A RESISTANCE OF JOY: LIVING ALTERNATIVE NARRATIVES OF TRAUMA

WORK

by

ANGELA B. JOHNSON

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE

REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS

in

THE FACULTY OF GRADUATE STUDIES

GRADUATE COUNSELLING PSYCHOLOGY PROGRAM

We accept this thesis as conforming to the required standard

....

Marvin McDonald, Ph.D., Thesis Supervisor/Thesis Coordinator

....

John Sumarah, Ph.D., Second Reader

....

Rosemary C. Reilly, Ph.D., External Examiner

TRINITY WESTERN UNIVERSITY

September 20, 2010

ABSTRACT

For this qualitative study, a narrative method of inquiry and analysis was used to explore how therapists are personally thriving as a result of engaging in trauma work. In conversation with the researcher, five therapists co-constructed narratives about how their work with trauma survivors has contributed to their personal growth and to their sense of well-being. The following themes of joy and of healing were identified and developed into first-person narratives: fulfilment from contributing to constructive social change, solidarity with others striving for similar goals, hopefulness for the world, opportunity to become aware of and to heal from personal traumas, learning from clients, development of desirable character qualities (e.g., compassion, patience, forgiveness, less judgment), increased self-confidence, acceptance of self, improved self-care, deepened personal relationships, and spiritual growth. Participants also provided feedback about how they experienced conversations about the positive impacts of their work. Their responses suggest that the practice of cultivating joyful dialogue may serve to transform therapists' understanding of their work and of themselves, and may contribute to therapists' sense of resilience and to the sustainability of practice. The themes represented by participants' narratives also support previous research findings on the positive effects of engaging in trauma work. Although the focus of this study was on the positive outcomes of trauma work, several of the therapists involved in this study also presented a radical challenge to the vicarious trauma (VT) narrative. The VT narrative, which has powerfully shaped counselling professionals' understanding of the work for the past twenty years, warns of the inevitable and the profoundly negative consequences of the work. The voices of the participants, feminist activists, and the researcher join together to contribute to a dialogue

about the need to reconstruct our professional narratives about the impact of trauma

work. Renovations include: (a) expanding our professional narratives to include and to

accept the possibilities for both suffering and thriving, (b) appreciating VT as a pathway

to connection with our clients, and to inspired advocacy, and (c) acknowledging the

socio-political causes that threaten the sustainability of practice. The implications of a

reconstructed professional narrative for counselling practice, research, and for education

are discussed.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

NOTE TO THE READER

The subject of this project is an experience known variously within the literature as *vicarious trauma* (VT), *compassion fatigue* (CF), *secondary traumatic stress* (STS) and *burnout.* Each of these terms represents a different theoretical understanding of this experience. When not specifically referencing an author using different terminology, I have used the term vicarious trauma to refer collectively to these descriptions.

I have also chosen a narrative framework for this project, which has influenced the language used throughout the document. With the exception of Chapter 2, where I have allowed the text to reflect the conventional language used to discuss VT, I have used the words *story* or *narrative* in place of the terms typically used within the literature (e.g., model, theory, construct, phenomenon, disorder).

I have highlighted direct quotes from participants in **bold type**. When directly quoting participants, I have used *italics* to emphasize themes that are present in the text.

CHAPTER 1: INTRODUCTION

In what ways do our narratives about trauma and trauma therapy

support, expand, reduce, confine, and/or limit our beliefs and

understanding about our work as practitioners…. Professional

narratives about vicarious trauma and compassion fatigue – play a

role in shaping the stories we consciously or unconsciously choose

to carry about our work…. Do they offer us meaningful support in

supporting others?

(Jenmorri, 2006, p. 50-51)

At the heart of this project are the stories, or narratives, counsellors tell about their

experiences journeying with those who have suffered trauma. Narratives serve as a way

of organizing and of meaningfully representing human experience (Riessman, 2008).

