its theoretical assumptions. The analysis approach remains accurate to being participant-centred by focusing first on each individual participant, and only later on participants as a cluster. The analysis is data driven, and the contributions of the researcher are always created from, and valid within, participants' accounts.

Fifth, IPA positions the researcher as an active participant. Inherent in the study, there was a need to discover themes within the core data and give meaning to them. In order to achieve this objective, the interpersonal responsibilities of the researcher included creating safe and welcoming conversational environment with the participants and facilitating their explorations of the phenomenon under investigation. An ability to understand the content of the accounts regarding the broader contexts of both personal meaning and trauma therapy enhanced the opportunity for a comprehensive analysis of the data.

Sixth, the other values which made me confident to apply IPA for this study was IPA does study human beings idiographically and gives prominence to the effectiveness of an inductive approach to data collection and analysis (Kidder & Fine, 1987). IPA provides the researcher with an opportunity to open a dialogue with the existing literature, an investigation that aims at the illumination of the theories. Simultaneously, IPA is inductive, permitting the unanticipated to emerge. Smith (2004) believes that being inductive is a fundamental feature of IPA.

Seventh, IPA, like other qualitative approaches, discards hypotheses and in turn applies open-ended questions, which intend to create detailed and rich accounts of the phenomenon under investigation. In fact it is an idiographic approach, which does not intend to generate midlevel theory; it relies on close commitment with individuals. A special effectiveness of IPA is that any interpretations made are constantly strongly established upon what the participants say; accounts typically comprise of direct quotation extracts from the research interviews.

Eighth, within the analytic process, description, explanation and interpretation are unavoidably indistinct categories and have overlap with each other. However, the only fundamental rule for IPA is to remain faithful to the data, to 'track' backward and forward on the path from unanalysed data through 'thick' account to produce exploratory and tentative readings. Moreover, the two major characteristics of IPA namely: (a) inductive nature of open questions and (b) participant led interviews, can direct the researcher into unpredictable and unexpected domains. Exploring

something which challenges preceding premises leads the open researcher to develop and create interpretations which encounters and reveals the unforeseen.

Ninth, it is a principle of IPA that research with human participants represents a form of social interaction in which meanings are jointly constructed, for instance, between interviewer and interviewee. In other words, the research process is reflexive. I agree that reflexivity is 'an inevitable consequence of engaging in research with people and that it can be harnessed as a valuable part of the research exercise itself' (Smith, 1996, p. 195).

Last but not least, I required a method of qualitative analysis that was both particularly psychological and appropriate for use in an exploratory study of affirmative work-related trauma impact, using personal experience as the initial point. With IPA it is possible to move beyond accounts and offer qualities of interpretations based upon the analysis as well as try to find descriptions for the phenomenon. It seems IPA fulfils these criteria.

Interview structure

One of the most effective and commonly used instruments of the qualitative researcher is interviewing, and can be in three forms: structured, semi-structured or unstructured. According to Fontana and Frey (2000) structured interviews are inflexible, standardised, and preset in nature. Questions are planned to minimise variation so that answers can be simply categorised within a preset coding system. The aim of this interview format is to leave nothing to chance; therefore, the interviewer asks the same set of questions in the same arrangement for each participant.

Intrinsically, structured interviewing imitates the psychological inquiry with its prominence on reliability, speed and control (Smith, 1995). Unstructured interviewing is at the other end of the spectrum, which is in-depth, open-ended, and makes no effort to restrict the field of examination. Ethnographic fieldwork and oral histories are two illustrations of this form of interviews.

Semi-structured interview, which is the ideal method for IPA, places itself somewhere between structured and unstructured (Smith, 2004). The aim of a semi-structured interview is to provide an empirical account of the phenomenon under examination. The researcher constructs a set of questions which cover the area of interest but these are merely used to guide rather than prescribe the route of the interview. If the participant discloses a narrative and interesting area of investigation then this should be followed. The researcher employing a semi-structured format treats individuals as empirical experts of the subject under inquiry, contrary to the structured interview which treats participants as unidentified respondents (Smith & Osborn, 2003).

Data collection for this study was semi-structured interview. My reason for using semi-structured interviews was that they maximise the opportunity for gaining access to participants' narratives. I required attaining rich and detailed empirical accounts from participants. I was also concerned how participants made sense of their experience of VT while they were dealing with traumatised clients, and their contextual and biographical background; semi-structured interviews appeared to cover these purposes.

The preference of semi-structured interviews over unstructured or structured interviews or another research method is influenced mainly by the exploratory nature of this study. The focus was on trauma therapists' inner experience and their subjective meanings given to those experiences. Therefore, the purpose of the study was to describe, in an attempt to understand, the lived experiences and the process of making meaning (cognitive processes) of those experiences, by participants.

For instance, discussions about spirituality in particular the effects of VT on trauma therapists' spirituality could be complex, abstract and highly personal. It could be a struggle to find words to describe beliefs and experiences, and given the marginalised nature of spirituality I considered that few participants would have had previous experience of talking to someone about their spirituality in trauma context. I believe it was important for semi-structured questions to guide the interview process

and inspire thinking about the topic areas; however the semi-structured format would allow space for spontaneous questions, discussion and exploration.

My research questions explicitly addressed the meanings that the experience of VT and trauma therapy held for therapists and how their cognitive (thought) processes of the vicariously traumatic impacts of their work could be transformed in the form of self-realisation and a mindful way of living, in particular, how therapists brought these transformational processes into their lived experiences. I wanted to know how the therapists experienced cognitive transformation as a result of VT impact, influenced by their nature of work, and what it felt like to form their position – as far as was possible I wanted to portray an 'insider's perspective' (Conrad, 1987). I required a flexible method which recognised the various influences on any experience at the same time gave experience a central place. IPA and semi-structured interviewing seemed preferably suited to address these concerns and queries.

According to Wengraf (2001), in semi-structured interviews, *structure* denotes the preparation of interview questions previous to the interview, and *semi* refers to the capacity inside the interview for additional nascent[23] questions or probes on the basis of the participants' responses. Individual semi-structured interviewing was chosen as the best means for gaining access to participants' narratives for the following reasons:

At first, the semi-structured interview format supported my preferred mode of engagement with research participants. I preferred 'to treat the interview as a site of knowledge construction, and the interviewee and interviewer as co-participants in the process' (Mason, 2002, p. 227). I assumed the phenomenon of subjective meaning in connection with the VT experience needed to be disclosed and explored with what Mason (2002) described as 'active engagement'. The interviewer, within such active engagement, intends to inspire participants' interpretative abilities by, for instance, proposing connections in the participant's account (Holstein & Gubrium, 2002).

[23] newly developed

Therefore, the semi-structured interview has the capacity to produce richer data than possibly attained from a more structured interview format (Smith, 1995).

The second reason for employing this interview style was related to the participants' readiness to reveal information. An atmosphere where they felt their ideas and views were appreciated and respected might enhance their willingness to disclose and share their inner thoughts. I also considered that semi-structured interviews validate participants' accounts since they balance researcher's interest with the control of participants. Providing thought-provoking questions and participants' control, semi-structured interviews directing the content and the emphases within the topics at the moment that discussion are initiated.

Third, talking about personal experiences involves trust. I understood that giving dedicated time to each participant would help to show my consideration for their knowledge. Self-disclosure and participating in discussions on my part also would enable me to construct a relationship with each individual in which they believed I would apply their accounts reliably and considerately. Through identifying that the interview represents a human-to human relationship, therefore, the intention of the semi-structured interview is to facilitate constructing an account in a receptive and understanding way (Fontana & Frey, 2000).

The fourth rationale was based on Glesne and Peshkin (1992) suggestion that, personal attention to the participant enhances the quality of the rapport in a participant-researcher relationship. Through participating in the interview discussions, the semi-structured interview format would enable me to show my interest. In addition, informal conversations prior to the formal interviews would help to develop rapport. I believed that participants' knowledge about me, my own interest in the phenomenon under investigation, and my eagerness for the research, would help significantly, and that I would be able to connect my 'self' to each individual to a certain extent. According to Smith, Flowers, and Osborn (1997), from an IPA standpoint such enthusiasm to disclose is considered good practice.

Field notes

Throughout the data collection process, which lasted approximately 25 weeks, I documented my field notes, immediately after each interview. These notes were portraying my reflections and reactions on participants' narratives, my thoughts and considerations on methodology, and occasional conjectures regarding my interviews. This data were used to identify and describe my instant insights regarding some emerging themes during and after the interview process.

Field notes were useful (a) to keep a record of my thoughts on how each interview went, and (b) to get back to the notes for my later reflections on these impressions as I was analysing the data for each participant. In short I think they helped me keep track of my own feelings and thoughts during the data collection as well as later reflections during the analysis.

Participants

Researcher as participant

Initially, I considered that my role would be one of an active participant in the data collection process; specifically, in asking a set of questions from each research participant. However, I found that the role developed into one of reflective listening, where I asked questions and listened to the responses and then, identified areas or terms that needed further clarification. Therein, I found that it was helpful to listen very carefully to the chosen words of each participant and to reflect the exact word back to them so as to remain focused on the study topic, but to also encourage further disclosure on the part of the participant.

Giving attention to self, especially relating to pre-conceived concepts of what I expected to happen in the interviews, became of the highest priority. Paying careful attention to the participants required me to have a constant thought processing in the

form of *internal dialogue* about what was being learned. This dialogue included checking the self from jumping to conclusions when statements were made where I assumed I knew what the conclusion of the participant would be. Sometimes, I would try to summarise what had been stated by the participant in a phrase or word, but this was not always accurate which allowed for the participants to further clarify their experiences, in order that I had the precise understanding and impressions.

At times, I realised that it was necessary to stray from the questions, which I had already developed on the interview guide, because the participant would bring up an area that I had not considered, but I wanted to explore that area so as to determine its relevance to the study. Herein, I found that it was often better to allow the participant to have a space to talk, uninterrupted and then to ask for further discussion or clarification about words or phrases. Therein, I needed to listen carefully to what the participant was discussing to find out whether the statements were relevant to the research or not.

Occasionally participants asked me if their response were pertinent to the research and if they needed to return to the initial topic. The most challenging interviews were with participants that I found I really enjoyed talking with. On these occasions, it required more effort on my part to remain focussed on the task to not become too involved in conversations that did not have relevance to the research. Focus and discipline became important to me, as I had to work harder to not ask questions to 'get to know the participant', but to *interview* the participant.

In one of those interesting interviews, I realised that the participant required more time to reflect on my questions and reply to me. At times I found out he replied to some questions with ease but sometimes with difficulty. There were lots of tangents in that interview and sometimes it was difficult to maintain the focus of the interview. The participant often lost the focus of what he was saying and found it difficult to speak. During a short break after one hour interview, I suggested arranging another time for a complementary interview but he was so keen to continue the ongoing interview because he found it surprising and different.

Oftentimes, when I asked precise, pointed questions, there was little information provided in the responses. As a result, it became evident that more information about the participants' experiences was disclosed when open-ended questions were used or when participants were allowed to tell their account.

I chose, at times, to disclose my personal experiences to the participant. This had the impression to encourage the participant to open up more freely about their personal experiences of dealing with traumatised clients and the VT impact on them. Here is an expression I quoted from a participant's feedback on researcher's disclosure: '… I am also very interested in some of the connections between your own experience and mine [laughter], yeah I will reflect on it later [laughter] …' (Victor).

I also discovered that there was a greater level of disclosure by treating the interview more like a conversation contrary to an interview determined to get the required information. By relaxing and treating the interview as more of an opportunity to learn about the professional and, sometimes, personal life stories of the participants, it allowed them to respond in more natural and detailed ways.

Although the core data of this study are the participants' accounts, the researcher's contribution is central to IPA (Smith, 1996). Therefore, I present the context from which I undertook the research as part of the method by situating myself as an active participant.

Research participants

In accordance with the IPA approach, *purposive sampling* was helpful in contacting and attracting participants who suited the features of interest in the study (Silverman, 2001), specifically, professionals who were dealing with the broad range of traumatised clients. My initial consideration for the number of would-be samples was something between 12 and 15. However, through the dynamics of this process and given that two participants had less experience in dealing with trauma survivors, I decided to increase the number of samples to 18 to make sure I would achieve rich data for this study.

Throughout the whole process of recruitment, 22 people indicated their willingness to take part in the qualitative study. However, among them 4 turned down participation. A total of 18 helping professionals (14 females and 4 males) went on to take part in the qualitative study that involved undertaking a single in-depth interview. Amongst these 4 declined potential participants, one of them who was a private counsellor, declared that she would be happy to participate if her hourly rate of £40 would be paid. The other realised that he would not be suited to my study because of an eight years professional gap. He used to be a social worker dealing with survivors of childhood sexual abuse but at the data collection time he was seconded as a researcher in a University. According to responses from 2 other private counsellors, they also considered themselves as disqualified from this study because of their minor experience in dealing with traumatised clients.

Amongst all participants, two of them had ceased their involvement as trauma counsellor (according to their professional background information) at the time of the interview but were still involved in the counselling career. However, these professionals were included in the interviews because they were able to contribute information about their past trauma counselling experiences.

The participants worked in various settings such as hospitals, non-governmental organisations, community health centres, abuse protection agencies and survivor's services, private practices, local authorities' social work services, and universities. Participants described their work as a helping professional dealing with traumatised individuals such as trauma counsellor & psychotherapist, trauma support worker or volunteers dealing with women survivor of sexual abuse, psychiatric nurse, palliative care counsellor, sexual health counsellor dealing with men survivor of sexual abuse, school counsellor, and victim support worker or volunteers dealing with women survivor of domestic abuse.

With regard to the participants' age range, all participants were in their 30s and 40s. The majority of participants described their ethnic background as Scottish, but English, Sri Lankan and Persian heritages were also represented.

Overall, the participants represent an experienced group of helping professionals with diverse trauma practice experiences. The majority of participants were engaged in trauma practice, which means the results were best understood in relation to work with traumatised individuals and small groups.

Interviews

The initial arrangements for the interviews was on the basis that two interviews with each participant would indicate my interest in each individual, and offer capacity for expanded disclosure over time. However, after careful considerations I realised that I could reduce the quantity of interviews and instead enhance the quality of them, so I decided to arrange a single in-depth interview with each participant. The other benefits of this arrangement were to prevent the possible drop out, as well as to increase the number of potential participants.

Interview guide

With regard to the benefits of developing an interview guide, Wengraf (2001) suggested that the interviewer has the choice to change the series of questions, follow up responses that need further clarification or extemporise questions because of the precise participant's preceding account. It is also possible to avoid collecting information that is not necessary for the specific study when the interviewer has figured out the structure in advance (Wengraf, 2001). An interview guide also makes sure that the participants are asked the same questions to begin with, which in this study means that the five areas of concern were always covered in the interviews.

Simultaneously this kind of interview allows for receptivity in the interview circumstances (Kvale, 1996). I designed the interview questions in order to explore the research questions of the study in a participant-centred manner (Wengraf, 2001). Two pilot-interviews were conducted with two trauma counsellors. These interviews, and the comments from the professionals, gave further information on how to

enhance the questions in the interview guide. Basically, the dynamics of each interview was a rich ground for the next interview and with time I was improving the interview guide based on the new emerging themes according to the participants' accounts.

In developing the interview guide for this study, I obtained feedback on several drafts from my research supervisor. Based on feedback I received on the interview schedule, I modified the wording of questions. I also sought feedback on the suitability and clarity of question wording from one of my peers, who was also a home PhD research student, before starting data collection. Based on this feedback, I modified question wording in a more comprehensive manner.

The key aim of the interview guide was to direct the interview ensuring that the diverse subjects were covered. Simultaneously, I wanted them to be participant-led as far as was possible. However, in practice, the interviews themselves turned towards a more unstructured format facilitating this balancing act; because I was not only interested in the participants' lived experiences dealing with traumatised clients but how these experiences contributed to their life world (Being-in-the world). I asked them about their life stories more generally in terms of providing a contextual backdrop. It was hoped that by doing this, the participants would have a sense of worth and innate value as I was associating with what they were required to state.

I developed a semi-structured interview guide, consisting of five related areas of concern with specific two or three follow-up questions and probes (Appendix 5). I considered these areas would allow the broad research concerns to be focussed into more precise issues as follows:

(a) *Descriptions of therapists' lived experience: effects of dealing with traumatised clients on therapists*
(b) *Personality features of trauma therapist*
(c) *Identifying personal/subjective meaning*

(d) Personal developmental and transformative dimensions of dealing with traumatised clients

(e) Existential, spiritual and transpersonal[24] dimensions of dealing with traumatised clients

Descriptions of lived experience: effects of dealing with traumatised clients on therapists

I asked participants about their professional background and experiences of dealing with traumatised individuals as far back as they could not can remember; like a story, what they observe, heard, felt, thought, anything they remember; from the beginning of their professional life, through the middle. I wanted to learn about the actual incidents during their interventions, and afterwards; the impact of trauma therapy on their inner and inter personal relationships; their work situations; emotional, behavioural and spiritual well-being; also their world-view, intervention performance and so forth. The focus in this stage was on the constructive aspects of their experience.

I considered that probing in this way might have inspired them to tell their narratives with more ease, as well as telling me a little about how VT shaped and influenced their whole being and their life-world. I also expected that these initial questions would enable both the participants and me to settle into the interview and to commence establishing rapport and trust. It seemed essential to discover the quality of influences on professional lives, as it is and as participants narrated about their personal experiences, these questions allowed them to explore how dealing with traumatised clients may have influenced their inner experiences.

I intended to be an active listener who presented various aspects of myself into the interview context in order 'to have an ongoing conversation about experience while simultaneously living in the moment' (Hertz, 1997, p. viii). My perception was that the historical and biographical question might enhance the sense of control for the

[24] Describes an experience, event, object or idea that is extremely special and unusual and cannot be understood in ordinary ways

participants and enable them to open up more easily. It was common for them to bring their professional background events into this narrative; enabling them to be referred to later in a more focused way.

Asking about participants' motivation for taking part in this study, followed by three open-ended questions enabled participants to describe the contexts within which they had first felt the impact of vicarious trauma. Employing these questions was also helpful to me, because it provided me with a sense of a starting point within the required time for every participant:

2. *Can you tell me about your professional background?*
3. *What your life was like as a professional who helped traumatised people– from as far back as you can remember?*
4. *Can you tell me how the experience of 'work-related trauma' affected you?*

After conducting pilot interviews, I considered I had not noticed the possibility that personal trauma and emotional suffering can be the catalyst for individuals becoming interested in trauma therapy. Later, when I improved the interview guide, I was probing their motivations for being involved in helping traumatised people to find out whether their personal trauma experience has any influence on their interest or not (see the section: *Identifying Personal/Subjective Meaning*). For some participants, the fourth question covered emotional ground I had not expected earlier in the interviews. However, these participants responded to this question unperturbed they were up-front, open, and tranquil, and I sensed they had dealt with the issues they described.

Personality features of trauma therapist

To understand the qualities which were involved in helping traumatised clients which enhanced professionals' sustainability, I asked them to explain everything that made them feel they benefited from the experience of dealing with traumatised clients. In addition, I wanted to know whether or not their personal characteristics had any influence on these constructive outcomes. Some key issues in the therapists'

personality features were examined which included: their motivator(s) which helped them to continue their challenging profession, their psycho-emotional and spiritual needs, and their perspectives on transpersonal and spiritual exposure when working with traumatised clients. The other studied components were their coping mechanisms and their thought (cognitive) processes with regard to the VT experience.

Question 8, which was followed by two subsequent probes and Question 9 of the interview guide, was included in order to provide therapists with the opportunity to extend, and give depth to, the potential constructive impact of their work on their inner experiences. Moreover, I thought participants' responses would indicate how worthwhile and self-reliant their work could be, in order that I might better understand the opportunities they had to continue helping the traumatised individuals:

9. *What quality kept you involved in a challenging profession and was it worth it?*
   Probe1: *What personality features do you think you have that may help you survive the negative impacts of dealing with traumatised individuals?*
   Probe2: *Tell me about your principals, personal values and ideas on helping traumatised people?*

10. *Can you tell me about your thoughts and attitudes which you think helped you survive the negative impacts of 'work-related trauma'?*
    Probe1: *How do you survive the negative impacts of 'work-related trauma' intellectually - through your thought (cognitive) processes?*
    Probe2: *How do you survive the negative impacts of 'work-related trauma' emotionally - through your emotional processes?*

12. *Do you receive any internal[25]/external support to reduce the negative effects of 'work-related trauma'?*

Identifying personal/subjective meaning

To explore what *meanings* were involved in helping traumatised people and to address professionals' prospective existential concerns, as a result of their emotional engagement with clients' trauma material I created some questions to find out their *meaning-oriented processes* of vicarious trauma experience; this was to identify their personal coping constructions which appeared to be subjective and meaning concerned. I also examined their understandings of the early developed concepts in trauma context e.g. *burnout, shared trauma,* and *compassion fatigue* based upon their lived experience. In doing so I meant to perceive their constructive experiences compared to the negative and pathological experiences of work-related trauma.

The question 5 and its three following probes designed to explore professionals' subjective world in a deep and more insightful way. In other words, to find out the participants' existential concerns in connection with the VT impact; how they make and or give meaning to their experiences of helping traumatised individuals; and how these processes enable them to survive the negative impact of their work. The most significant part was how they transform their lives in the light of their cognitive changes.

5. *What does it mean to you to be a professional who helps traumatised people?*

   Probe1: *What prompted you to become a helping professional who helps traumatised people? Is there any personal reason e.g. a traumatic experience involved in your motivation?*

[25] ***Internal (or spiritual) support*** in this study refers to any personal belief or mental attitude which helps enhancing the therapist's resiliency and sustainability against prolonged emotional distresses of dealing with traumatised clients.

Probe2: *Is there any meaning involved in your experience of helping traumatised individuals? I mean the experience of the prolonged emotional distress you have received from your clients?*
Probe3: *How do you make meaning from or give meaning to these experiences?*

These questions were broad enough so that participants could select what areas of the subject they wished to emphasise. For instance, they could begin by talking about their perspectives in relation to their supportive/therapeutic roles, or their personal goals and motivations to become a trauma helping professional. They also could discuss their past or ongoing traumatic experiences and its interactions with the clients' trauma material in a therapeutic relationship. These seem to be comprehensive questions were placed after other questions in my belief that participants would have relaxed to some extent and also because it might have been difficult to begin with multifaceted questions.

Personal developmental and transformative dimensions of dealing with traumatised clients

I was interested in learning from professionals' lived experience regarding their personal and professional developments while helping traumatised clients. I asked them to describe, if there was, any possible growth components in their experience of dealing with traumatised clients. Afterwards I extended the enquiry to understand the essence of *suffering* and its potential for the therapists' personal development from professionals' viewpoint. This was followed by questioning about their emotional and spiritual wellbeing throughout their experience of helping traumatised individuals. The possibility of *affirmative* changes in therapists' worldview and attitudes were examined. In addition, the therapists' psycho-spiritual transformation through the processes of meaning making within the therapeutic context was explored.

The questions 6, 7, 15, 16 and 17 were designed to address these issues:

6. *Do you think the experience of helping traumatised people is a transformational process? (If yes, can you explain it more?)*

7. *Have you had any significant impact or turning points in your life as a result of your therapeutic relationship with the traumatised clients? I mean have you made any changes in your attitudes, actions or behaviours as a result of 'work-related trauma' impacts? Could you give me some examples?*

15. *Have you ever created a perception that may help you to change your attitude regarding the suffering you received from your clients? Can you give me some examples?*

16. *Do you feel you are developing personally through the experience of dealing with traumatised clients?*

17. *Reflecting on personal development, I wonder, what would be the highest level of your journey of helping traumatised people? What quality you would be achieved?*

***Possible criteria for consideration**: self-actualisation[26]; self-realisation; self-consciousness etc.*

Existential and transpersonal dimensions of trauma therapy

Covering other aspects of the multifaceted phenomenon of *vicarious traumatic growth*[27], I asked participants about their values, their internal and external resources of support, their fundamental, spiritual and transpersonal [28] assumptions which influenced and developed throughout the experience of helping traumatised clients.

[26] Highest level in Maslow's hierarchy of needs; fulfilling one's full spiritual, intellectual potential

[27] This is a self-constructed theme in this study which indicates the therapists' transformation and personal development as a result of dealing with traumatised clients

[28] Describes an experience, event, object or idea that is extremely special and unusual and cannot be understood in ordinary ways

The other area of concern was identifying any potential experiences that would help the therapists to transcend the experience of VT.

I also looked into the role of VT on the development of the therapists' intellectual and emotional existential concerns, their feelings about themselves, their role in their personal and family life and in the life of others, in particular, the traumatised clients. The ultimate goal of examining these processes was to explore any possibilities of therapists' growth and self-realisation in the trauma context.

I believe the findings of this study will inform trauma researches and practitioners to perceive the VT in a more creative and constructive way. It could be suggested as a new approach to trauma research and practice; something that from the outset appeared to be as a *constructive and mindful trauma practice.* These issues discussed in chapter V: *conclusion* under the section *implications for practice*.
The following exploratory questions gave participants the opportunity to discuss the possibility of personal and spiritual development as a result of dealing with traumatised individuals:

13. *Do you think dealing with traumatised clients has any impact on you, 'spiritually'? I mean everyday challenge and exposure to the client's suffering might be affected you spiritually.*
    Probe1: *is there any spiritual or transpersonal incident in your experience of helping traumatised people?*
    Probe2: *Have those spiritual or transpersonal experiences helped you survive the negative impacts of 'work-related trauma'? I mean those experiences might be enhanced your worldview, personal beliefs, and attitudes towards yourself, others and existence.*

14. *Have you experienced any conflicts in your professional life which made you questioned your role as a helping professional? If yes, what types of conflict? How did you deal with them?*

Probe1: *Have you ever started questioning yourself about the meaning of life after feeling conflict? How did you react to these (existential) thoughts?*
Probe2: *Can you tell me more about your existential thoughts in connection with the experience of 'work-related trauma'?*

18. *From a professional stance, I wonder, what do you feel about the existence of (emotional) suffering? How do you make sense of your efforts when empathising with your clients' suffering?*
19. *What do you think about your own needs as a helping professional? Do you think helping traumatised people fulfils your personal needs? Can you explain it more by giving me some examples?*
20. *Reflecting on the whole process of helping traumatised people, can you tell me how do you view*
    1. Yourself
    2. Your existing role in the life of:
    2.1. Your family
    2.2. Your clients

Following the twentieth question, I invited participants to ask any questions about the research or the interview or anything they would like to add, and then asked them to choose a pseudonym. I invited participants to discuss the interview with me and to provide me with a written feedback. Last but not least, I expressed my gratitude to them for their participation.

Procedures for enhancing interview guide

The interview guide was piloted and I made some slight alterations. The two participants' perspectives during the pilot interviews and the experiences they shared with me also contributed to how I formulated the questions and requests.

I created the interview guide to explore initial themes and sub-themes, extract more information, provide elucidation, or give another perspectives on something already covered in the pilot interviews by approaching it from a different outlook. Table 3.2

presents three examples of how I improved some preliminary questions on the interview schedule:

Table 3.2

Three Examples of Enhancing Interview Questions

Example I: trauma therapy and spirituality
Before: Is there anything about *spirituality* in your experience of dealing with traumatised clients?
After: Do you think dealing with traumatised individuals has any impact on you, *spiritually*?
Example II: trauma therapy and meaning
Before: Is there any *meaning* involve in your experience of everyday challenge and exposure to the client's suffering?
After: What does it mean to you to be a professional who helps traumatised people?
Example III: trauma therapy and coping mechanisms
Before: Can you tell me about your *'thought/cognitive processes'* as *protective mechanisms* which you think helped you survived the negative impacts of 'work related trauma'?
After: Can you tell me about your *thought and attitudes* which you think helped you survived the negative impacts of 'work-related trauma'?

I also sought specific details about the interaction between participants' work-related trauma experience and their own personal trauma experiences (when they willingly addressed their personal trauma experiences) if that information had not emerged in their comments or I felt more details about their *counter-transference* reactions to their clients was needed. Some of the questions and requests I developed had an explicitly constructive content regarding the experience of work related trauma, whereas others did not. See *Appendix 5* for the complete guide.

I also added some new questions to the interview schedule after those piloting interviews, for instance I asked: '*what personality features do you think you have that may help you surviving the negative impacts of dealing with traumatised*

individuals?' This question was intended to cover some characteristic and personality components which were something beyond what their professional skills and expertise could add to their professional life. Some participants identified a kind of *'talent'* for being involved in trauma practice.

According to the pilot interviews and in conjunction with professionals' personal trauma experiences, one element of the guide covered the concept of spiritual impact of vicarious trauma; I asked them: '*Do you think dealing with traumatised individuals has any impact on you, spiritually?'* This question arose from a participant's responses in the first pilot interview.

I then included this complementary question: '*what prompted you to become a helping professional who helps traumatised people? Is there any personal reason e.g. a traumatic experience involved in your motivation?'* My intention was on the basis that there might be different pathways to discover the fundamental principles that motivated the participants to choose to become a trauma practitioner. In order to discover whether or not the therapists' *personal trauma* experiences might be influencing their work in a spiritual way, this question examined the area of concern either by encouraging them to explain their impressions of their personal trauma, or through their impressions of their motivations for being involved in trauma practice.

A further theme to be covered emerged through pilot interviews with regard to the participants' personal developmental experiences. So in later interviews I asked the question: '*Do you feel you are developing personally through the experience of dealing with traumatised people?'* My concern and intention to develop this question was to explore the dynamics of the therapeutic processes and the interaction between the therapeutic work and participants' personal development. I also invited questions about the interview process mainly to get feedback to improve the data collection process.

Procedures for the interviews

After piloting the two first interviews and enhancing the interview guide, I conducted the main study interviews. The first participant provided me with a very good feedback on the day after the interview and as it was one of the pilot interviews, I made this feedback as a basis and a reference to enhance the quality of following interviews (Box 2).

Based upon the initial feedback, I realised it would be helpful to ask other participants to give me feedback on research questions as well as the interview process, anything that they feel they want to share. I believe this also provided them with the opportunity to affirm, challenge, or clarify my interview style and my approach to asking questions about their experience of the work-related trauma impact. My intention was to enhance the interview process and questions through *participant-led approach* with time. The direct quotes in Boxes 3 & 4 are two examples from the feedback they provided at that time.

When the first two pilot-interviews were completed[29], I listened to them with the intention of conducting the rest of the interviews as consistent as possible. The interviews were conducted in English; it was not only my second language but a second language for some of the participants too. However, after more than two years living and studying in English I was confident enough to conduct all the interviews by myself so I did not consider any interpretation services. Furthermore the participants and I (researcher) were familiar with using English in our day-to-day life.

Warren (2002) indicates that the interviewer's origins and background will influence the interview and it is important to address the language. In addition, she indicates that this is particularly important when it is about conducting interviews in a different

[29] I used a digital audio recorder to be able to transcribe the recorded data later. This enabled me to reflect on participants' account and to be able to code and analyse their accounts from transcripts later. The recording also enhanced the *auditability* and *credibility* of the research (see: *Procedures to enhance trustworthiness*).

culture. All the interviews were carried out in the UK, which means that there is a cultural difference to speak about. This cultural difference could probably mean that some of the words and notions used in the questions might include a different meaning for me than for the participants.

This was important to consider before (for preparation purposes) and during the interview and I asked the participant as soon as I realised I needed more clarification regarding words or situations they told me about. The participants sometimes asked me to clarify some notions, which I did.

I contacted each participant mainly by e-mail or telephone to arrange an interview time and venue. All participants had the opportunity of a face-to-face interview at my office, their office, or another setting of their preference. Prior to the interviews, I forwarded a letter of intend to each person along with an advertisement, a research information sheet and a consent form.

Box 2

Participant's Feedback on First Pilot Interview

Pre interview

1) Prior to the interview you were very good at making the person feel at ease.
2) Having water and cookies also helped.
3) The location was fine.
4) Material sent in advance was very useful and helped to reduce the stress levels.
5) Documentations e.g. consent form and background information was clear.

Interview

1) Your interview technique is good. You come across as very relaxed but assured which helps make the interviewee relax.
2) The questions are good although for those who have been out of counselling a while the terminology may have altered a little. But you resolve this by your explanation, probing questions and occasional example.
3) The questions begin in a general manner and gradually becoming more challenging/thought provoking ... this is good.
4) The interview is long but needs to be in order to achieve the goal. Possibly it may be better to state at the out set that you will take a break at X time, instead of trying to decide as you go along. Possibly difficult if the conversation is flowing but I feel it may be a better way.
5) Over all, the questions were thought provoking as well as taking the interviewee back in time.

Post interview reflection

1) The whole experience was a revelation to myself. From the answers I was giving I began to 'hear' what I was saying and realised that I was actually building up a clearer understanding of key issues which had resulted in my leaving the counselling profession.
a) The …* experience which was the main reason because I could not guarantee to be impartial when/ if faced by the same scenario in the work place. The experience was personal trauma and facing some one in a similar place would have been too difficult. I would not have been able to be rational and helpful.
b) I realise now that I would have benefited from addressing the issues fully at the time and remaining in a profession which I loved. Hind sight is a wonderful thing.
c) I also came away exhausted but with a realisation that the experience may actually present a turning point in my life...this I had not even envisaged happening.

Box 3:

Participant's Feedback on Interview Process

…Found you very warm and empathic. Your approach was very organised and professional with the initial contract and outline and request for consent of taping. Your questions made me think a great deal about the impact of trauma on my life, why I am in the job and why I do what I do. Some good realisations for me in that I'm not doing it to fill some need of my own but purely because I am doing what I love and I am good at. Found the questions you asked difficult in respect of my having to recall the traumatic incidents that I have encountered through my work and personal life that have caused some vicarious trauma for myself however, this has also re-enforced that I do continually implement practice in my personal and professional life that reduces the risk of this and that I have become very adept at separating my own life and responsibilities from my clients.
Overall, It was a interesting and re-enforcing experience for me and I hope I was of some assistance to your research.
I wish you the very best with your work and your future…

Box 4:

Participant's Post-reflections on Questions & Feedback on Interview

…I wanted to thank you for allowing me to explore my reasons for working in health care. I found our conversation stimulating and have really processed many of the themes that have surfaced for me.
This has been an enjoyable process and has - I believe - given me greater insight into my 'motives' and reasons for choosing this career path.
I suppose to many people it seems strange to pursue a career which supports and touches such depths of human misery and tragedy. Allowing clients to develop their full potential however brings particular rewards, which we touched on in our interview.
My reasons and motives are indeed a complex mix of selfishness and goodwill towards humanity! I don't have any big issues with this however. The benefit for me in exploring this was as we discussed the journey of self discovery and awareness which, I believe we are all doing.
I wish you every success in your studies and career and would be very grateful to see your finished product and thesis if this was possible.

Participants returned their completed consent forms in person at the time of interview; however, if they didn't do so I gave them enough time to read and sign the consent form in my presence prior to the interview, just one of the participants returned the consent form by post.

The interviews were scheduled in different time periods over a 25-week period and resulted in 29 hours and 36 minutes (1738 minutes) of data. Eighteen interviews were carried out throughout April and September 2008. The total time per interview ranged from 80 minutes to 167 minutes, median being 96.55 minutes (1 hour and 37 minutes). The first pilot interview lasted more than two hours (2 hour and 40 minutes) and took place on one occasion at the request of the participant. However, there was an arrangement for 15 minutes coffee/tea break after one hour interview to enhance participant's well-being and to reduce exhaustion throughout the whole process of interviewing.

The longest interview lasted 2 hour and 47 minutes. It was an interesting interview and provided me with different kind of information and understanding regarding the concepts of *wounded healer*, *spirituality* and *holistic trauma therapy* – which was a rich data regarding the implication of *logotherapy* in trauma social work context. The participant shared his visions and experiences of the past 18 years of his professional practice.

With interviewees' permission, all interviews were audio recorded to maintain the opportunity to go back to data in its original form. Audio-recording the interviews also meant that the one who did not conduct the interview still had the opportunity to listen to the full interview. The other benefit of recording was to enhance *auditability* (see: *Procedures to enhance trustworthiness*) and subsequently credibility of the research.

Two Digital Voice Tracers, one with plug-in microphone to provide a better recording sound quality, and the other with a built in microphone were used in full display during face-to-face interviews and in whole audio recording process. The aim

of using two devices at the same time was to make a back up for interviews in case any potential technical problem happened with one of the devices. On two different occasions, when technical troubles occurred, it was very helpful to have saved the data. Once one of the recorders went ran out of charge without any prior indication and in the other incident one recorder indicated the memory was full in the middle of the interview.

Each interview set out with general conversation and then the participant's verbal consent was sought to begin the interview. Questions and requests for information presented in the interviews were wide enough for participants to decide what areas they accentuated.

Most of the interviews were conducted at the Research Office (Room 323B), Smith Building at Jordanhill Campus under informed consent. Amongst all interviews, five of them conducted in the participant's places – normally the meeting room of the centre or organisation and in two settings participant's office. The participant was always asked to give their consent to audio-record the interview and all agreed.

The interviewees were asked to sign the consent form and as a part of the agreement that allowed the information to be used in the research (Appendix 3). The paper also informed them about how the interviews would be used in the study, to ensure confidentiality and how the recorded interviews would be kept at the University of Strathclyde. Before the interview began, the interviewee was verbally informed about the purpose of the study and the possibility to end the interview at any time.

Prior to each interview, although I already addressed the potential of painful and emotionally-laden memories being brought to mind in different research documentations, I again discussed the issue to make sure I informed them about the study's ethical concerns. I reminded participants that the interview would be self-directed and topics that brought discomfort, such as participant's personal trauma experiences, need not be further discussed.

In some of the cases there were discussions with the participants after the audio-recorder was off. This information did however not concern the research and was therefore not considered in the analysis but provided me with a great feedback that enabled me to improve the interview schedule in time.

When needed, I requested further information. For example, I sought clarification by asking questions such as '*by this remark, are you saying that ...?'* or '*What do you mean by…?'* I used probing requests such as '*could you tell me more about….*,' or '*Could you please share an example with me?'...*Occasionally the resemblance between the ideas expressed by a participant and some related notions of trauma literature were examined, such as '*From your point of view, do you think your personal trauma(s)'experience made you feel connected to the therapeutic notion of wounded-healer in a more constructive way?'*

Sometimes, I also asked about other potential links between concepts in a participant's interview, for instance by saying '*Does what you are saying now returns to what you were talking about ...'* Although the interviews were based on questions prepared in advance but in accordance with the IPA intention of applying questions with flexibility (Smith & Osborn, 2004), the progression of questions was sometimes dynamic.

Interviewees were free to narrate their own experiences of dealing with traumatised individuals as they preferred. In some cases when interviewees' comments covered some of the areas under investigation, before they had been presented, I moved to other questions. However if I required more clarification, I politely led the discussion back to the next coherent point of the interview guide after the question was completely explored.

Sometimes interviewees moved beyond the issues at hand, which I accepted as a normal outcome of the semi-structured interviewing. Usually, it was more constructive to explore the digression before returning to the interview schedule, and also, such emergent approaches can demonstrate productive (Smith & Osborn, 2004).

In the spirit of a mutual approach, I sometimes became involved in the discussions, occasionally without premeditation, and sometimes because interviewees' narratives invited a reaction. The usefulness of this approach emphasised from interviewees' comments.

It was my feeling that participants showed extreme independence of thought, each evaluating the value of dealing with traumatised people in their own ways. I did not have the impression that participants were trying to please me or provide me with desired responds.

In one setting, two interviewees were contacted by the coordinator of the centre (trauma support for survivors of rape and sexual assault) who also took part in the study herself. Even though they were asked to participate by her once, they were asked again by me when a time for the interview was booked with each one. At times I felt it is necessary to reschedule interviews to ensure that good quality interviews took place. For instance in this setting I had three interviews in the same day and I realised it will affect the quality of the interviews, therefore I asked one of the participants to reschedule the interview.

With regard to greeting the interviewees, on one occasion I informed the janitor about having an interview, she offered to accompany the participant to my office. However for the rest of the interviews I usually set the appointments 15 minutes prior to the interviews in order to be able to greet and welcome the interviewee. I always waited for participants downstairs at the main building's entrance in order to accompany them to the interview venue. I also accompanied them to the exit of the building at the end of the interview.

The 15 minutes pre-interview time (sometimes even more) was dedicated to give a brief introduction, allowing the participants to adjust to the new environment, reassuring about the participants' requirements, answering their questions and offering them a coffee, tea or water. I also considered a short (normally 10 to 15 minutes) tea/coffee break after 45 to 60 minutes interview and informed them about

this prior to the interviews. However, some of them preferred to continue the interview without any break. There was a self-service facility with a variety of biscuits, chocolates, candies, cookies and chocolate cookies that I provided the participants with during the interview as well as a bottle of cold water[30] and clean tumblers and mugs on the interview table. In general I believe the interview atmosphere was relaxing and did not entail rushing to get to the formal data collection part of the interview.

During the interview process if I felt I need more clarification I asked the participants to provide me with more explanations or examples. I always showed my enthusiasm to answer all the participants' queries prior to the actual interview normally when I contacted with them to confirm the interview's time and venue also after the interviews. Mainly the key participants' questions referred to the aim and purposes of my study. In one occasion a participant was concerned about the ethical considerations of the study. She was unsure whether or not to sign the consent form. She asked me whether I am going to ask her about her clients' stories. I explained my interview objective and the study's aim and reassured her that my study is concerned about the therapists' narratives rather than clients' stories. She double checked the rules, regarding breaching the confidentiality, with the director of the centre and fortunately we managed to go through the interview after she signed the consent form.

Feedback I received from the participants was promising enough to keep me motivated to move forward. Almost all participants found the topic interesting and very helpful to modify attitudes towards professional helpers who were dealing with trauma. Some of them also acknowledged that as much as the topic was very important they had not been involved in studies which are concerned about the necessity to care for the carers and the bright side of the 'cost of caring'.

Some, regarding the study's area of concern, expressed that not only it was an important piece of work but at the same time it was rarely noticed and almost

[30] All the interviews were conducted between spring and summer 2008

neglected as an area of research. They stated that the trauma study domain should be further explored. They thought it will help to address the underestimated impacts of work-related trauma (VT) on professionals' wellbeing in particular the constructive impacts of dealing with traumatised clients. Some participants also considered the result of the study will provide a new perspective[31] in trauma context. Hopefully that it would be useful to enhance helping professionals' emotional and spiritual wellbeing and their intervention performances.

They also asked me to inform them when I published the result of the study and also asked me about the potential journal article(s) which the results will be published in. One of the participants, after checking the list of references for further readings in *participant's information sheet*, had also found two new references (a book and a journal article) and brought them to me at the interview time. She was an active respondent and expressed lots of enthusiasm while she was answering my questions. She also provided me with a great feedback:

> your questions are so deep and meaningful … I've never thought of them before … I can't wait to read your paper ... just based on the some of the points that you've picked up, I think that would've been very revealing for me too personally you know … oh yeah fantastic … it's good … (Sarah).

Another participant went deeper into the interview process and reflected on its latent enlightening capacity. He described it as an opportunity to review his own professional journey and to explore the connection between the significance of being involved with traumatised clients, the therapeutic process and its impact on the professionals' personal meaning given to their experiences:

> … [The interview] surprised me [laughter], yeah I think it helped me to connect different experiences that I've had and what I've been able to do. It is to tap into

[31] As I will suggest later in chapter V, the key contribution of this study to the trauma context will be a conceptual model, developed within this study, which will be describing the *constructive mindful trauma practice*

> the ground … the psychological ground of that relationship which is very interesting cos that's what opens up what you might be carrying unconsciously from it. so it's raising lots of very interesting questions for me, in terms of [my own] experience actually, and making sense of some of my experiences … I feel OK though … (Victor).

Most of the participants, who gave me feedback on their motivation to take part in this study, said that the distinctiveness of the topic interested them. They also implied that it provide them with an opportunity to share their experiences on work-related trauma effects. Their reflections on the interview process revealed a concise self-reflective journey, sometimes 'cathartic', that enabled them to explore the underestimated impact of dealing with traumatised clients: '… It's another opportunity to reflect on yourself and so I took that opportunity …' (Karen).

> I thought that [the topic] is very interesting that people actually acknowledge that working with trauma can have an impact on the support worker or on the counsellor and I think it's very much underestimated impact {???} on worker; so any kind of research or any kind of study offer the best I'd contribute [to it] …(Alison).

> I just wanted to contribute as much as I can obviously … I can get traumatised, [it is] something that we see all the time and experience that and I imagine I've got to help really for us and I just wanted to assist you to produce that then we can use the result of your study … (Alice).

I have been offered from a number of the participants to conduct the interview at my office in Jordanhill Campus. Some of the participants, however, invited me to their work place for the interview. Their hospitality and acceptance as a colleague was changed the atmosphere for me to be adapted soon after I arrived to start the interviews. Taking part in my study, expressing their enthusiasm and trying their best to answer all of my questions, which sometimes seemed complicated to some extent, was the other issue that represented their commitment to this study. One of

the participants arranged the interview just one day prior to her permanent return to her home country. That was really impressive and promising.