They also function as an instrument of a culture, teaching its members how they should

live, and influencing how they view and speak about the world (Fraser, 2004). Over the

past two decades, a professional narrative of about the "cost of caring" (Figley, 1995, p.

7) has dominated the literature. This narrative, variously referred to as vicarious trauma,

secondary traumatic stress, compassion fatigue, and burnout, warns members of the

counselling community that trauma work has a debilitating effect on the professional and

the personal lives of therapists, and that encountering the pain of others within the

context of the therapeutic relationship is a profoundly negative experience.

I value the vicarious trauma narrative for the way it "honours the specific

suffering that comes from bearing witness to violence and trauma" (Ziegler, 2003, p. 14),

and validates and normalizes therapists' responses to their clients' suffering. I also

appreciate how the vicarious trauma narrative has motivated therapists and organizations

to become attentive to self-care and to create more supportive working environments. On

the other hand, I wonder about the extent to which the vicarious trauma narrative has

actually formed our experience of the work as hazardous and unsustainable. Katrina

Jenmorri (2006) has questioned whether the vicarious trauma narrative offers meaningful

support to counsellors providing services to those impacted by trauma. She suggested

that there are "silences and gaps" (p. 51) in the stories trauma practitioners tell about

their work that limit "potentials for living" (p. 51).

One of my clients has generously granted me permission to share one of our

conversations in order to illustrate the power of stories to influence the way that we live.

Throughout her childhood, my client was sexually abused by a number of adult males,

including her grandfather. During our first session, she informed me that I was not to

refer to her as either a victim or a survivor of childhood sexual abuse, as she hated these

terms. I appreciated her objection to being called a victim as the label often carries with it

connotations of powerlessness, and vulnerability. However, I was confused about her

reluctance to being called a survivor, as this seemed to me to be a positive term,

suggesting strength and resilience. Furthermore, the shift from living life as a victim to a

survivor is often an important theme explored by clients healing from sexual abuse

(Thompson, 2000).

My client explained that despite the fact that a survivor was no longer being

victimized, by the continued use of the term survivor, she was still defined by what had

happened to her, and from the perspective of my client, remained an object of sympathy.

My client advised me that she had neither seen herself as a victim, nor had she viewed

herself as a survivor. When I asked her how she perceived herself, she told me that she

was a veteran of war, a freedom fighter! She told of how she had not merely survived

what had happened to her, but she had instead resisted and fought. She had done what

was necessary in order to secure her safety and her freedom, and for that she was

deserving of honour. As we continued to discuss the distinctions between victims,

survivors, and veterans, I began to understand why my client preferred being cast in the

role of war heroine rather than of survivor in the narrative of her life. For my client, the

victim and the survivor roles confined her, emphasized helplessness, and limited her

ability to imagine possibilities for her future. Alternately, telling her story as a veteran

highlighted her strengths, allowed her to assign meaning to her suffering, and provided

her with belief and hope in her ability to manage whatever lay ahead of her.

My client felt disempowered by both the victim and the survivor of childhood

sexual abuse narratives. I suggest that the vicarious trauma narrative currently saturating

professional counselling culture may be similarly disempowering for therapists engaged in

trauma work. This will ultimately have negative consequences for clients, who need to

believe in the possibility to thrive beyond trauma. If we cannot hope for ourselves as

professionals and if we cannot see how we can grow and move forward after being

traumatized by our work, how can we provide hope to our clients?

Consider the comments from several of the counsellors participating in this study,

which reflect some of the fears trauma therapists carry about the negative impact of the

work:

The work is hard, and I get tired, and I don't have a lot of energy on

the weekend. *And I do have that question: How long can I sustain this? Until I'm 65?* (Elaine)

Yeah, I had this thing going around in my mind: Okay, well *how long am I going to last?* Twelve years? So once you hit the 12-year mark, okay how am I doing? So what's the next 10 years going to be like? And then not only that, but *the burnout also includes getting some physical ailment, or becoming an addict of some type… like you're not healthy!* Like, that's not my goal! Devoting my life to some profession *to end up that way*? (Elizabeth Moon)

If we are impacted, you know… *the fear! I'm going to burnout!* Which means, oh *I'm not going to be able to support my family and support myself.* It's scary for people! *Better not feel anything.* Dissociate! Or find all these ways of coping with these feelings that could be unhealthy. (Tessa)

The influence of the vicarious trauma narrative is arguably revealed in the negative self-talk punctuating the above comments. Participants questioned their own ability to physically and emotionally sustain the work, or cope with the impact of the work in a constructive manner. Since the emergence of the vicarious trauma narrative, researchers have been keenly interested in identifying strategies that help reduce therapists' vulnerability to this occupational hazard. Typically, seeking personal counselling, peer consultation, clinical supervision, and professional training; limiting the

number of trauma cases on caseloads; and attending to self-care have been prescribed to reduce vulnerability (Bober & Regehr, 2005). However, some researchers have started exploring the potential for alternative narratives of trauma work to enhance therapists' resilience and sustainability (Jenmorri, 2006; Reynolds, 2008).

Several alternative narratives of trauma work are already in the early stages of development. These narratives are known as vicarious post-traumatic growth (Arnold, Calhoun, Tedeschi, & Cann, 2005), adversarial growth (Linley & Joseph, 2007), and vicarious resilience (Hernandez, Gangsei, & Engstrom, 2007). These narratives are supported by a small number of recent studies (Arnold et al., 2005; Linley & Joseph, 2007; Hernandez et al.) that have documented that trauma therapists also experience positive change and growth that can be attributed to their work.

Jenmorri (2006) challenged the counselling community to consider how the "silences and gaps" (p. 51) in the stories we currently tell about the impact of trauma work influence how we view our work. She calls us to search for "missing" (p. 51) narratives that will potentially allow for the recreation of professional narratives that will "nourish, replenish, and sustain" (p. 51). The existing research on vicarious post-traumatic growth, adversarial growth, and vicarious resilience, has certainly assisted with the search for those missing narratives but there are still many gaps in our understanding of how therapists are positively impacted by their work.

This project was designed to contribute to the search for the missing narratives. Three questions provided a framework for my exploration:

1. How are therapists personally thriving as a result of engaging in trauma work?

2. How do therapists experience conversations about the positive impacts of their

work?

3. How do therapists resist or tell the narrative of vicarious trauma differently?

CHAPTER 2: LITERATURE REVIEW

When I began work with refugees and survivors of torture, many caring

and well-intentioned folks echoed a powerful story that I would burn out

as these people were at the top of some hierarchy of pain. This

prescription that I would burnout was pervasive, presented as common

wisdom, and scarce on hope.

(Reynolds, 2008, p. 9)

Theoretical Foundations

For the past twenty years, there has been a growing interest in how therapists

working with trauma survivors have been impacted by their work. The majority of the

research to date has emphasized the negative impact of trauma work, an experience

known variously within the literature as vicarious traumatization, secondary traumatic

stress, and compassion fatigue. McCann and Pearlman (1990) are credited with

introducing the construct of vicarious traumatization (VT), which refers to the "enduring

psychological consequences for therapists of exposure to the traumatic experiences of

victim clients" (p. 133). McCann and Pearlman's description of VT is grounded in the

theoretical model they developed to account for psychological responses to trauma. The

main premise of their Constructivist Self-Development Theory is that humans actively

construct cognitive structures or schemas, which function as a means through which

individuals interpret their environment and experiences. Traumatic events have the

potential to damage the basic beliefs, assumptions, and expectations about self and the

world from which schemas are built. In particular, five fundamental psychological need

areas (i.e., safety, dependency/trust, power, esteem, and intimacy) may be disrupted by the experience of trauma.