Contrary to those promising responses, sometimes there were situations that had a less positive impact. In two different occasions, two participants did not appear at the interview venue, even though they had already confirmed their attendance. They also did not e-mail or phone me to cancel the interview. Although I forwarded them a map of Jordanhill Campus and supplied them with the detailed guiding information of how to get to the Smith Building, I always had been waiting for them 15 minutes prior to the meeting at the entrance of the Building – particularly when the meeting was arranged beyond the regular 9 to 5 schedule.

In these two incidents, although it was evident that they would not be attending but I waited for forty five minutes before returning to my office and sending them e-mail messages. My motive for waiting for a further half an hour[32] was to make sure I would be there to accompany them to the interview venue if they had difficulties to find the venue, for example their mobiles were not charged up. Later they explained the problem and we rescheduled the interviews for the next mutual convenient times.

Analysis of the interviews

Transcribing process

The interviews were transcribed verbatim and the system used for transcribing focused on exactly how it was said and at the same time on the contents of the interviews. The latter, according to IPA inquiry, emphasises my efforts to make sense of the participant's account and the way they described their lived experiences for the initial interpretations and analysis of their accounts - as a dynamic and ongoing process of discovering the emerging themes.

[32] I usually expected the participants' arrival within the 15 minutes time prior to the arranged interview meetings

I decided to transcribe all the interviews[33] by myself. I considered it would enhance the confidentiality[34] of data also it would bring me closer to the data. The other advantages, I believe, were the opportunities to identify emerging themes and to become aware of the similarities and differences amongst the diversity of participants' accounts. Initially I had decided to use the transcription services, but when I reflected on a transcribed interview in one of the monthly IPA meetings, I changed my mind. I realised the transcript was filled with a considerable *unclear* words and phrases which I thought it will affect the analysis process. Given the rigorous of IPA methodology, I considered not to lose the essence of participant' narratives partly because of the service inaccuracy.

Later on I decided to use *voice recognition software*[35] to assist the transcribing process. However, after several efforts I abandoned it, because I realised it would take longer than I expected to train the software to be ready to assist for the transcription and also I found it to be no more accurate or faster than straight typing.

After transcribing the first pilot interviews, I realised I was spending about an hour transcribing for every five minutes of speech. It was really exhausting and at the same time appeared time consuming. However, later on I realised there are some latent advantages in doing so. For instance, transcribing was keeping me close to the participants' accounts and with time I realised I was doing the preliminary coding of the emerging themes.

With regard to transcribing, my other concern was related to Poland's (2002) idea who states the transcription process can alter the research since it is necessary to make decisions, for instance when setting sentences or when the quality of the recording makes it difficult to hear. As a researcher, who was a novice in

[33] Almost 30 hours of audio recorded data

[34] In making this decision I was aware that a person who provides transcribing services will adhere to the ethics of privacy and confidentiality, but due to the potential risk of disclosure in the process of sending recorded interviews by mail or e-mails, I preferred to try transcribing myself.

[35] Dragon Naturally Speaking Preferred 9.0

transcription and working in a second language but still determined, I believed I listened to the interviews as carefully as possible to make sure I was transcribing the exact words of each interviewee.

After transcribing each interview I double checked the transcripts by comparing them against the recorded interview in case by accident I had passed over a word or misunderstood a phrase, metaphor or proverb to be recovered. In doing so, I think I was trying my best to be trustworthy and committed to the participants' accounts. The noticeable benefit of this approach was to keep the *consistency* of the data and consequently the *consistency* of all findings and in short the credibility of the study.

Although sometimes I realised some aspects of participants' accounts are alike, the variation between the responses to research questions for each participant reinforced to me the uniqueness of participants' account. Although they participated in similar interviews, some were concise and others gave closed responses to interview questions and other did not.

The audio recorded interviews were listened to as much as required while reading each transcript to ensure *consistency*. On occasion when the recording was unclear and there were difficulties hearing what was recorded, a specific symbol was used to mark the amount of words that I was unable to hear (see Table 3.3).

Amongst all interviews, the qualities of two interviews were low and sometimes difficult to hear. The reason was related to the recording mode that I had used. In one setting I had already arranged two interviews (to conduct in a centre) but out of the blue a new participant volunteered to take part on that day, so I set the recorders on LP mode to save free memory space. Later I tried to enhance the quality of these interviews by *Express Scribe*[36] software through reducing the background noises,

[36] Express Scribe V4.22. (2008). Transcription Software for Typists, ©NCH Swift Sound Retrieved June, 25, 2008, from www.nch.com.au/scribe

adding extra volume boosts and high pass filter. Despite that, all interviews recorded on STLP mode with high quality sound.

During the transcription process, when I was uncertain of hearing a specific word, a conjecture was still written down and marked as a conjecture. The purpose of this was to try to maintain the meaning in the interview and at the same time ensure that no conclusions were built on uncertain information. However, I had participants' contact details to ask them to revise their transcripts and correct the doubtful words if I required. I sent the transcript of the first pilot interview to the participant for a check on accuracy. In the few passages where an uncertain word had not any crucial meaning they were not included in the analysis.

Table 3.3

Transcription annotation

…	Ellipsis dots
{???}	Inaudible/Untranscribable
[*Conjectural Word/Phrase*]	Unclear/Uncertain Transcription
Word/Phrase	Emphasis/Focus
Underline	

An outline of the analysis process

The analysis of qualitative data is a creative and personal process, which develops through close interaction between the researcher and data. In this study, the analysis is based on the digitally recorded information files. I was inspired by Kvale (1996) to initiate the journey of searching in professionals' accounts. According to his description, the purpose of the analysis is to search the data for frequent or specific themes that can represent the professional's perspective. A 'theme', according to Joffe and Yardley (2004), is defined as 'a specific pattern found in the data in which one is interested' (p. 57).

The interviews were analysed using the IPA approach because it is an appropriate method to explore the phenomena under investigation in this study, in terms of providing thorough analyses of the *emotional phenomena*[37] and the professionals' personal meanings given to the experience of dealing with traumatised individuals - encircling human action and behaviour.

IPA provides a set of flexible procedures which could be adapted by the researchers for their research purposes. Table 3.4 demonstrates an outline of these analytic levels of IPA procedure according to Smith & Osborn (2003) - which adapted to the needs of this study:

Table 3.4
IPA analysis process

1. **Acquiring a holistic orientation:** multiple close and detailed readings of the data; so that future interpretations remained grounded within the participant's account.

2. **Creating clusters**: preliminary themes were identified and then categorised into clusters and verified against the whole data.

3. **Exploring themes links:** emerging themes were then developed, concentrated, and scrutinised for any association involving them.

4. **Producing a shared account:** based on the interaction between the participants' account and the interpretative activity of the researcher - of their experience in their personal words.

[37] Here it is vicarious traumatisation

I used the transcripts to be able to search for themes in the interviews. I applied the following stages throughout the analysis of the transcript for each participant:

1. I kept a record of preliminary reflections, comments and so forth all the way through the transcription. I thought they might be of use to go back to and verify against future interpretations when I was more reflective in the data.

2. I read each transcript very closely multiple times and verified the highlighted words and phrases during the previous stage. I used the left hand edge to write down anything of interest that emerged. In particular every time I engaged in deeper reading of participants' accounts, I felt more confident and certain in comprehending the data. As a result my notes on their accounts appeared richer and richer with time. During my initial readings, I also considered the pattern of Joffe and Yardley (2004), where the preliminary pace is to explore for subordinate themes, close to the transcript. In doing so, emerging themes that were very close to the data were distinguished.

3. I returned again to the transcripts. This time I was using the right hand edge to transform preliminary thoughts and notes into more precise themes or phrases which invoke abstractions and psychological perceptions. I was very cautious at this stage not to lose the connection between the participants' accounts, as they were, and my own interpretations of their accounts.

4. At this point by creating connections between the preliminary themes and clustering them, I tried to further reduce the data. These *superordinate themes* or clusters were given a descriptive title, which expressed the conceptual quality of the themes within. The process was about linking and combining themes together into *superordinate* or more overall themes. Themes that originated from one area of the data were connected to the related themes in other areas. The process of linking and fusing themes together was repeated over and again. In this process of analysis I was following the process of being attached to the data to observe the trauma context specifically and

being detached from the data to perceive the greater pattern in a more holistic way by moving back and forth between these levels (Joffe and Yardley, 2004). The aim, while linking and fusing themes, was to explore a greater pattern but also to maintain the specific focus. In this stage, some of the themes may not having been included; either because they had a fragile evidential foundation or because they did not suit well with the emerging construction.

5. As a final stage of the analysis, a table has been presented which demonstrates each superordinate theme and the themes which include it. In this table, a short demonstrative data extract presented along with each theme. I have frequently moved to and fro between the diverse analytic stages. For me as the researcher, this table is the result of a repetitive process in order to make sure that the *consistency* of the participant's account has been conserved as much as possible.

6. Analysis proceeds into the proper process of writing up a descriptive account of the interaction between the interpretative activity of me, as the researcher, and the participants' account of their experience of vicarious trauma in their own words. The purpose was to provide a close documentary reading of the participants' account, moving between different levels of the interpretation and account, and always understandably distinguishing between them. An adequate amount of data should be presented for the person who reads to assess the effectiveness of the interpretations.

Bracketing

Bracketing is essential for both the reliability and validity of qualitative research. As stated in Chapter IV, bracketing is basically an attempt by the researcher to articulate his or her presuppositions of the phenomenon under study. One purpose for bracketing is to make these presuppositions overt so that those who read the research may be aware of the influence of the researcher's unique perspective. Given the

researcher's orientation, the reader is then able to judge the degree to which a phenomenon of interest has been illuminated from a particular perspective (Valle and King, 1978). It is important to remember that there is no such thing as the 'right' or absolute interpretation of the data.

All we can do is argue a particular interpretation as persuasively as possible, supported by references to the data, and leave the final judgment to the reader. Another reason to utilise the process of bracketing is to reveal, and make explicit, one's own preconceptions and presuppositions so that they are as clear as possible *to oneself.* Bracketing becomes a dynamic process where it seems that as the researcher identifies his or her preconceptions and presuppositions, more of these assumptions emerge at the level of reflective awareness (Valle and King, 1978). Osborne (1990) states that one way in which the validity of a phenomenological researcher's interpretations can be assessed, is by the use of bracketing.

Presuppositions of the Researcher on Spirituality: Bracketing

When I started my PhD in 2006, I had a few experiences that led me to believe that a person's spirituality was more than simply a belief in a story or a philosophy of meaning. These experiences certainly not on the order of 'cosmic consciousness' as described by Bucke (1969), but might be classified as, using Maslow's (1971) term, peak experiences. In my own words, I would say that the experiences were characterised by the following themes: a brief, intuitive sense that there is an overall purpose to the Universe and a 'felt awareness,' or knowing, that 'everything' is connected and is in some kind of harmony. Associated with this cognitive 'awareness' was a feeling of joy and satisfaction at being part of something both meaningful and purposeful.

My pre-suppositions concerning the reports of spiritual experience include the following;

1) Participants will likely describe brief, 'altered states' that have some common themes amongst them.

2) These ‘altered states’ may occur primarily in therapeutic settings and will often be experienced as satisfying, ‘peak’ experiences.
3) The participants may ‘translate’ their experiences into religious terms and symbols based on their religious affiliation.
4) The experiences will contribute to the participants’ interest and involvement in a ‘spiritual life.’

Finally, I believe there is a distinct difference between one's spirituality and one's religion. It seems to me that at the core of all the religions is the ‘transcendent spiritual experience’ which is then translated into the ‘language’ and structure of that particular religious following or sect. In this regard, organised religion can be seen as an effort to communicate the ‘knowledge’ gained from transcendent experiences. My intention throughout the study has been to become aware of my own background and reflect on the possible impact it may had have on the interview process and consequently the analysis.

An inductive approach was used in the analysis process and there was no use of preceding theory to generate themes. The main intention was to let the data speak for itself as much as possible. According to Joffe and Yardley (2004) as requirements of an inductive approach and given that the theories are often the beginning point; the researcher should be familiar with the existing theories. I set my epistemology for this study based upon my understanding of the crisis theory in the trauma context as the initial point. However, the aim of study clearly explained that I was intending to learn more from the therapists’ lived experiences rather than just theorising their experiences of VT.

Eventually, excerpts from the transcripts were used to demonstrate the specific themes and they have been chosen from all the interviews. I have cleaned up the data used in the analysis by reducing just some of the participants’ repetitive or unnecessary used words or phrases such as ‘um’ or ‘ah’ where I realised there was a *speech tick*, to prevent reader exhaustion. Ellipsis dots were used as a symbol in

order to make the excerpt easier to read when an excerpt is reduced - in both transcribing (Table 3.3) and analysis processes.

Words that were written in *square brackets* are included by me to clarify the context of the excerpt or either to make a conjecture where possible (Table 3.3). Since there was an ethical concern of the participants' identity and trying to avoid recognition, I used a *pseudonym* for all of them when I was quoting. Some of the participants identified their preferred pseudonym however others left it to me to choose a pseudonym for them. I applied the common first names that are used in English-speaking countries for this purpose. Wherever I required using the words 'she' and 'he', I replaced them with this shorthand form: s/he.

Content coding

Data from the individual interviews were subjected to detailed thematic coding and interpretation. I applied the principles of analysis used within the interpretative phenomenological analysis (IPA) framework (Smith, Jarman, & Osborn, 1999).

In qualitative data analysis the themes can apply to either contents of the data that is clearly discovered and to latent contents. Joffe and Yardley (2004) regarding the necessity of the interpretation state:

> … the aim is to understand the latent meaning of the manifest themes observable within the data, which requires interpretation that is to say that the process of coding of data is not merely based on the precise word, it also could be on the *meaning* of the word (p. 57).

My initial intention was to use a computer-assisted qualitative data analysis such as NVivo. However, using a software package seemed to me to be a form of a positivistic approach which would result in the overwriting of both the context and the subjectivity of the participants' accounts. In fact, I considered the computer programmes provide an 'air of scientific objectivity onto what remains a fundamentally subjective, interpretative process' (Mauthner & Doucet, 1998, p. 122).

I was uncertain that a computer programme would enable me to maintain the information 'in my head' so that I could observe, discover, or create links between the interpretation and analysis of my research material within the context of the discussions. As Wolcott (2000) commented:

> Computers are so engaging they draw researches away from the central task of thinking about their research focus and into data-entering ritual that is often tangent to the research problem itself (p. 44).

Given that I felt the context described in conversations throughout the interviews was important, I wanted to have a profound understanding of the professionals' accounts in the trauma context and at the same time to be able to identify their VT experiences. This type of analysis involves a moving back and forth across interview transcripts, as I had also done with the construction of the probing in the interviews. Based on the evidence from users of the computer-assisted programmes in the analysis process, there are some concerns that it led to de-contextualisation and disintegration of the process aspects of the research where the whole was misplaced to the parts.

The other area of concern was how using a computer-assisted analysis would enable me to relate the interview transcripts to the broader interdisciplinary framework of my study. While Strauss & Corbin (1990) claimed that theoretical perspectives were essential to the computer coding as a form of analysis, Webb (1999) argued that, in a small scale study, it is the researcher who has to reach a decision or draw conclusions in interpretation of the data and computers may not facilitate this process. As a result, rather than using NVivo for coding and managing the data analysis process, I decided to do the analysis manually.

The rationale for this decision, despite the aforementioned justification, were (a) I listened to each interview closely in order to be able to understand the words and contents of the participants' account and to be able to word-process them (b) I transcribed all the interviews personally so I was close to and familiar with the data

(c) I had already started coding the data (in low level with the emerging subordinate themes) while transcribing. In doing so the data was already organised and initially coded. In addition, I only required analysing 18 interviews, which still counted as a small data set, as Bryman (2008) suggests: 'if you have a very small data set, it is probably not worth the time and trouble navigating your way around a new software programme'(p. 584).

I transcribed and examined each transcript separately. I also made notes about the content of responses and my impressions. I highlighted what I thought were important words and phrases, summarised the content, and made notes about the language, tone, mood, message, and so forth. I wrote down questions for myself and ideas to follow up with the participants. I also asked each participant to provide me with feedback after the interview conclusion. Some of them preferred to give me a written feedback by e-mail following the interview. My approach to each participant's transcript was viewing it as a whole and reflecting on the participant's account as a unique narration.

The insightful and creative process of coding the data was initiated after the conclusion of every interview's transcription. Each transcript was read multiple times to gain familiarity with the data. As the transcripts were read, I wrote down notes of potential themes and other aspects of the data. According to the background review of this study and reading the transcripts, it was determined that the inductive approach of IPA analysis would be the best understanding of the trauma therapists' responses and allow for the unforeseen. The use of interpretative themes in IPA is most appropriate for the research questions of this study in the effort to understand the fundamental ideas, attitudes, and assumptions which shaped therapists' whole being and their lived experiences.

In short, the transcripts were coded and codes were generated to reflect the participants' views and interpretations according to IPA analysis. Codes were revised throughout the process in order to refine and perceive the life-world of the participants. Some segments of the transcript required only a single code while other

segments required multiple codes due to the richness of the data. Then I started to examine the codes across transcripts for their differences and resemblances to create *superordinate themes* which sum up the perspectives of various participants. Table 3.5 presents an example of the coding process.

Table 3.5

Two examples of content coding

Interview Extract

…when I was counselling it's like a caterpillar I was a caterpillar then at the moment I am chrysalis and I don't know what's happening next. I don't know I'm going to be a moth or butterfly or not survive, I don't know. I think this is another name for chrysalis a cocoon and a cocoon is a protection (Rebecca).

Coding

Self-awareness

Therapy as a path towards wholeness

Therapist's transformative process

The developmental journey of life

Self-actualisation

Question: using 'cocoon' as a metaphor to describe protective mechanisms?

Interview Extract

…we say I can go around and that's not affecting me at all of course client's suffering is always becomes part of you, part of your life any things like that … actually it is all part of you all the time. It's not a separate part or anything like that. You cannot say it's just like any other work … client work is a different experience … (Shiva).

Coding

Identifying with traumatised clients

Internalising the clients' trauma
Understanding the truth of suffering
Holistic approach to trauma therapy
Therapist's whole being affected by the therapeutic process
Transforming therapist's inner experience

Question: the dynamics of empathy in a therapeutic relationship?

In the process of data coding, I found some themes were more frequent and comprehensive and some more specific and in some cases even diverting from the comprehensive ones. According to Kvale (1996), the distinctions should be seen as an opportunity to find out more about different nuances and profoundness of the themes. The distinctions were also seen as a way to reinforce the 'trustworthiness' (validity) of the research. Furthermore, to ensure validity, Silverman (2005) states that it is essential to present findings that 'are genuinely based on critical investigation of all their data' (p. 211).

Initial themes

Apart from my coding memos on the content of each transcript, I extracted initial themes as they emerged throughout the transcribing and reading of each transcript. As mentioned earlier, one segment or even one sentence could produce a range between a single theme and a series of themes. As I applied this process with time, I realised the themes were preliminary not only because they were provisional, but also because I had still to undertake other interviews. I already had a set of concepts from the literature that I was primed to explore such as *psycho-spiritual transformation*, *personal development*, *empathy* and *suffering*.

However, simultaneously, I was being as aware as I could be about bracketing out my assumptions in order to be critical about them (Willig, 2001b), and to leave space for undiscovered or unforeseen concepts to emerge. Table 6 presents an example of the initial theme analysis.

Table 3.6

Two examples of initial themes

Interview Extract

…when I was counselling it's like a caterpillar I was a caterpillar then at the moment I am chrysalis and I don't know what's happening next. I don't know I'm going to be a moth or butterfly or not survive, I don't know. I think this is another name for chrysalis a cocoon and a cocoon is a protection (Rebecca).

Coding

Self-awareness

Journey of life

Path of Wholeness

Transformation

Blooming, Self-actualisation

Maturation

Surviving trauma

Coping mechanisms

Interview Extract

…we say I can go around and that's not affecting me at all of course client's suffering is always becomes part of you, part of your life any things like that … actually it is all part of you all the time. It's not a separate part or anything like that. You cannot say it's just like any other work … client work is a different experience … (Shiva).

Coding

Internalising trauma

Processing trauma

Integrating VT impact

Suffering as a means of growth

Creating clusters

I looked for any connections between the initial themes that emerged from each transcript, observed potential clusters, and made notes about how they possibly related to other clusters. I also observed some clusters of initial themes seemed to be subordinate to other clusters. Subsequently, I began distinguishing between initial themes, initial sub-themes and their superordinates (Willig, 2001b).

I undertook the same process for each participant's account. I looked for actual and logical connections between my interpretations of participants' accounts (initial themes) and their transcripts. I continually referred back to the participants' statements to make sure the initial themes remained grounded in the data. I engaged with, and analysed each transcript in the participant-centred manner that in IPA is understood as an *idiographic* approach (Willig, 2001b).

Next, I sought similarities and patterns between participants' accounts (Smith & Osborn, 2004), what Morse (1994) described as *synthesising*. I worked with all of the initial sub-themes and themes from all the participants' transcripts, making notes about their relevance to the whole group, clustering them again into themes, and then comparing these clusters to themes I had already developed from the individual transcripts.

At this time I was also making notes about the theoretical relevance of the initial themes and sub-themes to existential and mindfulness psychology and noting unexplored areas for possible investigation at the remaining interviews. Table 3.7 presents an example of the initial theme and sub-theme analysis.

Table 3.7

Examples of a first draft initial themes and sub-themes

Themes	Sub-Themes	Characteristic
Attitude	Professional Insight	professionalism, boundary setting, detaching from client's traumas sensitivity, alertness
	Spirituality	a sense of whole being, have a connectedness with inner self
	Living vicarious trauma	being *here and now*
Interaction	Therapeutic relationship	altruism, empathy, identification with trauma survivors
	Transformation	internalising trauma, processing trauma learning, and growing in a traumatic context
	Surviving vicarious trauma	sustainability, resiliency, accepting the reality of trauma and suffering
Implication	Practical method	self-awareness, mindfulness, contemplation and meditation, attention to thoughts

In this process of discovery and attempting to see beyond the value printed on the participants' accounts, I raised questioning hermeneutics and empathic hermeneutics, according to Smith and Osborn (2003): *'Do I have a sense of something going on here that maybe the participants themselves are less aware of?'* (p. 51). It is to say that such declarations are not aimed to challenge the *consistency* of the participants' accounts. Instead, they are raised to inspire different ways of viewing, interpreting, and comprehending the participants' accounts, as they said and what they might seem to be endeavouring to say.

At the start, I believe the process of developing initial themes and sub-themes, and then improving them, was rather a linear process. Later on, in an iterative process, the analysis involved a set of getting back to the data, searching for more themes and re-titling them, re-clustering sub-themes, revising, renaming and declining themes, and re-conceptualising themes.

Procedures for improving analysis

As I already mentioned (see the section: *Content Coding*), I chose the *paper and pen* method of data management in preference to using a computer-based qualitative data analysis for several reasons. In fact, I thought keeping the data in my hands would enable me to develop a sense of intimacy and closeness with the content. Having the segments of data on paper also helped me to take it away from the computer and reflect it in different settings, which many times provided me with new perspectives. I think probably the most significant benefit was the idea that the analysis was constantly dynamic, as fresh themes for attentiveness could be attained by moving the segments into new clusters. In the end, I found it will be useful if I could visually assess an extensive amount of the data instantly by arranging the segments, clustering them, making hierarchies of clusters, and so forth.

Throughout the analysis process, often I worked piecemeal from sub-themes to themes but to achieve a different perspective, sometimes I also worked rearwards. For instance, I set the four relevant trauma themes including: *internalising trauma*, *processing trauma*, *surviving trauma* and *living trauma* as a linear process, then located each segment into the most appropriate theme, and then started arranging them into clusters within one of the four themes to see what such a structure might disclose.

Another set of themes emerged in the process of referring back to the research questions, as themes also produced different clusters of sub-themes. At times I worked backwards in this way as a process of exploration, but other times I applied the procedure to verify what I had developed when working from the sub-themes to a higher level. In doing so, I developed a more *holistic* set of themes and sub-themes.

The depth and quality of the interviews, as implied by their contribution to the themes, was reliable across all interviews. In addition, the themes appeared out of responses across all interview questions, for instance, responses to the question (18) elicited a range of ideas including empathy, therapists' perceptions of suffering, their compassion, and attentiveness for the clients, their attitudes towards suffering; yet responses to the direct question about the influence of work-related trauma on therapists' existential thoughts (probe: question 14) relates to the their attitudes, worldview and existential concerns.

Writing as analysis

van Manen (1990) in relation to the one important feature of the analysis implied that usually writing and research are elements of the same process. According to my developing experience, the reflective attribute of writing enabled me to elucidate, develop, and give somehow depth to the themes as I wrote up about them. I developed drafts of multiple sets of themes, and I think the process of writing facilitated some of my previous analysis. As a result, my analysis has been an ongoing process until I stopped the writing up, and so I would say the writing has been the significant part of the method I applied.

Trustworthiness

Lincoln and Guba (1985) suggest using 'trustworthiness' as an alternative term for 'validity', which is a more quantitative term, to evaluate the quality of a qualitative research. They also suggest a set of criteria such as credibility, transferability, dependability and confirmability to set up the trustworthiness of a study, and of course its findings. Nevertheless, there is no agreement on the criteria for validation of qualitative research. There is even divergence on whether a granted series of guidelines would be useful or too prescriptive for this sort of research.
With regard to IPA approach, yet, Smith (1996) distinguishes particular methods of validation on which many qualitative researchers concur. These might contain an attempt to reach internal coherence and consistency; the comprehensible presentation of evidence and procedures, so as to make sure the clarity and rigour of the research process; conducting an independent quality audit of the research process; triangulation; thick description to help transferability; or member validation through participants' involvement.

To ensure an accurate and informed analysis, during the data analysis process, I often returned to the participants' accounts as they represented for the purpose of remaining trusty to them. In qualitative research, triangulation is a means in order to reduce the occurrence of bias, promote credibility, dependability and confirmability (Shaw, 2001). The notion of triangulation, as it relates to the qualitative studies, refers to approaching the construct from a different angle in order to test for consistency without essentially looking for reproduction of results (Patton, 1999). Rather than confirmation of findings, the intention of triangulation is looking for richness and comprehensiveness of data.

As opposed to those who believe in triangulation, some qualitative researchers have argued that instead of triangulation, the insight in light of crystallization is 'a better lens through which to view qualitative research designs and their components' (Janesick, 2000, p. 392). The multifarious form of the crystal goes beyond the fixed three sided triangle enabling researchers to view from a diversity of angles:

‘crystallization provides us with a deepened, complex, thoroughly partial, understanding of the topic’ (Richardson, 2000, p. 934).

In this study, I have employed the idea of crystallization to what participants have told me in order to produce the written account. Some examples of such an approach involved the iterative process of data analysis which IPA approach demands, journal writing and constant reflection, moving among diverse participants’ account and the different levels and stages of interpretation, and applying various theoretical standpoints.

Generalisability

Evidently, a study using IPA does not endeavour for generalisability in the same way as studies applying a typical experimental paradigm; instead, it creates rich insights into a particular piece of human experience, this kind of focus reveals aspects that earlier overlooked. Clearly, with IPA inquiry, statistical analysis can not be applicable to the data. In addition, the participants are not a statistically representative sample of a wider population, though they will definitely be selected cautiously from within the related population from which they are drawn as individuals.

However a parallel concept has been developed in qualitative research context which represents different features of generalisability in qualitative inquiry which is *‘transferability’*. Transferability refers to the ‘thick description’ required to enable an individual who interested in making a transfer to achieve a conclusion about whether transfer can be considered as a prospect (Lincoln & Guba, 1985, p. 316). In other words, it refers to whether specific findings from a qualitative study can be transferred to another related situation or context and still conserves the specific meanings, interpretations, and conclusions from the done study (Leininger, 1994).

Transferability observes to what extent the contexts of the study can be generalised as in external validity (Miles & Huberman, 1994). Although qualitative research cannot claim empirical generalisation, naturalistic transferability can appear through

the proper use of the thick description to dispel the typicality of the sample (Lincoln & Guba, 1985; Mason, 1997). The use of purposeful sampling also enhanced the transferability of this study design.

As mentioned earlier (see the section: *Identifying Potential Participants*) a *snowball method*, a kind of *purposive sampling*, typically was used to initially identify participants. The recruiting of research participants was consistent with a criterion based on the constructive experience of the VT impact on the therapists' inner experience. My attempt was to find the research participants who could articulate their experiences of dealing with traumatised individuals in a meaningful ways. I followed Miles and Huberman's (1994) method for choosing participants and Lincoln and Guba's (1985) purposive sampling justification providing a degree of quality declaration, confirmability, credibility, and dependability to this study.

A purposive, open sampling method was necessary, to some extent because there was no obvious label such as *'constructive trauma therapist'* that could have been applied to identify participants. Purposive sampling makes it impossible to generalise the research findings beyond the identified sample which is normally small but as mentioned before it enhances transferability. Nevertheless, generally in a qualitative approach like IPA, the goal is to explore the phenomena under investigation, not to achieve generalisable outcomes. Contrary to quantitative research, which the generalisation of the results to larger populations is important, typically in qualitative research the profound understanding created by information-rich cases is valued (Sandelowski, 1995).

It is important to be aware that generalisability of findings across place, time and conditions is not an objective of qualitative inquiry in general and in IPA approach in particular. Yet, no claims to generalisability are made. Relatively, issues of meaning and perspective are sought through account of the straight experience of the participants (Glesne, 1999). Even in the absence of generalisability and one-to-one truth communications, patterns can become recognisable. In addition, the goal is not

prediction and control of the results, but a clearer and more profound understanding of experience (Glesne, 1999).

One of the ways to validate the findings according to Collaizzi (1978) is going back to the participants. However, Morse (1998) has doubted this process of validating findings in qualitative inquiry in such a way, arguing that participants do not typically have the skills needed to analyse, conceptualise and abstract the existing findings. In this study *validity*, or in much more qualitative terminology *dependability*, was constantly observed during the interviews, by being sensitive to the accounts and asking for clarification in cases of that which was ambiguous.

Procedures to enhance trustworthiness

To ensure the trustworthiness of the study, I followed the criteria described by Beck (1993) which is credibility, fittingness and auditability. Credibility was reinforced by the fact that the participants were describing their own reality of subjective meaning given to their experiences of vicarious trauma and its constructive effects on their inner experiences.

Acquiring valid data also depends partly, on the relationship between researcher and participants (Sandelowski, 1986). Therefore, all interviews as described earlier (see: *Procedures for the Interviews*) were carried out in as relaxed and standard atmosphere as possible and the interviewer was supportive and open. To assure credibility in the interview process, probes and follow up questions were continuously asked during the interviews to enhance *constancy* (validation).

To establish auditability, two digital voice recorders were used and the interviews were transcribed verbatim, so that shades in the statements could be analysed. An interview guide was used to keep the participants within the framework of the subject (Beck, 1993). To conserve the meaning of the phenomena, intended by the participants, I tried to remain close to the data, during both the analysis and presentation of the initial findings. Pre-comprehensions were set aside and restrained as much as possible.

In order to avoid over-interpretation, I reviewed the categories and subcategories thoroughly and made comparisons with the interview transcripts. The interpretation of the interviews discussed among members of the *IPA Research Group* and consensus reached. To further enhance the auditability, the methods of analysis were firmly adhered to the research procedure and was followed as accurately as possible. The findings were supported by excerptions (Lincoln & Guba, 1985).

To fulfil the criteria of fittingness the choice of the participants varied greatly. Since all were dealing with traumatised clients and could describe situations from that viewpoint, they were judged to be representative (Sandelowski, 1986; Beck, 1993). The fittingness was reinforced by the careful descriptions of the participants and the study setting, as well as a rich description of the findings. This will make it possible for the reader to determine whether the findings of this study are transferable to other contexts.

CHAPTER V

DISCUSSION AND ANALYSIS

Trauma and the therapist

This chapter will discuss the analysis based on participants lived experiences. I chose the keywords 'trauma' and the 'therapist' as the two main characteristics of this study. I will be discussing the interactions between trauma and the therapist and the outcomes of these interactions.

The ways that therapists internalise trauma, the positive and negative impacts of internalising clients' trauma and the different aspects of the vicarious trauma (VT) are addressed in this chapter. Most of the previous studies investigating professionals' health in the trauma context had only addressed psychological effects of trauma on the therapists' wellbeing. This study rather focuses on the constructive impacts of trauma by providing further information on existential and spiritual aspects of trauma impacts on the therapists. Through examining therapists' efforts to process the internalised trauma, we would be able to use the findings of this study to enhance our understanding of the constructive existential and spiritual impacts of trauma on therapists' emotional well-being.

This multi-disciplinary study aimed to carry on from where current research has stopped. Therefore it is hoped that this study would fill gaps in psycho-traumatology literature and address issues concerning helping professionals' wellbeing. The significance of this cutting edge study is to demonstrate how therapists manage to transform the internalised trauma as a means for their personal development. It would be interesting to learn from their experiences and see if there are any possibilities to get constructive results in a so-called pathologic and traumatic context.

The four guiding themes of this study are *internalising trauma*, *processing trauma*, *transforming trauma* and *living trauma* which are discussed in detail. It seems that these themes are interconnected and they demonstrate a process of evolving empathy in a therapeutic process. One side of the spectrum demonstrates empathy without self-awareness which makes the therapists experience the vicarious traumatic effects of their work. At the far end of the spectrum is empathy with self-awareness which, in turn, leads the therapists towards *personal growth*. The journey begins with *empathy* and evolves, to some extent, to an existential *emptiness* and therapists' *meaning-making* with regard to the experience of VT which will be explored in this chapter.

The level to which ideas are common or unique is made clear throughout this chapter. This has been done by identifying emerging themes, categorising them and making links between them. For brevity and clarity, the repetitions and utterances that occur naturally in spoken conversation have been removed. In cases where I have added or replaced something in a quote, either for clarity or to maintain confidentiality, my additions are placed in brackets. Sometimes when participants were discussing a process there was less possibility for brevity then I used the entire quotation. Participants are identified by the pseudonyms they self-selected, or sometimes by me when they left it up to me, to maintain confidentiality.

The experience of vicarious trauma

All therapists in this study at some point felt distressed by empathising with their clients and described it as *overburden of trauma*. An *overburden of trauma* for the participants happened when *hearing the most horrible trauma story*, i.e. a traumatic, terrible experience that they had not heard before and in some cases the clients had revealed for the first time. Due to the terrible horror-arousing content, some therapists had not shared these distressing stories before either:

> One morning I had four students, the first one presented and he disclosed he was gay and he was in a wonderful relationship, his partner was buying gifts and being really loving, tender, caring and that was fine. The second client ... I

didn't know what was going to be brought it to me over the course of morning. He came in, he was gay and he lifted his shirt and his body was black and blue and he was in a totally abusive gay relationship. So there was a reversal of the first client and that shocked me and then went on to my third client who was suicidal because of an abuse, and by lunch time I couldn't handle it ... It had a really hard impact and then the other person was just my last straw of the day. I actually left the college. I told my line manager that I was finished and I wasn't coming back! ... But I did go back … at the university was a women she was in her forties from west of Scotland. She came to me to talk about something totally different and she told me that her father used to abuse her with a dog and her father had that and I just couldn't relate to that at all but I worked with that women for two years ... (Rebecca).

From the minute you met, they engaged and came across with huge intimate aspects of their experience that they may never have told another living soul, so it's really powerful ... (Henry).

Feeling distressed or even traumatised by the client's trauma was experienced as quite difficult to endure for the participants in this study. It had the potential to become even more unendurable depending on the circumstances the therapists were in: 'I've suffered vicarious trauma, secondary trauma in my job on a number of occasions without realising that …' (Angela).

When I experience them as a suffering, that's really really hard ... it can be quite frustrating because I am working with some women who are still in abusive partner [relationships] and try to break away ... that's quite draining. I think staying with suffering when the women are still in the abusive situation is probably the hardest thing to work with because you desperately want them to be away from that, you want them to be happy, you want them to be free but they're not yet, they're working through it. So the emotional part is staying with that as the hardest part staying with ... (Sarah).

> At that time it was really hard for me because I had no experience in counselling ... I traumatised with that experience ... I didn't expect anything like that ... I didn't realise that how it is going to affect me but it did. It was really, really hard but there was so much work to do and I carry on and on and on ... (Shiva).

Addressing the research questions

To restate, the core research question guiding this study was: *How do trauma therapists understand and make sense of their experience of helping traumatised people?*

The core research question had two supporting questions:

(a) *How do trauma therapists' processes and their personal meanings inform different aspects of trauma therapy and enable them to survive the negative impacts of vicarious trauma?*

(b) *In what ways do trauma therapists find transformative and personal developmental aspects of trauma therapy that will help them to live the VT affirmatively?*

The research questions of the study are addressed within this chapter in a hierarchy of guiding principles, major themes, and sub-themes that emerged from the interviews with the participants. Throughout the analysis, in time, I realised that the experience of VT by therapists follows a pattern. After lots of cautious considerations, in light of IPA[38], I found that I could present that pattern as a developmental process in four guiding principles.

The four guiding principles each include major themes that are in turn supported by a series of sub-themes. *Internalising trauma* is the first guiding principle, and it

[38] Interpretative Phenomenological Analysis – the research methodology used in this study.

includes the four major themes in relation to the VT experience. There are sub-themes related to those major themes which are fully addressed in Table 4.1.

Table 4.1: Internalising trauma

Guiding principle	Major themes	Sub-themes
Internalising trauma	**Over-empathising or over-identification**	Emotional and spiritual depletion; Transforming sense of identity; Existential impacts of the trauma
	Trauma attachment	Attending to personal trauma; Maintenance and dependency to client's trauma
	The reality of suffering	An awareness of suffering; The essence of suffering; Suffering as a path
	Compassionate commitment	Empathy; Receptivity Optimism; Meaningfulness Whole being presence

The second guiding principle is *processing trauma*, for which the three major themes are *Therapist's personality*, *Therapist's motivations* and *self-preservation* (Table 4.2). Each of the major themes are supported by a series of sub-themes. The quotes I applied to illustrate participants' experiences and perspectives were selected to be illustrative, and can only moderately represent the rich in-depth discussions they are drawn from.

Table 4.2: Processing trauma

Guiding principle	Major themes	Sub-themes
Processing trauma	**Therapist's personality**	Resiliency and Sustainability
	Therapist's motivations	Awareness of potential work-related trauma
	Self-preservation	Cognitive Processing Emotional Processing Spiritual Processing Existential Processing Processing by expressing impact (emotional expression)

Transforming trauma was the third guiding principle and the major theme related to it was *Therapist's vicarious growth* followed by five sub-themes including *enhancing wisdom, widening world-view, mindfulness, developing a sense of spirituality and transcendental connection.* The details of these processes can be seen in Table 4.3 as follows:

Table 4.3: Transforming trauma

Guiding principle	Major themes	Sub-themes
Transforming trauma	**Therapist's vicarious growth**	**Enhancing wisdom** through self-awareness **Widening world-view** **Mindfulness** **Developing a sense of spirituality** (Being connected to something bigger) **Transcendental connection** (a sense of being connected with transpersonal[39])

Living trauma was the fourth guiding principle. The major theme *integrating the trauma impact* needs more clarification. According to the finding of this study, if therapists could *make meaning* of or *give meaning* to their experiences of VT then they could live the trauma naturally and effortlessly. This experience is beyond the therapists' adaptive or coping strategies against the VT and basically could not be considered as a professional skill. This level of awareness in the therapists often originates from applying *mindfulness trauma therapy* along with a combination of *person-centred, Logotherapeutic, transpersonal* and *holistic* approaches in dealing

[39] The term 'transpersonal' is used here to refer to psychological categories that transcend the normal features of ordinary ego-functioning, that is, stages of psychological growth, or consciousness, that move beyond the rational and precede the mystical. At the root of the transpersonal perspective is the idea that there is a deep level of subjectivity or pure spirit that infuses all matter and every event.

with trauma clients. Table 4.4 demonstrates a better perspective of the notions of *living trauma* and *integrating the trauma impact*:

Table 4.4: Living trauma

Guiding principle	Major theme	Sub-themes
Living trauma	**Integrating the trauma impact**	**Making meaning of VT experience** trusting human resilience ⇨ enhancing therapist's resiliency **Giving meaning to VT experience** seeing trauma therapy as a lifelong learning opportunity ⇨ enhancing therapist's sustainability **Self-actualisation** seeing trauma therapy as a journey towards *meaning* and *self-development*

The state of self-awareness is the key quality that strengthens the therapists' sustainability and growth in a distressful therapeutic relationship. It will be argued that the distresses received from working with trauma survivors could result in fruitful transcendental experiences for therapists. While helping survivors, they can learn and adapt constructive ways of living the trauma they receive from every encounter with their clients over the years of practice.

Therefore, the dynamics between therapists' chosen strategies and their approaches to trauma therapy are the key aspects of their sustainability and their personal growth that will be explored in this chapter.

Internalising trauma: the first guiding principle

For the trauma therapists in this study, empathy is the basis from which the work of therapy occurs. However, if the therapists over-empathise or over-identify with their clients, they will be internalising their traumatic materials. The four major themes within *internalising trauma* are*, over-empathising, trauma attachment, the reality of suffering* and *compassionate commitment*, and they reverberate in participants' own lives, as well as in their work.

The features of major themes that participants discussed are presented as sub-themes. For participants, the sub-themes for *over-empathising* are *emotional and spiritual depletion, transforming sense of identity* and *existential impacts of trauma. Trauma attachment* includes *attending to personal trauma* and *maintenance of and dependency on client's trauma.*

In addition, the major theme *the reality of suffering* includes the sub-themes: *an awareness of suffering, the essence of suffering*, and *suffering as a path*. The sub-themes highlighted within the major theme *compassionate commitment* are: *empathy, receptivity; optimism, whole being presence* and *meaningfulness*. *Compassionate commitment* characterises both the quality of the therapeutic relationship, and the work of therapy (Table 4.1).

Internalising trauma

When the therapists were feeling distressed by their clients' trauma, or they were experiencing additional traumatic stress either through *personal traumatic stressors, lack of supervision, organisational stressors* or because they were *beginning therapists* this possibly could lead them to internalise the trauma.

The trauma internalisation process happens subconsciously, steadily and often without instant awareness. As a result, the therapists' mind get affected and the cognitive and physical symptoms will arise from the trauma impact including *keep*

thinking about client's trauma experience, carrying inner vivid images of their trauma situation and even *impact on own sex life*:

> I've suffered vicarious trauma, secondary trauma in my job on a number of occasions without realising that … when you go home and someone just made this disclosure, sexualised disclosure … sometimes I wouldn't want my partner to touch me for the first few hours or I haven't sex [of] an oral kind because of an intrusive thought about something that someone said and when you are ready ... the throws of passion or whatever you know that stuff's happened to me ... (Angela).

> One woman in particular that I worked with and she was murdered ... she was a lovely, lovely woman ... but her husband actually killed her. He cut her throat and cut her daughter's throat. When it happened I was away with my sister ... I just felt I actually felt, when I came back, oh my God if I hadn't gone on holiday maybe I could have helped her … (Sarah).

Internalising the client's trauma sometimes happens when there is a resemblance between the therapist's personal trauma experience and that of their clients. In this circumstance, there is a possibility of emotional reaction from the therapist towards the client which is known as counter-transference[40]. Therapists may over-identify, over-react or over-empathise with their clients subconsciously as a result of counter-transference or their 'personal links':

> At the beginning it was fine because I was listening to other peoples' stories and I didn't have a link, a personal link, because I was single and I hadn't experienced any of this myself … but it began to have a really difficult impact on myself when I got married and experienced some of the things they were bringing to me (Rebecca).

[40] In psychoanalysis, the emotional reaction of the analyst to the subject's contribution (Concise Oxford English Dictionary, 2004)

> Because I am a child brought up with domestic abuse all around me and also there was another time when my parents actually split up - my mom was 60 when she decided to leave my father - but to me, I would see working with women who are 60 years of age and who are working with leaving their husbands … I did really over-identified with those clients and that was difficult ... in fact I took time off work because it was too intense for me … because I'm working with these women and what I see is my mother ... it was difficult; it was really hard ... and I remember I finished the field session and I said to my boss that isn't it ironic that because my mother going through this just now all the women they coming through the door they are in their 60s?! ... (Sarah).

Degrees of impact: consequences of internalising trauma

In the context of this study the degrees of impact the participants experienced from internalising trauma refer to *a sense of getting lost* and to a *transforming sense of identity.* Here are some examples from therapists who described their experiences as *significant impact* or *turning point* as a result of dealing with traumatised people: 'Depending on the event, sometimes I felt really sad, often I felt lost because I couldn't help to the level that I thought I should be able to …' (Rebecca).

> I think a layer of view that all professionals suffer in some way from their professions in their personal life, I really do but I think there's particular {???} work with traumatised people that can affect you, yourself. I think it's quite hard to deal really with the level of your feelings generates in you and I think maybe in some ways working with traumatised people can desensitise you to your feelings even if with a good support system (Victor).

> Sometimes I think I am hearing all the stuff few times a week. It's really awful stuff that people are doing to each other … and it is an unbalanced view of how people are … sometimes I wonder if it's good for me to hear so much bad stuff … or am I pushing them down? (Salina).

Symbolising a traumatic experience in metaphors, poems and other means by clients has even more profound impact on therapists as opposed to when they share their stories in a more straightforward fashion. Symbols, metaphors and poems are the creative way of expressing the traumatic experience which most of the time made the therapists keep reflecting on the vivid imaginations. Based upon the therapists' narratives, it appeared that they felt distressed every time they were recalling clients' symbolic signs of their traumatic experiences:

> She used to write poetry to reflect her pain and she wrote a journal ... One poem she wrote, in fact as a first poem, shocked me. She compared herself to a rose. She was talking about the beauty in her, her pure emotions and thoughts as the rose but on the outside all thorns and spike whatsoever. She was relating the outside to the trauma and the actual flower was her 'inner self', I suppose, and her heart and the goodness within her and I think because a rose is my favourite flower and the experience she was sharing with me was so in my eyes horrendous it all struck me. That it was odd to pick such a beautiful flower to describe such a situation but that was how she saw herself (Rebecca).

> She would always use metaphors to describe her experiences one of things she said: 'I feel I'm like an onion being stripped away' and I thought what an interesting analogy because for her the abuse was ongoing and it was constant like an another layer and another layer and layer ... that's a really good metaphor that you bring and try to really talk about how women being stripped by the abuser because they keep coming back and do something else stripping away (Sarah).

Existential impacts of vicarious trauma

Sometimes clients' traumatic experiences have had such an intense impact on the therapists that they start questioning their abilities, and professional competency. The most significant impact was a crisis in therapist's existent; in a way they were questioning the meaning of life, what's it all about and falling into a huge existential crisis which includes significant amount of their lives searching for meaning:

> I find it really hard to understand. I couldn't even understand my own questions. Even to the extent that I took philosophy at university and ... there was a connection but I still couldn't understand what it was. I only studied for a year and when I faced this sort of things in life now it's like being a little cork in a very strong emotion and I can't. I know I am safe but I can't work through why I'm there ... I often question why people have to face what they face when they are facing it. I also question why they need to go there at all? Why do we people suffer? … But also I can't understand why does an average person who's living an everyday life, not hurting anybody, end up facing serious trauma? I can't understand the value of that other than it may make them a better person ... I did find myself at some point asking if there is a God why is that happening? And why for example one of my clients seem to have like eight years of continual trauma brought her eventually to talk to me? So why did she had to go through eight years of trauma? ... (Rebecca).

Conflicting situations when dealing with trauma would make therapists start questioning their existing roles as helping professionals. They might even start wondering about the meaning and purpose in life. Some therapists acknowledged existential questions about the purpose of their lives and how they were going to answer or find the answers for those questions. Probably finding meaning would help them to get over the conflict and get balance:

> Sometimes [I question] ... what I'm doing here? What am I doing here? What led me to this part of my life? In terms of conflict ... conflicts are really hard but have made me question what am I doing here? And sometimes there maybe a bad day where you see all the trauma and the clinic that day ... that have been one stressful situation after another, after another but I think you have to manage these situations; number one really carefully and number two you have to have in reserve a clear idea what that I need to get from this (Henry).

Existential thoughts as a result of VT experience have potential influences on therapists' spirituality. Therapists in this study found themselves in huge challenge to

find the answers for the emerging existential questions. In fact, there is no exact answer to those concerns. The strong possibility that enables them to manage to survive the crisis is to 'draw strength' on positive aspects of being connected to other human beings – mainly trauma clients. Perhaps part of the crisis reflects on the fear of loneliness. Even for the therapists it seems there is a hidden attachment to the client to survive the existential crisis:

> Times that I have been deeply spiritually affected because these are the times when I think why? What is going on in this world, in this state of life, at the moment; it's a questioning what's it all about? These are the times I feel deeply spiritually affected ... I have no idea; don't have the answer. All I can do is leave the account of these things and draw strength in ways that I managed to draw strength very grateful wonderful things that I have in life and wonderful connections I made with people and manage to get myself back to the place of balance. I suppose a place of spirituality again (Maggie).

Occasionally even after years of practicing in a non-traumatic context, when therapists reflect on their career background they might subconsciously associate an experience to the current VT experience. There might be a possibility that they might relate their memories to the current developing existential crisis as a result of the ongoing VT impact. During the interview, Henry had a recollection of his previous professional background when he was working as a midwife and how being involved in the process of child birth profoundly affected him both existentially and spiritually:

> I think sometimes you get just stretching your life where you formulate your own answers to the existentialist questions or the best one you've got about time ... you've left dealing with an unexplained trauma and you've got no answers to it and that's hard ... (Henry).

The existential concerns within the therapists sometimes lead them to question their role as helping professionals and whether the services they are providing clients with

are helpful or not: ‘There have been times sure I think: ‘oh gosh, it’s just so terrible!’ But you just have to keep doing what you do and trust the process’ (Brigit).

> I suppose I do question myself ... I suppose I do analyse why I do things? ... Sometimes do I have the right kind of personality? Am I not being completely the normal thing? Is that a good thing - you know? ... Sometimes I wonder am I doing this session right? Am I responding in the best way - you know? Should I be doing something else? ... (Salina).

Not all therapists feel negatively effected by clients’ trauma and sometimes existential crises end up in positive conclusions which lead therapists to a better appreciation of their existence. They gain strengths from this feeling of connectedness with something much bigger and much more meaningful which in turn help them balance the impact of vicarious trauma:

> I think helping people is maintained my belief in a higher good ... I’ve often questioned it. I’ve often thought what is God? And if God exists … why do really bad things happen to people? Why do bad things happen to children? ... I think it’s a much broader concept than that and I think bad things may happen but if you’re a spiritual person and you are here to do some good you try and do; you try and support people through these processes and they’re human processes. We are human and that means that we are not all good or bad or anything else. It means we are here and we do the best we can (Henry).

Trauma attachment

Attachment either to the client’s trauma or to the clients themselves, in a therapeutic relationship, could be considered as counter-transference reactions. One of the popular signs of trauma attachment is where the therapist was not able to end the therapeutic relationship. When the empathic engagement with client or clients’ trauma material was firmly established, some therapists found it difficult to let go of the client and tried to keep in touch, which is unprofessional and it means the therapist has difficulties in setting up the boundaries and/or has attached to the client.

According to the participants' experience in this study, attachment was the big concern for most of them and it seemed to be a common result of the therapeutic bonding in the trauma context if it was not processed well by the therapist: 'I think it's just an awareness of at the issue of attachment because you can love people lots without becoming attached to them …' (Maggie).

> I've always been terrible at endings … I spent 18 months in therapy ... when I ended the therapeutic relationship I felt that we could go ahead and we could just be not friends. I didn't want to be friends but I could remaining contact and give my email address and that was completely undoubtedly the wrong thing to do and I can see the wrong thing to do because it comes back to haunt me. That person is now a regular contact and I feel I'm now a therapist disabled in the world when we had ended or I felt we had ended our therapeutic relationship. So I am sometimes not good with endings and boundaries but believe me I get the comments for it and I learned from that ... (Henry).

One of the new emerging themes of this study was a tendency from the therapist to hold client's traumatic material because of *a need for tragedy and sorrow*. Some therapists acknowledged that holding client's trauma made them feel that they were keeping *therapist's identity* for themselves. Probably the psychodynamic of shared trauma, as discussed earlier, would be the interfering object to create those kinds of attachments. Too much thinking about client's trauma was a strong component of those attachments. If the therapists are not able to process the internalised trauma, they will become attached to client's trauma. Over-reaction and/or over-identification are two major reactions to trauma attachment by therapists:

> She was just so traumatised; she couldn't even name her experience for quite a long time ... I had taken that on and I think I found that hard to deal with the slowness of it and I think I was at times maybe over-identifying ... when she told me what had happened ... where she had been abused and how she had been abused and it was very painful even just to name it. We were in a process were she started to tell me how she coped and she had no good support in her

> family and said coped by her teddy bears; all of them had names and identities ... and she was taking them all with her in her back to different things and events ... that was her support system throughout her childhood even into her going to university and get her degree and every thing ... that was a long slow piece of work I often I would feel very tired and I couldn't explain it, I couldn't explain how tired I would feel sometimes particularly at the early stages ... (Victor).

> One woman in particular that I worked with and she was murdered ... she was a lovely, lovely woman ... but her husband actually killed her … When it happened I was away with my sister ... I have the card that she gave me and there is also the newspaper cutting. I still got that from when it happened and everything ... I still keep whole of those things cos they just mean so much to me … (Sarah).

There is some kind of feeling of attachment to clients' trauma material that some therapists keep those traumas for a long period of time and could not just let them go. One of the participants described it as a sense of 'drama' merged with self-awareness to keep the balance:

> I suppose there is a sort of drama about it in a way you know if someone tells you really particularly horrible [story] particularly unusual story in some respect certain stories could be genuinely upsetting but other ones maybe go to the office and oh guess what you know still something interesting but I suppose I'm aware of that cos I've just said it so if I saw doing myself that kind of thing I am trying to be aware of what I was doing or why I'm doing ... (Salina).

One of the participants described the feeling of being attached to the client's trauma as not being in a therapist's identity. This condition often involves 'negative concerns and thoughts' which might lead the therapist in to additional conflictual situations. Conflict in a therapeutic relationship, as described by Shiva, is the state of

mind which happens when you do not know how to relate your personal needs to a therapeutic situation:

> I can remember sometimes ... I have a kind of attachment to a certain client that can be sometimes negative concern or negative thoughts … I mean it is very important that you don't develop such an attachment and then you need to … control [the situation] because it is ethical. Then you can say that you cannot be yourself at that moment ... so that is a conflict because this is what your thoughts are and what the way you are … conflict is what you want to be and where you are. The client is there and you are building an attachment. That's because what I want so there is a conflict there and then you need to deal with it professionally ... (Shiva).

Attending to personal trauma: being a wounded-healer

Throughout this study, I was always concerned about the interactions between the therapists' personal traumas and their influence on therapy performance and therapist-client alliance. I think this is one of the most interesting and significant emerging themes of the current study. Furthermore it needs more attention and examination by doing further research in the psycho-trauma therapy field:

> I have had personal trauma and that affected me professionally. I've worked hard to not let it affect me professionally. I went into therapy myself for two years to try and work through it and get to a place where it wouldn't affect my work whether there was a danger of affecting my work and I think that has been very successful (Brigit).

However, the interaction between therapists' and clients' traumatic experiences has different dynamics which sometimes have impacts on the therapist emotionally. Those impacts could be seen as a way of understanding clients' trauma and empathising with their pain in a proper professional manner. Yet again, those shared traumas have the learning capacity for the therapist to be more self-aware about their interventions:

> I felt lots of emotions coming from a client. I felt my own personal pain sometimes when that has touched issues that I've had never felt the pain and … that was always my big fear ... if that personal pain was really connected to me I would be absolutely overwhelmed and that would happen if it possibly could really connect with me ... (Henry).

Some therapists mentioned that their personal traumatic experiences sometimes impacted on them constructively. Acknowledging personal trauma also might help the therapists to develop more personally and professionally. The ability to appreciate people's suffering, being 'less judgmental' and 'more compassionate' are some of the positive outcomes of being a wounded-healer. From a positive perspective, therapists' emotional suffering enables them to understand people's pain and to try to be helpful to them - in a more humanistic way. Here is the story of Salina:

> I think that[41] changed me really … just having a baby and how much his father being really horrible and unsupportive and legal stuff and I think that changed me. Because until then I haven't had the experience of someone really hating me or wanting to be bad to me and so that was a new thing … I almost couldn't believe it, could not believe that someone could do that ... I just matured ... so that was much more significant having that child, his illness, his father ... I think [that was] the first time I really suffered in a way, in an emotional way. So maybe I understand a little bit how other people felt and became a littlie bit less judgemental ... the experience of my baby taught me how people could suffer and I think it made me more compassionate ... I feel more compassion to people whatever the circumstance is, whatever the situation is and I have much more understanding that people don't react in some sort of stereotypical way (Salina).

Being involved in palliative care and dealing with patients in the final stages of their life is a challenging experience which had huge existential and emotional impacts on

[41] Refer to her personal traumas

Henry. Intense challenges of working with terminally ill people on the one hand, and having an experience of being bullied by his manager on the other hand put him in a very vulnerable situation so that he lost his 'professional self-esteem' that led him to leaving his job. Again he, like most of the therapists, made a positive conclusion out of his bad experiences of being bullied, lack of support and humiliation. What we also call *meaning-making* in this study:

> I was doing an HIV job in the community ... I found it emotionally very challenging because ... dealing with terminal care and big existential questions ... Am I going to die? How am I going to die? What happens when I die? Is there anything after that? Why did I get this infection? … So it was a challenging job, it was a job that I felt I was up for and would be good at ... Being in that job and then getting to a point to recognise that I was being bullied[42] … at point in my life for my self-esteem, my professional self-esteem, was very low ... it was persecution and I would never do that to anyone ... (Henry).

Experiencing domestic abuse as a child for Sarah, led her to reflect on her life and find her career path in counselling. Despite the huge impact of experiencing family trauma as a child, she decided to look at herself as a survivor and use that personal link later to help trauma survivors as a counsellor. She is able to address her personal issues, acknowledge them and use them for her personal and professional development:

> I started to look at my family ... I'm the child of a rape, which my mom later told me. So I'm what would you say the result of a rape. My mother experienced domestic violence all through my growing up. I saw my mom go through domestic violence by my father. I am the oldest in my family so I think it had a direct impact on me and I was very interested to learn more about it; why it happens? How it really impacts on people? So I have personal experience as a child growing up with the constant argument and fighting and a

[42] By his manager

> child trying to [unclear] and rescuing the parents and separate them and call the police and all that kind of stuff. So I started to put puzzle together. It helped me to understand some of my own issues ... so I've been able to make the links. I've been able to see how it impacted on me and my siblings as well (Sarah).

Victor acknowledged a link between his feeling of loss and the experience of clients being traumatised by losing their family and home. He was trying to help clients find meaning in their conditions by applying a meaning-oriented approach:

> I found it helpful to assess the point of becoming homeless; what it meant to the young person, what it meant this condition of being in their being homeless because it's such a big thing to lose your home, lose your family in that way and probably I think you know my father's death as an adolescent has very connected to that ... so I found it helpful to assess how they might be helped to make the best of that period with us ... (Victor).

Transforming sense of identity

Degrees of impact also manifested as a *transforming sense of identity*. According to therapists, they were experiencing a *transforming sense of identity*, meaning aspects of themselves they had identified with, especially as helping professionals, were changing their normal range of experiences. They described these as *getting lost, feeling of fear and anxiety, getting angry, feeling powerless, decreased empathy, losing trust, feeling inadequate, burning out* and *losing sense of identity:*

> It's funny because you know I'd like to retire ... I would have to have that to go to otherwise I think I would lose my sense of identity ... doing what I do is partly who I am and partly what I've evolved to be; so sometimes I think I define myself by the roles that I do ... I couldn't retire and play golf ... I think life has to have a purpose. I really believe strongly that life has to have a purpose. There is something maybe bigger that you put into planet to do it and maybe small things but maybe that's really important (Henry).

Feelings of loss and sadness in confronting the client's suffering was reported by one of the participants. These feelings also impacted on therapists to the level that they develop a sense of inadequacy in drawing boundaries and by not being helpful due to lack of professionalism:

> Depending on the event sometimes I felt really sad, often I felt lost because I couldn't help to the level that I thought I should be able to, because if some of things that I might be viewed to be helpful may have been considered interfering or not welcomed or may have meant stepping over a boundary. That could have been deemed as a professional boundary if I had suggested some other ideas I had from my own life (Rebecca).

Victor in his early career as a social worker reports he experienced feelings of fear and anxiety in dealing with trauma clients:

> I think probably I hadn't had a lot of experience of doing that before. That was quite a risk and responsibility to take actually and I think it was very much getting in touch with the fear that was there of doing it and of the concern ... (Victor).

Feeling stressed, being anxious and angry about the client's behaviour, which is in fact Brigit's personal feelings of unacknowledged attachments to them, are the outcomes of her *transformed sense of identity* as a therapist:

> ... [Feeling] worry, stress; I took a lot to supervision, a lot. Sometimes I would get angry as well with the client … they come and they see me and they dump all the stuff on me and then they never come back. So sometimes I did feel like I've been dumped on and I got quite angry with the client and I thought some of the clients would be quite disrespectful of me … (Brigit).

Henry was able to address his fears and anxieties in a very comprehensive way. He developed a sense of self-awareness that helped him acknowledge those fears and anxieties around a therapeutic relationship:

> ... For me there was always an anxiety. There was always a fear that if that person had a massive issue would I be able to support it? How would that touch me? How would that affect me and if it affected me badly would I be still able to be there in a helping capacity? So there was always a thing, an element of fear and anxiety around that role for me ... sometimes it is easy to acknowledge an emotion in a client but sometimes the fear in you prevents you from doing that and sometimes the right thing is just to let the client have that it's theirs to let it be and theirs to acknowledge it later date (Henry).

According to Henry the therapist's identity could be maintained if therapists try to keep processing the therapeutic relationship and work on their personal development. It is important that therapists saw themselves beyond their 'professional titles' and simply remain human. Henry implies that hiding behind 'titles' would make a barrier between clients and therapists that preventing therapists from learning from the therapeutic process and their clients. Approaching client-centred trauma therapy is the key medium to avoid the feeling of transforming sense of identity:

> I've learned from the therapeutic process and from my personal developments you have to be the same person in all your relationships as you are. you can't be somebody else just because you have a professional title you are still the same person and I think you have the same qualities in all your relationships (Henry).

Suffering and trauma therapy

As is often the case with trauma experience, emotional suffering draws many people to therapy. Participants expressed the view that a therapist's confirmation of the existence of suffering can itself be therapeutic for clients. Suffering can be accepted by acknowledging it as genuine and valid and a struggle, but also a natural part of life. As a result, in this study, it was evident that the therapists validated the client's experience in their acknowledgments that such feelings are normal and common.

Some therapists described suffering as a means of transformation and growth for the client and also for themselves. Most of the therapists reported affirmative outcomes from their own experiences of suffering and what I call *double hermeneutic suffering* or *suffering from suffering*, that is, suffering from the client's suffering. Sometimes a combination of both the therapists' personal suffering and the client's suffering which seem not to be constructive in the first instance but turns into a meaningful way of personal development for the therapists:

> There is an explanation why people suffer ... in our work actually we always see client's suffering and then we work hard and try various things and we go on to the therapeutic helping way that try to make [unclear] suffering or make that person in a better place. So we expect that to happen ... so in that experience we develop a positive experience ... (Shiva).

Victor, a trauma social worker who applied logotherapy[43] in his practice for many years, believes suffering is one of the ways that people could find meaning in their lives:

> There are three ways of discovering meaning in life by doing a commitment to some kind of action ... by experiencing a value as a second one and the third one through the suffering from facing up to something quite painful in life ... (Victor).

Rebecca thinks trauma and suffering has the potential healing power in itself. She wonders how a powerless, hopeless person without any knowledge could get strength and come out from the other end successfully and survive the trauma. According to

[43] Logotherapy developed by Frankl, this brand of existential therapy literally means "healing through reason." It focuses on challenging clients to search for meaning in life (Hick, 2000).
Hick, S. (2000). Social Work in Canada. A glossary specifically for Canadian social workers and social policy analysts. No of entries: 667

her account there might be an *inherent strength in suffering* which helps the survivors to overcome the trauma:

> I think before you faced the trauma there was no need for healing … you wonder how did the person who faced the trauma, how did that person survive that trauma come out at the other end as a strong person! ... Unable to continue with their life and pick themselves up, where did that person come from? Because the person before the trauma didn't have that sort of strength or the knowledge; they hadn't strength to survive that cos it's never been there (Rebecca).

Compared to Rebecca and other therapists, Brigit does not consider any meaning in suffering. She is very doubtful of the advantage of suffering as a mean of self-development and growth. However, she thinks it enables professionals to appreciate people's distress and help them to identify with their clients:

> I think there is not any meaning in suffering at all ... I know how some people think it is somehow noble to suffer and it makes you a better person; I don't believe any of them ... probably there isn't any benefit to suffering. The only maybe, maybe slight benefit would be that you could then empathise with other peoples' suffering ... (Brigit).

Accepting trauma, according to Farzaneh, is the most empowering attitude to overcome the suffering: 'Life is not gonna be enjoyable all the time; sometimes you are supposed to suffer from something that you don't like but how you can describe these situations and accept them it's really important' (Farzaneh).

Suffering as a path

Does suffering, and feelings associated to it, have sufficient impact to cause existential crisis in therapists? I have tried to explore this critical theme very closely by examining different aspects of it. My main concern in particular was how the experience of clients' suffering influenced the therapists to the extent that they

started questioning their role as a therapist in their clients' lives. Why does suffering exist and its impact on the therapists' world view and their attitudes are some of the key themes that will be discussed in this section. In addition, the possibility of constructive outcome from processing the clients' suffering will be explored. However, it is important to underscore that those concepts were self-evident to the participants.

Being able to deal with clients' trauma successfully depends on how the therapists were going to address their existential concerns; how they acknowledge the reality of suffering; and how they define suffering itself. What meanings do therapists give to the clients' suffering? What meaning involves in everyday suffering through listening to the client's suffering? Would it be a need for transformation and growth? When therapists acknowledge clients' suffering, although they address the possibility of personal development, they also begin wondering about the impact of it on themselves, their emotional well-being and they might develop misgivings about whether they should carry on in trauma practice or not:

> That constant dealing with people's suffering and hearing what other people were capable of doing, constantly hearing that, I don't know how good that would be for me for a long time; just carry on and on and on ... I would develop more to a degree but I think I need to be aware there would come a point were that was enough. I don't know if I would leave it at a right time or no (Salina).

The intensity of suffering echoes when the therapists were processing clients' trauma. Identifying with clients' suffering has the potential existential impact on therapists. Since suffering has a well-established concept in Buddhism, some participants also had reflections on Buddhism to find out about clients' suffering in a more mindful way:

> [I have reflections] about why people experience suffering psychologically ... I did a bit of Philosophy in university as well, that sort of comment to who I am,

> and I have some involvement with Buddhism as well and they talk about that as well (Salina).

Contrary to Buddhist conceptualisation of suffering, Angela argues that what is happening in the contemporary modern societies in terms of the existence of rape, abuse and human cruelty is the *human vulnerability*. In other words she declines to accept the Buddhist idea regarding the causes of human suffering and any constructive outcome out of the suffering:

> In Buddhism their basic philosophy is that: 'we're here to learn lessons and to grow' and the more we are able to become aware of ourselves then the spiritual enlightening become [closer]. However there is an element of how can that be possibly spiritual for somebody? Why would it be so horrific? Why would they have been raped, sexually assaulted or abused to learn a lesson? ... I do believe that we are here to learn lessons but with regard to rape, sexually assault and child sexual abuse ... I don't think anyone is specifically picked for it. I think to deal with generations of learned behaviour and poverty and social development and things like that, if you're slightly young vulnerable person and there is a predatory adult around, then he'll exploit you venally; it's just about the vulnerability ... It's what you're born into that determines your character then ... (Angela).

The idea of suffering featured in all aspects of trauma therapy for these therapists, from suffering being the motivation for clients seeking therapy, to the prolongation of clients' pain in how they related to suffering, through to the dynamics of using suffering for personal growth, and ultimately the relief of clients' suffering as a relative measure of the successful therapeutic process. According to Rebecca, suffering is a *transformative path* because it makes us stronger:

> You fall out then you realise you miss all the good things, right, severe suffering is some horrendous way of making somebody realise what they had or what they could have from putting them in the place that so horrendous or

> hideous that is completely ... transforming to them. It's a way, I'm saying that pain and suffering has got a positive bearing on it because it makes you stronger and shows you that if you could suffer that whatever life brings to you in the future it would be ok (Rebecca).

Does dealing with trauma and suffering have any positive impact on therapists? This is a challenging question which reflects therapists' attitudes and their subjective meanings they were giving to that experience: 'I suppose if you bringing it down to that level there isn't anything positive about working with someone who's suffering trauma apart from those more general things' (Salina).

Shiva integrates 'client's suffering' to the therapists' 'learning experience' and their whole beings. It means the client's suffering is not always having a negative impact, which should be avoided; rather it means that it might have potential positive impacts and it should be accepted as part of the therapist's life:

> I think ... all that is an experience, I mean, I can use the word learning experience ... then you cannot say that after client work you are the same person … client's suffering is always becomes part of you, part of your life … it is all part of you all the time; it's not a separate part or anything like that. You cannot say it's just like any other work ... client work is a different experience ... so I can say that is a positive or a good experience to me ... when I use the word rewarding I think that is where I am I think ... but part of all client's suffering is a good experience … in short I mean I would like to continue in this work (Shiva).

Therapists like Victor, who adapted *Logotherapeutic approach* in dealing with trauma survivors argued that there is a *developmental capacity* in suffering which enables us to grow within our miseries. He implies that through *Logotherapy* the therapist can facilitate the client's processing to find meaning in their own suffering. Therefore the client could benefit from the transformative quality of suffering not

only to recover from the trauma but to use it for their personal developments afterwards:

> A young woman left home on her 16th birthday. She was a very angry young woman and she came to live with us and she was particularly angry at me because I was the head of this home but again with the Logotherapy she was able to still go to school. She had a desire to do well at the school and this was unusual for a lot of young homeless people at that age so she had a motivation for part of her life where she was able to do that so I would say she found meaning there given all the other things going against her ... she had been beaten badly by her father ... and during that period her attitude to me changed ... until she was able to open up and that as I understand her story ... the approach was to allow the young person to be themselves both in some safe boundaries ... she went to university ... she managed herself living in a flat and she ended up with her very good degree and came back to work for us in the summer ... (Victor).

Why suffering as a path?

Despite empathy, being aware of the potential developmental nature of suffering engenders a sense of spiritual development for the therapists. But, beyond this, suffering is seen as indivisible from trauma therapy; as its catalyst, in its strength, and ultimately, in defining the objective of trauma therapy. The idea of a path to relieve suffering is commonly associated with its spiritual dimension and impact, but participants' comments revealed they also understand trauma therapy from that same perspective.

One of the ways in which participants observed their work with clients is with the idea that one can take the opportunity to make some sense of the experience of suffering. Beyond merely acknowledging suffering, and accepting its predictability, the participants observed that trying to relate to suffering in such a way could be a positive strength in trauma therapy.

Compassionate commitment

In addition to *the reality of suffering*, the other major theme within the guiding principle of *internalising trauma* is *compassionate commitment*. For the therapists in this study, *compassionate commitment* is characterised by *empathy, receptivity, optimism, whole being presence* and *meaningfulness.* They are the core relationship components that the therapists consider essential for maximising both the therapeutic relationship and for the clients recovery and growth.

From the participants' stance, compassionate commitment creates and sustains a therapeutic atmosphere that is conducive to clients' needs to be validated, accepted, and supported. As a result clients can explore their sufferings in more constructive ways. It also has the potential for therapists to identify and acknowledge their own feelings towards clients and recognise certain therapeutic boundaries.

The idea of compassion is well-established in Buddhism and mindfulness approaches. However, there is no context for compassion without suffering. Compassion appears out of an encounter. It is not a skill in the sense that mindfulness, for instance, can be developed with practice. Rather, from the Buddhist standpoint, compassion is the outcome of recognising the suffering, and it can have others or oneself as its object. In this regard, compassion can be understood as the positive response to one's own, or others' suffering, and for the therapists it manifested as a *mindful* form of empathy.

This sense of common compassion arising in tune with the realisation that suffering is part of life for all human beings, resonated with participants. It is unknown to what extent this sense of identification with others' suffering existed before the participants became involved in trauma therapy, or whether it influenced their attraction to mindfulness, or was a consequence of one or both. What is clear is that they now hold a deep sense of compassion for others and their sufferings.

From the mindfulness standpoint, the compassion arises in appreciating suffering together with the recognition of interconnectedness with others. For instance, they

suffer and so do I, their suffering could just simply be my suffering; therefore my wish for their suffering to stop is no different from my desire to cease my own suffering:

> The experience of my baby taught me how people could suffer and I think it made me more compassionate ... I feel more compassion to people ... and I have much more understanding that people don't react in some sort of stereotypical way. I am much more willing to listen to what they're actually experiencing or feeling ... (Salina).

However, the *commitment* part in the theme *compassionate commitment* is also trying to address the therapists' self-protection issues. Being compassionate with trauma clients, according to Salina, is developing a bounded empathy. Salina also argues that mindful therapists should not hold the client's suffering:

> Well it does impact on me to a degree because there is a constant kind of tension between empathy and try to develop empathy and really listening to that person and at the same time protecting myself. Sometimes it does affect me, it does upset me a bit ... I don't particularly like the Buddhists take all suffering and there are few things in Buddhism that I'm not that happy with ... (Salina).

From the mindfulness perspective, Henry argues that for the therapists compassion is not about the ability to feel clients' suffering but it is about how they can identify their responses to the clients' suffering:

> I can't feel their pain ... I can only feel what my response to it is and my response to it hopefully is supportive and empathic and accepting and acknowledging and all of the things around that kind of support in a therapeutic relationship; that are positive and that itself was a huge learning thing for me (Henry).

According to Rebecca and other therapists, there was a sense of compassion that reinforced their motivations to choose to be involved in trauma practice. This compassion is attached to a sense of commitment to the clients in the form of an 'understanding and willingness to help' rather than fulfilling the therapists' sense of 'self-gratification'. The other aspect of this *compassionate commitment* for therapists is to develop an 'inner knowledge' or self-knowledge to explore the intuitive ways of helping people:

> I think it [counselling], it's a source of meaning. I think when I was counselling as a professional I knew I had good capacity to do the job. I knew I had the compassion to do the job and an understanding and willingness to help people. It wasn't a willingness to help people to say: 'I helped that person' cos it's not a gratification for doing something. It's not self-gratification … I think it's having an inner knowledge that for whatever the reason behind it is that I could help people without knowing the way and I would say it's just me but obviously is more to it, which I'm exploring (Rebecca).

Empathy and trauma therapy

According to the therapists in this study, empathy forms the basis from which the work of trauma therapy can take place. Trauma therapy is for the client to develop awareness from having first experienced their therapist's empathy in action, and having been supported in generating compassion towards themselves, and perhaps others. According to the participants, exploring the reality of suffering, and finding a compassionate response to it, probably through a meaning-making process, can provide a foundation from which clients can scrutinise the reality of their own experiences. Consecutively, the exploration of thoughts, feelings, and attitudes can reveal patterns of thinking and reacting. Such explorations, according to participants, to some extent can enable clients to take responsibility in a positive form of empowerment.

When clients are able to participate in trauma therapy in this way, from a mindfulness perspective they have developed their own compassion and awareness, and, in an ideal situation, are on a path to becoming their own therapist.

The most negative impact of empathy and emotional engagement with trauma clients, as reported by most of the therapists, is a sense of over-identification or over-reaction depending upon the level of skills and self-awareness of the therapists. However the obvious thing is almost all of the participants in this study experienced those impacts during their therapeutic encounters. Participants' insights about their own suffering resulted in a sense of familiarity towards the suffering that clients experience, manifesting as a heightened sense of empathy: 'it was difficult to hear peoples' traumas and empathising with them and trying to put myself in their shoes to understand them … (Rebecca).

> It does impact on me to a degree because there is a constant kind of tension between empathy and try to develop empathy and really listening to that person and at the same time protecting myself; sometimes it does affect me, it does upset me a bit … (Salina).

As discussed earlier, *empathy* forms the basis for the work of trauma therapy; however, for Salina *decreased sense of empathy* manifested when she described that she sometimes feels 'flat' and less empathic. In fact she wonders that 'flatness' might have affected her interventions:

> Sometimes [I think] <u>am I warm enough</u>? and sometimes I think well I'm not that kind of person cos <u>I feel a bit flat</u> sometimes and … I think my facial expression is quite often not that expressive sometimes ... Sometimes I wonder am I ... responding in the best way? ... (Salina).

According to Maggie, there are three basic concepts in trauma practice that are 'the quality of empathy, non-judgemental acceptance and unconditional love'. If therapists have good comprehension of these concepts in therapeutic relationships,

the clients feel a better connection and they will open up. These are the most significant concepts that if employed, they could facilitate the therapeutic process:

> I have seen evidence with my own eyes that people want to talk in 'L' (love) word terminology. People find it much more helpful. People feel there is a greater connection and I do. ... The quality of empathy, non-judgemental acceptance and unconditional love … are concepts we should really being able to have a good grasp of and be able to employ and help people [with] (Maggie).

Henry reveals that empathy has been a very difficult quality to develop in his experience. In his view, empathy is an understanding of how trauma 'affected' clients' lives but it is not reflecting the true identification with their traumatic experiences:

> Empathy for me actually was very difficult and where my empathy came from was how that was affected my life … I could hear what happened to them in the past. I could acknowledge it but in some way empathy was really difficult because there are sometimes I think when you can try and put yourself in that person's position, I haven't had no idea how that [trauma] must have been for people ... but God I knew how that affected their lives since … (Henry).

Receptivity and sharing trauma experiences with client

The theme receptivity has been supported by participants and it concerns therapist authenticity. The receptivity is a concept familiar to Mindfulness schools of meditation. On one side, it is a softening, calming, and relaxing of expectations and judgements. On the other side, such surrendering is about revealing one's self, as much as possible, by dropping the defences and barriers that create distance between our authentic self and the selves we present to ourselves and others. The desire to generate such authenticity inspires compassion in oneself. When directed towards another individual, authenticity, together with compassion and empathy, manifest as receptivity that calls them to reciprocate the authenticity.

Receptivity in this study features acceptance without having or developing any conflicts. Being open, as therapists described in their discussions, is not all about 'non-judgemental acceptance'; rather, it is about having a capacity to accept clients as they present themselves. Therapists' willingness to acknowledge and accept the reality of their own traumatic experiences expanded to their clients in the most therapeutic manner.

Therapists had the intention to support clients through the same approach towards their trauma experiences with the intention that they may, similarly, acknowledge the suffering with the therapists' compassionate reactions. Receptivity was viewed, however, as a much wider and much more positive concept than being non-judgemental, including a genuine basic acceptance of the client *as they are*.

Being open to share is an authentic way to construct rapport and trust with clients. Therapists by building up professional boundaries and through insights gained by sharing their traumatic experiences were trying to enable clients' to open up:

> I think it's very much experiential learning. It's learning when things happen. You do deal with them and you do process your own issues related to them ... the clients are quite interesting sort of a needs from me … One client at a very, very first session said: 'have you been sexually abused as a child?' I said: 'no' and that was really important for him; you didn't want someone who had been abused themselves supporting them ... so that was one of his exclusion and criteria, I would say. One of the other guy's sexuality was a big issue for him and wanted me to be honest and explicit about who I was and that's fine for me … I don't feel that's particularly threatening and I think for clients to be open, I'm completely honest with them ... (Henry).

One way of conceptualising the mindfulness is considering it as a process of relinquishing defences in order to become open to the truth of one's experiences. A characteristic observed in many of the participants, in which they work with clients, was their desire to generate receptivity towards both their own experiences in therapy

and to those of their clients. Last but not least sharing their own personal traumas if it was conductive to the clients:

> I would see that I've identified with my clients a lot as a human being ... I think it's about how you carried that out and how you worked with that at professional capacity ... some of the experience that you have had beneficial to other person if they're shared; some aren't ... I've witnessed that as a wee tool building up the relationship with young person is helpful. It's not about me and my client being in the same boat … it's about me being here in the therapeutic capacity and then being heard as a client capacity ... (Angela).

Optimism

For the trauma therapists in this study the awareness of the unavoidability of clients' suffering is counter-balanced by the client's inner-strength potential and its significant perspective which is optimism. Seeking the optimistic potential in others is part of the mindful approach, applied by therapists in this study. The therapists expressed their passion to support trauma clients to reconnect with their optimistic potential as a medium of both validating and empowering them: 'I am enthusiastic and I am hopeful, hopeful is the biggest one ... I think that's why I sought with this type of job ...' (Angela).

> There are times when I've gone to a very dark place when working with people who have such traumatic experience in their lives and it's taking me a lot to bring myself back to the place of light I suppose and that's because, I don't think this is an ego-centred thing that happens; I think it's a hopeful thing … my thing in life is to be able to help people to be happier and have a sense of peace in their lives; a sense of gratitude, to be alive and the wonderful thing that ever is possible in life … and I think sometimes when I can't make them feel better I can't, it doesn't seem like something that I am doing to help … creates very difficult feelings for me ... (Maggie).

Sarah implies links between humanistic values and how respecting and accepting clients as they are will be contributing to the therapists' optimism and provides them with a positive attitude:

> It's important for me to respect all people whatever their background, wherever they from, even people that appear grumpy ... I try and look at the other side ... there's no point giving everybody a hard time for the way they are ... so my attitude and my outlook on my life is always optimistic very much so (Sarah).

A deeper dimension of optimism noted by some therapists, was acknowledging the clients' capability to sort their own traumas. It means even if clients gained little insight from a perspective during a therapeutic process at a particular time, eventually they are themselves sorting their problems. Those therapists adapted an entirely humanistic person-centred approach and were very optimistic in survivors' strengths:

> I would say a huge part of my growing and developing is that I don't need to sort peoples' traumas … because it's not helpful to them. It's really doing people a huge disservice doing that because they have the capability and the ability to do that for themselves … I can't sort their problems anyway. I can only be there to help support them and have an awareness of what's going on in my process and how their interactions being effected by it (Henry).

> I wonder what I said made them feel secure … so I questioned myself in that way and I questioned the responsibility that I have to my profession to work in an ethical and in a safe way and to try and recognise when things are out of my limit .... I feel that I do have a lot of experience and I've been expertise in the field but I think when it comes to the client, they're really the experts on themselves ... (Sarah).

Whole being presence

This study indicates that when the therapists were able to acknowledge suffering they could shift into a more tranquil way of being. They could reflect upon themselves and their clients and experience 'being with' what is. The phrase that comes to me here is 'whole being presence', which is a combination of various subjective concepts for being with one's mind and senses in the *here and now* or in other words *being mindful*, which is contrary to *doing*. *Doing* does not necessarily require awareness all the time because of the habitual or biological reactions to stimuli.

Shiva made a link between the concept of *whole being* and mindfulness school of meditation. This concept refers to his perception of being in the present therapeutic moment with clients. That state of self-awareness has the capacity for therapists to make the most of that moment, for their personal development, and to help their clients simultaneously:

> [The]Whole being is actually more like where are you, [and at] what level you function, what you are kind of being - if I can use a word for that quality it's more like a 'mindfulness' … in sort of either you are worry about the past or the future or you are really in this present moment. So that's why I use the word 'being' in that sense that I can be more mindful, I can be 'being'. If I am talking to you now I can be here now so ... I get more and more developmental experience of being here and now with the client ... that 'being' actually helps in any activity of your life ... you become more and more aware of the life and that is more 'being' in that moment (Shiva).

The concept of 'whole being' also used by Rebecca as an alternative for self-actualisation in a more spiritual and mindful way:

> I don't think where the wisdom and spirituality are coming from. I'm still processing that; so I'm not recognising self-actualisation. I think self-actualisation is you have achieved everything and it is spiritual, physical and it is like … the whole being has done every thing (Rebecca).

Henry emphasised that the therapists should present themselves with their 'whole being'. The reason is clients already trusted them 'with their being' and the most appropriate interaction from the therapists would be their *whole beings presence*:

> The whole being got to be [involved] because I think you meet another human being and you take people at face value but in therapy in working in health care profession people actually trust you with their being; they trust you with things that they often don't trust anybody else ... (Henry).

Shiva, on the other hand, described that the experience of trauma practice has the capacity to transform the therapists' 'whole being'. Some of the alerted elements of 'being' could be manifested in therapists' way of 'thinking' and their 'way of life':

> What you learn in the diploma and that is not all actually and what you experience with the clients using the same thinking, same way of life … it's kind of you know [your] **'**being', your 'whole being' is actually changed because of the counselling experience ... (Shiva).

Meaningfulness

What makes a therapeutic relationship more meaningful? That was one of the significant issues that each one of the participants acknowledged in their journeys. There was something deep in their experiences which provide them with a rich perspective. They seem to be approaching a mindful and meaningful life possibly out of their work-related trauma experience. They were able to make meaning of every experience that connected them with the clients' trauma and their suffering. There was a sense of meaningfulness that gave so much strength to their experience of trauma therapy:

> I think it's the way that makes me close to God ... I think that's the best description that I can use ... something that makes my life meaningful ... I enjoy counselling and I think it could be a significant help to the client ... when you help people to just change their feeling, change their perspective, help

> them to understand themselves, help them to help themselves you know, I think it's a process of enabling people to start with something new, with new perspective about themselves and I always enjoyed that ... this way actually helps me go closer to God (Farzaneh).

Maggie by bringing fate to her life, in particular to her experience of trauma practice, made her experience of work-related trauma meaningful:

> Fate's coming in the process of life; everything happens for a reason and everything's happening as it thought … I suppose my fate in that process and why ever it happened to me doing this work and having these experiences ... (Maggie).

Summary

The first stage of trauma impact that emerged from the analysis was *internalising trauma*. This is a natural consequence of identification with traumatised clients in the course of empathy. This process, according to therapists' experiences, develops unconsciously most of the time. 'Doing to protect from suffering' is a statement of the therapists' adaptive strategies when feeling distressed by clients' trauma, which arose when the participants experienced an overload of trauma and when they were emotionally engaged with clients' trauma.

Feeling distressed by clients' trauma increased significantly when therapists were experiencing additional traumatic stress from either organisational or personal traumatic stressors, or when they were starting out as trauma therapists. However, all participants felt the trauma internalisation whenever they were feeling distressed by client's trauma and experienced further traumatic stress, particularly when they had to process multiple traumatic stressors. Their *whole beings* (minds, bodies and souls) were affected as a result of the trauma internalisation process. If therapists do not process the internalised trauma and get attached to the clients' or their own traumas, they will maintain the trauma and will become dependent upon it which is unhealthy and provides more imbalance and complexity.

There is just one attachment that has been justified as a way of the therapists' self-awareness and mindfulness; the fact that suffering is attached to the life. Attending to this reality might transcend the experience of empathy for therapists and if they move to a higher level of consciousness they might get more insights out of the experience of vicarious trauma. In that sense VT or suffering from client' suffering might not have a negative emotional impact but it could be a medium for the therapists' personal development.

The therapists' compassionate commitment with trauma clients has a potential advantage which is addressed in this study. Empathy, receptivity, optimism, whole being presence and meaningfulness are such benefits gained from being in a therapeutic relationship with trauma survivors, which has been discussed in detail.

Processing trauma

The second guiding principle of this study was *processing trauma* followed by three major themes. The four major themes emerging in association with the guiding principle to make are: *therapist's personality*, *therapist's motivations* and *self-preservation*. The aim for synthesising these themes was to make a brighter insight to recognise factors that might be enable the therapists to sustain their work.

One of the significant aspects of being able to sustain in the trauma context for therapists is how they get balance when they work with traumatised clients. I have chosen to apply *surviving trauma* more than anything else because I think there is no way to protect therapists from the impact of trauma. So most notions in trauma literature are just a reflection of how therapists survive the negative impacts of clients' trauma rather than old fashion concepts such as protective mechanisms, coping strategies and so forth. Some novel and creative ways of dealing with negative impacts of trauma emerged from the therapists' accounts in this study which I have categorised under the surviving trauma major theme.

Sub-themes which are linked to the major themes provided us with the specific feature that helped therapists to survive the trauma impact and live it. Resiliency, sustainability and an awareness of potential work-related hazards are related to the therapist's personality and motivations to become involved in trauma practice. The major theme *self-preservation* followed by four sub-themes including *cognitive processing, emotional processing, spiritual processing, existential processing* and *processing by expressing impact*. Where therapists faced any conflict in their therapeutic relationships with their clients or there were other professional or personal issues that therapists were unable to sort out themselves, supervision was the significant part of their processing.

The theme *existential processing* refers to a psycho-existential way of surviving the trauma impact which was developed in this study. According to the therapists' experiences *existential balance* could be achieved through a meaning-oriented trauma practice or by transcending the experience of vicarious trauma. Although, to some extent, it might have the same impact as other coping or protective strategies but *existential processing* is beyond that. It is not simply a self-care technique but it is a manifestation of the therapists' mindful efforts to find meaning in their every day challenges while trying to help trauma survivors. Moreover the experience of the *existential processing* may lead the therapists to a deeper understanding of their *selves* and transcend their experience of trauma impact to a higher level of *self-awareness*.

In this section, I will try to explore different aspects of the guiding principle *surviving trauma* and clarify the related emerging themes.

Personality features of the trauma therapist

One of my key questions during this study was what personality features or qualities in the therapists enabled them to survive the negative impacts of work-related trauma? What motivated or inspired them to choose helping traumatised people - understanding the potential risk of burnout, VT and work-related stress?

I considered there might be some distinguished personality features which might be enabling the therapists of this study to sustain trauma practice. Before anything, I tried to examine their personality features in this review: '... I think the other part could be something related to my personality you know ...' (Farzaneh). Rebecca, on the other hand, describes herself from the eyes of the clients as an 'empathetic endure' therapist: 'I suppose people ... saw me as a person being emphatic endure ...' (Rebecca).

Being empathetic, understanding and 'challenging' along with 'a desire to help' and 'the sense of spirituality' are the most significant qualities that enabled Henry to sustain his career as a trauma worker:

> I think empathy is probably one of the biggest attributes and I think ability to try to put yourself in the other person's position and to make things easier ... being supportive, being a listening ear, being challenging, being in a relationship … I think empathy ... is the main one and I think just a desire to help other people and the sense of spirituality ... (Henry).