McCann and Pearlman (1990) hypothesized that all therapists working with trauma survivors will experience enduring schema disruptions, which will negatively impact their emotional well-being, relationships, and overall functioning. Exposure "to the realities of people's intentional cruelty to one another" (Pearlman & Saakvitne, 1995, p. 151) through empathic engagement with traumatized clients, leaves therapists vulnerable to VT. Therapists' own unresolved childhood traumas may also contribute to the development of VT. McCann and Pearlman suggested that therapists will inevitably experience cumulative and negative permanent changes in the following areas: identity, worldview, and sense of meaning or spirituality; ability to manage strong affect and to maintain positive self-esteem; ability to connect with others and with self; and ability to appropriately meet personal psychological needs. Furthermore, therapists may experience intrusive thoughts or imagery related to clients' traumatic material, reliving clients' traumatic events as if they are their own (McCann & Pearlman; Pearlman & Saakvitne).

Related Constructs

Prior to reviewing the research on VT, it is important to note that VT is only one of several constructs that have been proposed to describe the negative impacts of providing therapy to trauma survivors. Other concepts used to refer to this experience include secondary traumatic stress (STS) or compassion fatigue (CF), countertransference (CT), and burnout.

Secondary traumatic stress and compassion fatigue. Figley (1995) expanded McCann and Pearlman's (1990) theory of VT with his conceptualization of STS, which

he also referred to as CF. He defined STS as "the natural consequent behaviours and emotions resulting from knowing about a traumatizing event experienced by a significant other – the stress resulting from helping or wanting to help a traumatized or suffering person" (p. 7). Claiming that STS is a psychological disorder characterized by the same symptoms as Posttraumatic Stress Disorder (PTSD), as described in the *Diagnostic and Statistical Manual of Mental Disorders*, (4th ed.; *DSM—IV*; American Psychiatric Association, 1994), Figley suggested that the only difference between STS and PTSD is the position of the stressor. For those suffering from PTSD, the traumatic event is the stressor, while for those suffering from STS, "exposure to knowledge about a traumatizing event experienced by a significant other" (Figley, p. 8) is the stressor.

Some researchers have concluded that the constructs of VT and of STS/CF simply represent the same experience understood through different theoretical lenses (i.e., Arvay, 2001). The constructs of VT and of STS/CF do overlap, particularly when identifying intrusive imagery and avoidant behaviour as common symptoms suffered by trauma therapists. However, VT is conceptualized as an inevitable and permanent consequence of trauma work (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995), whereas STS/CF is understood to be an expected but treatable and preventable by-product of caring for individuals who have been traumatized (Figley, 1995). Furthermore, VT is presented as an occupational hazard unique to trauma counsellors, while STS/CF theory accounts for the negative impact of exposure to indirect trauma on helping professionals, and also non-professionals involved with traumatized individuals (i.e., family members and friends).

Countertransference. "Helping-induced trauma" (Stamm, 1997, p. 1) was originally categorized as CT with therapists' responses to war atrocities discussed within the literature as early as the 1970s. McCann and Pearlman (1990) differentiated between VT and CT, and defined CT as "the activation of the therapist's unresolved or unconscious conflicts and concerns" (p. 134) within the context of a therapeutic relationship. While the origin of CT lies within the therapist herself (i.e., personal characteristics and history), clients' traumatic life experiences account for the development of VT. Furthermore, VT is conceptualized as a long-term disruption to the cognitive world of the therapist, while CT is understood to be a short-term response that occurs during a therapy session. Pearlman and Saakvitne (1995) hypothesized a relationship between VT and countertransference, suggesting that VT may shape or influence a therapist's CT, causing her to respond more strongly to clients, while reducing her conscious awareness of why she is responding to her clients in such a manner.