Optimism, being accepting and 'getting on with life' as it goes, being realistic and being able to enjoy simple aspects of life are some of the qualities that Sarah thinks helped her to survive the negative impacts of her professional life:

> I think I'm a laid-back person. I'm very easy-going. I use humour a lot. I'm very humorous. I try to be very optimistic about life ... I just think worse things in life happening so for me the whole thing of being optimistic and trying to just get on with life because there's worse things happening in life ... people who live daily with trauma ... starvation … I think I bring a realism to life and accepting things as they are because something kind of change and I'm not gonna sit down worry about the things that we can't change; what's the point just get on and enjoy what's you've got ... (Sarah).

For Angela being hopeful and enthusiastic whilst helping trauma clients were the main qualities that sustained her during trauma practice:

> Hope! ... Personal enthusiastic I would see ... I am enthusiastic and I am hopeful, hopeful is the biggest one ... I think that's why I sought with this type of job ... (Angela).

Professional awareness, resiliency, equilibrium, consistency, reliability, being organised and self-disciplined are personality features that Salina considers helped her to deal with work-related trauma impacts:

> I think ... partly this sort of equilibrium and fairly sort of steady reasonably well-adjusted psychologically healthy; and I am quite resilient ... an awareness of boundaries to me and the person I'm with ... I'm quite consistent as well; self-disciplined ... I'm quite organised ... very reliable as well, people know that I'm very reliable so it's good I suppose, knowing people see me that way ... (Salina).

Likewise, Maggie also points on self-awareness and resiliency features of her personality that were helpful to sustain her work. Maggie also mentioned that clients' resiliency also inspired her to enhance her resiliency:

> Good self-awareness, resilience I guess ... I think my resilience has increased since I have been doing this work ... it is very much about stealing their energy using them as positive examples. If other people can be resilient in the face of having such awful experiences in their life ... then I think I've learned that I can have some of that resiliency (Maggie).

Therapist's motivation

One of the key questions of this study was related to the participants' motivation for choosing to become involved in trauma practice. Throughout the interviews therapists mentioned that they chose their career path with an awareness of the

potential work hazard and during their training they have been given the opportunity to decide whether or not this career path would be right for them. They all mentioned that they made informed decisions to be involved in helping survivors of trauma.

I was interested to understand their motivations and everything that inspired them to choose a career path in a trauma counselling domain. I was also concerned to learn if there was any existential issue (e.g. personal meaning, traumatic experience) which might consciously or subconsciously have led them to choose a career path in trauma practice.

Each of the therapists in this research had their own story about how they became interested and involved with trauma practice. The search for meaning and a curiosity in life led some to investigate further, and they found themselves attracted to making a difference in people's lives, in particular to the life of traumatised people. There is a possibility that they were subconsciously trying to make a personal connection through helping traumatised individuals. Others professed that they have had clear existential concerns, often in response to experiencing a personal crisis.

Some described their intentions of helping trauma survivors as a therapeutic process for themselves, or because of their sense of curiosity, or just being intrigued, and some observed that they felt a sense of having a talent to become a helping professional. The diversity of participants' exposure to trauma ranged from relatively recent to long term, but time of exposure did not seem related to how they conceptualised their relationships to trauma therapy. For example, Sarah who had many years exposure to trauma as a child expressed no awareness of wanting to become a therapist, even though she drew on domestic violence in her personal life. However, participants' experiences of, or affiliations with suffering were the most significant motivating force in becoming involved in trauma practice:

> Coming back to my childhood, I haven't really thought about that until we discussed that today ... I think I've always known it but not really said it out that's a driving force in me. That experience led me where I am today. Even

> though it's very subconscious how it all happened but my mom said to me her mother was also abused by her father and so was my grand mother's mother. So my mom feels that by her leaving my father she broke that cycle and she said I'm doing the same thing in my work. I'm breaking the cycle [for others] (Sarah).

For Victor his existential and spiritual concerns, were the most significant motives that lead him to choose social work as his career path:

> I always asked the question ... what is drawing me to this work? What motivated me to do this work? And I continued to be very reflective and continued to develop my own reading. I was self-motivated to continue to learn as a worker. I found I like working in areas of poverty ... and then when I did leave social work for a period to study to be a priest and I studied philosophy in Italy for two years ... asking the same questions about meaning and why you do things? So I had a motivation as a Christian but that wasn't a big part of my life. In my early years in social work was much more that humanitarian understanding at the senses of injustices in society, you know as a young adult … I wanted to ask questions about why those conditions existed? ... Personally I had also spiritual motivation of my own throughout all of that which has continued to develop (Victor).

Henry considers that spirituality led him to become involved in a helping profession. Helping traumatised people also enabled him to maintain his beliefs in a 'higher good' which to some extent seem to be reinforcing his sense of spirituality:

> In actual fact it was just I think almost it was spirituality that led me end to a caring profession and into helping people who had been traumatised … I just always felt my aim was actually to maybe help people but I think in terms of spirituality that led me to it and I think it's maintained it. I think helping people is maintained my belief in a higher good ... (Henry).

Maggie's motivation seems to be connected to the idea of a universal concept of happiness and joy for humankind which made her choose to become a trauma therapist. Perhaps being compassionate and sensitive about human suffering is the main motive for Maggie becoming a 'helping professional':

> I feel I'll be grateful if I can be something to help other people feel happier in the world, the sad be less, the pain be less, the anxious be less … and that's what it means to me to have the personality make up as much as the skills and knowledge and learning and structured learning to be able to do that with people ... I think these things lead to some people being helping professional ... (Maggie).

Brigit's postnatal depression was her turning point in life and her choice to become a counsellor after she recovered. Suffering from depression provided Brigit with the opportunity to reflect on her life and chose a career path in counselling:

> I was suffered from depression so that was a big turning point in my life ... after the birth of my daughter, I became very depressed … after that when I started feel better again, started to feel myself again, I began to reflect on everything you know what I really want to do with my life and I suppose, although it was unconscious at the time, I think I wanted to help people who would feeling mentally to feel better ... then when I went back into the university to do the counselling, it validated. I thought yeah this is it; this is what I wanted to do ... (Brigit).

Salina's urge to change her circumstances as an unemployed single parent, on 'income support', to a voluntary worker was her major motivator leading her into trauma practice. It seems, in some way, her personal issues subconsciously led her to help traumatised people:

> I started voluntary work here ... and then I started to get paid just for very few hours a week and that was fine and then I got a little bit of pressure when you

> are a single parent you dragged into the Benefits Office. I mean it weren't that horrible or anything but sort of you know do this calculation for you and ... lots of those practical things and just the fact of feeling better being off of income support and having the sort of job that when people ask me: 'what you do?' you didn't just have to say: 'oh I'm just a single parent, all I do is a bit of voluntary work' is actually something you can say ... so there is all side of it. There is a side of it also, I do like people learning and developing ... (Salina).

Angela referred to 'schema therapy'[44] and made an analytical reflection on her childhood and her mother's attitude as potential motives. The most significant part of her motivation for helping traumatised people related to her feelings of getting 'reward' from helping trauma survivors – when they make a difference in their own lives:

> Why I am in this job? ... [probably to have] purity lifestyle ... [according to] schema therapy we attract to things based on our schema and personalities and characteristics ... now I wouldn't see it's based on my personal experience but it could be. I was brought up with a mother who was a compulsive carer but used to frustrate me that she wouldn't allow you to do certain things that you really need to do for yourself ... [the other thing is] because I'm generally interested in people and ... I get personal reward from that … if you can help a person to make a difference in their own life by sharing a little bit of yourself or what you've learned then I don't really know if there's a better job in the world than that (Angela).

[44] 'Schema therapy is an innovative psychotherapy developed by Dr. Jeffrey Young for personality disorders, chronic depression, and other difficult individual and couples problems. Schema therapy integrates elements of cognitive therapy, behavior therapy, object relations, and gestalt therapy into one unified, systematic approach to treatment. Schema therapy has recently been blended with mindfulness meditation for clients who want to add a spiritual dimension to their lives.' (Young, 2009, p.1) Retrieved 1 November, 2009, from http://www.schematherapy.com/

Self-preservation: processing the internalised trauma

The therapists found themselves in a vulnerable position when trying to protect themselves from the fear and pain they received from their clients. They felt a need to balance the feeling of distress from dealing with trauma clients, in particular when experiencing extra traumatic stress. When the therapists were less-experienced or experienced extra internal or external stressors the possibility for trauma to get internalised, or to experience vicarious traumatisation, increased significantly. The strategies used by the participants to endure under these circumstances and to deal with the internalised trauma have been summarised as 'trauma possessing' strategies.

Cognitive processing

The therapists described 'cognitive processes' as: mind screening self from client, keeping mind busy with internal dialogue, making certain intellectual boundaries between professional and personal life, distracting, processing distress with meditation and applying mindfulness techniques.

Some therapists in this study were using the phrase 'trauma processing' to identify how they balanced the impact of trauma rather than applying overused concepts such as coping strategies, protective mechanisms and so forth. This approach was merely based on mindfulness perspectives of dealing with the impact of clients' trauma consciously:

> There is no protective mechanism against the baby[45], no shout at her, overpower her, use your big man personal power to her: 'shut up', 'get out' or put her in the room and lock her up ... there is no such thing as protective mechanism, bracketing or controlling for your thoughts if you give attention you can accept that and see where you are; why you are there and slowly get on with your next moment (Shiva).

[45] An analogy used by the participant to describe the cognitive processes. 'Baby' is used as a metaphor for thoughts.

Rebecca considers the journey of trauma counselling as a transformative process for the therapist. One of the levels in this transformative journey is being in a cocoon before you get to be a butterfly which is a metaphor for the therapist's protective mechanisms:

> An 'analogy' came to my thought process that when I was counselling it's like a caterpillar. I was a caterpillar then at the moment I am chrysalis and I don't know what's happening next. I don't know if I'm going to be a moth or butterfly or not survive, I don't know. I think this is another name for chrysalis a cocoon and a cocoon is a protection - going back to protective mechanisms (Rebecca).

According to Rebecca's analogy the 'cocoon' refers to the process of a therapist's self-review. Through self-reviewing, and by her *cognitive processing* in the form of journal writing, Rebecca was able to reduce the intensity of client's trauma impact and to get balance. Rebecca highlighted that her *'self'* has been always the main inner resource of her healing and recovery from work-related stress:

> I think the protection is now, not when I was counselling. I think by reviewing myself I have put myself in this 'cocoon' so then I'm not counselling; then I don't need to risk meeting the issue. It must have been some time in my working counselling … that I did something like that but not as traumatic and those must have been times that I referred to my diary, journal. I think that's my journal which I end up cope with me and my journal seems to be my ... confidante. It's my safety blanket and because I've done writing all through my career that's where I go first. I go there before I go to supervision. So I am going to myself first. So back to the concept [of] ... healer help, I heal myself ... (Rebecca).

Most participants described the *screening of self* from client/trauma as one of their *cognitive processing* strategies. Henry often does the screening method by providing himself an hour space after meeting his clients to process. He does trauma processing

by doing the ‘documentation’. Processing provides him with more self-awareness of how to deal with the trauma impact personally or process them in supervision if they are persistent:

> I process enough a lot from my counselling relationships. I give myself space to actually process what’s happened in interactions ... giving myself an hour after my clients … to do my notes and do the documentation. When I do the documentation, I am processing what’s going on for me. I’m aware of my feelings and things that impacted on me. I’m aware that why the feelings are around for me and I am trying to figure out what that was all about; why that this disturbed me so much; why I was so affected by that and if there is something that continuing that goes to supervision ... I think over the years I become accurately aware of my shortcomings and difficulties in therapy ... (Henry).

Sarah applies ‘distracting technique’ in a unique way to switch off work-related stress. She believes everything that associated her with her professional life and client’s work e.g. files, clothes, bag etc should be separated from her personal life. That is her strategy to keep a *healthy energy* in her private personal environment by not sharing it with the *distressful energy* of work setting:

> I try to keep my work very separate to my home life ... I’ve got clients’ files, as soon as I get home they locked away and the bag that I use for my work I wouldn’t use when I’m going shops or anything because that’s my work. I try not to wear [the same clothes] when I’m out because I want to keep every thing very separate. So I don’t have too much connection with my work because then that would drawn me back in ... at times working in my head so I do try to keep my work and my home life and social life very separate ... I try and keep myself very separate so sometimes I might have a cancellation and I think I’ve done all my notes I’m just gonna switch off a littlie bit and try from inside and try take myself away by distracting myself ... I don’t want the clients to feel they contaminated their abuse and their pain ... you can absorb that and it’s

> contaminating. So I rather not have my files next to where I'm gonna eat my dinner (Sarah).

Rebecca also applies a kind of 'distracting method' in a more ordinary fashion as part of her protective/adaptive strategies from the work-related trauma:

> I would work with myself not to take it with me beyond the interview or to the one-to-one meeting with the student. So through being professionally trained it was to leave the problem behind me at the end of the day which I was good at doing except from one incidence [laughter] (Rebecca).

Rebecca often participated in *emotional processing* by reviewing her feelings of 'guilt' during her therapeutic involvements with trauma clients. These feelings were arising from her 'thoughts' and her conditions at a particular time that she managed to got over it by *emotional processing*:

> Bringing my own feelings of guilt, I used to write my diary and then I used to write how I felt, exactly how I felt and then maybe one, two months later I go back and read it and in my own mindset I would see that I had actually moved on or would revisit it and see it differently and understand that maybe no guilt to be had. It was just my own thoughts or where I was at that time as well made me that kind of guilt ... (Rebecca).

Maggie believes it is very helpful to allow emotions to 'flow' and she often cries in her own space. She also considers 'crying' as a helpful 'emotional processing' method of dealing with the trauma:

> Sometimes in situations to allow feelings to flow, we have tears for a reason, and this is part of the processing and to let things out … I allow myself to feel it and lots of the time I have sat and, not necessarily about my own pain, I am crying about some experiences of my own life but other times I'm crying for

other people's pain … I think that is the method of helping with the trauma ... (Maggie).

Shiva's cognitive processing was a unique way of *mindful trauma processing*. He developed a different approach to process the trauma in a way that he was trying to pay close attention to stressful thoughts of client's trauma and not using any kind of bracketing techniques, switching off, distracting, pushing out or ignoring. According to IPA analysis, I thought it would be helpful to quote as much as possible to give his account in detail in a sense to avoid losing the essence of his experience through making meaning:

> The way that I look at the mind as I understand the mind is actually you cannot separate anything from anything and say like in the computer this is my Word processor, this is my Excel ... I don't think that there is anything like that in the mind. It is much more complex ... it's affecting everything ... in our training we used the word 'bracket' and I completely disagree with that, there is no 'bracketing' in mind …They just still all there ... Thoughts are just like a baby you cannot bracket, you cannot put it away, you cannot replace negative thoughts with the positive thoughts ... you could give a real, genuine attention to that baby and then that baby will not trouble you for a while and you will be all right next time … so that's the way I look at all those thoughts ... I accept that all those things are there ... and I can carry on with my next minute, next moment (Shiva).

Maggie writes poetry as a way of *emotional processing*. Reading also facilitates her processing:

> Sometimes I just need to sit and place all out of my head and over and sometimes I write things down. Sometimes I write poems. Sometimes I read things go and find something to read give something that helps me processing (Maggie).

Spiritual processing

Despite cognitive (thought) and emotional processing, other sorts of trauma processing are identified by therapists in this study. *Spiritual processing* is an emerging theme which reflects the spiritual impacts of dealing with the trauma on therapists. As discussed earlier, suffering could be perceived as an opportunity for individual's inner-connectedness and to get balance from *within*. As a result of therapists' suffering from empathy or engaging with clients' suffering, there might be a possibility for them to react and process those existential and spiritual concerns as a call to gain balance. That is what we call *spiritual processing* in this review. Rebecca considers her sense of inner-connectedness as a 'personal development' experience and explains that *spiritual processing* is a 'contribution' of dealing with and healing from the trauma:

> I think it's a personal development ... and by chance it is helping to deal with past traumas. it's not put in the first place to do that, I think it's dealing with the trauma secondary to what the spirituality process is and I haven't come to a clear understanding what the whole spiritual process is but I know that it's not purely to deal with the trauma and it's not a healing of trauma but it's a contribution ... This is quite … talking to your answers. It's quite revealing to myself cos I'm now seeing that spirituality does have a big room in a counsellor's life and I think it takes a certain need of a person to be a counsellor or caring professional person and I think that must come … from a spiritual base (Rebecca).

Journal writing is a practical method that Rebecca developed as a medium to connect with her *inner self*. This kind of deep internal/spiritual processing in the form of 'inner dialogues' provides her with a 'reflective process' to deal with the internalised client's trauma:

> I used my journal or talk to other people but often turn to my journal and … in a way my journal is the ... vehicle … that is linking me to my inner self; cos when I go back and read the journal I am answering my own questions and my

> thoughts. So it's being digested on me recycled through every reflective process which helps to deal with any trauma that is presented ... If you write something down, you stored it and you can go away and come back revisit and then have the inner dialogue and realise you moved from where that original writing was. So you read it because the inner self, spiritual, whatever has made you comprehend the process that takes you through it or by ... giving it away but you are learning whatever and you are reflecting (Rebecca).

Farzaneh reveals how spiritual processing in the form of prayers helped her to gain balance and to feel relaxed. The spiritual processing also enabled her to achieve a sense of inner-connectedness and approaching to the Divine:

> We always looking for just being relaxed and balanced ... when I feel anxious I just use relaxation or sometimes read some 'Dua'[46]... I think I need some connection ... I think it's the way that makes me closer to God ... (Farzaneh).

Existential processing: meaning-oriented trauma practice

Self-awareness is a more advanced phase of *becoming aware of the trauma impact* and was articulated by most of the participants as *acknowledging what is happening, becoming aware* and *search for meaning.* Some participants expressed that *becoming aware* relates to paying attention to their own process through meditation, or by listening to their *inner voice* and connecting with their *whole beings*. For some participants the s*earch for meaning* in the context of *becoming aware of the trauma impact* meant recognising their internal experiences, beginning to connect their processing with their client's processing, and possibly realising a parallel or 'shared' traumatic experience (shared trauma).

Processing by therapists sometimes has been represented in the form of *meaning-making* of the experience of dealing with trauma survivors. This kind of processing which is related to the therapists' *subjective meanings* of trauma experience and

[46] Prayer; Act of worshipping

tends to reveal the *meaning* and *purpose* of their experiences categorised as *existential processing*:

> The processing I am very much of the one thinking that everything happens for a reason in life so my processing tends to be not revealing. Sometimes it's revealing and going over the whole experience of what happened ... my processing is about taking my own space again, feel everything that I need to feel, unpicking what happened in my head, realising that interaction, trying to work out why those things had struck me, what I've learned, is there anything else I need to do with it ... (Maggie).

> I think in my spirituality, I see things happening to me for a reason. It's what you can learn from them, it's what you can take from them - particularly the negative experiences. We all like good experiences but when something catastrophic happens to you what do you take from that? Or do you grow from it? ... (Henry).

Victor in his every day reflections on his experiences tries to discover the meaning of life through 'connecting with life'. In his existential processing, he tries to understand different dimensions of his life as a mindful therapist. His daily journey of self-realisation is to understand himself as whole as possible; even some of his features or experiences that might be 'destructive' or 'against life':

> I think the journey of life gives you moments of connecting with life itself in your experience and invites you to grasp those moments to engage in those moments as best you can really. So for me the meaning of life unfolds and that's discovered in trying to take the time I think … I mean some people have very simple ordinary lives and they're far more in touch within the life than I've ever been … by the way in which they live out their lives … it's necessary for me to reflect on my experiences everyday, it's necessary for me to face … the parts of me and my experience that might be destructive, that might be against life … it's necessary for me to face and understand those part of me

> that I'm not connected or well-connected to life in that process and I suppose also the other experiences that I have to choose, is to try to choose those moments, those experiences of life as you go along (Victor).

Victor by continuous reviewing of his humanistic assumptions and values chose a 'person-centred approach' in dealing with traumatised people. He believes in humans 'freedom', 'worth' and 'dignity'. Existential processing by expanding his values, perspectives and world-view is a fundamental basis for his 'sense of meaning':

> I [give meaning to my life] probably through certain values that I hold to my understanding of what it is to be a human and I suppose in some ways continuing to review my assumptions about that … I believe in peoples' intrinsic dignity and worth as human beings and that's quite fundamental ... I would have a person-centred approach. There was some idea of what it is to be a person and what it is to have the basic conditions that gives you dignity and meaning in life and that there are lots of people don't have that ... and I also believe with freedom you make choices and decisions and some people's freedom can be limited by lack of education, lack of anything that they don't have in their lives and I think the actual subjects to study that helped me to develop what that means that kind of sense of meaning ... (Victor).

Farzaneh in her processing, re helping traumatised people, developed a sense of intimate connection with divinity and the whole existence. This feeling of connectedness enabled her to develop positive feelings about herself and to be able to enjoy life as it presents itself:

> I am looking at my job… the main part that make me satisfied … [is that my job] makes me [feel] closer to God and then I go through this process and I feel better about myself and I respect myself because I think I've done something for someone that helped me to go closer [to God] … then you explain everything in easy way, you're simple, you are not complicated. I think you can enjoy your life even more because you don't have more expectation of life.

> You satisfy by everything even a beautiful flower, or even a rain ... every thing could be enjoyable for you (Farzaneh).

Henry, in his processing, reveals that by 'being intuitive' he gets an awareness of trauma impact that enables him to not go to the 'burnout stage'. He acknowledges that his intuitions come from *within* and provide him with insight to recognise his 'emotions' and the signs of trauma impact:

> I think I'm good with myself and I think I'm good in catching things and not let them go. I will not get to the burnout stage. I catch things as they're happening for me. I think the word for that is intuitive and I often wondered what intuition was but I think it's listening into your inner voice. I think it's being aware of how things impact on you and what your emotions are and I think maybe that's what being intuitive is … (Henry).

Processing by expressing impact

Different types of trauma processing by therapists were the central self-care strategies towards their health and well-being in this research project. The participants described *processing by expressing impact* as *taking it to supervision, talking about it* and *expressing it:* '[when you] internalise someone else's pain you have to get rid of that ... through emotionally expression or through taking therapy or through external supervision ...' (Angela).

Taking it to supervision was the most important and most frequently used strategies mentioned by most of the therapists. Almost all therapists in this study acknowledged that supervision was helpful to them especially when they felt attached to a certain client, their trauma stories and when they could not process it intellectually or emotionally by themselves personally.

At the time of their initial contact with their supervisors, participants were at different stages of their professional lives. Some of them receiving regular supervision and training simultaneously, others were just received occasional

supervision, and some of them have not had any kind of supervision – often social workers. The supervision provision of participants included individual private supervision, group supervision, peer supervision, and some qualified supervisors who were seeking and receiving private supervision to improve their practice.

In light of trauma practice, I asked participants whether supervision has provided any opportunities to raise awareness of trauma impact on them or helped them to explore their shortcomings and strengths. Whether it has had any contribution to their personal developments or has facilitated their desires or attempts to develop their self-awareness further.

One of the interesting emerging themes of this study was the possibility of supervisor-supervisee relationship in the sense of guru-disciple relationship. At the time of interview, one participant mentioned that after several years of practice he is still looking for the right supervisor. He considered a guru-like supervisor will facilitate his own self-realisation journey.

Supervision in a sense is like an external support to therapists. A way of relief and liberation: 'that was my supervision that helped [me]. I had supervision support' (Rebecca); 'I took a lot to supervision, a lot ...' (Brigit).

Supervision has different potentials to support participants' professional and personal lives. It could facilitate therapists' processing, raising their self-awareness and enhances therapists' resiliency and sustainability. Supervision also could be considered as a therapeutic process, an alternative coping mechanism and self-therapy for therapists:

> I really have looked at how I coped with situations. I process them and I get supervision … and that is the most therapeutic healing process because I can take me, I can take my job, and I can take my clients to supervision and supervision is a process of how I am coping with everything in that and often I've talked about my unsuccessful coping strategies, things I have had in the

> past ... but because I have had a substantial period of therapy myself and I'm in supervision, there are things very near to surface for me. I know what my tendencies are; I know what my coping strategies are all about and often they are about the denial, they're about putting them in the box … it's about not acknowledging what's been on for me; it's about ignoring ... I absolutely adore supervisions. It's my time and space and that's the main coping that I have and if I didn't have supervision paid for, I'd go back into private supervision and pay for the privilege ... (Henry).

According to Henry the role of supervisors is complementary to the therapists' development in a traumatic context. Supervisors are to assist the therapists to reflect on their own processing and to develop self-confidence. They also facilitate therapists' self-development and growth:

> Arash[47] it[48] is an experience, it's a learning and growing thing but also the fact that you have supervision you're learning from every encounter you have with someone else you took that to supervision you discuss how you are with the specific person and their issues and I think the supervisor for me gives me confidence, enables me to learn and grow and that's an ongoing process also ... (Henry).

Supervision processing is a helpful way of dealing with conflictual situations in a therapeutic relationship. Dealing with counter-transference reactions and attachments as a result of empathic engagement with a trauma client, make the supervisors' role even more essential. Therapists through what they have learned from their supervisors are able to deal with their unprocessed thoughts and emotions and are able to get balance:

> What I basically do in a case like that just talk to the supervisor and that's really helps in a way and we recognise that and I think about it and discuss

[47] The researcher's first name

[48] The trauma practice

what it is and how it is and then it is much easier to handle that and then when I can use the same thing like I look at those thoughts and say what is this my attachment because she[49] is like this, she is like that and the end of story deal with that ... (Shiva).

There is a senior worker who gives me supervisory time so I have somebody to deal with that stuff. There have been times in my life and career when I have got to seek out counselling on a personal basis because of issues that might have been brought up in terms of attachment with clients or other issues sort of come up … (Maggie).

Rebecca considers the 'inner self' as the *internal support system*[50]and the origin of the *intuitive skills* that one can get from *within.* According to Rebecca supervisor-therapist relationship resembles the therapist-client relationship but in a different situation with different dynamics and purposes. It is still the same helping process in a different dimension:

I suppose when I go to the supervision I'm the client. …I am aware that the counsellor who is my supervisor is using all the skills that I have been trained or have in my inner self. She was using them to treat me and then you think I know what's going to happen next because you are going through the same steps the time when you have been the client. I am at looking being the client on one road and parallel is the counsellor, who is the client, and knows what supervisor who is a counsellor is going to say or do or it's the same path but it has been imposed upon you as the person who uses that path to help other people as being imposed on you to help you (Rebecca).

[49] The client

[50] It was helpful if there was any literature regarding the nature and quality of 'inner self' as a foundation for the therapist's *internal support system*.

Getting supervision was a significant way of processing the trauma through sharing the difficulty of dealing with it. However Victor highlights that although supervision was helpful but it was difficult to not remember client's stories[51]:

> I had a consultant, somebody to talk to and get supervision from … usually if it was very hard to deal with the level of disturbance from me … sometimes you were disturbed just for what you've been told ... even when you got good supervision it's not easy to try to forget what is like to hear that stuff ... (Victor).

Processing by expressing impact by *talking about it* was described by participants as talking to a colleague or a friend. This highlights that when trauma is internalised there is an urge and a great need 'to get it out' again. After a therapeutic/traumatic time, personally and work wise, Salina expressed that *taking it slowly,* along with *expressing impact*, have become important strategies for her to process trauma and to get balance:

> I always make sure that I have reasonable breaks cos I know I need certain amount of time to just get my head together and get organised, get prepared and I know I have to look after myself before an appointment. My priority is when I'm coming in the morning have a cup of coffee, make sure I had enough to eat all those things, make sure I feel relaxed and was leaving enough time for that ... and I know that if I have a difficult session ... if I had some sort of problem I'd want to talk about it and that's one of the main ways that I deal with problems. Just talk about them none stop with lots of different people and they eventually get sort it out in my head … (Salina).

Summary

Probably self-preservation would not be the appropriate concept developed in this study. The reason for that is based on the great benefits of interacting and dealing

[51] As he earlier discussed he has been practicing Zen meditation every day as a complementary way of processing the work-related trauma

with trauma clients. In *mindfulness trauma therapy* we will be discussing that the whole process of trauma therapy would be helpful to therapists if they gain self-awareness.

The qualities that enable the therapists to reduce the negative impacts of trauma depends on the therapists' personality, motivations and how they manage to process the trauma impacts, which ultimately will lead them to survive the trauma effectively.

Resiliency and sustainability are two major personality features that may help therapists to carry on their service provisions in the trauma context. Awareness of potential work-related hazards before getting involved in trauma therapy is vital. The therapists' initial motivations are very important and enhance their sustainability. The most significant motives were connected with their existential and spiritual concerns. It means that getting paid or gaining career rewards were fewer concerns for the therapists in this study.

Processing the trauma impact was the significant tool to reduce the intensity of trauma practice and prevent the vicarious trauma. We identified five major trauma processing including: cognitive, emotional, spiritual, existential and processing by expressing impact. The role of supervision for enhancing therapists' awareness and providing them with the opportunity to share their conflictive experiences has been addressed in this review.

Approaching *meaning-oriented* trauma practice is another concept which developed in this study to address existential processing concept by reflecting on *meaning*. The process of search for *meaning* has been considered as an important way of getting a kind of *balance* that for the first time we call it *existential balance*. In other words therapists' efforts to transcend the experience of VT would be considered as a process not only to survive the trauma impact but to develop in a trauma context. We will discuss with regard to the therapist's personal development in *transforming trauma* section.

Transforming trauma

Transforming the impact of trauma is the third guiding principle of this study. The major theme of this guiding principle is *therapist's vicarious growth* followed by four sub-themes including *enhancing wisdom, widening world-view, mindfulness, developing a sense of spirituality* and *transcendental connection*.

Reflecting on the intensity of trauma work and the impacts of trauma on therapists, some key questions might be considered that are: how therapists benefited from their everyday challenges with trauma? Is there any possibility to get constructive results from a so-called negative trauma impact? What mechanisms are involved in getting constructive results in a traumatic context?

These questions will be answered in this section. The *transforming trauma* theme in this study manifested in the concept of the therapist's personal development, whether they were dealing with clients' trauma, their own personal traumas or even both simultaneously.

Therapist's vicarious growth

The intensity of working with trauma has diverse dynamics. Most of the therapists in this study acknowledged that trauma therapy influenced their attitudes to the extent that they would see the concept of 'trauma' differently. For most of the participants in this study, who identified benefits of being involved in trauma practice, their experiences revealed that there is a possibility of growth and transformation for therapists in a traumatic context:

> I look at things in much more holistic way ... when you take the whole process [trauma therapy] you are as a whole holistic process of 'being' ... but I can feel that it is all those combined in the client's work. [The client's work] is very important in that process because what you are practicing, what meditation and mindfulness and other being and personal development and all those combined

> and client work is a very important part of the reality that whole life is whole process. Because that is a way of having a chance of experiencing in so many different things and at the same time putting in the application of experiences and knowledge and the methods and thinking and philosophy and all those things. So it becomes in quite evolving that continuous process of transformation (Shiva).

Sarah compares the experience of trauma therapy with her earlier experiences in the general field of counselling and acknowledges the intensity of trauma practice on her personal and professional development:

> When I first started, although I've done the work before, this was a totally new beginning ... and at that time maybe I didn't have the confidence in myself when I started … but as time went on I think I started to grow pretty quickly in terms of my understanding and the theories and finding my own-niche and developing myself personally and that's always been a big thing for me how I find myself. So finding myself in this role was really challenging (Sarah).

Angela describes the massive impacts of trauma work by giving metaphors like 'being baked into a nan[52]' as the way of therapist's purification and transformation. She echoes the significance of learning and transforming through being involved in helping trauma clients:

> I have to say that there is a real baptism of fire working in here. The experience that you gain when you're working in this field is just [being] baked into a nan absolutely baked into a nan ... I think there's a label by which ... so when they are in crisis they come to the office door and they come cut, self-harmed ... you get experience of young women being intoxicated, young women try to throw themselves through the window, young women hanging themselves off the back of the doors. You get the whole range of stuff, you could have people

[52] '…a type of leavened bread, typically of a teardrop shape' (Concise Oxford English Dictionary, 2004)

> having pseudo-procedures, young women also young men who suffer psychosis while having audio-hallucinations ... so you get to experience; the experience that you get is phenomenal because once you're there with them you get again and you get again and just build and build and build … on your competence, confidence and experience really (Angela).

From Brigit's viewpoint there is no change in the therapists' personalities as a result of their work; however, she considers one possible transformation in therapists and that is changing their behaviour:

> I believe that you can't change who you are but you can change your behaviour so for example I can see how over the years I've changed my behaviour considerably but I am still exactly the same person underneath at the core. So that's the only sort of transformation that I would say taking place is in my behaviour but I'm exactly the same person underneath ... (Brigit).

Contrary to Brigit, Angela acknowledged an immense alteration in her personality as a result of being involved in trauma practice. According to her, a therapeutic relationship has constructive impact on therapists and it has potential for their personal growth. Dealing with trauma is an opportunity to learn about self. In fact it is a means for therapists to gain self-knowledge:

> I used to be an extrovert to hide the fact that I was an introvert. I've had sought lots of personal development in my life ... and find myself ... understanding how everything is connected ... I think I had a massive fear of failure … and now I'm understanding that and know where it's come from ... even through the therapy ... I've learned about myself ... I had anxiety and panic attacks through my life, had nervous disorder, lack of confidence and stuff but majority see me as a confident person. I think I'm now but I think it takes me quite a journey to get to here ... (Angela).

‘Transformation in awareness’, which is the permanent transformation, is the most significant impact of trauma therapy according to Maggie’s experience. A sense of gratitude as a result of that awareness echoes her experience in a more credible and comprehensive sense of change:

> I think it brings realisations of the all along the way and then say these are transformations in my awareness in my own being and I think what I spoke before about being able to cope with some things better than ever could before because of these experiences but then I suppose one of the big transformations it goes on a lot is deepening my sense of gratitude for good things I have in my life. That’s one of the real transformative things that happened constantly again and again and again. It’s a repetitive transformation I suppose ... (Maggie).

Enhancing wisdom through self-awareness

In trauma practice, the therapist’s wisdom often appears as a readiness to participate in an exploration of their experience of empathic engagement with the trauma survivors. Such readiness is facilitated by the client experiencing the compassionate commitment of the therapist and ideally in having generated a compassionate attitude towards their own suffering. The therapists, based on their own experiences, considered that the most fruitful explorations of the causes of suffering occur out of the examination of experiences that in turn leads to understanding. Such understanding leads to more constructive and positive ways of behaving, thinking, and relating to the existence and others. At a higher level it leads therapists to transcend their experience of suffering from empathy to self-awareness, self-actualisation and even enlightenment.

One of the key emerging themes of this study was associated with the concept of professionals’ wisdom. Therapists acknowledged that being involved in trauma practice provided them with an *experiential and intuitive knowledge* that enabled them to deal with the work-related trauma impacts wisely. In other words, this self-knowledge enhanced their trauma processing skills and coping strategies. On the whole they consider trauma therapy as a constructive constant learning opportunity.

Because of the sensitivity of the topic, I wondered how therapists identify 'wisdom' accorded with their experience of trauma therapy.

Rebecca identifies two forms of wisdom. One has more *intuitive* capacity and gives individuals an 'inner strength' to deal with their difficulties. The other kind of wisdom is when people learn from their experiences:

> Twenty years ago I didn't understand the word [wisdom] at all. In the last four to five years I'm beginning to see. To me wisdom means a deeper understanding of something that maybe you didn't necessarily think you understood or you find what I call it as an inner strength or something within you that helps you face the problem or gives you an answer that you don't necessarily understand how you got it or where it came from. But you do understand you need to use it. And also the other wisdom is being able to learn from an experience and share it with somebody else. You're giving somebody else knowledge, understanding, guidance and support from your own experience or inner experience that you can pass on whether you knew it consciously working or not or subconsciously (Rebecca).

Likewise, Victor considers wisdom as an experiential learning:

> I would see wisdom as the learning you gain from experience but what I found is what I love doing now is working with groups to gather their wisdom as a group ... I think when people share their experiences with you; you do gain wisdom ... (Victor).

According to Salina wisdom is synonymous with 'maturity':

> Wisdom is a romantic world in a general sense ... it's a bit slightly cringe making; I mean a little bit I suppose, because it doesn't really mean ... it's a little bit meaningless. It's been overused. I suppose it use tales 'the wise old man' and it can be used in a splashy way sometimes ... I think it's just a

> romantic way of describing sense of maturity, positive use of your experience something like that. It's not really an awful world; it's ok but it's just got a littlie bit scrupulous (Salina).

Angela also recognises that wisdom is linked with the concept of personal 'growth' and learning from one's experiences:

> You just keep growing and I think wisdom comes with growth ... it does come with growth. I don't think you get very wise with you're old ... it comes with growth I don't necessarily mean it comes with the age. I think it comes with the opportunity; if I learn an experience, wisdom comes with that ... (Angela).

Learning from 'mistakes' and 'shortcomings' is what Henry considers as the origin of his wisdom. He also acknowledges that observing clients' growth in therapeutic processes has been inspired him to learn and develop in those processes:

> … in that[53] what I've learned was that myself and my clients in a process ... so wisdom yeah, I think I've learned a lot from my mistakes in the past and from my shortcomings. Sometimes I can reflect that back but sometimes I really do learn from my clients and from their situations and how they can make their situations work (Henry).

According to Angela professional awareness and the ability to see the true outcomes of social pathologies is the core essence of the concept of wisdom which could be achieved in a traumatic context:

> I think wisdom comes with reflection and to be able to reflect on how you are and how you are into that people and it's very different. ...you just become very wise in the sense of when I was started this job, self-harm, I had completely different understanding of involving in self-harm, in prostitution, in drugs and alcohol and if I went back five years ago I would never see those

[53] Trauma therapy

side effects as problems. They are not problems they are solutions of problem more than anything else. So I think I've become wiser in that sense ... and I think when you become aware of that under-value of society that makes you a bit wiser ... (Angela).

Widening world-view

According to participants, dealing with clients' trauma and suffering has had a huge impact on their world-view, their attitudes about life in general and their own existence in particular. The enhanced awareness from the intensity of dealing with trauma clients influences the therapists' existential concerns. Constructively it provides them with an opportunity to develop and expand their world-view. This process enables therapists to be more open to the new ideas and different perspectives. The trauma practice is also a potential thought provoking process and influences therapists to be more mindful of their existential quests such as 'what is going on' and 'what is it all about'.

Shiva applies Buddhism and mindfulness in trauma counselling as his frame of reference. He is open to learn from his clients and applies those learning experiences as a means for his 'personal development'. He is also developing more understandings as regards the mind's functions in that process. His understandings enabled him to apply those 'experiences' and 'knowledge' in dealing with trauma mindfully:

> That[54] really gives me more opportunity to explore my ideas of psychology and counselling and Buddhism on how the mind works ...When you start exploring and learning and experiencing [you] can understand. I have explored the whole world of mind and body more and more. ...And you can use those experiences to help your clients at the same time. I learn more from clients about personal development in the way of that experience and more better for my understanding of psychology and how the mind works. So that goes in benefiting from each other ... I can feel that it is all combined. The client's

[54] working as a counsellor

> work is very important in that process because what you are practicing ... and personal development all those [are] combined ... that is the way ... of experiencing in so many different things and at the same time putting in the application of experiences and knowledge ... (Shiva).

Rebecca's personal values and principles helped her to develop a *mindful world-view*. She looks at the *present moment* and accepts people *as they are 'here and now'* without judging them - unconditional acceptance. This humanistic approach enabled her to learn about new ideas and to enhance her attitude and world-view. Rebecca also developed a sense of extensive conceptualisation of trauma (very close to the Buddhist conceptualisation of suffering) and human-made suffering:

> My principles and values ... [helped me] ... to accept a person as they are at the time I meet them. You don't make judgement calls ... I think that every body should have the respect. Each person has their own opinion and you shouldn't sort of think any less of that person. I also had stronger belief that there are too many experiences when I came back from Africa, there's too much worldwide trauma. There's what about people's racial discrimination, sexual discrimination, any sort of discrimination, religion for instance ... my belief is anybody who presents to me I take them as I found them at that minute of time and I don't need to know the past and I don't need to know the future; it's just as they are now. I like what they are and I am trying not to [judge] ... I look at the here and now. I think every body should do the same (Rebecca).

Reflecting on world-view, Shiva was trying to detach himself from any beliefs as regards 'external forces', 'spirits' and so forth. He developed a sense of connection with 'people' and the 'whole world' instead and he considers everything is interconnected in the existence. Subconsciously dealing with traumatised people has a potential for developing this kind of *universal sense of interconnectedness* as an alternative for overused religious-based conceptions such as 'God', 'spirit' and so on:

> How I look at the world? How it is? Why it is there? Or how it is there? ... Basically I don't believe in any external forces on me. I believe that it is whatever that I need to do. It is, I'm on my own kind of thing and then what else is there is the relationship with [people]. I cannot be isolated so other things. I'm related to other people and to the whole world ... everything that you have kind of connection [with]; we can use the word relationship in a much more normal way ... I don't have any beliefs that somebody's controlling me from that I don't understand ... Basically I mean … I don't have any beliefs in God or any spirits or anything else that hasn't any connection with me. So my basic position actually is I am here and I am alone and alone in a sense that outside world and related to everything in this world. So that's how I look at life basically (Shiva).

According to Rebecca, dealing with traumatised people influences therapists in different ways. On one hand, it has the capacity to transform their attitudes, world-views and belief systems. On the other hand, as a result of that transformation, it might have a healing potential for them as well. Therefore clients' 'unconscious transferences' might inspire therapists to transform and to heal:

> When you work with them and you see their personal development, I think it doesn't matter what sort of person you are as the counsellor and how strong a person you think of whatever, it will change you someway, it would impact on you and someway it would change you as a person. And sometimes it is healing cos maybe there is something in your world that you've not thought about or you make up for your beliefs and it is an unconscious transference from the client. The way you go picking something with you, it changes your life or your view of your own world which is imparted in reversal of roles that has been unconscious ... (Rebecca).

Mindfulness

The subjective tool for understanding the direct experience in trauma practice is therapist's self-awareness which involves a mindfulness-based practice. Mindfulness is being presented as what is unfolding mentally, emotionally, and physically. In addition, an act of developing mindfulness in a daily situation is sometimes referred to as being mindful, and sometimes called a meditative stance. I have the benefit of learning from participants' experiences, and therefore the context within which they use these labels.

Events in therapists' daily lives were also noted by therapists as potential sources of stress that could influence their sense of resilience in therapy. Some of the therapists discussed how regular meditations helped them to deal with things happening in their personal lives that otherwise would have affected their interventions for their clients at work. Even without particular stressors, for some therapists the nature of their work was intense and so they welcomed, and to varying degrees, the nourishment they gained from meditation and other mindful practices.

Participants shared the view that the benefits of mindfulness practices directly enhanced their work as trauma therapists. Moreover, therapy was viewed by some of the participants as an ideal profession for those who are applying mindfulness, or committed to undertaking mindfulness practices. They considered that many of the principles of mindfulness align with the ideals of trauma therapy, promote professional growth in the therapist, and foster the development of therapeutic relationships. For some of the therapists, mindfulness also added a much deeper dimension to the work that they do.

There is a conceptual shift in the way that therapy is viewed in the therapists' descriptions. It is a transition in which the practice of trauma therapy becomes an aspect of the therapist's own mindfulness practice. In a way, the therapists transform therapy into a context for their own practice. It is more of an internal shift in perspective for the therapist. It appears, however, that this perspective on trauma therapy did not replace the more conventional view of therapy as a helping

profession. Rather, it gave an added dimension to the work in the therapists' confidence that it could have extreme implications as part of their mindfulness practice.

A mindful approach becomes the therapeutic *witnessing* of unfolding experience in an accepting and non-judgemental manner when supported by the foundation of compassion, as already outlined. The primacy of direct trauma experience underpins mindfulness approach and practice. Participants acknowledged that having contact with the reality of one's experience is essential; in particular in therapeutic situations it will enable therapists to understand what their experiences from empathising with clients can reveal to them.

According to therapists in this study, analysing traumatic experiences can reveal mechanisms of thoughts and attitudes that provide them with new insights about how they operate in the world. Applying mindfulness trauma therapy, therapists have been benefited by the shared trauma experiences when dealing with clients. Mindfulness is also a significant tool that generates awareness in therapists as well as clients, and participants find it to have great therapeutic benefit when applied in a context of traumatic bonding[55].

Having therapies focus their awareness on their thoughts and feelings in the present moment is a technique common to many participants in this study. However, there are additional dimensions of such contemplation that may be more common to mindful practices that influence the therapists' awareness on *here and now*. Observing the arising and passing of feelings and thoughts regarding clients' trauma without judging them, is one feature that enabled therapists to survive VT and to live it. I will discuss the latter in a dedicated section titled: *living trauma*.

Along with different conventional ways of dealing with work-related trauma such as taking it to 'therapy' or 'external supervision', some therapists also processed clients' trauma by *mindfulness techniques*. Mindfulness techniques refer to any form

[55] A therapeutic relationship in a traumatic context

of meditative approaches to balance the impact of work-related stress. Angela is one of those therapists who apply different types of mindfulness techniques such as 'meditation', 'relaxation' and 'visualisation' techniques to 'resolve' the internalised trauma. In doing so she gets more joy, self-awareness and gets her head 'empty'. The alternative *cathartic method* that she uses sometimes is crying:

> [when you] internalise someone else's pain you have to get rid of that ... through emotionally expression or through taking therapy or through external supervision ... I use different sort of stable meditation, relaxation and visualisation stuff ... pure Buddhist meditation is just really about being grounded in your mind and keep breathing concentrate on your breathing ... I think the longest I've managed was 45 minutes ... I enjoy it ... pure pleasure! ... meditation is really good practice for bringing yourself back down ... removing all of the thinking that's going on in your head all the time and just emptying your head and finding yourself ... so that's why I use it ... as part of my coping mechanism ... but also for enjoyment ... the longer I practice it - within an hour - then there's nothing just a pleasant feeling ... but I think it's like anything else; like cognitive behavioural therapy, it's practice ... sometimes you need to be in a right place to meditate ... so it needs to be a right place for a right time. Some days I go home and cry ... (Angela).

Despite regular personal meditations, Salina also goes on retreats and practices meditation there. Through meditation she gets awareness regarding her thought processes. She considers that 'coping mechanisms' are from inside. Therefore it seems therapist's *inner self* is the major resource of dealing with work-related stress and probably meditation would enable them to get more inner connection to develop mindful ways of coping:

> There are certain aspects like say meditation. I think it's a good thing and helpful thing and when I do that I find that good. Probably it's just helps to relax me but also it makes me more aware of what's actually going on in my

> head ... I can go on a retreat and do meditation and stuff ... But I think coping mechanisms are more from within I think ... (Salina).

Zen meditation has been changing Victor's life for the last 20 years. He practices Zen in his daily routines, and goes to the annual retreats to reflect on his experience and to get in touch with his inner self - the origin of his inner support. This lifestyle has been also supported by his family. The significance of regular meditations and retreats, from Victor's experience, is raising self-awareness and getting constant balance from the intensity of dealing with the clients' trauma. In addition, practicing Zen enabled him to 'remain centred' while 'engaging' with clients and 'disengaging' from them:

> My main relief for [getting] away from it would be another activity in my personal life … for 20 years now I've practised Christian Zen. So I sit for an hour every morning and do nothing and get in touch with where I am at and for a week every year I go away and do an intensive Christian Zen retreat with a geisha priest who comes over from Japan every year and runs this retreats in Britain. I've doing that since 1990 but even longer than that I would do an annual retreat so that's a part of how I found space to integrate my experience ... What I found particularly helpful is when you do ... quite intense work at times it can be easy to be absorbed in your work so much that you forget the rest of your life and I think working with intensely with traumatised people can have that effect on people ... even with good support systems it's not sufficient to protect you from that intensity and that it does have an impact ... I think equally doing the Zen impacted on how I ended up when I worked with people who were traumatised. I suppose it's about engaging with people but also being able to disengage in some way and try and remain centred (Victor).

The experience of practicing meditation by therapists demonstrates a spectrum from just 'switching off' to deep reflections and raising self-awareness. The longer they are involved in yoga and meditation the possibility for self-awareness increases. Here is the experience of Maggie compared to Sarah who is just recently started

practicing meditation: 'I do yoga for a number of years so just do meditation and deep breathing bring me back to the very place of sense ...'(Maggie).

> I've recently involved in meditation classes … as a way of kind of switching off from things ... because I've noticed more recently that sometimes I am thinking about the work more and I wanted to really keep that in shape ... (Sarah).

Perceived limitation of Western Psychology

Participants' interests to explore trauma practice from the mindfulness lenses originated from a lack of confidence in their professional training, including supervision, to equip them fully for their roles as therapists. The main inadequacy that most of the participants addressed was the absence of *personal development* and *mindfulness* training. The second limitation they identified was perceived gaps in Western psychological theories and methods. The importance of *therapist's personal development* was a repeating theme in participants' discussions. Some of them believed it to be so essential that it need to be emphasised as part of helping professionals' training:

> What you learn in the diploma and that is not all actually, and what you experience with the clients using the same thinking, same way of life ... it is you all the time kind of developing yourself ... to connect that with Buddhist experience I was really kind of disappointed that absolutely there was no mention of mindfulness in our diploma course though. It was kind of the most prestigious university in counselling and one of the best departments of teaching in counselling and I was surprised that there was no mention of mindfulness training and since then that mindfulness training and being in that position whatever that in a way of life of being actually really helped me in client work and later on ... what I'm learning in mindfulness training is basically Buddhist teaching (Shiva).

Henry indicates that his 'course' was his *professional development* and learning from being involved with clients was his *personal development.* He also implies that therapist's personal development comes from the direct experience not from 'books' and 'theories':

> I think it[56] is human development. You can read the books ... you can learn the theories but the learning is in being in relationship with the clients ... So for me the course was professional development and it was professional learning and reading the books and actually trying to get understanding of what unconditional positive regard it meant ... but the learning part after that during that, it's human growth and development and it's learning how to be ... the whole being got to be [involved] ... (Henry).

There is a connection between the quality of being a *mindful therapist* and the experience of *personal development*. Mindfulness-based trauma practice is facilitating therapists' personal development in their therapeutic processes. Here are some reflections on participants' experiences of being a mindful trauma therapist:

> I think every thing that I've done has been to grow personally and maybe assumingly more and learn more and in doing that you learn more about yourself and I think that's been a big focus for me too. It's not about the knowledge assumingly necessarily it's maybe more about what I learn about myself in doing it (Henry).

> I think I've learned a lot from them[57] ... what I take away from them is their experience of them; it carries on into the next person. So it's given me the ability to be able to dissect and understand ... the individual in a healthy way, I hope (Sarah).

[56] The therapeutic relationship

[57] The clients

> I think any worker learns as much from the young people should learn from you ... it makes you very aware of your own life and your own choices and I suppose then did courses and things like that ... I think that's more personal than professional development … I think the biggest thing is that I've become aware of myself ... and what makes them go through, I think that's the biggest thing I've learned personally ... (Angela).

Developing a sense of spirituality influenced by trauma

Developing a *sense of self* as a result of existential or spiritual impacts of trauma made some therapists feel an *inner strength* that enabled them to develop personally while dealing with trauma survivors. Subjectively being detached from work happened for some participants by creating space or *being with self strategies*. Therapists through connecting with self and *being with self strategies* developed an *inner support system* that helped them to maintain their wellbeing whilst helping traumatised clients.

To make a clear definition of spiritual dimension of trauma therapy for this study, when the themes *spirituality, spiritual processing* or *spiritual impacts of trauma* emerged I asked participants to define *spirituality*. Often they were separating spirituality from any religious connection, some of them defined it as *a sense of self-awareness* and some described it as a way of *inner-connectedness* or feeling of *connection with something bigger*.

According to Salina's definition, spirituality is a 'subjective experience' and it is part of the mind's function that is 'intuitive' and also includes 'feelings'. Spirituality enables the therapists in their journey of self-development and growth:

> That's very difficult to define ... some part of your mind that is intuitive and it's not to do with reason at all and feelings are involved in it ... it's a positive thing I suppose ... I think that should help you as a person, help you to grow as a person. It is kind of a subjective experience ... I don't know if I can really explain it any more than that (Salina).

Spirituality, according to Henry's perception, is an echo of one's existence and a sense of meaning and 'purpose' in life:

> A resound etcetera I think ... what are you put into act to achieve what's your purpose in life ... I think, just why we're here? What's this all about? And I think for me particularly I feel ... it's difficult to be precise I think that's just what I felt I was put the clarity to (Henry).

Henry also had doubtful ideas regarding the sense of 'spirituality' and 'self-awareness'. He believed a sense of self-awareness could be part of the spirituality and the experience that therapists will develop during their journeys is probably a combination of both:

> I've never thought about that I don't know ... is it spirituality or is it self-awareness? I think for me at this stage of my life it's more about self-awareness ... the spirituality aspect may come into that because I think when you ask yourself those questions and you are honest with yourself and … maybe you are trusting in a higher thing that it's gonna be something that you deal with that, you can deal with; that it's not gonna blow you away ... I'm not sure that I could actually say it's about just self-awareness or the experience or spirituality, maybe a mixture of all those things. I think spirituality making it into a place when you trust that you are going to deal with that, that you're gonna cope with that; when you are trust that there is nothing so heading, there's gonna come up, there's gonna rock your whole world, that there's gonna completely be devastating (Henry).

Sarah identifies herself as a spiritual person. The spirituality for Sarah is not essentially about any sort of religious connection rather it is about connecting with 'people'. Being able to 'connect' with individuals and being able to share 'unconditional love' and acceptance are the most significant aspects of her definition of spirituality:

> I'm trying to define myself as a spiritual being; so now spirituality means for me that I connect with people that it doesn't have to be about religion. It can be just about feeling and giving people unconditional love and accepting people for who they are ... So for me being spiritual it's not about going to a church and pray and all of that kind of thing. It's more about being able to feel it at one with myself and peaceful with myself and recognising that I'm in a control of what's going on for me ... (Sarah).

Sarah has developed a *spiritual frame of reference* that helped her to be non-judgmental and to be more acceptant of her clients from different spiritual and religious backgrounds. Clarifying that she is not a 'purist', she is also adopted a 'humanistic perspective' and different models of intervention in dealing with trauma clients:

> I think I'm spiritual but I'm not part of a religion now so found it very controlling at the same time ... I think that was the basis for me in terms of respecting and valuing all human beings and loving people for who they are and accepting people without judgement that kind of ideas. So I think based that value system that trickles down from the way that I was brought up in the Christian environment ... and continuum from there I would form a very humanistic perspective but I'm also not a purist in any sense now working with trauma. I don't think it's safe to work from one perspective ... so I draw on lots of different models but I think the core of me it's very respecting and valuing people. It's natural because almost I've brought up with and it's been almost contained and compacted by my training and my background (Sarah).

According to Salina being spiritual does not necessarily mean being religious or vice versa but it appears to her that everyone who considers being spiritual should have a 'belief system'. Yet she has difficulty in describing spirituality; she considers it as part of a human's instinct. She considers enhancing kind of spirituality without requiring any sort of 'belief system':

> I'd like the idea of some kind of spirituality. I think that is part of being, human being ... but I think it is quite difficult to find some way expressing that. It can be involved in religion without being spiritual and you could be spiritual without being involved in religion. I would like more of a spiritual life than I have. Again I always feel a little bit on the outside of these things as well because I don't want to have the belief system ... in Buddhism most of the people would have certain beliefs which I maybe don't have, so I fear ... I wouldn't want to call myself a Buddhist partly for those reasons (Salina).

A spiritually-oriented lifestyle helped Victor to reflect on his job more deeply to try to find his motivations and intentions re his career path in social work. He made a great connection between the experience of being a social worker and his spirituality. He also 'rediscovered' his 'spiritual life' and his 'faith' through the experience of social work:

> I think ... I had rediscovered my faith and my spiritual life; why was I doing social work ... and I think in that early days I've becoming very interested in that spiritual life separate from the social work, I mean not connected with, obviously it would be connected in some way but you know I think when I did that I wanted to create some time out spend a year maybe reflecting what I was doing ... I took some time out and then I went back to social work ... (Victor).

Metaphors that represent a sense of spirituality influenced by trauma

As discussed earlier, feeling a sense of spirituality and self-awareness in therapists is connected with the clients' suffering and their development in a therapeutic relationship. The therapists through the dynamics of the therapeutic relationship may develop a sense of self-awareness or spiritual connection where clients 'made a connection to themselves'. The clients' spirituality, their sense of inner-connectedness and growth sometimes presented to the therapists by using symbols and metaphors. In addition, metaphors sometimes used by therapists when they were

trying to describe their subjective experiences as regards notions like spirituality, self-awareness and meaning.

According to Henry and Angela the 'light bulb' is a metaphor that indicates clients' inner connections and their sense of self-awareness. Clients by transforming the trauma experience and finding a 'way of being' are in a continuous 'growth'. In a sense, the state of the clients' self-awareness is part of their spiritual growth:

> What I think about it[58] is something happens when a light bulb goes on ... I have actually seen clients have a light bulb going on their head when they've made a connection to themselves, or sometimes they have found a way of being or end up connected to what's happened in the past … I think it's a continual growth ... These things to it and some aspects of that still surprise me; make me ask where that comes from? Even sometimes in asking that question there are normally an answer, a place, or sometimes that links to it and maybe that's to do with spirituality ... (Henry).

> The most incredible thing ever is to watch human being become aware of themselves and watch their face when the light bulb's on you know when they go 'I will do that'... that's pretty much the score ... (Angela).

Maggie follows a holistic approach to identify spirituality. The centre of her realisation is a 'sense of interconnectedness' and connection with the universe to gain a sense of 'comfort'. She uses the term 'cultivar' as a metaphor to describe the human beings' status in the existence and their connectedness with a higher being. From this, spirituality is a personal journey towards finding meaning and purpose in life which enables *beings* to connect with each other and with the whole existence. The significant aspect of the spiritual connection is accepting Karma, as the universal law and the 'constant cause and effect' that justifies 'everything happens for a reason':

[58] The spirituality

> I don't come from a religious family. ...what I do know is that everything in the universe is connected and there is constant cause and effect going on and everything happens for a reason and so for me the sense of spirituality is the sense of interconnectedness of everything. So it's the sense of connectedness which gives a sense of comfort because ... at the time when I feel very alone what brings me back is this sense of spirituality ... I am not alone, I am a cultivar of a much bigger thing, I am part of a whole universe. I don't know why we are here? What is all about? But I know that well, that exists ... maybe it doesn't exist; maybe it's all an illusion. There is a sense of awareness. There is this level of existence and it's all connected and my sense of spirituality is a comfort in being aware of that because I think there are lots of people who don't have the sense of connectedness with whole or rest of the universe (Maggie).

Rebecca tries to identify her sense of spirituality influenced by her experience of trauma. She uses the metaphor 'cotton wool' to describe spirituality as a *protective mechanism*. The feeling of suffering made her realise that she was ignoring her 'inner self' – the important aspect of her spiritual experience. Yet she is not clear about the origins of her feeling and her sense of connectedness with her 'inner self' but she identifies a strong link between facing trauma and developing a sense of spirituality:

> I think my journey began as life events and they're just painful but as I developed myself and matured throughout ... I began to realise within myself there were other aspects of my life that I had ignored as my inner self and they developed and I became aware of them, then my journey changed from being purely, well, horrible things happening you get on with it to realising there were a spiritual dimension or a psychic dimension to this ... I am finding it hard to say because I'm only recognising it. But I think it's an inner spiritual something from somewhere. And I haven't decided where they're from but I know there is a spiritual or psychic but I don't know they are different or are the same. I haven't decided yet ... I think the more you are faced with trauma

> the more your beliefs or your inner self develops to a sort of provides you with a protective cushion it's like putting yourself into a cotton wool, you're protecting yourself but you're still functioning, you're still being professional and everything else but you have this blanket which should be spiritual or whatever (Rebecca).

Rebecca also relates to her client's metaphor when she described herself as a 'rose' and revealed her traumatic experience. Rebecca's interpretation of her client's symbolism reflects her sense of spiritual connection in that therapeutic process:

> It was like ... it made me thinking of the rose and her link again. I wasn't aware of this link but I was thinking about who we prefer; who we see as Jesus with a crown of thorns and the blood and whatever to this rose, to this person and I've got from her to this Jesus seem to be or God seem to be a person and the link which I don't understand, so it was painful ... and it was spiritual of course because of the God relation (Rebecca).

Transcendental connection: a sense of being connected with transpersonal

Although some of the therapists clearly stated their key therapeutic approach but the common characteristics for most of them were their ability to transcend their therapeutic approach beyond a particular school and even beyond the field of trauma practice. Therefore, they demonstrated a high level of awareness and open mindedness, from a spiritual point of reference, and felt connected to their own *whole being* from where they were able to reach their clients' whole being and the transpersonal.

Also they added valuable data to all stages of trauma impact in terms of their insights into their professional and personal life experiences, as well as, their hindsight on their earlier professional life. The therapists entered the realm of being whole, when in the stage of existential crisis (e.g. questioning the existence of suffering, meaning

and purpose in life etc.) they remained self-aware, connected with their core and being effortlessly creative.

The experience of these trauma therapists revealed that many transpersonal ideas and techniques contributed to their perceived efficacy and wellbeing in their personal lives as well as good therapeutic processes, interventions and outcomes for trauma clients. Therapists' discussions indicated that although VT is unavoidable in such therapeutic relationships - as a result of empathy - it can be positively processed and transformed to a means of personal and professional developments.

In their interviews, I presented participants with some broad questions to help them to choose what features of their experiences they wished to discuss. The width and depth of participants' discussions was influenced by the extent of their experiences with both existential and transpersonal ideas.

Transpersonal experiences and trauma therapy

Dealing with trauma clients, some participants acknowledged that they had strange experiences that they could not describe. Although we have justifications in *transpersonal psychology*[59] to address those experiences but exploring those phenomena was not the main scope of this study. However, I was interested to learn more about therapists' subjective and transpersonal-like experiences: '... sometimes I feel as though I pick things very clearly ... I can almost pick up what they[60] say before they say it; that's because of years of working with the field and I'm quite sensitive with feeling' ... (Sarah).

Transpersonal experiences were part of the journey of self-discovery for some therapists in this study and manifestly they were subjective experiences. Rebecca

[59] Combination of Jungian psychology, psychosynthesis and Eastern mysticism; it emphasizes meditation, prayer and self-transcendence. Carl Jung … apparently was the first to use the expression "transpersonal" (ueberpersoenlich), in 1917. Psychiatrist Stanislav Grof, the co-developer of Holotropic Breathwork, coined the name "transpersonal psychology" (Raso, 2000).

[60] The clients

identifies a number of transpersonal experiences she faced throughout her professional practice with trauma clients. She was able to recognise herself as trying to help clients but she could not relate the *wisdom,* she was using in those therapeutic processes, to herself:

> I don't see myself as a transcendental person or whatever. There is some process that I go through that takes me out of a situation ... I know I am sitting with somebody and addressing the issue and I can physically see myself there talking to the client but I don't recognise the person who is doing the talking because they are saying … quite wise and I don't see this person as the wise person cos I don't accept to have that wisdom and I don't accept to have the right to use it; isn't that strange, is that? ... Back to the spirituality and the higher being, I would never aspired to be a higher being or anyone in that place, wherever that place is, so when I see myself in that situation or somebody says to me this is what you are doing I can't relate that to me … I'm not sure that where I am, is it a transcendental experience or is it just a process ... (Rebecca).

Rebecca shared one of her extraordinary experiences when she was in a retreat that she reflected upon as a 'turning point'. In light of her experience it is emerged that dealing with trauma, either personal trauma or client's trauma, may influence a therapist to go beyond the ordinary reflections and interpretations of events, in particular traumatic events. It is also emerged that there might be a mystical dimension of trauma impact that enables therapists to grow and transcend themselves in a trauma context. The following could possibly be considered as a transpersonal experience inspired by trauma:

> I had one experience at a retreat. My first question I chose from the pilot question was: 'why are you always searching for the answer?'; 'why you always searching for the answers that you have them already?!' At the end of the retreat, vision quest, and a meditation I was told to open my eyes and accept whatever I saw as the answer to my first question four days before and

> the first thing I saw was my name. My name is [*participant's name*][61], the first thing I saw was a [*a symbol of participant's name*] which goes back to [*participant's name*]. She always has the answers why she's still searching? ... That was a turning point for me then I began to think about the spirituality and psychic person or recognise some ... (Rebecca).

Rebecca comes to the conclusion that 'supernatural', 'spiritual' and 'psychic' experiences[62] are making a 'triangle' that somehow related to the *trauma healing process*. With a mindful interpretation from Rebecca, it is considered that there are some elements of transpersonal and *spiritual emergence*[63] in the healing process and recovery from the trauma. This understanding may enable both the therapist and client to face the trauma mindfully. One possibility is to enhance one's inner strength out of the transpersonal experience to recover from the trauma. In the light of Maslow's hierarchy of needs, Rebecca develops a personal *transpersonal hierarchy of needs* to clarify the place of spiritual emergency as a significant inner resource to tackle the trauma:

> Supernatural, spiritual and psychic are a triangle but I'm not sure I believe in supernatural. I believe in spirit whatever but I'm not sure if when you have a feeling that you act it out to try and help somebody or prevent something I don't know that's supernatural experience … Spiritual is a higher being and a supernatural being in my world ... I think the supernatural to me is people who have been before us and now are ghosts ... spiritual is beyond that, it's like a different plain; it's like ... Maslow's hierarchy of needs ... the bliss, if I'm

[61] To make sure to keep participant's confidentiality, I chose not to mention her name, symbols or anything that may identify her identity in this study

[62] Different concepts for transpersonal experiences

[63] **Spiritual emergence** has been defined as "the movement of an individual to a more expanded way of being that involves enhanced emotional and psychosomatic health, greater freedom of personal choices, and a sense of deeper connection with other people, nature, and the cosmos. An important part of this development is an increasing awareness of the spiritual dimension in one's life and in the universal scheme of things." (Grof & Grof, 1990)

> making a picture of this, the bliss is my physical life and middle of it is supernatural and those psychic feelings are the receptors of the experiment and the top is the spiritual part (Rebecca).

Henry recognises a transpersonal connection when he addresses his *intuitive* ability. According to his view the therapists' intuitions come out of their connectedness with their inner selves when they get awareness of their 'emotions' and the trauma impact:

> I think I'm good with myself and I think I'm good in catching things and not let them go ... I catch things as they're happening for me. I think the word for that is intuitive and I often wondered what intuition was but I think it's listening into your inner voice. I think it's being aware of how things impact on you and what your emotions are and I think maybe that's what being intuitive is (Henry).

Maggie also acknowledges a mutual transcendental feeling in a group work where she shared her visions on holistic care. 'A transcendental sense of joy' combined with 'a moment of enlightenment', were the group's achievements that are reflecting a transpersonal experience. The feeling which she reflects upon as a 'transcendental' experience is simply bigger than an ordinary feeling of let the suffering go:

> The last week [experience] I would call it transcendental cos the feelings were just incredible when the group actually got up ... the members of group got up one by one and ... they tell the negative stuff in their story ... [then] they concentrate on positive stuff ... that was empowered this way ... and when they got up ... I just felt that tear was a transcendental sense of joy and a healthy pride. There was a level of healthy pride just a sensational feeling because it seems they were achieving [something] ... that was a very transcendental feeling ... and what they felt was a moment of enlightenment ... (Maggie).

Summary

Contrary to perceived negative impacts of dealing with trauma, we discussed that there are possibilities of constructive trauma impact if the therapists mindfully work on the impact they were receiving. Therapists can transform the VT experience to something which could possibly enable them to enhance their psycho-spiritual wellbeing.

Through dealing with each client, therapists gain a unique experiential knowledge about the human condition in the aftermath of trauma. They analyse clients' coping styles and with this experiential knowledge they will enhance professional wisdom. Therapists through their interactions with clients and the dynamism of the therapeutic process would vicariously develop their resiliency and sustainability. In addition, most of the therapists acknowledged that through sharing experiences they expanded their world-views and used their learning for their personal development.
Through self-awareness, therapists were able to approach mindfulness trauma therapy. They learned how to deal with trauma in mindful ways. Most of the therapists acknowledged that they have benefited from applying mindful techniques in their interventions even in their personal life to reduce the negative impact of the intense work they do.

Feeling connected to something bigger or developing a sense of spirituality out of the trauma impact was one of the emerging themes that have been addressed in this review. According to analysis based on the therapists' experience, if the ego gets some kind of support the therapists' performance will be enhanced. Organisational and family/friends support is very important but insufficient. In this study, *getting inner support* through feeling a connection with something bigger could be considered as a way of protecting the ego, spirituality or a sense of spiritual connection. This concept has a close link to other aspects of therapists' subjective experiences such as *transcendental connection* or *a sense of being connected with transpersonal* which is another theme emerged through analysing therapists' account.

Having transpersonal experiences does not necessarily mean that one should cling to a belief system or any spiritual frame of reference. There were therapists who were following Buddhist and mindfulness teachings without reading the scripts or even considering Buddhism as a religion. They clearly addressed that they do not have any faith or belief system but they enthusiastically were following and applying the teachings in their everyday life. Even some of them were using mindfulness techniques while dealing with the trauma survivors.

Some therapists clearly stated that they were atheist or following paganism but they acknowledged that being a pagan does not mean they do not have any belief system. Having a belief system means there is a link to spirituality. Therefore even not believing in God or any other supernatural being does not merely mean that the person has not had any spiritual experience or link. One of the revelations of this study, based on some therapists' personal experiences, indicates that therapists who were identifying themselves to be a pagan were going through intense personal trauma. There might be a possibility of alteration in their belief system as a result of their personal trauma experiences. They were consciously developing a sense of connectedness with their egos and acknowledged that people are the centre of their existence. They were finding their way to survive their clients' and their own personal traumas and learn how to live the trauma.

Living trauma is one of the guiding themes developed in this study. According to therapists living trauma is their conscious efforts to integrate their experience of dealing with trauma to their everyday life. We will be discussing this emerging theme in the coming section.

Living trauma

One of the benefits of applying and practicing a mindfulness approach highlighted by some therapists is the capacity *to be with what is* for both the helper and the trauma

survivor. Therapists noted that a characteristic of their own willingness *to be with what is* was their tendency to be less reactive. The value of developing such non-reactive emotional stability is not merely limited to reducing unwanted distractions in the therapist's mind. The state of therapist's mind is itself one of the influences in trauma practice. Therefore, how they are in therapy themselves affects the therapy process and, in turn, the clients' experience.

A characteristic of the ability to be with what is, that emerged in discussions with the therapists, was the ability to remain tranquil. Some participants noted, to a degree based upon the feedback of others, that they are perceived as tranquil. A significant aspect of being with what is that therapists found helpful for both themselves and their clients was the concept of *letting go* and *surrendering*.

When therapists, in this study, would reach the ability to *let go* and *surrender* they will reach the state of harmony both inside and outside. Those therapists expressed their ability to go beyond doubt and duality in relation to their existential concerns. As meaning coming out of duality, the mindful therapist is being able to hold both, the heaviness of clients' trauma impact with the magnificence of the resilience of the human spirit. This way the sense of harmony inside appears to be resonated in the sense of harmony outside, and most importantly every experience needs to be as it is.

Living trauma is the way that therapists face their fears. If therapists or clients avoid facing their fears they would not be able to survive their past traumas and live their lives totally: 'I think you need to face it whether you are a professional counsellor or a client; you have to face your fear and live it to where it takes you' (Rebecca).

Integrating the trauma impact

The final, central and most significant stage of trauma processing is how to live with the long term trauma impact. When experiencing levels of imbalance within themselves, the therapists began scrutinising what was happening to them. This was the process of becoming aware of the imbalance as a result of dealing with the clients' trauma.

The therapists felt distressed by clients' trauma sometimes to the point of being overwhelmed, particularly when under additional personal or organisational stressors. Therefore, all therapists experienced a sense of intrusion from the impact of trauma. When such intrusions were unacknowledged the therapists tended to overcompensate with their *coping strategies* that distanced them from their feelings of suffering. The unrealisable task would be trying to get away from what was happening inside, demonstrated in doing actions that left the therapists out of balance, and began eroding their sense of identity. Becoming aware of the imbalance motivated the therapists to process the unconsciously internalised trauma consciously.

The study's findings illustrate how important the process of becoming aware of the trauma impact is. The therapists saw their concerns about trauma impact as the beginning of their quest for becoming aware of the imbalance. The significant way to go back to the state of balance was through *trauma processing*, the essential journey which was acknowledged by almost all of the therapists in this study.

The outcome of trauma processing and trying to go back to the state of balance for therapists was their *construction of meaning* in relation to the VT experience. *Making meaning* of and *giving meaning* to the experience of VT were two key cognitive activities emerged from therapists' construction of meaning. In fact, based upon the participants' experience, the meaning construction process was an existential response to the suffering from clients' suffering by trauma therapists.

When the therapists, in this study, were able to be interconnected as in being with themselves, being with their clients and their traumas, being with significant others, and being connected with and feeling supported by the transpersonal, they entered the realm of *living trauma*. When the participants experienced interconnectedness via their *being with self* strategies, they were able to comprehend work and life as a whole, which indicated that their journey had taken them into the realms of *living trauma.*

Living trauma is a concept which reflects the *transcendental trauma practice*, developed in this study. This is the state of the therapists' constant self-awareness of the trauma impact in the therapeutic context. This state of awareness enables therapists to possibly develop *vicarious resiliency* and to enhance their *sustainability*. Those levels of consciousness were developed in therapists by trusting human resilience and considering trauma practice as a constant learning opportunity:

> I think in my spirituality, I see things happening to me for a reason. It's what you can learn from them, it's what you can take from them - particularly the negative experiences. We all like good experiences but when something catastrophic happens to you what do you take from that? Or do you grow from it? ... I can live with that ... (Henry).

Making meaning of the VT experience

Making-meaning, based on participants' experiences, is part of the trauma processing by therapists in which they develop more cognitive skills to live with the effects of the clients' trauma constructively. In fact, making meaning is a way of enhancing resiliency. The VT experience is a negative experience in a way, but participants in this study considered VT as a way of finding meaning and purpose in their lives. Therapists who applied mindfulness strategies to deal with the VT, also considered the experience of trauma practice as a journey towards self-realisation.
The therapists described their experience of trauma practice as a rewarding and fulfilling experience. This indicates positive impacts of trauma on their emotional and spiritual wellbeing that lead them to deeper levels of personal development. The therapists explained constructive experiences, as a result of dealing with trauma clients, such as transforming trauma, feeling connected to the depth, validation and feelings of deep spiritual growth:

> The work is interesting and rewarding ... it is interesting meeting new people … and it's rewarding if you see that over the weeks ... they start to find things easier then that's rewarding cos I think well ok I'm doing something that is

useful making a difference all that ... I think overall it's beautiful me working here ... (Salina).

According to Brigit the experience of dealing with trauma clients is the 'ultimate validation' in a sense that it is a rewarding and fulfilling experience:

> Sometimes you get to really deep place of the client that happens a lot ... probably just increased amount of reward and fulfilment I felt and it probably validated me as if I'm doing a right job because this is great ... it's probably validate me as well ... this is exactly what I enjoy doing; so that's probably what I mean by validation and then to actually see people get that. Sure it's the ultimate validation, isn't it? (Brigit).

Although working with traumatised people raises a number of existential concerns to some extent Angela considers the whole experience 'beneficial' for the therapist's whole-being. It will enhance their 'physical', 'mental' and 'spiritual well-being'. The experience of trauma therapy has also positive impact on spirituality in a sense that it is strengthening the therapist's 'spiritual world-view':

> I suppose because you do see doubt in part of the life ... and I don't know [working with trauma clients] in some way being beneficial and in some way being negative. I think from the spiritual point of view if you just about to see how one human being could do that[64] to another, it's just beyond thinking how that happened but ... I think positive. It reinforced my spiritual world-view as well as physical and mental and spiritual well-being, all part of that. So I think it's reinforced my need to do that[65] more than anything else (Angela).

The therapists' personal development is one of the key features of their construction of meaning in a trauma context: 'It is you all the time kind of developing yourself in counselling because every experience, every time that you have a client that is really

[64] A brutal act

[65] Trauma practice

an experience …' (Shiva). Rebecca also considers the experience of dealing with the trauma as a means for therapists' personal development. The potential benefits are enhancing therapists' self-awareness and making them more resilient. The most significant part of that process is enhancing the therapists' 'beliefs' and 'attitudes', understanding the trauma and last but not least *living the trauma*:

> I think one of the benefits is to appreciate life or your work or your relationships. Anything that relates to you personally - what you have. It's like if you accept what you are and what you have it links you to your personal development. That's the benefit for me of working with people that faced serious trauma or indeed my own trauma. It's making you realise and making you stronger. It's making you aware of other people's pain so then you appreciate people more I think, and you appreciate relationships and connections. I think it's like learning the need for ... a network, support network. It also makes you understand the sharing of our problem or living our problem. It enhances your beliefs and your attitudes or brings them out - depending on where you are (Rebecca).

Sarah expressed that the only positive impact of helping traumatised people is when they are taking steps to help themselves out of the trauma. This happens when they move on from being victims to continue their lives as survivors by taking practical steps towards liberating themselves from remaining as victims. Being part of that process for Sarah is the only positive and rewarding experience of being in a therapeutic relationship with trauma survivors:

> The only positive way that can impacted on me is that I'm feeling that the women is working towards what she wants, which is to be free. So that's the positive thing that she's actually taking steps, although they're wee steps ... That gives me the importance to feel that ... things are moving, she's getting there ... that's really hard though ... It's probably the most challenging but it's also the most rewarding experience because you're seeing them taking the steps, their movement in that therapeutic relationship (Sarah).

In congruence with Sarah, Angela also feels that being part of the clients' developmental process is a privilege and at the same time a rewarding experience. It is an ongoing learning opportunity, challenging new ideas and witnessing human resilience and growth. The therapists are privileged to have this opportunity to 'witness' their clients' transformation and growth. A 'beautiful experience' is what she described the meaning of her work:

> I generally enjoy my work ... I just love what I do cos I'm constantly learning, constantly challenging ideas and beliefs and thoughts and ... it's a real privileged position to be able to watch, to see somebody coming here and … she had absolutely no extensive resource whatsoever and she found herself - that if you can be a small part of that [process] ... she has done that work herself, absolutely herself. I just gave her some tools and some challenges along the way ... So to seat in the position to be able to be the first hand witness to someone feeling really good about themselves or developing a sense of self or something they never had in their lives that's a beautiful experience ... I don't feel rewarded by have done anything for them; it's just a beautiful experience that they allow you to share ... and they trust you to do things for them ... I think that's the meaning of my work (Angela).

Victor thinks dealing with traumatised people transformed him personally and professionally. He considers choosing to take people's suffering and try to give 'meaning' and 'hope' to them 'enriched' his journey of self-development. He compared his two different professional roles to make a distinction between the direct work with traumatised people and an administrative role. He declared that when he took the latter position he lost the sense of meaning:

> I think I've learned that working with people changed me in some way ... as the more I worked with people the more I felt I was changed as a person, as a professional and in some way enriched … to be with young people and their own pain, suffering condition … to choose to be there with them, to choose to go through things with them to a point maybe hopefully for their good … about

> what might give them some hope, some meaning and to be prepared to go through the difficulties of doing that … so back and see … when I moved from directly working with young people into a more administrative role ... there was a sense of a loss of meaning for me not working with people directly ... (Victor).

Maggie reveals that dealing with trauma inspired her to construct more 'resilience'. She concludes that the most significant part of her journey and the most challenging skill she built up throughout her involvement in trauma practice was developing her resiliency:

> I think I've learned that I can have some of that resilience. I can have more resilience. I've got every reason to have resilient but then I don't know I suppose there are a lot of psychological investigation would probably say that you have to had difficult things to deal with in order to build up resilience. So it's been a difficult work to built up resilience for me not difficult personal circumstances (Maggie).

Farzaneh also highlighted that dealing with trauma enabled her to be more resilient. She builds up a resilient 'perspective' that helped her to realise the reality of difficulties and try not to avoid or ignore them but face them:

> I tried to be more flexible ... it helped me to understand the fact of the problems ... you can't delete it; you can't deny it … I think it makes me more flexible about my perspective and after that time I believe [in] my perspective more than other people's and other perspectives ... (Farzaneh).

The experience of dealing with trauma along with 'learning with experience' for Salina was a huge learning curve to the extent that she is more resilient in facing clients' trauma and her own. The essence of her awareness as regards resiliency is that suffering is not an everlasting condition. The quality of this awareness is reflected on Salina's analogies when she tries to *make-meaning* of her experiences:

> I have got thinking about killing myself, but that was the first time I had experience of feeling that kind of pain but once I got through that then I knew if that have happened again I would know that I get over it … so just learning with experience and I have that awareness now that however bad I'm feeling I know that it won't last. I suppose some people don't know that cos their life is such in a bit of lost but in my life so far I know I will feel better in time ... I know that ultimately if I'm finding things too difficult I can just walk out the room … so maybe as an adult I avoid situations that I think I won't be able to cope with or I don't want to cope with … I can't be bothered to challenge myself with something [which] is gonna be a little bit difficult or I don't want to stand up to that personally … (Salina).

Giving meaning to the experience of vicarious trauma

The process of giving meaning enabled therapists in this study to enhance sustainability by reflecting on the learning aspects of dealing with trauma. The difference between *making-meaning* and *giving-meaning* in therapists' construction of meaning goes back to the origins of these processes. *Making-meaning* might be represented as an *internal* source of search for meaning where therapists reflect on their inner experiences in light of trauma impact. However, *giving-meaning* probably returns to an *external* source of search for meaning influenced by the experience of work-related trauma.

Based upon the therapists' lived-experiences, they acknowledged that trauma therapy could be considered as a *lifelong learning*[66] opportunity. The key theme related to the

[66] The concept of 'continuous personal development' through person centred (self-actualised) learning.
Lifelong learners demonstrate:
the ability to accept themselves as well as others spontaneous but ethical behaviour
a strong focus upon problems outside themselves
the ability to capitalize on the qualities of detachment and solitude
independent stability in the face of hard knocks
freshness of appreciation
deep feelings of identification, sympathy, and affection for humankind
profound interpersonal relationships

experience of giving meaning to trauma impacts was connected to the concept of therapists' self-development and growth:

> I always feel evolving, always learning. I learn so much from my client so I'm constantly learning and developing and having new thoughts, new ideas ... about everything ... I learn a lot about myself and I learn about other people. I learn about all sorts of things, all sorts of concepts ... different ways of looking at the world ... (Brigit).

Salina considers that the experience of trauma therapy is an ongoing learning process and it is a constructive experience as well. She feels that she is 'making a difference' in the life of her clients and her own:

> Dealing with traumatised people, it's good because I can see that I'm actually making a difference in doing something positive and I learn a lot as well … cos this is a kind of work that I'm always learning … a long ongoing process of learning (Salina).

Henry reflects on a deeper side of the therapist's learning and self-development potential in the trauma context. He acknowledged that the therapists through dealing with trauma clients are in a constant process of 'learning and growing' into themselves: '... you start off as a therapist and it's a huge, huge learning carve because you still growing into yourself in that role …' (Henry).

Personal development and self-awareness are the meanings that Angela gives to her experience of dealing with trauma clients. The other quality for Angela is how to

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a democratic character structure
strong ethics with definite moral standards
philosophical, unhostile sense of humour
a special kind of creativeness
the ability to function independently as a part of the growing tip of humanity (Clark, 2000) .

identify her personal needs and set boundaries between her own needs and clients needs:

> I think I've been really aware of myself. I think that's more personal rather than professional development. As being with young women, I think the biggest thing is that I've become aware of myself as about personal safety, as about how I keep myself safe and what's belong to me and what doesn't belong to me; what belongs to young people I work with and what makes them through (Angela).

Rebecca considers trauma practice as an opportunity to learn from her experience no matter if they are conscious or unconscious; the thing that matters is the opportunity to share your experiences as a therapist and to learn from your experiences. However, deep reflections on the whole process led Rebecca to an existential quest for her development and the outcome was how to learn to develop without knowing the answers:

> Being able to learn from an experience and share it with somebody else, you're giving somebody else knowledge, understanding, guidance and support from your own experience or inner experience that you can pass on whether you knew it consciously working or not or subconsciously ... I think it's my development ... I have some sort of input or something to learn, to develop … I'm in a place that I haven't completed the cycle, so I don't know the answers ... (Rebecca).

Maggie thinks the journey of trauma practice leads the therapist to self-realisation. Helping traumatised individuals enabled her to improve her coping skills. According to her experience 'basic love, caring and empathy' are the most helpful means to help trauma survivors and also for therapist to sustain the complications of the trauma practice. Congruent with other therapists, Maggie also acknowledges that the experience of trauma therapy is an ongoing learning process for the therapist:

> I think I can cope more now with the difficult situations presented than I ever could. I think that's been a constant learning process … I think I found, I suppose it's been about realisations because overall this journey I've picked and unpicked mull things over and … there have been lots of times on that journey were it felt like it's so much more complicated to help people … but at this point now in the journey what I've learned for all is about … people who have been traumatised just want a lot of basic stuff that they've missed out on like basic love and caring and empathy and to be given new experiences (Maggie).

Self-actualisation

Self-actualisation seems to be a potential outcome of every journey which seeks meaning and realisation. The self-actualisation theme came into this study because most of the participants already found their lives going somewhere more meaningful and they are making a difference to people's lives. They were familiar with the concept of self-actualisation but I was more interested to learn from their lived experiences rather than just examining the concept. Here are some examples of participants' accounts regarding how they conceptualised self-actualisation out of their experiences of helping trauma clients:

> The wisdom comes from doing trauma counselling. It does raise a flicker self-awakening, I think, but it doesn't happen in a day, week, and a year ... it's a journey you began but where is the end? And the end must be self-actualisation that surely if it's a life journey then your life must be self-actualisation. That's why I haven't learnt enough of myself to understand that cos I'm still in the journey cos I'm wondering recently accepting there is a potential (Rebecca).

Rebecca also thinks when the 'whole being' accomplished everything that could be considered as self-actualisation. She thinks self-actualisation is a multifaceted concept which has different dimensions. Whenever human beings fulfil all aspects of their existence, they will reach self-actualisation:

> I don't think where the wisdom and spirituality are coming from. I'm still processing that so I'm not recognising self-actualisation. I think self-actualisation is you have achieved everything and it is spiritual, physical and it is like … the whole being has done every thing (Rebecca).

In line with Rebecca, Angela also describes trauma practice as a journey towards self-actualisation. She claims that her job enhances both her 'life' and her 'growth'. The learning aspect of being involved in helping traumatised people is the key element of the self-actualisation. According to Angela achieving self-awareness and reaching the 'self' are the significant aspects of one's journey towards self-actualisation:

> I think I came along from a long way … to learn about how people work and how your work [could be part of your] self-actualisation and what's in a peace how you can be a better person that you can be ... my job enhances my life, it enhances my growth ... so self-actualisation probably would be the next level [of my life] ... learning is the biggest part of the journey as I am learning cos there's a lot to learn; there's a lot to take in and digest some of them … I'm up to do it actually to be fully happy with myself and reach self ... and become fully self-aware and reach sort of that self-actualisation ... (Angela).

Maggie's journey led her to go beyond just professionalism. She believes there are potentials not only to make the most of our own lives but the lives of others. It is something about meaning and purpose. She thinks everything happens for a reason and her life somehow is 'mapped out' to be a social worker to help others. She considers there is a possibility for fate, destiny or preordination. Maggie's journey is predetermined as a helping professional to be able to make her the best of her which in some way is a reflection of self-actualisation:

> All things I've done as a helping professional are part of my journey to be the best me I can be in this world ... I do think everything happens for a reason. I can see how all things happened in my life up until now apart of leading to

> another place that seems to be kind of mapped out in some way but even if it's not mapped out can lead me to that place if I want to go there … and maybe that's not preordination or destiny or mapped out but it's a possibility ... I've seen the possibility so I definitely think that's the journey (Maggie).

Shiva has a different understanding of the concept of self-actualisation. He thinks constructive direction is the significant contribution to one's self-actualisation. Part of the process of self-actualisation in a professional domain is career satisfaction. A therapist should feel congruent with whatever they are doing for themselves and for the others. That state of congruency would enable the therapists to reach the state of self-actualisation:

> When you are going in the positive direction, it is definitely contributing to your self-actualisation because if you don't feel that then there is no point in whatever you are doing now ... I believe if you are not congruent with whatever you are doing or where you are going then you cannot have any self-actualisation. You feel that you are happy with whatever you are doing and it is positive, it is congruent with your life and your thinking and your philosophy and how you are looking at the world and whatever the way you're meaning the life whatever it is. So when all that clicks together and when you are congruent, of course it is self-actualisation (Shiva).

Henry thinks he has the opportunity to learn about himself and to develop 'personally' in the trauma context. By helping trauma clients, he is gradually developing different kind of knowledge - along with the professional knowledge - which is self-knowledge. In this way the journey of trauma practice is learning, growing and actualising:

> I think every thing that I've done has been to grow personally and maybe assumingly more and to learn more and in doing that you learn more about yourself and I think that's been a big focus for me too. It's not about the

knowledge assumingly necessarily. It's maybe more about what I learn about myself in doing it (Henry).

Summary

Living trauma is the essence of this research project. No one can avoid the trauma and people might cope and survive the trauma or occasionally fail to do so. If the therapists accept the trauma and learn how to live with trauma consciously they might get positive results.

According to analysis based on participants' experience, therapists learned how to live the trauma impact by their reflections on how to construct the meaning out of the trauma impact experience after processing it mindfully. The whole journey from acknowledging the trauma impact, processing the trauma, and transforming the trauma were essential parts of achieving this state.

Making meaning through witnessing human resilience in every intervention was a rewarding experience acknowledged by the therapists in this study. They had the opportunity to witness clients' efforts to make meaning of their traumatic experiences and they have been part of the clients' healing and recovery from the trauma. As discussed earlier, those therapeutic interactions helped therapists to enhance their resiliency. Giving meaning to those efforts and therapists' effort to empower clients, in turn, might help them to enhance their sustainability.

However, the journey is not ended by just being able to get resiliency and sustainability. Based on the analysis, most of the therapists were considering the possibility for self-actualisation. Seeing the trauma practice as a journey may inform us that some great achievements might have been fulfilled through having the opportunity to learn and grow with clients. However, almost all therapists who reflected on the self-actualisation concept considered they are still in the journey so they might have achieved a 'flicker' of that experience but not the whole experience because the journey is still on going.

CHAPTER VII

RESULTS AND CONCLUSION

Introduction

This thesis has investigated trauma therapists' personal meaning of VT experience from a 'human sciences' perspective. It has focused on the lived experiences of the individual, illuminating the lifeworld through description, interpretation and explanation. Existential phenomenological ideas and concepts have been brought to bear on the empirical analyses; ideas and concepts which retain an explicit focus on the experiential.

The aim of this study was to use the IPA approach to discover the main emotional and existential concerns of trauma therapists when dealing with traumatised individuals and to explain the processes by which they manage them. By employing the methodological approach of IPA, and being guided by the philosophical underpinnings of phenomenology and hermeneutics. I outlined what a qualitative approach such as IPA can contribute to understanding therapists' meaning-making and cognitive processes with regard to the VT experience: it shares with mainstream psychology a concern with cognition; it recognises the constitutive nature of language; nevertheless, its phenomenological and hermeneutic roots means that the focus on the experiencing interpreting person is explicitly retained.

This study explored the experiences of trauma therapists along an *idiographic* journey towards their *personal meaning of the VT experience*. This journey provided the therapists with the opportunity for self-reflection as a result of trauma impact. Every day challenges dealing with traumatised clients and feeling their suffering have had a huge emotional, existential and spiritual impact on the therapists' inner experiences.

This chapter will describe the VT impact on therapists and their reactions to it by a discussion of the major themes identified in Chapter VI. The themes that emerged

from the therapists' interviews illustrated how mindfulness and existential concepts could be applied in the therapeutic context and have benefits for both trauma therapists and clients. Following this, limitations to this study will be discussed. I will then explore possible implications of the research for the trauma practice field and end with concluding remarks.

Discussions on significant findings and themes of this study

I incorporated a phenomenological orientation in order to discuss the participants' lived experiences and applied Interpretative Phenomenological Analysis (IPA) research approach to illuminate and interpret the themes that emerged from their narrative descriptions. The study pointed to the usefulness of IPA for developing an understanding of the VT experience.

From the interviews, I analysed and interpreted the findings which resulted in the emergence of four guiding principles: *internalising trauma, processing trauma, transforming trauma* and *living trauma*. I then presented participants' accounts in a narrative description by using excerpts from their accounts in Chapter VI. The structures of the themes have their origins in existential phenomenological psychology.

In this discussion I will address the most significant themes from the study findings and highlight the links to the literature, where appropriate. Subsequently, I explore those features within the literature that are not described in the major themes. Many of the links between the sub-themes and the literature are self-evident, as seen by the resemblance of many of the headings to the sub-themes. I concisely address the sub-themes before exploring those aspects within the literature that did not feature in the themes.

Internalising survivors' trauma

Dealing with intensely traumatised clients in a setting dominated by limited funding and sometimes insufficient professional support, trauma therapists faced the difficult task of surviving the immensity of their clients' trauma. This adaptive act started for

the therapists of the current study with the distress from internalising clients' trauma through empathising with them. While investigating the theme *internalising trauma*, it was evident that the therapists required to develop the insight to be with their distressful feelings in order to become aware of what was necessary to balance the impact of trauma.

The beginnings of a therapeutic journey in the trauma context often manifest in *moments of vulnerability* where ego-defences were removed opening the therapist up to the abyss underneath. This was characterised in the following sub-themes: *emotional and spiritual depletion*, *transforming sense of identity* and *existential impacts of trauma*. The qualities of meaninglessness or 'filling the emptiness' as a result of trauma impact may lead the therapist to a sense of loss of energy, disorientation, and self-fragmentation. The old recognised and acceptable forms of self-identity were dropping away, creating a sense of negative emptiness and therefore a possibility to question what had been formerly believed to form self-identity.

Vicarious trauma, for the therapist, was an experience that emerged to facilitate this possibility more quickly. It represented a 'moment of world collapse', whereby the clients' trauma led the experience of impermanence and emotional insecurity. According to Sarah and Rebecca's lived experience of VT, the process of *internalising trauma* happens through counter-transference reactions. However, for Maggie and Henry the experience of counter-transference resulted in traumatic bounding (attachment) with their clients or their clients' stories. Symbols, metaphors and poems expressed by survivors caused the most traumatising effect on Sarah and Rebecca's lifeworld that has been uncovered in this study.

Existential thoughts and concerns as a result of VT experience were interpreted from the narratives of Maggie, Henry, Brigit and Salina. This causes the selection between immersing the trauma therapist back into the busyness of social distractions and customary expectations, and investigating the more profound *meaning* behind these experiences.

Salina, Henry, Victor and Sarah's traumatic experiences reveals an ability to appreciate survivors' suffering, being 'less judgmental' and 'more compassionate' that are some of the positive features of being a wounded-healer. The interpretations of Rebecca and Victor's lifeworld uncovered that the therapist's suffering also may have the capacity of healing and meaning discovery for a wounded-healer in a therapeutic alliance.

Employing IPA, as the methodological approach of the study, facilitated more understanding of the nature and quality of *empathy* in the trauma context. *Decreased sense of empathy* was an analytic theme based on the Salina's experience that has manifested a deeper layer of VT impact on therapist's lifeworld.

This study indicated that dealing with traumatised clients was the most distressing therapeutic field, along with personal and organisational stressors. In particular this was so when the clients were unable to own their traumatic experiences or when the trauma recollections were so terrible that its content transcended the trauma therapists' capacity to take it. As a result, trauma presents issues of 'meaning making' and values to the essence for both the client and therapist. I would argue that trauma therapists who were not able to develop psycho-existentially and find meaning might end up with burnout, vicarious trauma or giving up their work.

Surviving vicariously traumatic effects of dealing with trauma survivors

In trying to protect from vicarious trauma, the first stage of balancing the impact of trauma, the central urge for the therapists, in this study, was to protect the trauma client and themselves from the suffering they experienced. Protecting from suffering resulted from the therapists' intention to try to balance the exposure of being afraid of helplessness and despair; this is a common experience to both the trauma client and therapist. Hence the main task for the participants was trying to balance the trauma impact by getting away from experiencing what seemed like unbearable feelings, which led them into *processing trauma* and adaptive strategies in order to remain in control of the condition.

The use of a method such as IPA allowed a picture of the therapists' coping and self-care behaviour to be built from of the context of their lives. The findings demonstrated that the therapists made use of a wide range of adaptive strategies to survive VT including: *cognitive processing*, *emotional processing*, *spiritual processing, existential processing* and *processing by expressing impact*. The analyses drew attention to how the therapist's experiences of processing VT were given through the cognition, and how they attempted to convey these experiences through the use of metaphor. 'Baby' in Shiva and 'cocoon' in Rebecca's analogies are two examples of the therapists' metaphor. The phenomenological understanding of Rebecca's lived experience illustrated that the therapist's *self* is the main resource of protecting and recovery from the VT.

One of the revelations of this study is that protecting from emotional suffering as a strategy for managing vicarious trauma does not accomplish the intended outcome for the trauma therapist because it does not prevent the process of *trauma internalisation*. This was demonstrated when some of the therapists in this study were withdrawing or using a protective mechanism as they might not to be aware that the trauma impact was inside or that they were unintentionally locking it within themselves. This has been reported in the analysis in Rebecca's account as she had feelings of 'guilt' when she was trying to protect herself from the clients' trauma.

The findings of this research illustrated that *spiritual processing* of VT usually comprised a feeling of *inner-connectedness* and to get balance from *within* for the therapists. However, in *existential processing* the lived experiences of participants reveals a sense of *self-awareness* and *meaning* that are the key achievements of this processing by therapists. Other accomplishments could be resulted in the enhancement of humanistic values that are a basis for developing a 'sense of meaning' for therapists like Victor.

Another fundamental aspect of the *trauma processing* was the *supervisee-supervisor alliance*. This theme, identified as *supervisory processing*, suggested that a transformational opportunity existed in the connection to a supervisor as part of the

trauma processing activity by the therapist. In the presence of a supervisor in a therapeutic and professional relationship an immediate and profound shift in consciousness arose. However, in the supervisee-supervisor alliance the *processing* is an opportunity to get professional insight to therapist's psycho-emotional needs and enable them to set boundaries and to be more effective. Therefore supervision may provide the therapist with a combination of professional and personal awareness. This gives more reflections on the significance of the supervisee-supervisor relationship in the supervision literature (Ladany, Hill, Corbett, & Nutt, 1996).

The findings of the study revealed that processing trauma with the assistance of a supervisor was a journey into deeper levels of cognition and consciousness which might comprises an element of healing for the therapist: 'that is the most therapeutic healing process' (Henry). The supervisor assisted in reflecting back essential presence pointing to non-conflictive awareness existing in the present moment. 'Attachment' to the clients was the most conflictual situation that has been experienced by Shiva, Maggie and Victor in this study. The findings demonstrated that the role of supervisors were fundamental to resolving those conflicts.

This is very important for the therapist because trauma impact is all about unsolved conflicts in the past and challenges for future interventions. At some point on the therapeutic journey a supervisor's assistance was needed to explore deeper dimensions of vicarious trauma. Another transformation occurred in the understanding that the attachment towards a supervisor may become an obstacle to other forms of the trauma processing by the therapists themselves including cognitive processing, emotional processing and spiritual processing which have been addressed earlier in Chapter VI.

Transforming the trauma impact

Before trauma therapists in this study were able to put adaptive and surviving strategies into place, they initially needed to become aware of the trauma impact. A key factor for the therapists in becoming aware of the trauma impact was realising the reality of the impact. Most of the therapists in this study struggled with facing

symbolic expressions of their trauma impact. These symbolisms were translated to the form of therapists' existential quests to get balance in the first place and then transforming the trauma impact to something meaningful and constructive. However, after the initial shock of their intensive trauma work, the enhanced level of awareness brought about by the powerful intensity of their interactions with trauma clients.

Those therapists who were able to stay with their *symbolic expressions* were most able to utilise their insights in furthering the process of recognising and listening to their abilities to find meaning in suffering and as a result to transform the trauma impact. The result of this transformation concluded in the expansion of their world view, enhancing their wisdom, approaching mindfulness and developing a sense of spirituality even without believing in any religion or faith. Rebecca's *symbolic expressions* of 'cotton wool' (a protective mechanism) and 'rose' ('Jesus with a crown of thorns and the blood … to this rose') both were reflecting her sense of spirituality.

Expression through metaphors and symbols is an effective way of transforming the repressed trauma material within the play space with an empathic other, as demonstrated by the therapists in this study. In accordance with mindfulness practice, by this process the reality will be formed and re-presented with its true essence as Spaniol (2001) described:

> in psychotherapy, *form* enables expression and understanding, thereby facilitating transformation (trans*form*ation) … restructure or represent (re-present) the real world of people, things, and ideas. Both give order, structure, and form reality (p. 229).

The analytic theme '*therapist's vicarious growth*' reflects the evolving process of therapists' transformation based on the participants' lived experience in this study. This theme has been derived from the interpretations of Shiva, Sarah and Angela's accounts. The transformation process for Angela is reflected in this symbolic

expression: 'being baked into a nan[67]'; which has been interpreted as the way in which therapists develop personally and professionally as a result of dealing with trauma survivors. Transforming trauma is a means for therapists to gain self-knowledge. The findings of this study illustrated that wisdom could be achieved when therapists get self-awareness. The analytic theme '*enhancing wisdom through self-awareness*' is reflecting this idea. Wisdom interpreted as 'maturity' (Salina), 'inner strength' (Rebecca) and 'personal growth' (Angela) in this study.

The signs of *therapists' vicarious growth* were recognised by the therapists when they were able to raise self-awareness in relation to the VT impact. This is in tune with Saakvitne and Pearlman (1996), who in their workbook on vicarious traumatisation declare that it 'is easier to protect yourself from vicarious traumatisation if you know your vulnerabilities' (p. 51), prompting the trauma therapist with awareness-raising enquiries. In addition, deep awareness reflects the attunement with therapist's 'own needs, limits, emotions, and resources' and requires 'attention to all aspects of one's experience, including dreams, imagination, associations, emotions, bodily sensations, and conscious and preconscious material. Awareness requires time and quiet for reflection; we will not be aware when we are always in action' (Saakvitne & Pearlman, 1996, p. 75).

It has been explored that the trauma therapy is a transformational experience in realising that the therapists were getting awareness and in the process of assisting trauma survivors there exist an opportunity for the therapists' personal development. The journey of trauma therapy does not end in just processing and surviving VT, albeit therapists by existential processing of VT to try to make the most of their experiences. Their quests for meaning, practising mindfulness techniques in their interventions and their efforts of personal development led them to approach self-awareness and sustainability.

[67] '…a type of leavened bread, typically of a teardrop shape' (Concise Oxford English Dictionary, 2004)

Living the trauma impact – therapists' sustainability

The first key characteristic of the *living trauma* theme was the indication that the integration of the trauma impact depended on the trauma therapist's attitude towards trauma impact in the long run. This was based on the evidence that those therapists who processed their trauma impact at this stage were experienced therapists, and they had the ability to be optimistic and rely on human resilience as a significant feature to enhance their sustainability as trauma therapist and also to empower their clients. This stance links strongly to the next key point that trauma therapists who processed their trauma impact at this stage were not only experienced therapists but also had a spiritual frame of reference – not necessarily being religious or having faith. A spiritual frame of reference here means having a belief system either with religious or existential components, a sense of inner connectedness with a higher power bound to a life meaning and purpose beyond self: 'It reinforced my spiritual world-view as well as physical and mental and spiritual well-being' (Angela).

This corresponds with the study conducted by Brady, Guy, Poelstra and Brokaw (1999). According to their findings, therapists with higher levels of exposure to sexual abuse material reported considerably higher levels of PTSD[68]-like symptoms. On the other hand, spiritual wellbeing, a key area thought to be spoiled by vicarious traumatisation, was considered to be higher in those psychotherapists who dealt with more survivors of sexual abuse over a long period of time. This seems to specify that practised therapists with high exposure to survivors were able to accept suffering as an unavoidable part of life. Either they already had or were required to create an inclusive spiritual frame of reference to surround their distressing and intense experiences.

The findings of the study demonstrated '*integrating the trauma impact*' would be possible through the process of '*making meaning of suffering*' and '*giving meaning to suffering*'. Both these cognitive activities manifest the significance of therapists'

[68] Post Traumatic Stress Disorder (PTSD) is a natural emotional reaction to a deeply shocking and disturbing experience. It is a *normal* reaction to an *abnormal* situation. Retrieved 18 November, 2009, from http://www.bullyonline.org/stress/ptsd.htm#Definition

attitudes towards trauma and suffering and also the place of suffering in human development and growth. However, the challenge for some of the therapists were seeking meaning in suffering, is suffering itself: 'I think there is not any meaning in suffering at all ... (Brigit). At times 'disappointments' were experienced in several therapists' journeys to find meaning in suffering. The interpretations related to the analytic theme '*making meaning of suffering*' have been demonstrated that the experience of trauma therapy was a 'rewarding' and 'fulfilling' experience for the most of the participants like Salina, Brigit, Rebecca, Victor and Angela. Compared to that, the analytic theme '*giving meaning to suffering*' based on the lived experiences of the participants revealed a learning opportunity and personal and professional development. The combination of feelings of fulfillment and personal development and considering the trauma therapy as a learning opportunity appeared to be enhancing the therapists' sustainability.

The way the therapist approaches client's suffering, manifests how they dealt with psycho-existential concerns with regard to the VT experience. Therapists' search for meaning was a way of getting existential balance or in other words transcending the VT experience. The trauma impact appears to be like a *dark night of the soul.* Probably this is a common experience encountered on the therapeutic journey concerning *meaning* and represents an unexpected spontaneous disconnection from higher conditions of consciousness along with feelings of 'lack of interest,' 'stagnation' and 'depression' - very similar to the symptoms of vicarious trauma.

This theme demonstrated that the act of seeking itself was dualistic and maintained a cycle of suffering. In exploring the root of suffering there was the sense that its origins was in personal expectations and beliefs about existence, which resulted in the entire journey of *meaning* being thrown into a critical question 'why should we suffer?.' The therapist's meaning-making indicates that two possible constructive outcomes may occur in processing the suffering, that is, enhancing *resiliency* and *sustainability* in therapist. The most common outcome of the process of seeking meaning was seeing trauma therapy as a lifelong learning opportunity.

As a result, meaning and the process of meaning-making have lots of implications for learning. According to Mezirow (1994) one major implication comes out from the notion of perspective transformation, wherein 'learning is defined as the social process of construing and appropriating a new or revised interpretation of the meaning of one's experience as a guide to action' (Mezirow, 1994, pp. 222-223). In fact learning is recommended as a medium for making meaning or realisation in life, and that makes it more significant in one's existence (Merriam & Heuer, 1996). Learning can challenge or inform existing notions of meaning and, in the journey, provide an opportunity for developing new meaning or strengthening currently held perspectives. Learning has always been a challenging experience, likewise struggling with surviving the trauma and living it.

The study highlighted the importance of making sense of the VT experience in the context in which it occurs; the therapists' meaning-making was largely carried out in the therapeutic arena and it was always relational. Their intentions were complex and multifaceted, and carried within them the weight of past VT experiences. Importantly, the use of *an idiographic approach* (IPA) showed how the therapists' meaning making was inextricably tied up with past VT experiences, which had the power to colour their present experiences of conflict when trying to process the VT. More than anything else, the detailed examination of therapists' VT experiences brought to the fore the complexity of human meaning making and the ways in which the experiences of past and present therapeutic relationships become enmeshed, deeply influencing the individual's thoughts, feelings and actions.

Empathy

The other major theme explored the experiences on the journey in relation to the place of *empathy* in a therapeutic relationship. The more the trauma therapist goes along the journey, the more the quest for a departure from societal superficiality to embracing genuineness in relation to the clients' suffering is perceived. With this, it was considered that a development towards adopting connectedness with traumatised individuals on a therapeutic journey was required to enable authenticity and growth. It can be argued that emotions are intentional, purposive and meaningful because

their expression is aimed at maximizing our sense of significance. They are existential decisions that aim to change our Being-in-the-world. This is beautifully expressed in Sartre's (1962, p. 43) description of emotions as 'magical transformations of the world', and which Solomon interprets as 'willful stratagems for coping with a difficult world.' (Solomon, 1993, p. 9).

For the trauma therapist an understanding of emotional experience takes on a special significance. Empathy, which is so central to the relationship between therapist and trauma survivor, rests on a shared understanding of emotional and intellectual content. Exposure to the lived-experience of VT provides the therapist with a brief glimpse into the otherwise hidden world of the trauma survivor's subjectivity. As Polkinghorne (1983) states, the reader of a phenomenological research report should come away with the feeling that 'I understand better what it is like for someone to experience that' (p. 46).

Furthermore, the role of the therapist's personal trauma, the quality of maintenance and dependency to client's trauma and the place of other possible emotional concerns in a therapeutic relationship is needed to be addressed. The role of the *therapist's attachment to client's trauma,* as a result of their empathy, also required to be deconstructed and integrated into self-awareness when the therapist identified this attachment. A phenomenological and hermeneutic approach such as IPA has much to offer in this respect. It facilitates careful in-depth analyses of life events which both shore up and deny the individual's a sense of significance in the context of their lifeworld.

A sense of spirituality

The analytic theme, '*developing a sense of spirituality*' confirmed the strength of open questions and participant led interviews, based on an IPA approach, in allowing the unexpected to emerge. Salina's meaning making of spirituality brought great interpretive power to an understanding and explanation of the VT impact on therapist's inner experience. It was impossible to ignore how this crucially important impact appeared to be a major determinant in understanding Salina's lifeworld and

her sense of self. However, at the same time, this particular reading has to remain tentative and requires further corroboration. Salina's meaning making surrounding spirituality was reflecting a 'subjective experience' that is part of the mind's function which is 'intuitive' and also includes 'feelings'. Nonetheless, the similarities between Salina and Brigit in terms of their understanding of spirituality add weight to the interpretations.

According to the therapists' experience, there was the tendency for self-aggrandisement to present itself by developing a sense of connectedness to something bigger, which has been addressed as a *sense of spirituality* in this study. This symbolised as the belief in the therapist's own spiritual accomplishment in which the pattern of 'spiritual self-importance' influenced conscious awareness to protect the ego. Since the journey was a path of ego transcendence, this experience reflected the way in which the self efforts to prevent its own destruction through reconstruction of itself under the disguise of spirituality. This provided a vivid and detailed picture of how personal meaning making is an irreducible part of Being-in-the-world. Most importantly, the analysis of the therapists' lived experiences of VT deepened and extended the idea of spirituality as part of their personal meaning making process, pointing to the need for a theoretical understanding which is *existentially real* and not simply *abstractly true* (May, 1958, p. 12).

This is just a transcendental form of emotional survival of trauma impact. On the other hand, emotional and spiritual depletion described the experience of vicarious trauma when psycho-existential expectations were not being met, which led some therapists to consider retreating from the journey for a while. The contextual field for all of the therapists' lived experiences of VT and my subsequent theorising is a relational one; relational in the fullest sense of the word, what phenomenology calls the with-world (*Mitwelt*) (see chapter IV). For all of the therapists, the VT experience happened within their therapeutic interpersonal relationships. Their VT experience was always interpersonal and relational. It was related to the symptoms of internalised trauma and/or an empathic engagement with trauma survivors they cared for. The empirical analyses demonstrated that, VT gave rise to feelings of

hopelessness and vulnerability of self because of the therapist's *emotional and spiritual depletion* and their *transforming sense of identity*.

Receptivity: therapist's authenticity

What also was prominent in the therapists' lived experiences was the deconstruction of the 'self' through a process of self-inquiry, with the realisation that the 'self' could not be placed and thus could not be sought or transcended. The 'self' was seen as a subjective concept. When there was no point of self-reference, the experience of the client's post-traumatic growth would be also the therapist's feeling of growth and contentment. To the existential-phenomenological therapist the notion of a dialogical relationship is significant (Koestenbaum, 1980). A person can gain definition and potential in conversation in a therapeutic relationship. The self realises its uniqueness in relation to the other. 'It is through this relation that man [sic] becomes known to himself and to others as a self' (Buber, 1970, p. 80). This analysis characterised an alteration from Wilber's (1999) level four of rules and roles to belong, to creating one's own authentic position in existence. Authenticity is achievable by regaining fundamental parts of the 'self' that have been unseen to the person so that to be appreciated and accepted by others. There were the feeling states of 'sadness', 'spontaneity', 'a fiery intensity', and 'acceptance' in being authentic with others. A considerable decline in external pursuits of personal accomplishment and pleasure was also noted.

Our potential for self-awareness and self-knowledge can be gained through growth and development, which primarily occurs in the context of an interpersonal relationship. In relationship: letting our *self* be known to the other, the premise is that we have the potential for knowing ourselves: our Being-in-the-world more fully. The participants' stories revealed many qualities of a therapeutic relationship that they perceived to facilitate their transformation.

Brigit, Henry and Victor talked about a complexity to accept the reality of their perceptions, thoughts and feelings. They learned to accept the *self* through their trauma clients' acceptance of all aspects of them. With the clients' validation of them

they learned self-validation and to recognise the significance and value of their professional life experiences. They developed greater trust in themselves through their relationships with their clients' more and moved toward more *authentic being*. This corresponds with the literature of several authors and trauma therapists. Boeree (2009) is a mindful and existential psychotherapist. He restates the following as regards suffering and its connection to becoming an authentic being:

> Life is suffering. Life is at very least full of suffering, and it can easily be argued that suffering is an inevitable aspect of life. If I have senses, I can feel pain; if I have feelings, I can feel distress; if I have a capacity to love, I will have the capacity for grief. Such is life … one key to understanding suffering is understanding *anitya*, which means that all things, including living things …are impermanent… Yet only by acknowledging our lives as more a matter of movement than substance do we stand a chance at authentic being (p. 1).

Mindful trauma therapy

Among all the themes, *mindful trauma therapy* was given the greatest emphasis. The significance of the *present orientation* was obvious in the therapists' remarks supporting living in the moment, being present, and developing mindfulness. Therapists stated the significant feature of the *mindful practice* included the concept of *being with what is*. The characteristics expressed resonated what therapists reported, and included being grounded, having tranquillity and composure, not being attached, not getting overtaken, not being protective, being courageously present, and letting go.

The theme *mindful trauma therapy* could be identified as the foundation of drastic understanding which provides the therapist with superior resources, including the ability to transcend conventional temporal experiences ('timelessness'). Drastic understanding was a considerable shift in the therapist's consciousness in which there was transcendence in conventional ways of knowing and being. This focused on the ways in which some therapists were able to appreciate that time was a product of the mind. Mindful approach to trauma therapy means going out of time into the

dimension of the eternal moment which meant going out of the arrested development on the past and anticipation for the future.

Existential therapies and Gestalt have focused upon a present-centred approach to psychotherapy. Considering the present moment as everything that exists, the past is perceived to exist here and now in the form of history, recall, memory and nostalgia. The future is perceived to exist here and now in the form of hope, despair, dread, fantasy and anticipation. While one remembers the past or anticipates the future, one does so *now*. Recollection and anticipation are experienced now, and both past and future are present constructions of thought. The significance of having a mindful existence is well-founded within Buddhism (Buddhadasa, 1980).

Applying mindfulness to psychotherapy constructs the therapeutic process in connection with consciousness. This reflects back to Freud's perspective on the goal of therapy - *to make the unconscious conscious* - but goes beyond Freud's concepts on what the unconscious is and what the potentials are for inclusive consciousness. Defenses of unconscious bring about fixation and developmental detain. Psychotherapy brings thought to these defenses, avoidances, and reductions of consciousness. Unconsciousness maintains one fixed; on the other hand, mindfulness brings transformation and growth.

The findings of the study demonstrated that one of the personal beneficial effects of drawing upon mindfulness principles and techniques was that they helped participants to avoid vicarious trauma. Participants believed applying a mindfulness approach when dealing with trauma had contributed positively to minimising VT and enhancing their sustainability. The quality of being resilient and sustainable could be achieved through practices such as mindfulness meditation and also the beneficial effects of principles such as compassion or empathy with self-awareness. Angela, Maggie, Sarah and Salina were practising meditation that enhanced their sustainability. Victor was practicing Zen meditation along with 'intensive Christian Zen retreats' which enabled him to 'remain centred' while 'engaging' with clients and 'disengaging' from them.

According to the participants, and based upon their lived experiences, when they apply a mindful approach to their interventions they benefit from keeping their wholeness and integrity while dealing with trauma. A mindful approach is applicable only in the present moment, and the therapists emphasised the importance of the *here and now* as an essential means to develop self-awareness. Being able to live in the moment, even in a therapeutic relationship enables therapists to be in contact with clients' unfolding experiences. Thoughts, emotions, or feelings become the object of therapists' awareness in the moment they are experiencing. In other words, *being with what is* becomes the way of relating to their inner experience. Based upon their personal perceptions, the therapists support their clients in *being with what is* as a mechanism of developing a mindful, yet tender, patient for unwanted and unpleasant feelings and thoughts as regards recollecting traumatic events. The therapists highlighted the benefits of adopting a non-reactive attitude which the literature also supports (Germer, Siegel, & Fulton, 2005; Goldfarb, 1999).

The Reality of Suffering

In this study, therapists through acknowledging the emotional suffering noted that their own experiences of suffering as a result of clients' trauma impact enabled them to be more understanding of, and empathetic to, the suffering that their clients experience. Suffering caused by trauma impact emerged as a notion of key significance for the therapists, as evidenced in *the reality of suffering* becoming one of the study's major themes.

The sub-theme *an awareness of suffering* is an essential Buddhist tenet that therapists, who are involved in mindfulness practice, bring it into treatment (Kornfield, 1993). However, therapists do not normally having a tendency to induct the Buddhist perception of suffering that the fundamental origin of suffering is the division between the *ego* (I) and the *other* (Casper, 1974).

On the other hand, the ways in which such a division manifests, including having repugnance, or being attached, or having expectations, or misrepresenting what is (Ellis, 1989), are seen as illustrations of *the origin of suffering* by the therapists. The

origin of suffering sub-theme was also reflected in Dreifuss' (1990) theme of suffering, where therapists identified distortions, expectations, and trying to make things lasting, as debatable.

The sub-theme *suffering as a path* emerged from the study's discussions, such as in the significance of how the therapist holds client's suffering, and learns from it. The therapists' interpretations that brought about the sub-theme *suffering as a path* reflect both the Buddhist perceptions of it (Trungpa, 1976), and also the psychological outlook that life crises can cause a deeper self-realisation (Haule, 2000).

Evaluating the empirical findings and the analysis

Denzin (1984) proposed a set of criteria for evaluating the effectiveness of phenomenological interpretations and theories. These are discussed below and applied to the empirical and theoretical analyses presented in this thesis:

- Do the interpretations rest on thickly contextualised, thickly described materials and on concepts near to experience?
- Are the interpretations historically embedded and temporally grounded?
- Do the interpretations reflect emotion as processes that are relational and interactive?
- Do the interpretations engulf what is known about the phenomena?
- Do the interpretations incorporate prior understandings and interpretations as part of the final interpreted, understood structural reality?
- Do the interpretations cohere?
- Do the interpretations produce understanding: that is, do the elements that are interpreted coalesce into a meaningful whole?
- Are the interpretations unfinished?

I would contend that the analytical and interpretative work presented in the Chapter VI is reasonably successful when evaluated against the criteria described above. In terms of the first criteria, the discussions on '*internalising survivors' trauma*' provide rich, complex and nuanced descriptions of the lived experience of VT for the

participants. The interpretative analyses of the therapists' descriptions illuminate how the lived-experience of VT is an intricate mix of conscious and unconscious concerns and cognitions.

Importantly, they draw attention to how the lived body is the central point of reference in conferring meaning on the experience of VT. As the PTSD-like symptoms in vicariously traumatised therapists are mostly reflect the psychosomatic symptoms similar to the trauma survivors (Herman, 1992). In addition, they reveal how the emotional experience imposes itself forcefully on the sense of self. This interpretation is evidenced in the therapists' descriptions of how their VT experience might transform them.

In addition, the theme *processing trauma* brings to light the wide range of coping and surviving strategies that the therapist make use of; this finding emphasises the need to recognise different types and styles of the therapists' trauma processing as explored in this study. *Transforming trauma* interprets the therapists' meaning making around their VT experience as a form of existential growth whilst *internalising trauma* highlights the consequences for the sense of self when this meaning making breaks down.

The empirical analyses pay careful attention to the existential, spiritual and psychological dimensions of the therapists' lived experiences of VT. The interpretative analyses refer to how developing a sense of connecting with the spiritual dimension influence the therapists' attitude, worldview and their wellbeing. *Integrating the trauma impact* or *living trauma* demonstrates how the existential trauma therapy influences therapists' meaning-making. It is in the analyses of their lived experiences of VT that the temporal authentic sharing of the emotion, in the form of empathy, and subsequent behaviour is best exemplified. The detailed idiographic and inductive nature of the current study allowed a focus on each participant, which demonstrated how the lived experience of VT shifted when dealing with trauma survivors.

The third criterion asks whether the interpretation reflects the emotion as a relational and interactive process. This interpretation is evident throughout the thesis: it can be seen in the critical review of the psychological literature on empathy and emotion. The empirical analyses make explicit the relational field of the trauma therapists' empathy, and how their empathic engagement with the survivors' trauma material has been resulted in the VT experience.

The fourth criterion refers to whether or not the interpretations have reached saturation point. This is certainly the case with the most of the participants in this study; the exclusive focus on the lifeworld of Angela, Henry, Rebecca, Salina, Shiva, Sarah and Victor meant that interpretations could be worked over and refined in an iterative fashion.

I interpret criteria 5-7 as referring to the thesis in its entirety. The motivation behind this analysis was the wish to retrieve valuable ideas from the phenomenological literature to both enhance and challenge current psychological understandings of the therapists' lived experiences of VT. The interpretations offered throughout the thesis, I would hope and believe, are coherent both epistemologically and methodologically. I would argue that the thesis is consistent in the ways in which it evaluates the extent psychological literature; interrogates psychological methods; utilises IPA as a method for hermeneutic phenomenology; and makes some tentative suggestions for a theoretical understanding.

The simple answer to the final criterion as to whether the interpretation is unfinished is yes. Interpretations are inevitably provisional and incomplete (Denzin, 1984, p. 9). Nonetheless, it is hoped that the detailed and painstaking nature of the qualitative approach used in this thesis has, in capturing a snapshot of the therapists' lived experiences, demonstrated something true about them.

In sum, this thesis has made an empirical and theoretical contribution to an understanding of trauma therapists' personal meaning of VT. First, it has drawn attention to neglected dimensions in the psychological study of VT. Second, it has

demonstrated the value of an idiographic qualitative approach committed to describing, understanding and explaining lived experience. Third, it has illuminated the relevance of existential phenomenological concepts for a meaningful understanding of the individual lifeworld.

Limitations of this Study

There is a combination of limitations and strengths existing within this study that need to be addressed. Reflecting on the outcome, I noticed that a potential strength of this study is its key focus on the different existential and transformational experiences in trauma therapy as it applies to the therapists' personal meaning of VT. It provides a comprehensive account of each trauma therapist and their lived experiences of VT and supports these by connecting them to the existing literature. An additional strength in this study is my reflective involvement with each participant during the interview process. As I already was extremely involved in this research, I presented an existing knowledge base for this journey by reflecting on my own earlier experience of trauma therapy. This allowed me to become immersed in each participant's account. Such an engagement provided for a deeper discussion about the emerging major themes and sub-themes throughout the journey. From participants' feedback during the initial interviews, I realised the style of interview has the capacity for self-reflection along with a healing potential in relation to the existential impacts of trauma therapy. Asking for their feedback also helped to express my respect for their perspectives, and it also provided me with confidence that I was conducting an accurate interview. From this it reinforced and validated the robustness of the data being collected.

Furthermore, in one of the monthly IPA group meetings, I discussed my interview schedule with the members of the group and they identified some therapeutic dimensions of it. Paul Flowers[69] (2007) personally advised me to consider publishing

[69] Flowers, P. (2007). Glasgow IPA Development Group. Personal discussion with Paul Flowers on developing an Interview Schedule for my study, Department of Psychology, Glasgow Caledonian University

a journal article in relation to the therapeutic aspects of an interview based upon an IPA inquiry. In addition, I was interested to learn more about the different aspects of an existential/phenomenological-oriented interview from participants' perspectives. The most notable limitation of this study was that I decided not to limit particular aspects of trauma therapy to be examined. As a result the research required incorporating different aspects of trauma impact in their widest contexts, including the emotional, existential and spiritual dimensions of trauma therapy. The difficulties of this approach were most evident in undertaking the literature review. Hopefully, this limitation was not reflected in the outcomes, and the themes were in-depth, rich, and well supported compared to other studies and the wider literature.

The empirical analyses (Chapter VI) illuminated how 'crying' was part of the lived experiences of two participants when they were emotionally processing VT. This finding has both personal and social significance. When I went to the literature I was surprised how little psychological work has been carried out on this phenomenon (e.g. Carmichael, 1991) and my curiosity and enthusiasm increased. In addition, my sense is that the phenomenological aspect of IPA is sometimes underplayed. My intention is to bring this to the fore with studies on the phenomenon of crying. The phenomenological method aims to reveal the essences and meanings of the lived experience of a particular phenomenon. Thus a study, which focuses on developing thorough and comprehensive descriptions from which a universal description of the phenomenon can be built, would be both challenging and inspiring.

One also could argue that the sample size of eighteen participants is comparatively small. Apart from the fact that the literature regarding IPA approach supports small sample size, as already discussed in chapter IV, my objective was to limit the sample size in order that I could get a deeper interpretations of the emerging themes on the journey. The IPA method of analysis was a good choice, and it was adequately structured to help me maintain my focus with a great amount of data.

I intended to stay in tune with what interpretative phenomenological analysis had offered. In so doing, however, it becomes obvious that limited claims in terms of

generalisability could be made. Nevertheless, the study findings revealed how trauma therapists manage the vicariously traumatic effects of dealing with trauma survivors. The study findings are validated by analogous findings in the related literature and is transferable to similar environments and beyond, to other helping professionals' working settings.

Moreover, just four of the eighteen participants were male and no gender distinctions in connection with trauma impact experiences were considered. The possible argument here might be that this suggests that women and men share similar experiences as regards trauma impact, in particular the existential impact of trauma practice, which is not certainly the case. A notable strength of the study regarding the sample was that it was multicultural-oriented, by chance, and also included therapists from different professional backgrounds and disciplines.

As discussed earlier, a method for researching lived experience, like IPA, should reflect what is useful in the researchers own persona1 experience with the phenomenon in question. While this point is a hallmark of phenomenology, its application to an existential-oriented research is central. In interviewing participants about their experiences, knowing my own experiences with the phenomena under study, and knowing that there are research traditions that value these ways of knowing, I include my lived experience *in-the-moment* as one means of *validating* what I am interviewing for. It is this observing and suspended awareness that I bring to the interview process and also when I was coding and interpreting data.

I consider what I discussed here are major limitations to this study. It is also essential to be aware of the fact that the themes described in this study are not a predetermined representation for what it is like for every therapist to be on a journey of trauma therapy. Therefore, no claim could be made that every trauma therapist will reverberate with these experiences.

I had reflections on different stages of the study to make sure that this research was not merely a projection of my biases. I commenced by acknowledging my own

personal experience as an ex-therapist and involvement in the journey. Although I employed *bracketing* to this study, however, all of my personal biases, even with these foresights, could not ultimately be eliminated. However, hopefully, this study will invite therapists new to this topic to consider the extensive nature of trauma work and for those who are on an existential journey to explore how these themes emerge in their personal and professional lives.

Last but not least, this study was not intended to prove anything per se, but rather engage with therapists who have been on a journey of trauma therapy to share their visions and experiences in order that the meanings might reveal themselves. I will now consider the unexplored areas for prospective research.

Unexplored areas for prospective research

As the therapeutic journey is a developmental[70] path, in hindsight, I would like to leave at least two or three years between interviews to give therapists more time for their reflections on their journey. I set up this view on the feedback I got from therapists that some of them were reflecting more knowingly about how they gained inspiration from existentialism and the place of *meaning* in trauma therapy following their interviews. However, I acknowledge that a longitudinal approach would have set more of a developmental focus to the research that was not initially intended, and so it remains an opportunity for prospective research.

Another important recommendation is the need for further research on the therapeutic journey itself. The therapists' accounts may be considered as small introductions into what it is like to be on the journey of trauma therapy through an existential lens. As passionate researchers, it is essential that we never cease to involve with discussions as regards the journey. There is a constant praise of a *never-ending-process* for the therapist's personal developmental journey. This enables us to be ready to consider the unfolding mystery of their journeys.

[70] According to the findings of this study

In connection with the existing literature on the subject, there is substantial capacity for further examinations that focus on different characteristics of trauma therapy and vicarious trauma (e.g., trauma nature), or processing mechanisms (e.g., mindfulness), or linked approaches (e.g., transpersonal psychology[71]) and traumatic affiliation (e.g., the therapeutic relationship), schools (e.g., logotherapy, existential therapy), and presenting issues (e.g., existentialism). In addition, in-depth studies investigating the experiences of both trauma therapists and clients on a therapeutic journey would possibly be enlightening.

Having factors like personal and organisational stressors that some therapists found even more traumatising than their clients' trauma, it would be helpful for additional research to be done that focuses on the key levels of organisational support. This would include the managerial style, teamwork activities and the numbers of hours therapists can deal with traumatised clients in a sensibly unbiased way.

Limitations of conventional psychology in trauma practice

Absence of self-development and the inadequacy of conventional psychological understandings and strategies to meet therapists' needs were identified as the key limitations of psychology in trauma practice. A notable inadequacy is the criticisms of conventional psychology as absent strategies for developing therapeutic awareness (Speeth, 1982) that many therapists consider Buddhist mindfulness can address (La Torre, 2002). The same as with self-development, therapists in the literature mostly emphasise the potential for mindfulness to enhance mainstream approaches, rather than the inadequacies of those approaches.

[71] Combination of Jungian psychology, psychosynthesis, and Eastern mysticism. It emphasises meditation, prayer, and self-transcendence. Carl Jung apparently was the first to use the expression "transpersonal" (ueberpersoenlich), in 1917. Psychiatrist Stanislav Grof, the co-developer of Holotropic Breathwork, coined the name "transpersonal psychology." (Raso, 2000).

The therapeutic journey and the trauma therapist

As an ex-therapist, I perceived that although this study does not specifically address the therapeutic relationship, the findings appear to have some implications for trauma therapy that need to be addressed. Trauma therapists can meet both the needs of their own and their clients on a therapeutic journey by familiarising themselves with the comprehensive literature rather than just following a traditional, conventional psychological and therapeutic knowledge. According to therapists' expressions, we are beginning to notice clients dealing with some issues across the spectrum of *meaning*, *consciousness* and *spirituality* within the trauma context. The themes presented in this study imply a number of latent areas of concern to be identified for those therapists entering the therapeutic session having been on a journey of *meaning* influenced by VT. It would appear a call for trauma therapists to begin their own journey is required.

We have several therapists who have included their own transformational journey at the same time integrating it into their own professional practice (Almaas, 1995; Prendegast, 2003; Wolinsky, 1996). According to Fenner (2003), nowadays there is a close link between Western therapists and masters from the Eastern Wisdom traditions which is more welcoming in the psychotherapy and counselling fields. As an example from this study, one participant, Victor, has been able to integrate his own psycho-existential transformations in working with the young homeless population. He tried to facilitate the journey in others by leading psycho-existential workshops and daily meditation retreats in the organisation he used to work as the director.

The findings of this research provide the reader with a glance into what does it mean to be a trauma therapist on a journey of meaning influenced by VT. Therapists of this study, by reflecting on their own experiences of dealing with traumatised clients, were willing to transcend conventional therapeutic processes. The integration of conventional psychotherapy with mindfulness therapeutic approaches is occurring.

With mindfulness some contemplative practices comprising zazen[72] and vipassana[73] meditations are utilised to develop self-awareness beyond the conditional mind-body. In particular with zazen meditation we can embrace a specific attitude and adopt a witnessing position, in which we merely observe what appears in the present moment. This provides for a counter-identification from conditioned emotional states and thought patterns (Suzuki, 2005). Shiva, one of the participants, benefited from the vipassana meditation to dis-identify from over-empathising and getting traumatised with tragic thoughts concerning his trauma clients.

As already discussed in Chapter VI, self-inquiry is a comparable approach used by mindful therapists, like Shiva, in facilitating dis-identification from the mind-body. Wolinsky (1996) found that by prompting clients to ask themselves 'From where does that thought arise?' (p. 19) every time a thought appeared in their mind, an instant of tranquil silence was gained. Even for therapists this approach could be useful to prevent vicarious trauma. The more therapists practice mindful techniques (e.g. self-inquiry, zazen and vipassana) the more they sustain the unconditioned mind.

Another approach to mindfulness trauma therapy is integrating suppressed aspects of the self generally identified as 'Shadow Work' in Jungian psychology. According to Miller (1991), revealing the content of our projections, reviewing our sense of humour, analysing our slips of the tongue, and examining our dreams enable us to

[72] 'The disciple sits in a quiet room, breathing rhythmically and easily, with legs fully or half crossed, spine and head erect, hands folded one palm above the other, and eyes open. Logical, analytic thinking is suspended, as are all desires, attachments, and judgments, leaving the mind in a state of relaxed attention. The practice was brought to prominence by Dogen, who considered it not only to be a method of moving toward enlightenment but also, if properly experienced, to constitute enlightenment itself' (Britannica, 2009).

[73] 'It aims at developing understanding of the nature of reality by focusing a sharply concentrated mind on physical and mental processes. The meditator comes to understand, through personal experience, the truths of *dukkha* (suffering), *anicca* (impermanence), and *anatta* (lack of an enduring self). It is a process of mental purification that leads to abandonment of the roots of unwholesome actions, eradication of ignorance, and attainment of nirvana' (Britannica, 2009).

become ever more aware of how we have rejected unwanted features of ourselves. One of the therapist's tasks would be to find out their own shadows in order to observe its process and integrate it into self-awareness. This also would enable therapists for early identification of dysfunctional empathy, e.g. attachment and counter-transference, which is very important to avoid vicarious traumatisation.

Implications

What implications have the study to offer for the therapists, who were deeply impacted by their experiences of the client's trauma? As stated by Herman (1992), the essence of psychological trauma experience is disconnection and disempowerment. As a result not only clients, but also the vicariously traumatised therapists, need to be with an empathic other. This and other already discussed areas of concern highlighted by the study lead us towards a discussion of the implications. This study has presented in detail the therapists' personal meaning of VT experience. It explained more thoroughly the different protective, adaptive and transformative strategies used by trauma therapists to manage VT. Therapists from different disciplines and supervisors may consider a glimpse to the findings of this study and bring awareness to the level at which they are processing the trauma impact and to the type of strategies that could be appropriate to integrate into their personal and professional life. The guiding principles (superordinate themes) of the study assist to demonstrate and explain challenges that trauma therapists will probably be faced with in the different stages of managing VT.

In general the findings could inform trauma therapists as well as their supervisors and agencies in their tasks of raising awareness, supporting, improving self-evaluation and providing appropriate strategies and interventions.

Implications for trauma practice

The main duty for all helping professionals dealing with trauma clients, particularly for beginning therapists, is to accept that trauma impact is an inseparable part of trauma practice. Bringing up awareness of trauma impact and transforming this multifaceted phenomenon may help to conquer the stigma attached to therapists

being afflicted and distraught, in order that appropriate treatment or support will be sought when required.

Therapists who deal with trauma survivors will benefit from knowledge building in trauma, trauma impact and transforming strategies, and from developing a psycho-existential frame of reference. Moreover, for wounded-healers, it is recommended to have personal therapy to work through their own personal trauma. The most important thing is to choose a mentor and supervisor who is competent in the trauma domain, preferably one who is also well aware of the supervisee's therapeutic approach; and finally to create supportive professional relationships and environment.

The study informs us about the significance of having a moderate caseload for trauma therapists, with adequate breaks, visiting only a restricted number of clients per work day, and particularly restricting the number of severely traumatised clients, and that they have a variety of clients. This is important not merely for the therapists' well-being, but also for the quality of service they are capable of offer to the clients. Therapists are encouraged to be careful about creating clear professional boundaries to avoid over-empathising as well as overreacting and to become more mindful of being connected with their 'self' and others. The study implies that it is indispensable for trauma therapists to have space in which to feel and reflect; so that process the impact of the potentially rich experiences that personal and professional life could provide. Summarising what have already been discussed by (a) developing a high level of self-awareness, (b) being connected with self and others (c) and having an open heart and mind, the insufferable will ultimately transform distressful experiences into compassion, wisdom and fulfillment.

Implications for effective training and supervision in trauma practice

The scope of individual protective, adaptive and transformative strategies reported by the therapists was associated with their considerable work experience and a great level of self-awareness. This awareness may be more self-generated than the

outcome of any formal education, in view of the absence in training about work-related trauma impact. Nevertheless, including protective, adaptive and transformative strategies in formal education may well reduce beginning therapists from experiencing any preventable suffering.

For learning contexts to be effective in providing training and supervision for trauma therapists they need to comprise of a substantial theoretical foundation which can lead to understanding the outcomes of psychological trauma, work-related trauma impact, mindful and spiritual perspectives, and transformative strategies. Supervisors and trainers, by implication, should be able to address therapists' psycho-existential needs at all levels to identify when therapists are in a state of lack of balance and assist them. Supervisors should not just address supervisees' personal limits but rather highlight their strengths and capacities for further personal and professional growth.

This study highlights that there is an absence of adequate training and support for mindfulness-based trauma practice. Furthermore, there is a need to consider alternative programmes and support systems for the therapist's well-being and training. These programmes and support systems would benefit multi-disciplinary groups of helping professionals, and I would suggest including mindfulness therapies for dealing with work-related trauma impact.

Implications for trauma support agencies and organisations

The study reveals that trauma-related issues increase interpersonal and intrapersonal traumatic stress. Therefore, the need for agencies and organisations whose staff deal with a variety of trauma survivors, including those from domestic abuse, crime, violence, addiction, loss and bereavement fields, to construct a supportive, respectful and safe workplace.

One of the major concerns resulting from this study for organisations and agencies is to construct support systems for their therapists that will get better quality of treatment, and will in turn assist with the prevention of staff stress-related difficulties

(Herman, 1992). Therefore, related agencies and organisations should also offer adequate opportunities for their trauma workers to receive regular consultation, supervision and continuing education. It is indispensable to provide competent trauma supervision that will enhance therapeutic skills as well as therapists' sustainability thus the effects of trauma impact could be understood, shared and become lighter.

Therefore, an employer in the trauma field requires to promote constant improvement and service integration in providing support for their staff, particularly those directly dealing with trauma survivors. These therapists are under the influence of high level of vicarious traumatisation, which manifest as compassion fatigue, burnout or secondary traumatic stress, and brings about to high level of employee turnover. This considerably affects both the clients and the agency's aptitude to present its mission statement, which in the current culture inclines to embrace excellence, professionalism, multiculturalism, creativity and respect. As a result, the findings implied by this research, to some extent can resource organisations and agencies in identifying areas of growth, enhancing both therapists' self-developmental and professional skills, and motivating their therapists toward mindfully managing work-related trauma impact.

Conclusion

This thesis has been a portrayal of trauma therapists' lived experiences and their personal meaning of VT. In addition, their developmental and transformational understandings in a traumatic/therapeutic setting along the therapeutic journey have been explored.

In addition, I would state carrying through this thesis also had a journey quality to it. I am very obliged to have been invited into the lives of each participant and enabled to reflect on the journey together. Hopefully sharing these experiences has enabled the reader to gain a deeper understanding of what it means to be a trauma therapist on a therapeutic journey and what potential transformational experiences are expected in this journey. This research revealed that through the context of *meaning*

and *meanings* shared, both researcher and participant profoundly influenced and affected one another. The most important aspect of this interaction is an invitation to reflect on the availability of phenomenological and existential dimensions found in the trauma therapy journey and how it impacted on therapists in developing their personal and professional lives in trauma field.

The aim of this study was to use the interpretative phenomenological analysis approach to discover how a number of trauma therapists defined their lifeworld when dealing with traumatised clients, and how their definitions formed their attitudes, actions and reactions. The themes give an insightful overview of what it means to be a trauma therapist on a therapeutic journey influenced by VT. In addition, each theme provides detailed information about ways in which mindfulness approach can be drawn on in therapy, for both therapists and clients.

This thesis explained different levels of managing the VT impacts by therapists. It also revealed the therapists' psycho-existential developments influenced by their personal meaning of VT. In addition, it demonstrated how therapists benefited from the potential positive aspects of VT. The processes of existential and psychosocial development that emerged from the findings focus on cognitive and operative strategies utilised by trauma therapists to manage the negative impact of trauma and, to some extent, transform it.

The therapists who became aware of the trauma impact, used preservative strategies to protect themselves from suffering by realising that suffering is part and parcel of the journey. Through raising awareness, the therapists were processing the trauma impact and devise existential strategies to balance the impact. By applying a mindful approach, the therapists integrated the trauma impact into their work, which enabled them to enhance their sustainability. Those therapists also had the competency to sustain their psycho-existential and spiritual wellbeing.

Throughout this study, the consistency of symbolic interactionism, one of the philosophical underpinnings of interpretative phenomenological analysis in

connection with trauma therapy, is evident. One of the focuses of this research was on the nature of the therapeutic affiliation or *social interactions* between trauma therapists and trauma survivors and how intensely they influenced and affected one another. The therapists' personal interactive processes in connection with how they manage the clients' trauma impacts presented well in this study. The therapists acted both in reaction to their interactions with their clients (*interpersonal*) as well as their own reflections (*personal*) which refers to their internal processing and interpretations. However, some went beyond *personal* and *interpersonal* aspects of the therapeutic processes and reported *transpersonal dimensions* of therapeutic relationships and interactions with traumatised people.

Similar to their clients, trauma therapists are impacted by their own interactive processes and also by their interpretations of the past, as discussed earlier in this chapter. However, they could advance to an integrated non-dualistic state of existence through self-awareness, transforming the experience of trauma impact and approaching existential aspects of a therapeutic journey.

Despite having a professional reference group (e.g. supervisors), a significant part of the *meaning making process* and raising *awareness* for the therapists occurred within their personal trauma processing and reflections throughout their journeys. However, the therapists' reliance and devotion seemed more holistic and deeper when they had a spiritual frame of reference.

This study reveals that despite all the distresses that the trauma therapists tolerated and regardless of all the suffering and trauma they endured and were exposed to, they survived. Furthermore, those therapists who successfully processed the trauma impact were able to transform the VT experience. This highlights the outstanding endurance, inner strength and high level of resilience they were capable of developing on their journey. As a result, the outcome of this research is an effective confirmation of the significance of human resilience, intimacy and the great potential for self-awareness and growth.

Psychology is a broad field and qualitative methods can only enhance the discipline. Similarly, phenomenology and psychology share many of the same interests and concerns; one of the great pleasures throughout the thesis has been engaging with the ideas of phenomenological thinkers and looking at what light they shed on psychological topics. Many of these ideas might be currently unfashionable but I believe they resonate with the therapists' lived experiences.

References

Absolon, K. (1993). Healing as Practice: Teachings From the Medicine Wheel, a commissioned Paper for the Wunska Network, The Canadian Association of Schools of Social Work.

Adler, A. (1964). *Social Interest: A Challenge to Mankind.* New York: Putnam and Sons.

Aldwin, C.M. (1994). *Stress, coping, and development: An integrative perspective.* New York: The Guilford Press.

Allen, P G. (1986). *The Sacred Hoop*. Beacon Press, Boston.

Almaas, A. H. (1995). *Luminous Night's Journey.* Berkeley, CA: Diamond Books.

Anderson, J. (1987). The cultural context of caring. *Canadian Critical Care Nursing Journal, 4* (4), 7-13.

Antonovsky, A. (1979). *Health, Stress and Coping: New Perspectives on Mental and Physical Well-Being.* San Francisco: Jossey-Bass Publishers.

Antonovsky, A. (1987). *Unraveling the Mystery of Health: How People Manage Stress and Stay Well.* San Francisco: Jossey-Bass Publishers.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders (4th ed.)*. Washington DC: Psychiatric Association American.

American Psychiatric Association. (2010). Performance in Practice: Clinical Tools to Improve the Care of Patients with Posttraumatic Stress Disorder. Retrieved 22 April, 2010, from

http://www.psych.org/MainMenu/EducationCareerDevelopment/LifeLongLearning/APAOnlineCME_1/PerformanceinPracticeclinicalmodule/PIP-PTSD.aspx

American Psychological Association. (2010). Warning signs of trauma-related stress. Retrieved 22 April, 2010, from http://www.trauma-pages.com/h/ts-warng.php

Achterberg, J. (1985). *Imagery and healing: Shamanism and modern medicine*. Boston: New Science Library - Shambhala Publications.

Ashworth, P. (2003). An approach to phenomenological psychology: The contingencies of the lifeworld. *Journal of Phenomenological Psychology*, 34, 145-156.

Babylon Online Dictionary (2009). Buddhism Glossary. A hyper-linked glossary for Buddhism: No of entries 91. Retrieved 18 November, 2009, from http://dictionary.babylon.com/Karma

Baier, K.E.M. (1957). *The Meaning of Life*. Canberra: The Canberra University College.

Baird, R.M. (1985). Meaning in life: discovered or created? *Journal of Religion and Health, 24* (2), 117-124.

Baldwin, C, (1991). *Life's Companion: Journal writing as a Spiritual Quest.* New York: Bantam Books.

Bass, E. & Davis. L. (1988). *The Courage to Heal.* New York: Harper and Row.

Baumeister, R.F. (1991). *Meanings of Life*. London: The Guildford.

Beck, C.T. (1993). Qualitative research: The evaluation of its credibility, fittingness, and auditability. *Western Journal of Nursing Research, 15*, 263-266.

Becker, E. (1975*). Escape from Evil*. New York: Free Press.

Bee, H. (1996). *The Journey of Adulthood (3rd ed.).* New Jersey: Prentice Hall.

Benater, M. (2000). A qualitative study of the effect of a history of childhood sexual abuse on therapists who treat survivors of sexual abuse. *Journal of Trauma & Dissociation, 1* (3), 9-28.

Boeree, C. G. (2009). Towards a Buddhist Psychotherapy. Retrieved 25 August, 2009, from http://webspace.ship.edu/cgboer/buddhapsych.html

Bopp, J., Bopp, M., Brown, L., & Lane, P. (1984). *The Sacred Tree.* Lethbridge: Four Worlds Development Press, University of Lethbridge.

Bower, J.E., Kemeny, M.E., Taylor, S.E., & Fahey, J.L. (1998). Cognitive processing, discovery of meaning, CD4 decline, and AIDS-related mortality among bereaved HIV seropositive men. *Journal of Counselling and Clinical Psychology, 66* (6), 979-986.

Brady, J. L., Guy, J. D., Poelstra, P. L., & Brokaw, B. F. (1999) Vicarious traumatization, spirituality, and the treatment of sexual abuse survivors: A national survey of women psychologists. *Professional Psychology: Research and Practice, 30*, 386–393.

Brazier, D. (1995). *Zen therapy: Transcending the sorrows of the human minds*. New York: Wiley.

Brazier, C. (2003). *Buddhism on the couch: From analysis to awakening using Buddhist psychology*. Berkley: Ulysses Press.

Briere, J. (1994). A self-trauma model for treating adult survivors of severe child abuse. In APSAC (Ed.), *Handbook on child maltreatment*. Newbury Park, CA: Sage.

Briere, J. (2001). *Treating adult survivors of severe childhood abuse and neglect: further development of an integrative model*. Auckland: author.

Britannica (2009). Definitions of Zazen and Vipassana. Retrieved 18 November, 2009, from http://www.britannica.com/EBchecked/topic/656096/zazen and http://www.britannica.com/EBchecked/topic/629734/vipassana

Britannica Concise Encyclopaedia. (2005). Definition of Chakra. Encyclopaedia Britannica, Inc. No. of Entries: 30498

Brock, R. N. (1989). *On Mirrors, Mists and Murmurs. In J. Plaskow & C. Christ (Eds.) Weaving the Visions (pp.235-243).* New York: Harper San Francisco.

Bruner, J. (1990). *Acts of Meaning.* Cambridge, MA: Harvard University Press.

Bryman, A. (2008). *Social research methods (3rd Ed).* Oxford; New York: Oxford University Press.

Bucke, R.M., (1969) Cosmic consciousness. New York: E.P. Dutton.

Buddhadasa, B. (1980). *Anapanasati (mindfulness of breathing) (B. Nagasena, Trans).* Bangkok, Thailand: Sublime Life Mission.

Calhoun, L.G. & Tedeschi, R.G. (1990). Positive Aspects of Critical Life Problems: Recollections of Grief. *Omega. 20* (4), 265-272.

Calhoun, L.G. & Tedeschi, R.G. (1998). Posttraurnatic Growth: Future Directions. In Tedeschi, R.G., Park, C.L. & Calhoun. L.G. (Eds.), *Posttraumatic Growth: Positive Changes in the Aftermath of Crisis.* Mahwah, NJ*:* Lawrence Erlbaum Associates.

Camus, A. (1954). *The Stranger. (S. Gilbert, Trans.).* New York: Vintage Books.

Carmichael, K. (1991). Ceremony of Innocence: tears, power and protest. Basingstoke: MacMillan.

Carmil, D. & Breznitz, S. (1991). Personal trauma and world view – Are extremely stressful experiences related to political attitudes, religious beliefs, and future orientation, *Journal of Traumatic Stress, 44* (3), 393-405.

Carver, C.S. (1998). Resilience and Thriving: Issues, Models and Linkages. *Journal of Social Issues. 54* (2), 245-266.

Cassell. (1982). *Cassell's English Dictionary (fourth ed.).* London: Cassell.

Chalmers, D. (1995). Facing up to the problem of consciousness. *Journal of Consciousness Studies*, 2, 200-219.

Chapman, E., & Smith, J.A. (2002) Interpretative phenomenological analysis and the new genetics, *Journal of Health Psychology, 7,* 125-130

Choedroen, P. (1997). *When things fall apart: Heart advice for difficult times*. Boston: Shambhala.

Cohen, L.H., Cimbolic, K., Armeli, S.R. & Hettler, T.R. (1998). Quantitative Assessment of Thriving . *Journal of Social Issues. 54* (2), 323-336.

Colaizzi, P.F. (1978). Psychological research as the phenomenologist views it. In R.S. Valle & M. King (Eds.), *Existential-phenomenological alternatives for psychology* (pp. 48-71). New York: Oxford University Press.

Concise Oxford English Dictionary. (2004). Oxford University Press. No. of Entries: 78754

Conrad, P. (1987). The experience of illness: Recent and new directions. *Research in the Sociology of Health Care, 6,* 1-31.

Cooper-White, P. (1995). *The Cry of Tamar.* Minneapolis: Fortress Press.

Copeland Cooper, W. (1997). Nursing by Intuition. *The Canadian Nurse, June, 49.*

Cortright, B. (1997). *Psychotherapy and spirit. Theory and practice in transpersonal psychotherapy*. Albany, NY: SUNY Press.

Cowley, A. S. (1993). Transpersonal social work: A theory for the 1990's. *Social Work, 38* (5), 527-534.

Cramer, M. A. (2002). Under the influence of unconscious process: Countertransference in the treatment of PTSD and substance abuse in women. *American Journal of Psychotherapy, 56* (2), 194-210.

Charmaz, K. (1995) "Between Positivism and Postmodernism: Implications for Methods." *Studies in Symbolic Interactionism, 17*: 43-72.

Charon, J. (1979). *Symbolic interactionism: An introduction, an interpretation, an integration.* Englewood Cliffs, NJ: Prentice Hall.

Chu, J. A. (1991). Repetition compulsion revisited: Reliving dissociated trauma. *Psychotherapy, 28* (2), 327-332.

Commonwealth Fund. (2010). Women's abuse statistics, Retrieved 22 April, 2010, from http://www.commonwealthfund.org/

Courtenay, B., Merriam, S.B., & Reeves, P.M. (1998). The centrality of meaning-making in transformational learning: how HIV-positive adults make sense of their lives. *Adult Education Quarterly, 48* (2), Winter, 65-84.

Cramer, M. A. (2002). Under the influence of unconscious process: Countertransference in the treatment of PTSD and substance abuse in women. *American Journal of Psychotherapy, 56* (2), 194-210.

Damasio, A. R. (1994). *Descartes' error*. New York: Grosset/Putnam.

Dass, R. & Bush, M. (1992). *Compassion in Action.* New York: Bell Tower.

Davis, J. & Weaver, J. (1982). Dimensions of Spirituality. In C. Spretnak (Ed.) *The Politics* of *Women's Spirituality* (pp. 368-373). New York: Anchor Books

Decker, L. R. (1993). The role of trauma in spiritual development. *Journal of Humanistic Psychology, 33,* 33-46.

DeMarinis, V. (1993). *Critical Caring.* Louisville: John Knox Press.

Denzin, N. (1984). *On Understanding Emotion*. San Francisco: Jossey-Bass.

Dion Buffalo, Y. R. (1990). Seeds of Thought, Arrows of Change: Native Storytelling in Metaphor. In T. A. Laidlaw, C. Malmo, & Associates (Eds.) *Healing Voices* (pp. 118 -142). San Francisco: Jossey-Bass Publishers.

Dossey, L. (1993). *Healing Words: the Power of Prayer and the Practice of Medicine*. San Francisco: Harper Collins.

Downing, C. (1989) Artemis. In J. Plaskow & C. Christ (E d s.) *Weaving the Visions* (pp. 119-127). New York: Harper San Francisco.

Dreifuss, A. (1990). A phenomenological inquiry of six psychotherapists who practice Buddhist meditation., *Dissertation Abstracts International, 51* (05), 2617B.

Dunbar, H. & Mueller, C. (1995). Women and HIV: The process of transcendence. *Arete, 20,* 6-15.

Dunn, D.S. (1994). Positive Meaning and Illusions Following Disability: Reality Negotiation, Normative Interpretation, and Value Change. *Journal* of *Social Behavior and Personality. 9* (5), 123-138.

Dunning, C. M., & Silva, M. N. (1980). Disaster-induced trauma in rescue workers. *Victimology, 5*, 287-297.

Elliott, R., Fischer, C.T. & Rennie, D. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology, 38,* 3, pp. 215-229.

Ellis, A. (1989). *Anger: How to live with and without it*. South Melbourne, Australia: Sun Books.

Ellis, J. (1990). The Therapeutic Journey: A Guide for Travellers. In T. A. Laidlaw, C. Malmo, & Associates (Eds.) *Healing Voices* (pp. 243-2711), San Francisco: Jossey-Bass Publishers.

Ellison, C. W. (1983). Spiritual well-being: Conceptualization and measurement. *Journal for the Scientific Study of Religion, 4,* 330–340.

Engler, J. (1984). Therapeutic aims in psychotherapy and meditation: Developmental stages in the representation of the self. *Journal of Transpersonal Psychology*, *16* (1), 25-61.

Epstein, M. (1986). Meditative transformations of narcissism. *Journal of Transpersonal Psychology*, *18* (2), 143-158.

Epstein, M. (1995). *Thoughts without a thinker: psychotherapy from a Buddhist perspective.* New York: Basic Books.

Erikson, E.H. (1963). *Childhood and Society (2nd ed.).* New York: Norton.

Express Scribe V4.22. (2008). Transcription Software for Typists, ©NCH Swift Sound Retrieved June, 25, 2008, from: www.nch.com.au/scribe

Fabry, J.B. (1968). *The Pursuit of Meaning: Logotherapy Applied to Life.* Boston: Beacon.

Fenner, P. (2003). Nonduality and therapy. In J. Prendegast, P. Fenner, & S. Krystal (Eds.). *The sacred mirror: Nondual wisdom and psychotherapy.* Minnesota: Paragon House.

Figley, C. R. (1989). *Helping traumatized families.* San Francisco: Jossey-Bass.

Figley, C. R. (1995a). Compassion fatigue: Toward a new understanding of the costs of caring. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (pp. 3-28). Lutherville: Sidran Press.

Figley, C. R. (1995b). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized.* New York: Brunner/Mazel.

Figley, C. R. (1998). Burnout as systematic traumatic stress: A model for helping traumatized family members. In author (Ed.), *Burnout in families: the systemic costs of caring*. Boca Ratong, Florida: CRC Press.

Flowers, P. (2007). Glasgow IPA Development Group. Personal discussion with Paul Flowers on developing an Interview Schedule for my study. Department of Psychology, Glasgow Caledonian University.

Flowers, P., Smith, J. A., Sheeran, P. & Beail, N. (1997). Health and romance: Understanding unprotected sex in relationships between gay men. *British Journal of Health Psychology*, 2, 73-86.

Flowers, P., Duncan, B. & Knusson, C. (2003). Reappraising HIV testing: An exploration of the psychosocial costs and benefits associated with learning one's HIV status in a purposive sample of Scottish gay men. *British Journal of Health Psychology*, 8, 179-194.

Fleury, M.L. (1984). *The Healing; Bond: Human Relation Skills for Nurses and other Health- Care Professionals*. New Jersey: Prentice-Hail Inc.

Folkman, S. (1997). Positive Psychological States and Coping with Severe Stress. *Social Science and Medicine. 45* (8), 1207-1221.

Fowler, J. (1981). *Stages of Faith*. New York: Harper and Row.

Fontana, A. & Fry, J. H. (2000). The interview: From structured questions to negotiated text. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research.* Second edition. Thousand Oaks: Sage, pp. 645-672.

Fowler, J. (1981). *Stages of Faith*. New York: Harper and Row.

Fowler (1983). Stages of faith. PT conversation with James Fowler. *Psychology Today, 17*, 56-62.

Frankl, V.E. (1965). *The Doctor and the Soul: From Psychotherapy to Logotherapy*. New York: Alfred Knopf.

Frankl, V. E. (1962). *Man's Search for Meaning.* Boston: Beacon Press.

Frankl, V. E. (1997). *Man's Search for Ultimate Meaning.* New York: Plenum Press.

Frankl, V. E. (1967). *Psychotherapy and Existentialism.* New York: Simon and Schuster.

Frankl, V. E. (1969). *The Will to Meaning: Foundations and Applications of Logotherapy*. New York: World Publishing.

Frankl, V.E. (1978). *The Unconscious God: Psychotherapy and Theology*. New York: Simon and Schuster.

Frankl, V. E. (1984). *Man's Search for Meaning*. Boston: Beacon.

Freud, S. (1912). Recommendations to physicians practising psycho-analysis (1912) (J. S. A. Freud, Trans.). In J. Strachey (Ed.), *The case of Schreber: Papers on technique and other works* (Vol. XII, pp. 109-120). London: The Hogarth Press and the Institute of Psycho-Analysis.

Freud, S. (1983). Die endliche und unendliche Analyse. In author (Ed.), *Gesammelte Werke* (Vol. Band XVI). Frankfurt am Main.

Freudenberger, H. J. (1984). Burnout and job dissatisfaction: Impact on the family. In J. C. Hansen & S. H. Cramer (Eds.), *Perspectives on work and the family* (pp. 95-105). Rockville, MD: Aspen.

Friedman, E.H. (1985). *Generation to Generation. Family Processes in Church and Synagogue.* New York: Guilford.

Friedman, M. J. (1995b). Neurobiological Research on PTSD. *PTSD Research Quarterly, 6* (4).

Fromm, E. (1949). *Man For Himself, An Enquiry into the Psychology of Ethics.* London: Routledge and Kegan Paul.

Gadow, S. (1989). Clinical Subjectivity: Advocacy with Silent Patients, *Nursing Clinics of North America, 24,* 535-542.

Gallagher, S. (1997). Mutual enlightenment: Recent phenomenology in cognitive science. *Journal of Consciousness Studies*, 4, 195-214.

Gale, J. (1993). A field guide to qualitative inquiry and its clinical relevance. *Contemporary Family Therapy, 15,* 73-91.

Gallegos, E.S. (1983). Animal imagery, the Chakra system and psychotherapy. *The Journal of Transpersonal Psychology*, *15* (2), 125-136.

Glaser, B. G. (1998). *Doing grounded theory: Issues and discussions.* Mill Valley, CA: Sociology Press.

Germer, C. K., Siegel, D., & Fulton, P. R. (Eds.). (2005). *Mindfulness and psychotherapy*. New York: Guilford Press.

Giorgi, A. (1985). *Phenomenology and Psychological Research*. Pittsburgh, PA: Duquesne University Press.

Giorgi, A. (1992). Description versus Interpretation: competing alternative strategies for qualitative research. *Journal of Phenomenological Psychology*, 23, 2, 119-135.

Glesne, C. (1999). *Becoming qualitative researchers: an introduction, second edition*. New York: Longman.

Glesne, C., & Peshkin, A. (1992). *Becoming qualitative researchers: An introduction*. White Plains, NY: Longman.

Goldfarb, M. (1999). Making room for it all: Inclusive experiencing in psychotherapy. *Journal of Humanistic Psychology, 39,* 82-93.

Gordon-Brown, I. & Somers, B. (1988). 'Transpersonal psychotherapy' in John Rowan & Windy Dryden (eds) *Innovative therapy in Britain*. Open University Press, Milton Keynes.

Gordon, R. (1978). *Dying and Creating: A Search for Meaning*. London: The Society of Analytical Psychology.

Gottlieb, B.H. (1997). Conceptual and Measurement Issues in the Study of Coping with Chronic Stress. In Gottlieb, B.H. (Ed.) *Coping with Chronic Stress.* New York: Plenum Press.

Gould, W.B. (1993). *Viktor E. Frankl: Life with Meaning.* California: Brooks/Cole.

Green, E.C. (1994). *AIDS and STD's in Africa. Bridging the Gap between Traditional Healing and Modern Medicine.* Pietermaritzburg: University of Natal.

Greenberg, M.A. (1995). Cognitive Processing of Traumas: The Role of Intrusive Thoughts and Reappraisals. *Journal of Applied Social Psychology, 25* (14), 1262-1296.

Greenspan, M. (1993). *A New Approach to Women and Therapy. Second Edition*. Blue Ridge Summit , Pennsylvania: Tab Books.

Guggenbuehl-Craig, A. (1989). *Power in the helping professions (9th ed.).* Dallas: Spring Publications.

Hafen, B.Q., Karren, K.J., Frandsen, K.J. & Smith, N.L. (1996). *Mind-Body Health: The Effects of Attitudes, Emotions and Relationships.* Massachusetts: Allyn and Bacon.

Hagan, K. L. (1990). *Internal Affairs: A Journal keeping Workbook of Self-Intimacy*. New York: Harper Collins.

Harré, R. (1979). *Social Being*. Oxford: Basil Blackwell.

Harvey, M.R. (1996). An Ecological View of Psychological Trauma and Trauma Recovery. *Journal of Traumatic Stress, 9* (1), 3-23.

Haule, J. R. (2000). Jung's practice of analysis: A Euro-American parallel to Ch'an Buddhism. *The Journal of Individual Psychology, 56,* 353-370.

Heatherton, T.F. & Nichols. P.A. (1994). Personal Accounts of Successful versus Failed Attempts at Life Change. *Personality and Social Psychology Bulletin, 20* (6), 664-675.

Hergenhahn, B.R. (1994). *An Introduction to Theories of Personality (3rd ed.).* New Jersey: Prentice Hall.

Herman, J. L. (1992). *Trauma and recovery: From domestic abuse to political terror*. London: Pandora.

Hertz, R. (1997). Introduction: Reflexivity and voice. In R. Hertz (Ed.), *Reflexivity and Voice*. Thousand Oaks, CA: Sage.

Higgs, J., & Titchen, A. (1995). The nature, generation and verification of knowledge. *Physiotherapy, 81,* 521-530.

Hirschhorn, D. S. (1999). Postmodern ethics and our theories: Doing therapy versus being therapists. *Journal of Systematic Therapies, 18* (4), 18-41.

Hodgson, M. (1990). Shattering the Silence: Working with Violence in Native Communities, In T, A, Laidlaw, C. Malmo, & Associates (Eds.) *Healing Voices* (pp. 33-44). San Francisco: Jossey-Bass Inc.

Holmes, J. (1993). *John Bowlby and attachment theory*. London: Routledge.

Holstein, J. A., & Gubrium, J. F. (2002). Active interviewing. In D. Weinberg (Ed.), *Qualitative research methods* (pp. 112-126). Malden, MA: Blackwell.

Horowitz, M.J. (1986). *Stress Response Syndromes*. New York: Jason Aronson.

Horowitz, M.J. (1991). *Person Schemas. In Horowitz, M.J. (Ed.) Person Schemas and Maladaptive Interpersonal Patterns.* Chicago: The University of Chicago Press.

Hutchinson, S. A. (1993). *Grounded theory: The method (2nd ed.).* New York: National League for Nursing Press.

Hyde, N. (1990). Voices from the Silence: Use of Imagery with Incest Survivors. In T. A- Laidlaw, C. Malmo, & Associates (Eds.) *Healing Voices* (163 -193). San Francisco: Jossey-Bass Inc.

Ickovics, J.R. & Park, C.L. (1998). Paradigm Shift: Why a Focus on Health is Important. *Journal of Social Issues, 54* (2), 237-244.

Iglehart, H. (1982) The Unnatural Divorce of Spirituality and Politics. In C. Spretnak (Ed.) *The Politics of Women's Spirituality* (pp. 404-414). New York: Anchor books.

Jaffe, D.T. (1985). Self-Renewal: Personal Transformation Following Extreme Trauma. *Journal of Humanistic Psychology, 25* (4), 99-1 24.

James, W. (1890). *Principles of Psychology*. New York: Holt.

Janet, P. (1909). *Les nervoses*. Paris: Flammarion.

Janesick, V. J. (2000). The choreography of qualitative research design: Minuets, improvisations, and crystallization. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research.* Second edition. Thousand Oaks: Sage, pp. 379-399.

Janoff-Bulman, R. (1992). *Shattered Assumptions: Towards a New Psychology of Trauma.* New York: Free Press.

Janoff-Bulman, R & Frantz, C.M. (1997). The impact of trauma on meaning: from meaningless world to meaningful life. In M. Power and C Brewin (Eds.), *The Transformation of Meaning in Psychological Therapies. Integrating Theory and Practice*. Chichester: John Wiley and Sons.

Jenmorri, K. (2006). Of rainbows and tears: Exploring hope and despair in trauma therapy. *Child & Youth Care Forum, 35* (1), 41-55. HF

Joffe, H. & Yardley, L. (2004). Content and thematic analysis. In D.F. Marks & L. Yardley (Eds.), *Research Methods for Clinical and Health Psychology* (pp. 56-68). London: Sage.

Jung, C. G. (1987). *Bewusstes und Unbewusstes*. Frankfurt: Fischer Taschenbuch Verlag.

Karasu, T. B. (2001). The advanced practice of psychotherapy. *Harvard Review of Psychiatry, 9* (3), 118-123.

Kaza. S. (1993). Acting With Compassion. In C. Adams (Ed.) *Ecofeminism and the Sacred.* New York : Continuum.

Keane, T.M. (1993). Symptomatology of Vietnam Veterans with Posttraumatic Stress Disorder. In Davidson and Foa (Eds.). *Posttraumatic Stress Disorder DSM-IV and Beyond.* Washington, DC*:* American Psychiatric Press.

Keane, T. M., & Cope, S. (1996). When the therapist is a yogi: Integrating yoga and psychotherapy. In S. Boorstein (Ed.), *Transpersonal psychotherapy*. New York: SUNY Press.

Keane, T. M., & Wolfe, J. (1990). Comorbidity in Post-Traumatic Stress Disorder: An Analysis of Community and Clinical Studies. *Journal* of *Applied Social Psychology, 20* (21), 1776-1788.

Keegan, L. (1994). *The Nurse as Healer*. Delmar Publishers Inc.

Keller, C. (1986). *From a Broken Web*. Boston: Beacon Press.

Kessler, B.G. (1987). Bereavement and Personal Growth. *Journal of Humanistic Psychology 27* (2), 28-247

Kidder, L. H., & Fine, M. (1997). Qualitative inquiry in psychology: A radical tradition. In D. Fox & I. Prilleltensky (Eds.), *Critical psychology: An introduction* (pp. 34-50). London: Sage.

Kidder, L. H. & Fine, M. (1987). Qualitative and quantitative methods: When stories converge. In M. M. Mark & L. Shotland (Eds.), *New Directions in Program Evaluation*. San Francisco, CA: Jossey-Bass.

Kohlberg, L. (1984). *Essays on Moral Development (Vol, 1). The Psychology of Moral Development*. San Francisco: Harper and Row.

Kohut, H. (1977). *The restoration of the self.* New York: International Universities Press.

Korn, M. (2001). Posttraumatic Stress Disorder - An interview with Rachel Yehuda, PhD. Retrieved 22 April, 2010, from http://www.medscape.com/viewarticle/408689

Kornfield, J. (1993). *A path with heart: A guide through the perils and promises of spiritual life*. New York: Bantam Books.

Krystal, J. H., Bennet, A. L., Bremner, J. D., Southwick, S. M., & Charney, D. S. (1995). *Toward a cognitive neuroscience of dissociation and altered memory functions in post-traumatic stress disorder*. Philadelphia: Lippincott-Raven.

Kuyek, J. (1990). *Fighting For Hope: Organizing to Realize our Dreams.* Montreal: Black Rose Books.

Kvale, S. (1996). *Interviews, An Introduction to Qualitative Research Interviewing*. Thousand Oaks: Sage Publications Ltd.

Lacocque, P.E. (1982). On the Search for meaning. *Journal of Religion and Health, 21*, 219-227.

Ladany, N., Hill, C. E., Corbett, M. M., & Nutt, E. A. (1996). Nature, extent, and importance of what psychotherapy trainees do not disclose to their supervisors. *Journal of Counseling Psychology, 43,* 10-24.

Laidlaw, T., Malmo, C., & Associates (Eds.) (1990). *Healing Voices: Feminist Approaches to Therapy With Women*. San Francisco: Jossey-Bass Publishers.

Laity, A. (1994). The Six Principles of Harmony. In T. Nhat Hanh (Ed.) *A Joyful Path* (pp. 87-90). Berkeley: Parallax Press.

Lashley, M., Neal, M., Slunt, E., Berman, L., & Hultgren, F. (1994). *Being Called to Care.* Albany: State University of New York Press.

La Torre, M. A. (2002) Enhancing Therapeutic Presence. *Perspectives in Psychiatric Care, 38* (1) pp: 34-36.

Lazarus, R.S. & Folkman, S. (1984). *Stress, Appraisal and Coping.* New York: Springer Publishing Company.

Leininger, M. (1994). Evaluation criteria and critique of qualitative research studies. In J. M. Morse (Ed.), *Critical issues in qualitative research methods* (pp. 95-115). Thousand Oaks, CA: Sage Publications.

Lerner, M.J. (1980). *The Belief in a Just World: A Fundamental Delusion*. New York: Plenum.

Lerner, M. (1986). *Surplus Powerlessness*. New Jersey: Humanities Press International.

Lester, M. (1984). Self: sociological portraits. In J.A. Kotarba and A. Fontana. (Eds.), *The Existential Self in Society*. Chicago/London: The University of Chicago.

Lincoln, Y. S., & Guba, E.G. (1985). *Naturalistic Inquiry*. Beverly Hills, CA: Sage.

Lindy, J. D., & Wilson, J. P. (1994). Beyond empathy: New directions for the future. In J. P. Wilson & J. D. Lindy (Eds.), *Counter-transference in the treatment of PTSD* (pp. 389-394). New York: Guilford Press.

Louw, D. (1997). AIDS: the quest for meaning. In F. Crous, A.A. Havenga-Coetzer and G. Van den Heever (Eds.), *On the Way to Meaning: Essays in Remembrance of Viktor Frankl.* Johannesburg: Viktor Frankl Foundation of South Africa.

Louw, D.J. (1994). *Illness as Crisis and Challenge: Guidelines for Pastoral Care.* Doornfontein: Orion.

Luthar, S.S., & Cicchetti, D. (2000). The construct of resilience: Implications for interviews and social policies. *Development and Psychopathology, 12,* 857–885.

Macy, J. (1991). *World as Lover, World as Self.* Berkeley, California: Parallax Press International.

Mohanty, J.N. (1989) Transcendental phenomenology. Oxford: Basil Blackwell.

Mahoney, M. J. (1991). *Human change processes.* New York: Harper Collins.

Malmo, C. (1990). Recovering the Past: Using Hypnosis to Heal Childhood Trauma. In T. A. Laidlaw, C. Malmo & Associates (Eds.) *Healing Voices* (pp. 194 - 220). San Francisco: Jossey-Bass Publishers.

Maslow, A.H. (1964). *Religions, Values, and Peak Experiences*. London: Viking.

Maslow, A.H. (1966). Comments on Dr Frankl's paper. *Journal of Humanistic Psychology, 6,* 107-112.

Maslow, A.H. (1971) The farther reaches of human nature- New York: Viking.

Mason, J. (1997). *Qualitative researching*. Thousand Oaks, CA: Sage Publications.

Mason, J. (2002). Qualitative interviewing: Asking, listening and interpreting. In T. May (Ed.), *Qualitative research in action* (pp. 225-241). London: Sage.

Mauthner, N. & Doucet, A. (1998). 'Reflections on a Voice-centred Relational Method'. In Ribbens J. & Edwards R. (Eds.) *Feminist Dilemmas in Qualitative Research, Public Knowledge and Private Lives*. London, SAGE.

May, R. (1967). *Psychology and the Human Dilemma*. New York: Van Nostrand.

May, R. (1958). *Existence*. *A New Dimension in Psychiatry and Psychology*. Oxford: Basic Books.

McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress, 3,* 131-149.

McClain, G. R., & Adamson, E. (2004). *The Complete Idiot's Guide to Zen Living (2nd ed.),* New York: Alpha Books.

McGregor, K. (1999). *ACC therapy guidelines: Adult survivors of childhood sexual abuse*. Wellington: ACC Healthwise.

Macy, J. (1991). *World as Lover, World as Self.* Berkeley, California: Parallax Press International.

McMillen, J.C. & Fisher, R. (1998). The Perceived Benefit Scales: Measuring Perceived Positive Life Changes After Negative Events, *Social Work Research, 22,* 173-187.

Meares, R. (1990). *Transference and the play space*. Westmead: University of Sydney.

Meares, R. (2000). *Intimacy & alienation: Memory, trauma and personal being*. London: Routledge.

Meekums, B. (1999). A creative model for recovery from child sexual abuse trauma. *The Arts in Psychotherapy*, *26* (4), 247-259.

Merriam, S. B., & Heuer, B. (1996). Meaning-making, adult learning and development: A model with implications for practice. *International Journal of Lifelong Education*, *15* (4), 243-255.

Merwin, M., & Smith-Kurtz, B. (1988). Healing the whole person. In F. M. Ochberg (Ed.), *Post-traumatic therapy and victims of violence* (pp. 57-82). New York: Brunner/Mazel.

Mezirow, J. (1991). *Transformative Dimensions of Adult Learning*. San Francisco: Jossey-Bass.

Mezirow, J. (1994). Understanding transformation theory. *Adult Education Quarterly*, *44* (4), 222-232.

Miller, S. D., & Duncan, B. L. (2006). The Reliability and Validity of the Outcome Rating Scale: A Replication Study of a Brief Clinical Measure. Retrieved 22 April, 2010, from http://www.scottdmiller.com/uploadedFiles/JBTORSReplication.pdf

Miller, W. (1991). Finding the shadow in daily life. In C. Zweig, & J. Abrams, (Eds.). *Meeting the shadow: The hidden power of the dark side of human nature.* New York: Tarcher/Putnam.

Miles, M. & Huberman, A. (1994). *Qualitative data analysis: A sourcebook of new methods.* Thousand Oaks, CA: Sage.

Moberg, D. O. (1979). The development of social indicators of spiritual well-being for quality of life research: Prospects and problems. *Sociological Analysis, 40,* 11-26.

Moberg, D. O., & Brusek, P. M. (1978). Spiritual well-being: A neglected subject in quality of life research. *Social Indicators Research, 5,* 303-323.

Montgomery, C.L. (1992). The Spiritual Connection: Nurses' Perception of the Experience of Caring. In Gaut, D. (Ed.), *The Presence of Caring in Nursing.* National League for Nursing Press.

Morse, J., BottorfS W., & Soberg S. (1992). Comparative Analysis of Conceptualizations and Theories of Caring. *Journal of Nursing Scholarship*, *23* (2), 119-226.

Morse, J. M. (1994). *Critical issues in qualitative research methods*. Thousand Oaks, CA: Sage.

Morse, J.M. (1998). Validity by committee. *Qualitative Health Research, 8* (4), 443-445.

Moos, RH. & Schaefer, J.A. (1986). Life Transitions and Crises: A Conceptual Overview. In Moos, R.H. (Ed.) *Coping with Life Crises: An Integrated Approach.* New York: Plenum Press.

Moskowitz, D. A. (2002). Posttraumatic Stress Disorder (PTSD). *On Psychology 206: Abnormal Psychology*. Auckland.

Mruk, C. J., & Hartzell, J. (2003) *Zen and psychotherapy: Integrating traditional and non-traditional approaches.* New York: Springer.

Nader, K. (1994). Countertransference in the treatment of acutely traumatized children. In J. P. Wilson & J. D. Lindy (Eds.), *Countertransference in the treatment of PTSD*. New York: Guilford Press.

Natanson, M. (1964). The Lebenswelt. Chapter in Phenomenology: pure and applied. Editor: E.H Strauss. Pittsburgh: Duquesne University Press

Neigong (2009) Muladhara Chakra. Retrieved 18 November, 2009, from http://neigong.net/2009/07/10/muladhara-chakra/

Nhat Hanh, T. (1975). *The Miracle of Mindfulness.* Boston: Beacon Press.

Nhat Hanh, T. (1987). *Interbeing*. Berkeley: Parallax Press.

Nhat Hanh, T. (1990). *Transformation and Healing.* Berkeley: Parallax Press.

Nixon, G. (2001). The transformational opportunity of embracing the silence beyond hopelessness. *Voices*, Summer, pp. 55-66.

Noddings, N. (1986**).** *Caring: a Feminine Approach to Ethics & Moral Education*. University of California Press.

NVivo. (2002). *Qualitative solutions computer package*. Victoria, Australia: Qualitative Solutions and Research (QSR) Ltd.

Oates, W. (1982). Forms of grief-diagnosis, meaning and treatment. In F. Dougherty (Ed.), *The Meaning of Human Suffering*. New York: Human Sciences.

Ornish, D. (1991). *Reversing heart disease*. London: Random Century Ltd.

Ornstein, Paul H. (1993). The clinical impact of the psychotherapist's view of human nature. *Journal of Psychotherapy Practice and Research, 2* (3), l93-204.

Osborne, J.W. (1990). Some basic existential-phenomenological research methods for counsellers. *Canadian Journal of Counselling, 24*, 2, 79-91.

Osborne, J.W. (1992). Some similarities and differences among phenomenological and other methods of psychological qualitative research. University of Alberta.

Osborn, M. & Smith, J. A. (2006a).The personal experience of carers of stroke survivors: an interpretative phenomenological analysis, *Disability & Rehabilitation, 26* (16) 1000-1011

Osborn, M., & Smith, J.A. (2006b) Living with a body separate from the self. The experience of the body in chronic benign low back pain: An interpretative phenomenological analysis. *Scandinavian Journal for Caring Sciences, 20*, 216-22

Owen, I. R. (1994). Introducing an existential-phenomenological approach: Basic phenomenological theory and research. *Counselling Psychology Quarterly, 7* (3), 261- 274.

Paloutzian, R.F. & Ellison, C.W. (1982). Loneliness, spiritual well-being, and quality of life. In L.A. Peplau and D. Perlman (Eds.), *Loneliness: A Sourcebook of Current Theory, Research, and Therapy.* New York: Wiley.

Park, C.L. & Folkman, S. (1997). Meaning in the Context of Stress and Coping. *Review of General Psychology, 1* (2), 115-144.

Patton, M. Q. (1999). Enhancing the quality and credibility of qualitative analysis. *Health Services Research, 34,* 1189-1208.

Patton, M.Q. (2002). *Qualitative evaluation and research methods. 3rd ed*. Newbury Park, CA: Sage.

Pearlman, L. A., & Saakvitne, K. W. (1995). *The trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors.* New York: W.W. Norton & Company.

Pearson, C. S. (1991). *Awakening the heroes within: Twelve archetypes to help us find ourselves and transform our world.* San Francisco: Harper.

Perry, B. D., & Pollard, R. (1998). Homeostasis, stress, trauma, and adaptation: A neurodevelopmental view of childhood trauma. *Child and Adolescent Psychiatric Clinics of North America, 7* (1), 33-46.

Pfifferling, J. H., & Gilley, K. (2009). Overcoming compassion fatigue: When practicing medicine feels more like a labor than a labor of love, take steps to heal the healer. Retrieved 2 December, 2009, from http://www.aafp.org/fpm/20000400/39over.html

Piaget, J. (1952). *The Child's Conception of the World.* New Jersey: Littlefield, Adams.

Piaget, J. (1962). *Play, dreams, and imitations in childhood.* New York: Longmans.

Poland, B. D. (2002). Transcription Quality. In J. F. Gubrium and J. A. Holstein (Eds.), *Handbook of Interview Research Context & Method* (pp 629-650). Thousand Oaks: Sage Publications Ltd.

Polit, D., & Hungler, B. (Eds.). (1997). *Essentials of nursing research: Methods, appraisals, and utilization*. Philadephia: Lippincott-Raven Publishers.

Polkinghorne, D.E. (1983). Phenomenological research methods. In R S. Valle & Halling (Eds.), Existential Phenomenological Research Methods in Psychology, p. 41-60.

Prendergast, J. (2003). Introduction. In J. Prendergast, P. Fenner, & S. Krystal (Eds.). *The sacred mirror: non-dual wisdom and psychotherapy.* Minnesota: Paragon House.

Raso, J. (2000). A Dictionary of Alternative-Medicine Methods. No. of entries: 1432

Regehr, C. & Marziali, E. (1999). Response to Sexual Assault: A Relational Perspective. *Journal of Nervous and Mental Disease, 187* (10). 618-623.

Regehr, C., Cadell, S. & Jansen, K. (1999). Perceptions of Control and Long-Term Recovery from Rape. *American Journal of Orthopsychiatry, 69* (1), 1 10-115.

Reker, G. T. (1991). *Contextual and Thematic Analyses of Sources of Provisional Meaning: A Life-Span Perspective.* Minneapolis: MN.

Reker, G.T. & Wong, P.T. (1988). Aging as an individual process: Toward a theory of personal meaning. In J.E. Birren and V.L. Bengston (Eds.), *Emergent Theories of Aging.* New York: Springer.

Rennie, D. (1996). Symposium: Fifteen years of doing qualitative research on psychotherapy. *British Journal of Guidance and Counselling, 24* (3), 17-327.

Reynolds, D. K. (1980) *The quiet therapies*. Honolulu, Hawaii: University press of Hawaii.

Richardson, L. (2000). *Writing: A method of inquiry. In N. K. Denzin & Y. S. Lincoln (Eds.) Handbook of Qualitative Research. Second edition*. Thousand Oaks: Sage, pp. 923-948.

Rowan, J. (1993). *The transpersonal: in psychotherapy and counselling*. London: Routledge

Ruth, S. (1994). *Take Back the Light.* Lanham, Maryland: Littlefield Adams Quality Paperbacks.

Ryff, C. D., & Heidrich, S. M. (1997). Experience and well-being: Explorations on domains of life and they how they matter. *International Journal of Behavioral Development, 20,* 193-206.

Saakvitne, K. W., & Pearlman, L. A. (1996). *Transforming the pain: A workbook on vicarious traumatization for helping professionals who work with traumatized clients.* New York: W. W. Norton & Company.

Saakvitne, K., Tennen, H. & Affleck, G**.** (1998). Exploring Thriving in the Context of Clinical Trauma Theory: Constructivist Self Development Theory. *Journal* of *Social Issues, 54* (7), 279-300.

Sanchez, C. L. (1989). New World Tribal Communities. In J. Plaskow & C. Christ (Eds.) *Weaving the Visions* (pp. 344-356). New York: Harper San Francisco.
Sandelowski, M. (1995). Sample Size in Qualitative Research. *Research in Nursing and Health, 18,* 179-183.

Sargeant, N. M. (1989). Spirituality and adult survivors of child sexual abuse: Some treatment issues. In S. M. Sgroi (Ed.), *Vulnerable populations: Sexual abuse treatment for children, adult survivors, offenders and persons with mental retardation* (Vol. 2, pp. 167-202). New York: Lexington.

Sartre, J-P. (1966). *Being and Nothingness. (H. Barnes, Trans).* New York: Washington Square.

Saxe, G., Chinman, G., Berkowitz, R., Hall, K., Lieberg, G., Schwartz, J., et al. (1994). Somatization in patients with dissociative disorders. *American Journal of Psychiatry, 151*, 1329-1335.

Schaefer, J.A. & Moos, R.H. (1992). Life Crises and Personal Growth. In Carpenter, B. (Ed.) *Persona1 Coping: Theory, Research and Application.* Westport, CT: Praeger.

Schauben, L. J., & Frazier, P. A. (1995). Vicarious trauma: The effects on female counselors of working with sexual violence survivors. *Psychology of Women Quarterly, 19,* 49–64.

Schwandt, T. A. (2001). *Dictionary of Qualitative Inquiry. (2nd rev. ed.)* Thousand Oaks, CA: Sage Publications.

Schwartz, T. (1995). *What really matters: Searching for wisdom in America*. Bantam.

Schore, A. N. (2001). Minds in the making: Attachment, the self-organizing brain, and developmentally-oriented psychoanalytic psychotherapy. *British Journal of Psychotherapy, 17* (3), 299-327.

Shaffer, C. R. (1982). Spiritual Techniques for Re-Powering Survivors of Sexual Assault. In C. Spretnak (Ed.) *The Politics of Women's Spirituality* (pp. 462- 469). New York : Anchor Books.

Shafer, T. G. (2001). Hand me down hurt: PTSD across the generations. *Self help Magazine,* 1-6.

Shantall, T. (1997). What is meant by meaning? In Crous, F., Havenga Coetzer, A.A. and Van Den Heever, G. (Eds.), *Essays in Rememberance of Viktor Frankl*. Johannesburg: Viktor Frankl Foundation of South Africa.

Shaw, R. L. (2001). Why use interpretative phenomenological analysis in Health Psychology, *Health Psychology Update*, *10* (4), 48-52.

Shepherd, I. L. (1974). Limitations and cautions in the gestalt approach. In J. Fagan & I. L. Shepherd (Eds.), *Gestalt therapy now: Theory, techniques, applications* (pp. 264-269). Ringwood, Australia: Penguin.

Signell, K. (1990). *Wisdom of the Heart.* New York: Bantam.

Silver, R.C. (1994). *Adjustment to Stressful Life Events: The Role of Worldview*s. Los Angeles: American Psychological Association.

Silver, R.L., Boon, C. & Stones, M.H. (1983). Searching for Meaning in Misfortune: Making Sense of Incest. *Journal* of *Social Issues, 39* (2), 81 -1 02.

Silverman, D. (2001). (2nd.Eds.) *Interpreting Qualitative Data: Methods for Analysing talk, text and Interaction.* London: Sage Publications.

Silverman, D. (2005). *Doing Qualitative Research*. London: Sage.

Sim, S. (1994). The answer lies in the verb 'to be': An existentialist feminist perspective on the casework relationship. *Australian Social Work, 47* (2), 25-32.

Smith, J. A. (1991). Conceiving selves: A case study of changing identities during the transition to motherhood. *Journal of Language and Social Psychology*, 10, 225-243.

Smith, J. A. (1995). Semi-structured interviewing and qualitative analysis. In J. A. Smith, R. Harré & L. V. Langenhove (Eds.), *Rethinking methods in psychology* (pp. 9-26). London: Sage.

Smith, J. A. (1996) 'Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology', Psychology & *Health*, *11* (2), 261-271

Smith, J. A. (2003) (ed) *Qualitative Psychology*. London: Sage

Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, *1* (1), 39-55.

Smith, J.A. (2006). Interpretative Phenomenological Analysis (IPA) What is it? Retrieved 14 February, 2006, from http://www.ccsr.ac.uk/methods/festival/programme/wiwa/smith.doc

Smith, J. A., & Osborn, M. (2003) Interpretative phenomenological analysis, In J. A. Smith (Ed.), *Qualitative psychology, A practical guide to research methods* (pp. 51–80). London: Sage.

Smith, J. A., & Osborn, M. (2004). Interpretative phenomenological analysis. In G. M. Breakwell (Ed.), *Doing social psychology research* (pp. 229-254). Malden, MA: Blackwell.

Smith, J. A., Flowers, P. & Osborn, M. (1996). Interpretative phenomenological analysis and the psychology of health and illness. In L. Yardley (Ed.), *The Material Discourse of Health and Illness*. London: Routledge, pp. 68-91.

Smith, J. A., Flowers, P., & Osborn, M. (1997). Interpretative phenomenological analysis and the psychology of health and illness. In L. Yardley (Ed.), *Material discourses of health and illness* (pp. 68-91). London: Routledge.

Smith J.A., Harre R., & Van Langenhove, (1995) Repertory Grids. In J.A. Smith, R. Harre & Van Langenhove (eds) *Rethinking Methods in Psychology*. London: Sage

Smith, J. A., Jarman, M., & Osborn, M. (1999). Doing interpretative phenomenological analysis. In M. Murray & K. Chamberlain (Eds.), *Qualitative health psychology: Theories and methods* (pp. 218-240). London: Sage.

Smith, J. A. & Osborn, M. (2004) Interpretative phenomenological analysis. In G. Breakwell (Ed.) *Doing social psychology research*, (pp. 229-254), Oxford: Blackwell

Snodgrass, S.E. (1998). A Persona1 Account. *Journal of Social Issues, 54* (2), 373-380.

Soderstrom, D., & Wright, W.E. (1977). Religious orientation and meaning in life. *Journal of Clinical Psychology, 33,* 65-68.

Solomon, R. C. (1993). The philosophy of emotions. In M. Lewis (Ed.), *Handbook of Emotions*. New York: Guilford Press, pp. 3-15.

Solomon, Z., Laror, N. & McFarlane, A.C. (1996). Acute Posttraumatic Reactions in Soldiers and Civilians. In van der Kolk, McFarlane and Weisazth (Eds.). *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body and Society.* New York: The Guilford Press.

Spaniol, S. (2001). Art and mental illness: where is the link? *The Arts in Psychotherapy, 28* (4), 221-231.

Speeth, K. R. (1982). On psychotherapeutic attention. *The Journal of Transpersonal Psychology, 14*, 141-160.

Sperber, K. (1983). Psychotherapeutic materialism. In J. Welwood (Ed.), *Awakening the heart: East/West approaches to psychotherapy and the healing relationship*. Boston: Shambhala.

Stamm, B.H. (Ed.) (1999). *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators, 2nd Edition*. Lutherville, MD: Sidran Press.

Stamm, B. H. (1997). Work-related secondary traumatic stress. *PTSD Research Quarterly, 8* (2), 1-6.

Stapleton, T.J. (1983). Husserl and Heidegger: the question of a phenomenological beginning. Albany: State University of New York Press.

Starhawk. (1987). *Truth or Dare: Encounters with Power, Authority and Mystery*. San Francisco: Harper and Row.

Stern, A. (1971). *The Search for Meaning-Philosophical Vistas.* Memphis: Memphis State University.

Strauss A.L. & Corbin J. (1990) *Basics of Qualitative research: grounded theory Procedures and techniques.* London, Sage.

Strauss A & Corbin J (1998) Axial coding. Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory, pp. 123–142. London: Sage Publications.

Strickling, B. L. (1990). Reclaiming the Inner Child: Jungian Dream Analysis. In T. A. Laidlaw, C. Malmo, & Associates (Eds.) *Healing Voices* (pp. 143-160). San Francisco: Jossey-Bass Publishers.

Sussman, M. B. (1995). *A perilous calling: The hazards of psychotherapy practice.* New York: Wiley.

Suzuki, S. (2005). *Zen mind, beginner's mind: Informal talks on Zen meditation and practice. (8th ed.).* Boston: Weatherhill.

Sweet, G. (1989). *The advantage of being useless: The Tao and the counsellor.* Palmerston North: Dunmore Press.

Symington, N. (1996). *The making of a psychotherapist.* London: Karnac Books.

Taylor, S.E. (1983). Adjustment to threatening events: a theory of cognitive adaptation. *American Psychologist, 38*, 1161-1173.

Taylor, S.E. (1989). *Positive Illusions: Creative Self-Deception And The Healthy Mind*. New York : Basic Books.

Taylor, S.E. & Armor, D.A. (1996). Positive Illusions and Coping with Adversity. *Journal of Personality, 64* (4), 873-898.

Taylor, E.W. (1997). Building upon the theoretical debate: a critical review of the empirical studies of Mezirow's transformative learning theory. *Adult Education Quarterly, 1* (Fall), 34-59.

Taylor, S.E. & Brown, J.D. (1994). Positive Illusions and Well-Being Revisited: Separating Fact from Fiction. *Psychological Bulletin, 116* (1), 21-27.

Taylor, S.E., Wood, J.V. & Lichtman, R.R. (1983). It Could Be Worse: Selective Evaluation as a Response to Victimization. *Journal* of *Social Issues, 39* (2), 19-40.

Tebb, S. (1994). Creating Meaning in Elder Caregiving. *Adult Residential Care Journal, 8* (1), 34-42.

Tedeschi, R.G. (1999). Violence Transformed: Posttraumatic Growth in Survivors and their Societies. *Aggression and Violent Behavior, 4* (3), 319-341.

Tedeschi, R.G. & Calhoun, L.G. (1995). *Trauma and Transformation: Growing in the Aftermath of Suffering.* Thousand Oaks. CA: Sage Publications.

Tedeschi, R.G. & Calhoun, L.G. (1996). The Post Traumatic Growth Inventory: Measuring the Positive Legacy of Trauma. *Journal of Traumatic Stress, 9* (3), 455-471.

Tedeschi, R.G., Park, C.L. & Calhoun, L.G. (1998). *Posttraumatic Growth: Positive Changes in the Aftermath of Crisis.* Mahwah. NJ: Lawrence Erlbaum Associates.

Thompson, S.C. (1985). Finding Positive Meaning in a Stressful Event and Coping. *Basic and Applied Social Psychology, 6* (4), 279-295.

Tillich, P. (1952). *The Courage to Be.* New Haven: Yale University.

Thompson, SC. & Janigian, A.S. (1988). Life Schemes: A Framework for Understanding the Search for Meaning. *Journal of Social and Clinical Psychology, 7* (2/3), 260-280.

Tolle, E. (1997). The power of now: A guide to spiritual enlightenment. Vancouver, British Columbia: Namaste Publishing Inc.

Tresidder, J. (2000). *Symbols and their meanings: The illustrated guide to more than 1,000 symbols - their traditional and contemporary significance*. London: Duncan Baird Publishers.

Trungpa, C. (1976). *The myth of freedom and the way of meditation*. Boston: Shambhala.

Turner, J. (1990). Let My Spirit Soar: Touch Therapy. In T. A. Laidlaw, C. Malmo & Associates (Eds.) *Healing Voices* (pp. 221-240). San Francisco: Jossey-Bass Publishers.

Ursano, R. J., Bell, C., Eth, S., Friedman, M., Norwood, A., Pfefferbaum, B., Pynoos, R.S., Zatzick, D.F., & Benedek, D. M. (2009). PRACTICE GUIDELINE FOR THE: Treatment of Patients With Acute Stress Disorder and Posttraumatic Stress Disorder. Retrieved 22 April, 2010, from http://www.psychiatryonline.com/pracGuide/loadGuidelinePdf.aspx?file=ASD_PTSD_Inactivated_04-16-09

Valle, R.S., & King, M. (1978). Introduction to existential- phenomenological thought. In R.S. Valle & King (Eds.) Existential- phenomenological alternatives for psychology. New York: Oxford University Press.

van Den Heever, G. (1997). And the light shines in the darkness. In Crous, F., Havenga Coetzer, A.A. and Van Den Heever, G. (Eds.), *Essays in Remembrance of Viktor Frankl.* Johannesburg: Viktor Frankl Foundation of South Africa.

van der Kolk, B. A. (1987). *Psychological trauma.* Washington: American Psychiatric Press, Inc.

van der Kolk, B. A. (1994). The body keeps the score: Memory and the evolving psychobiology of Posttraumatic Stress. *Harvard Review of Psychiatry, 1* (5), 253-265.

van der Kolk, B., & Fisler, R. (1995). Dissociation and the fragmentary nature of traumatic memories: Overview and exploratory study. *Journal of Traumatic Stress, 8* (4), 505-525.

van der Kolk, B. A., & McFarlane, A. C. (1996). Trauma and its challenge to society. In L. Weisaeth (Ed.), *Traumatic Stress* (pp. 24-46). New York: Guilford Press.

van der Kolk, B. A., McFarlane, A. C., & Weisaeth, L. A. (1996). *Traumatic stress: The effects of overwhelming experience on mind, body and society.* New York: Guilford Press.

van der Kolk, B. A., Pelcovitz, D., Roth, S., Mandel, F. S., & McFarlane, A. C. (1996). Dissociation, somatization, and affect dysregulation: The complexity of adaptation to trauma. *American Journal of Psychotherapy, 7,* 153-164.

van der Kolk, B. A., van der Hart, O., & Burbridge, J. (1995). Approaches to the treatment of PTSD. Retrieved 22 April, 2010, from http://www.trauma-pages.com/a/vanderk.php

van der Kolk, B.A., Hostetler, A.. Herron, N. & Fisler. R.E. (1994). Trauma and the Development of Borderline Personality Disorder. *Psychiatric Clinics of North America, 17* (4). 715-730.

van der Kolk, B. A., van der Hart, O., & Burbridge, J. (1995). Approaches to the treatment of PTSD. Retrieved 2 December, 2009, from http://www.trauma-pages.com/a/vanderk.php

van Deurzen, E. (1999). Existentialism and existential psychotherapy. In C. Mace (Ed.),*Heart and Soul: The Therapeutic Face of Philosophy.* London: Routledge.
van Deurzen-Smith, E. (1996). Existential Therapy. In W. Dryden (Ed.), *Handbook of Individual Therapy.* London: Sage.

van Kaam, A. (1966). *Existential foundations of psychology*. Pittsburgh, PA: Duquesne University Press

van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy.* Albany, NY: Suny Press.

von Eckartsberg, R.(1986). Life-world experience. Washington, D.C., University Press of America.

Walsh, R. & Vaughan, F. (1993). The art of transcendence: An introduction to common elements of transpersonal practices. *Journal of Transpersonal Psychology*, *25* (1), 1-8.

Webb C. (1999) Analysing Qualitative Data: Computerized and other approaches, *Journal of Advanced Nursing, 29,* 2, 323-330.

Weenolsen, P. (1988). *Transcendence of Loss over the Life Span.* New York: Hemisphere Publishing.

Weille, K. L. (2002). The psychodynamics of consensual sadomasochistic and dominant-submissive sexual games. *Studies in Gender and Sexuality*, 3, 131-160.

Wengraf, T. (2001). *Qualitative research interviewing: Biographic narrative and semi-structured methods*. London: Sage.

Wertz, F. (1984). Procedures in phenomenological research and the question of validity. In C.M. Aanstoos, (Ed.) Exploring the lived world, West Georgia College Studies in the Social Sciences, *23*, 29-48.

Wertz, F. (1986). The question of the reliability of psychological research. Journal of Phenomenological Psychology. *17* (2) 181-205.

Wikipedia. (2009). the free encyclopaedia that anyone can edit. Definition of Transpersonal. Retrieved 18 November, 2009, from http://en.wikipedia.org/wiki/Transpersonal

Wilber, K. (1993). *The spectrum of consciousness (Vol. II).* Wheaten, Illinois: Quest Books.

Wilber, K. (1999). Stages of meditation: An interview with Ken Wilber. In the collected works of Ken Wilber, Vol. 4. Boston: Shambhala.

Willig, C. (2001a). *Introducing Qualitative Research in Psychology. Adventures in Theory and Method.* Buckingham: Open University Press.

Willig, C. (2001b). *Interpretative phenomenology, Introducing Qualitative Research in Psychology: Adventures in Theory and Method* (pp. 65–69). Milton Keynes Bucks: Open University Press.

Williams, D. (1984). *Women as Makers of Literature. In J. Kalven & M. Buckley (Eds.) Women's Spirit Bonding* (pp. 139-145). New York: The Pilgrim Press.

Wilson, J. P., & Lindy, J. D. (1994). *Countertransference in the treatment of PTSD*. New York: The Guilford Press.

Winnicott, D. W. (1980). *Playing and reality*. Harmondsworth, England: Penguin.

Wittine, B. (1994). The spiritual self: Its relevance in the development and daily life of the therapist. In M. B. Sussman (Ed.), *A perilous calling: The hazards of psychotherapy practice* (pp. 288-301). New York: Wiley.

Wolcott H. (2001). *Writing Up Qualitative Research*. London, Sage.

Wolinsky, S. (1996). *Hearts on fire: The Tao of meditation.* Ojai, CA: Quantum Institute Press.

Wylie, M. S., & Markowitz, L. M. (1992). Walking the wire: Learning to maintain your creative balance. *The Family Therapy Networker, 16* (5), 28-30.

Yalom, I. D. (1995). *The theory and practice of group psychotherapy (4th ed.).* New York: Basic Books.

Yalom, I.D. (1980). *Existential Psychotherapy.* New York: Basic Books.

Yalom, I. D., & Lieberman, M. A. (1991). Bereavement and heightened existential awareness. *Psychiatry, 54,* 334-345.

Yehuda, R and McFarlane, A.C. (1995). Conflict Between Current Knowledge about Posttraumatic Stress Disorder and its Original Conceptual Basis. *American Journal* of *Psychiatry, 152* (12), 1705-1713.

Yehuda, R. (1999). Biological Factors Associated with Susceptibility to Posttraumatic Stress Disorder. *Canadian Journal* of *Psychiatry, 44* (1), 34-39.

Ywahoo, D. (1987). *Voices of Our Ancestors*. Boston: Shambhala.

Appendix 1

Call to Participate

Helping Professionals who were/are dealing with Traumatised Individuals [74]

Are you a helping professional who has experienced the negative impact of work related trauma[75] but has successfully managed it and moved into more effective practice because of these professional experiences?
Would you be willing to discuss your experiences in a confidential research interview to share your achievements, through the results of this study, with other colleagues?

I am a PhD student researcher at the Glasgow School of Social Work (University of Strathclyde) seeking volunteers to participate in a single 60-90 minute interview. I am interested in understanding the experience and meaning of 'work related trauma' for helping professionals who feel they have benefited from the experience of trauma counselling.

In order to participate, volunteers should:

- Had/have professional experience of dealing with traumatised individuals for more than one year
- Feel they were/are successfully coping with negative impact of work related trauma
- Feel they were/are benefited from the experience of dealing with traumatised clients

Your support is very much appreciated. For more information, please contact: Arash Toosheh 07783 754060 / 0141 950 3419 E-mail: arash.toosheh@strath.ac.uk

[74] Trauma and PTSD clients e.g. survivors of child abuse, domestic violence, rape, loss and bereavement
[75] Work related trauma or 'vicarious traumatisation' refers to 'transformation in the inner experience of the therapist that comes about as a result of empathetic engagement with clients' trauma material' (McCann & Pearlman, 1990, p. 145)

Appendix 2

Smith Building (323B)
University of Strathclyde
Jordanhill Campus
76 Southbrae Drive
Glasgow, G13 1PP

Letter of Intent

Dear Voluntary Participants,

My name is Arash Toosheh. I am doing thesis research for a PhD degree in Psycho-traumatology at the Glasgow School of Social Work (University of Strathclyde) under the academic supervision of Dr. Pam Green Lister and Prof. Andrew Kendrick.

The topic of interest is "Search for Meaning in the Context of Trauma". The purpose of the study will be to describe, in an attempt to understand, the lived experiences and the meanings given to these experiences, by helping professionals who were dealing with trauma and PTSD clients such as survivors of child abuse, domestic violence, loss and bereavement and so on.

It is my hope that you will take part in this study as your input is essential in learning more about the experience and meaning of constructive impact of your work on your emotional and spiritual well-being.

The information you provide will be valuable in assisting us to gain a better understanding of the sensitive issue of transformation/growth vs. vicarious/secondary traumatisation.

If you agree to take part in the study, you will be asked to participate in one interview. The purpose of the interviews will be for you to reflect on and talk freely about your experiences of counselling and for me to listen to you and talk with you, so I can understand these experiences. The length of the interview will be approximately between 60 to 90 minutes. The interview will be conducted at a mutually agreed upon time and place.

If you agree to participate in the study, your name will not be connected with any information you reveal as ***pseudonyms*** will be used to ensure confidentiality and privacy. Principal supervisor, Dr. Pam Green Lister, will be available to discuss any concerns arising from taking part in this research upon request. Her telephone number is 0141 950 3094.

You are free to end the interview and to withdraw from the study at any time. If you decide to end your involvement all data collected will be destroyed. You may also refuse to answer individual questions.

If you would like further information about the study and/or would like to participate, feel free to contact me by mobile: 07783 754060 or e-mail: arash.toosheh@strath.ac.uk

Sincerely yours,

Arash Toosheh

Appendix 3

Consent Form

You are invited to participate in a study entitled ***"Search for Meaning in the Context of Trauma: an interpretative phenomenological analysis (IPA) of professionals' personal meaning of vicarious traumatisation".*** Please read this form carefully and feel free to ask questions you might have.

Researcher

Arash Toosheh
PhD Research Student
Glasgow School of Social Work
University of Strathclyde

Address (Office):
Smith Building (RM 323B)
University of Strathclyde
Jordanhill Campus, 76 Southbrae Drive
Glasgow, G13 1PP

Tel (Office): 0141 950 3419
Mobile: 07783 754060
Email: arash.toosheh@strath.ac.uk

Purpose and Procedure

The purpose of this study is to describe and understand the experience of helping professionals who are/were dealing with trauma and PTSD clients such as survivors of child abuse, domestic violence, traumatic loss and bereavement etc.

As this anticipates that they have survived the negative impact of their work experience and the meaning that they make of this experience enabled them to sustain with the emotional hazard of their work situation.

You are being asked to participate in one interview designed to explore your experience. I want you to talk freely about your experiences and I am prepared to listen to you. The length of the interview will be between 60 to 90 minutes. I will ask your permission to record our individual interview. All information from the digital recordings will be strictly confidential, your name and identity will remain anonymous. The individual interview will be conducted at a mutually convenient and appropriate time and place. All participants will receive the list of relevant books and articles.

Potential Risks

I am under an ethical obligation to advise you that it is possible you may experience some anxiety during the interview process since some requests are concerned with issues of belief, and the meaning of one's existence. The likelihood of this causing discomfort beyond that experienced during the course of normal daily living is minimal. It is possible that you may experience some discomfort in recalling some of your distressing memories and reliving the struggling experiences; however, you will at all times be free to determine what you want to discuss and you can end a discussion or refuse to answer any question.

Participation is strictly voluntary and you have the right to withdraw at any time. Although you have experienced the emotional suffering as a result of your involvement with client's traumatic material however you are now a professional who is coping successfully despite your past experiences.

If you feel agitated or upset during or after the interview, participation may be terminated if you decide you want to end your involvement. If you experience anxiety or any other negative outcomes as a result of your participation you can contact to your professional supervisor. However, should this occur you also have the option to contact research supervisor Dr. Pam Green Lister.

Potential Benefits

Talking about your recollections of work experiences may be beneficial to you. Many participants have reported that it is helpful and beneficial to talk about one's experiences in this kind of setting. Taking part in this study will also enable us to more fully understand the phenomenon of 'transformation in traumatic context', broaden our knowledge about this issue, and importantly, have a positive impact on the practice of other helping professionals.

Storage of Data

In order to protect the confidentiality and privacy of the participants, all information obtained during the study will be stored on computer CDs kept in a locked filing cabinet. Following the completion of the study, interview transcripts and CDs used during the interviews will be secured for a maximum of five years in my personal locked filing cabinet.

Confidentiality

Data collected in the study will be used for the purpose of my thesis in partial fulfilment for the requirement of a PhD degree at the Glasgow School of Social Work, University of Strathclyde.

To protect the confidentiality and privacy of you, the participants, pseudonyms will be used in place of individuals' real names. The CDs and transcripts will be identified by a code that will only be known to the researcher. Although excerpts of the interviews will be included in the final study, no direct identifying information will be used. The consent forms will be stored separately from the computer CDs so that it will not be possible to associate a name with any given set of responses.

Right to Withdraw

You may withdraw from the study at any time or refuse to answer any question for any reason, without penalty or loss of services (and without loss of relevant entitlements, without affecting academic or employment status, etc.). You can also request that the digital voice recorder be turned off at any time. If you withdraw from the study at any time, any data that you have contributed will be destroyed.

Questions

If you have any questions concerning the study, please feel free to ask at any point; you are also free to contact the researcher at the numbers provided if you have questions at a later time. You may contact either myself at 0141 950 3419, mobile: 07783 754060 or e-mail at arash.toosheh@strath.ac.uk, or my thesis supervisor, Dr. Pam Green Lister at 0141 950 3094 or e-mail at p.green@socsci.gla.ac.uk

This study has granted the ethical approval by the GSSW Ethic Committee in conjunction with the University of Strathclyde Ethic Committee (UEC). Any questions regarding your rights as a participant may be addressed to that committee through Prof. Mike Nellis, Research Coordinator, GSSW (0141 950 3227- mike.nellis@strath.ac.uk).

Consent to Participate

I have read and understood the description provided above. I have been provided with an opportunity to ask questions and my questions have been answered satisfactorily. I consent to participate in the study described above; understanding that I may withdraw this consent at any time. A copy of this consent form has been given to me for my records.

_____
(Signature of Participant)

Date_____

_____
(Signature of Researcher)

Appendix 4

Participant Information Form

Introduction
This information sheet is to inform you as a helping professional, who deals with trauma clients, about the planned research study so that you are able to decide whether or not you would like to participate.

Title of the study
"Search for Meaning in the Context of Trauma: an interpretative phenomenological analysis (IPA) of professionals' personal meaning of vicarious traumatisation (VT)"

Researcher
Arash Toosheh
PhD Research Student at the Glasgow School of Social Work, University of Strathclyde, Glasgow, UK

The aim and purpose of the study
The aim of current study is to address the experience and consequences of dealing with traumatised individuals as explained and described by professionals in the field. Their positive and negative experiences of trauma therapy will be explored. The relationship between the trauma therapist and the trauma client will also be explored, identifying the transformation in the relationship over time and the reciprocal nature of this relationship.

The goals are:

- To understand what it means for you as a trauma therapist to expose yourself to prolonged emotional distress;
- To understand the possible positive emotional consequences for trauma therapist;
- To reveal and show the processes, the influencing factors and the results of surviving 'vicarious traumatisation';
- To understand what criteria, values, and principles are involved; and
- To highlight unarticulated skills and knowledge of your professional practice which are seldom talked about

Background and Method
Working with trauma clients has the potential risk of 'vicarious traumatisation' for therapists. To date, less attention has been focused on the positive emotional consequences for trauma counsellors who deal with trauma survivors. In addition, there is a gap in IPA (Interpretative Phenomenological Analysis) inquiry in the field of Psycho-traumatology regarding the spiritual needs of the trauma counsellor. In

fact, most researchers have been concerned with the psychological needs of clients and psycho-emotional needs of therapists in general, and their spiritual needs in particular are neglected. The ongoing research is concerned with the emotional health of helping professions. In this qualitative study I will consider the effects of vicarious trauma on the emotional health and spiritual well-being of helping professionals. I will also look at the possible positive impact of trauma counselling experience and the cognitive processes of surviving vicarious trauma.

Main study

For the main study I am asking you as professionals presently working in the field of trauma and with at least one year of working experience on the unit to volunteer to participate in the study.

I will ask you to fill out a form stating your willingness to participate in the research. I hope to find twelve to fifteen research participants. You will be informed that you have the right not to answer individual questions or to stop participating in the study without having to state any reason or to fear any negative consequences.

The interview will be conducted in a quiet, suitable and jointly agreed upon place where both parties can be at ease. It is expected that the interview will be lasted between 60 to 90 minutes to allow for greater depth and the development of common understanding.

As a participant you will be asked to write down any thoughts you have after the interview that are related to the topic and that you would want to mention which you may think is related to your personal experience and not covered by the interview. The interview will be recorded and transcribed for the analysis.

Confidentiality

As a participant you will be granted confidentiality and the data will be destroyed 5 years after the end of the dissertation. If citations from the interview are used in the dissertation or in publications, these will be anonymous. It is anticipated that only a few people will have access to the anonymised data: my supporting supervisors Dr Pam Green Lister and Prof. Andrew Kendrick, from the Glasgow School of Social Work, and the person/persons I engage to help with the *'triangulation of interpretation'* [76] in the analysis process to clarify the '*ambiguity'.*

[76] To ensure an accurate and informed analysis, during the process of data analysis I will continually return to participants' accounts in order to remain faithful to the accounts. Following this, I will discuss the emerging findings with my supervisors at GSSW, the Glasgow IPA Researchers Group, some peers, and probably telephone conference or correspondence with Dr Jonathan Smith, the founder of IPA. This is important for verifying data and for ensuring the findings will be moved past descriptive topics. Furthermore, the findings will be discussed with some of the participants, for their comments and feedback.

Benefits of this study

I expect that the study will contribute to the recognition of first, the implementation and impact of services on practitioners, secondly , will provide insights into the positive aspects of risk, its challenges and thirdly will further the awareness of the cognitive processes involved therewith.

It is hoped that the understanding of the cognitive processes involved in surviving VT, the decisions taken, the values involved and the knowledge and skills employed will enhance helping professionals emotional and spiritual well-being. In addition, it is hoped that the research will encourage discussions about the possibility of transformation and growth in the context of trauma. It is finally hoped that this study will help to encourage discussion about an area of trauma practice that has long remained unexplored.

You are most welcome to ask any questions and I am most willing to try and answer them. Contact me on:
E-mail: arash.toosheh@strath.ac.uk or Mobile: 07783 754060

Arash Toosheh
Smith Building (323B)
University of Strathclyde
Jordanhill Campus, 76 Southbrae Drive
Glasgow, G13 1PP
Office: 0141 950 3419

If you have any queries about this study, in particular re access support, you can contact my thesis supervisor before or after interview:

Dr. Pam Green Lister
Senior Lecturer and MSW-Qualifying Course Director
Glasgow School of Social Work
Universities of Strathclyde and Glasgow
Sir Henry Wood Building
76 Southbrae Drive
Glasgow G13 1PP
Tel: +44 (0) 141 950 3094
Fax: +44 (0) 141 950 3474
Email: p.green@socsci.gla.ac.uk

Definition of Terms

For clarity of understanding, outlined below are terms that are used in this information form.

IPA (Interpretative Phenomenological Analysis): A recent qualitative approach developed within psychology with theoretical roots to phenomenology, hermeneutics and symbolic interactionism by Jonathan A. Smith

Vicarious Traumatisation: refers to 'transformation in the inner experience of the therapist that comes about as a result of empathetic engagement with clients' trauma material' (McCann & Pearlman, 1990, p. 145). Therapists who work with trauma clients may find their ***cognitive schemas*** and imagery system of memory (Paivio, 1986) altered or disrupted by long-term exposure to the traumatic experiences of their trauma clients.

Ambiguity**:** 'refers to the ongoing stream that supports several different interpretations at the same time' (Weick, 1995, p. 91-92).

Personal/Constitutive meaning**:** Subjective, non-rational, life-sustaining, experiential *Dialogue:* A stream of meaning flowing among members of a group out of which may emerge some new understanding (Bohm, 1996).

Meaning**:** 'an ongoing cognitive construction based on an "ever-widening" human experience' (Smith, 1965).

Cognitive Schema**:** is defined as 'social and interpersonal perceptions of morale' (Figley, 2002, p. 3).

Triangulation of interpretation: In order to reduce the occurrence of bias, promote credibility, dependability and confirmability of the interpretation (Shaw, 2001).

Participants: The participants take the role of speakers. The conversation is defined by what the participants do, and the participants play an active role throughout the conversation.

Resource List for Participants

Books

Figley, C. R. (Series Ed.).(1995). *Compassion Fatigue: Coping With Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized.* New York: Brunner/Mazel.

Figley, C. R. (2001). Renewing Spirits: Lessons From Thirty Years of Trauma Work, Invited keynote address to the William Wendt Center for Loss and Health Conference on Illness, Grief & Trauma, Washington, DC, October 6.

Figley, C. R. (Series Ed.).(2002). Introduction: Treating Compassion Fatigue (pp. 1-14). New York: Brunner-Routledge.

Figley, C. R. & Kleber, R. (1995). Beyond the "victim": Secondary traumatic stress. In R. Kleber, C. R. Figley, and B. P. R. Gersons (Eds.), *Beyond trauma: Cultural and societal dynamics* (pp.75-09. NY: Plenum.

Pearlman, L. A. & Saakvitne, K. W. (1995). Treating therapists with vicarious traumatization and secondary traumatic stress disorders. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 150-177). New York: Brunner/Mazel.

Pearlman, L.A. & Saakvitne, K.W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors.* New York: W. W. Norton & Company.

Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors.* New York: Norton.

Pearlman, L. A., & Saakvitne, K. W. (1998). Treating traumatized therapists. In C. R. Figley (Ed.), *Secondary traumatic stress disorder: Trauma and its wake.* New York: Brunner/Mazel.

Smith, J., Jarman, M. and Osborne, M. (1999) Doing Interpretative Phenomenological Analysis" In M. Murray and K. Chamberlain (Eds.) *Qualitative Health Psychology* London: Sage

Smith, J. A., & Osborn, M. (2003) Interpretative phenomenological analysis, In J. A. Smith (Ed.), *Qualitative psychology, A practical guide to research methods* (pp. 51–80). London: Sage.

Journal Articles

McCann, I. L. & Pearlman, L. A. (1990) vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress, 3*, 131-149.

Pearlman, L., & MacIan, P. (1995). Vicarious traumatization: An empirical study of trauma work on trauma therapists. *Professional Psychology: Research and Practice, 6*, 558–565.

Pearlman, L. A. & Macian, I. S. (1995). Vicarious Traumatization - an Empirical Study of the Effects of Trauma Work on Trauma Therapists. In *Professional Psychology - Research and Practice, 26* (6), 558-565.

Shaw, R. L. (2001). Why use interpretative phenomenological analysis in Health Psychology? *Health Psychology Update, 10* (4), 48-52.

Thomas, R and Wilson, J. (2004) Issues and controversies in the understanding and diagnosis of compassion fatigue: Vicarious traumatisation and secondary traumatic stress disorder. *International Journal of Emergency Mental Health, 6*, (pp. 81-92).

Appendix 5

Individual Interview Protocol

1. Greetings

I have found that the best way to conduct any interview is have the participant lead. Therefore, although I have series of areas that I wish to discuss with regard to VT experience, the content and pace of the interview will be determined by the interviewee.

2. The interview process

2.2. Apply open-ended questions.
2.3. Apply conversational approach in interviews.
2.4. Apply Digital Voice Tracer - to record interviews.

3. Asking descriptive/analytical questions - through a single semi-structured interview based on the interview guide as follows:

Interview Guide

NB: '**Work Related Trauma'** here is used as an alternative for the technical term of **Vicarious Traumatisation** and related concepts such as: **Secondary Traumatic Stress, Compassion Fatigue, Work Stress, Burnout,** and **Counter-transference** etc.

1. What prompted you to respond to the advertisement?

   Probe: What was your motivation to take part in this study?

2. Can you tell me about your professional background?

Probe: When did you start your career as a helping professional? What type of clients you were/are normally dealing with?

3. What your life was like as a professional who helped traumatised people – from as far back as you can remember?

4. Can you tell me how the experience of 'work related trauma' affected you? Affected your day to day life?

Possible criteria for consideration:
How has this experience affected your:
1) Inner-personal relationship (relationship with yourself)
2) Inter-personal relationships (spouse or mate, children, other family members, close friends)
4) Emotional, behavioural and spiritual well-being
5) Worldview
6) Therapy performance
7) Intention to give up, to stop suffering

5. What does it mean to you to be a professional who helps traumatised people?

Probe: What prompted you to become a helping professional who helps traumatised people? Is there any personal reason e.g. a traumatic experience involved in your motivation?

Probe: Is there any **meaning** involved in your experience of helping traumatised individuals? I mean the experience of the prolonged emotional distress you have received from your clients?

Probe: How do you **make meaning** or **give meaning** to these experiences?

6. Do you think the experience of helping traumatised people is a **transformational process**? Can you explain it more?

7. Have you had any **significant impact** or **turning points** in your life as a result of your therapeutic relationship with trauma clients? I mean have you made any **changes** in your **attitudes**, **actions** or **behaviours** as a result of 'work related trauma' impacts? Could you give me some examples?

8. Have you ever adopted any of your clients' **attitudes** or **coping mechanisms** to survive the negative impacts of 'work related trauma'?

I mean therapeutic relationship is mutual, I wonder have you considered any vicarious reinforcement from client(s) to survive your personal or professional traumas?

9. Do you think dealing with traumatised clients is an **overwhelming** experience? What quality kept you in being involved in such an overwhelming profession and was it worth it?

Probe: What **personality features** do you think you have that may help you **survive** the negative impacts of dealing with traumatised individuals?

Probe: Tell me about your **principals**, **personal values** and **ideas** on helping traumatised people?

10. Can you tell me about your **thoughts** and **attitudes** which you think helped you survived the negative impacts of 'work related trauma'?
Probe: How do you survive the negative impacts of 'work related trauma' **intellectually**? I mean through your **thought (cognitive) processes**?

Possible criteria for consideration: **internal dialogues** as a part of **problem solving** activities; **contemplating** inside to find meaning in the specific experience, **soul searching** and **meditating** etc.

Probe: How do you survive the negative impacts of 'work related trauma' **emotionally** - through your **emotional processes**?

11. Have you ever had a kind of **over-identification**, **overreaction** or **attachment** when dealing with a traumatised client? Can you explain it?

12. Do you receive any **internal/external support** to reduce the negative effects of 'work related trauma'?

By **internal** or **spiritual support** I mean any personal beliefs which help your resilience and sustainability in prolonged psychological suffering of dealing with trauma clients.

13. Do you think dealing with traumatised individuals has any impact on you, **spiritually**? I mean everyday challenge and exposure to the client's suffering might be affected you spiritually.

Probe: is there any **spiritual** or **transcendental**[77] **incident** in your experience of helping traumatised people?

Probe: Have those **spiritual** or **transcendental experiences** helped you survive the negative impacts of 'work related trauma'? I mean those experiences might be enhanced your **worldview**, **personal beliefs**, and **attitudes** towards yourself, others and life.

14. Have you experienced any **conflicts** in your professional life which made you questioned your role as a helping professional? If yes, what types of conflict? How did you deal with them?

Probe: Have you ever started questioning yourself about the **meaning of life** after feeling conflict with client's trauma material? How did you react to these (existential) thoughts?

Probe: Can you tell me more about your **existential thoughts** in connection with the experience of 'work related trauma'?

[77] describes an experience, event, object or idea that is extremely special and unusual and cannot be understood in ordinary ways

15. Have you ever created a **perception** that may help you to change your **attitude** regarding the **suffering** you received from your trauma clients? Can you give me some examples?

16. Do you feel you are developing personally through the experience of dealing with traumatised people?

17. Reflecting on personal development, I wonder, what would be the highest level of your journey of helping traumatised people? What quality you would be achieved?

Possible criteria for consideration: **self-actualisation; self-realisation; self-consciousness etc.**

Self-actualisation: highest level in Maslow's hierarchy of needs; fulfilling one's full spiritual, intellectual potential

18. From a professional stance, I wonder, what do you feel about the **existence of emotional suffering**? How do you make sense of your efforts when empathising with your clients' suffering?

19. What do you think about your own **needs** as a helping professional? Do you think helping traumatised people fulfils your **personal needs**? Can you explain it more by giving me some examples?

20. Reflecting on the whole process of helping traumatised people, can you tell me how do you view

1. Yourself
2. Your existing role in the life of:
2.1. Your family
2.2. Your clients

Concluding and feedback questions:

- Is there anything else you would like to share with me?
- How do you feel about the whole process of the interview?
- What do you think about the questions?
- What pseudonym would you like to choose for yourself? (This will help to protect your identity and confidentiality in this study.)

Expressing my gratitude to their participation…
Answering participants' questions…
Confirming to inform them about the outcomes of the study - in due course …
Confirming to forward some related references about the areas of discussion and emerged themes during the interview…
Accompanying participant to the way out…