Burnout. McCann and Pearlman (1990) and Figley (1995) also distinguished between VT/STS and burnout. Burnout refers to the experience of chronic exhaustion, cynicism, reduced sense of personal accomplishment, and detachment from work (Maslach, Jackson, & Leiter, 1996). Burnout is believed to occur as a result of variables within the workplace that make it difficult for professionals to meet the demands of the job (i.e., challenging client populations, financial constraints). McCann and Pearlman acknowledged that there might be some overlap between the concepts of burnout and VT, comparing the symptoms of burnout to patterns of numbing and avoidance observed in therapists who have been unable to process the traumatic material of their clients. Figley

suggested that in contrast to burnout, which develops gradually, STS typically emerges suddenly and with little or no warning. Figley (2002) later theorized burnout could be understood as contributing to STS/CF.

Empirically separating burnout from VT/STS has proven to be a difficult task (Kadambi & Truscott, 2008). Within the context of VT/STS studies, researchers have often compared VT with burnout, usually by including the Maslach Burnout Inventory (MBI; Maslach et al., 1996). The current consensus within the field is that the constructs are related, but differ with respect to how therapists are emotionally impacted by the experiences. Feelings of self-inefficacy characterize burnout, while fear distinguishes VT (Linley & Joseph, 2007).

Measuring VT

Theorists have not yet reached a consensus on what to call the negative impact of providing trauma therapy on the helping professional (Chouliara, Hutchison, & Karatzias, 2009; Stamm, 2009). The terms STS, CF, and burnout (and to a lesser extent CT) continue to be used interchangeably throughout the literature, despite the fact that the terms represent very different theoretical frameworks for understanding therapists' negative experiences of trauma work. This has ultimately led to difficulties operationalizing VT for the purposes of measurement (Chouliara et al.; Kadambi & Ennis, 2004; Sabin-Farrell & Turpin, 2003). Baird and Kracen (2006) indicated that they had planned a meta-analysis of the VT studies published to date but inconsistent operational definitions of VT resulted in a redesign of their study into a review and a synthesis of the existing literature.

Standardized instruments originally designed to measure PTSD symptoms have often been utilized to measure VT/STS (Sabin-Farrell & Turpin, 2003). The instruments most commonly used include the Impact of Event Scale (IES; Horowitz, Wilner, & Alvarez, 1979), and the Trauma Symptom Checklist-40 (TSC-40; Elliot & Briere, 1992). Researchers have also developed specific measures for VT. The Traumatic Stress Institute Belief Scale (TSI; Pearlman, 1996) measures schema disruptions in the five psychological needs areas hypothetically impacted through empathic engagement with trauma survivors. The Compassion Fatigue Self-Test for Practitioners (CFST; Figley, 1996) was designed to measure both CF and burnout, but due to psychometric issues has recently been replaced by the Professional Quality of Life Scale (ProQOL; Stamm, 2009). The ProQOL measures STS/CF, as well as a construct known as *compassion satisfaction* (CS), which refers to the pleasure helpers derive from being able to do their work well. The Secondary Traumatic Stress Scale (STSS; Bride, Robinson, Yegidis, & Figley, 2003) assesses intrusion, avoidance, and arousal symptoms resulting from indirect exposure to client traumas.

Sabin-Farrell and Turpin (2003) reviewed the empirical research on VT experienced by mental health workers and identified several methodological issues related to measuring VT. First, they observed that the standardized instruments were designed to measure the stress symptoms of those who have directly experienced trauma (survivors), not those who have been indirectly exposed to trauma (helpers). They questioned whether what was being measured by the standardized PTSD instruments was therapists' responses to the traumatic material of clients, or was therapists' own personal experiences of trauma. In other words, it was possible that what had been measured in

studies utilizing these instruments were therapists' own PTSD symptoms rather than

therapists' VT/STS symptoms. Second, Sabin-Farrell and Turpin noted that none of the

new instruments developed to measure the negative impacts of trauma work on therapists

measure all aspects of the construct as a whole. Furthermore, the authors were concerned

about the fact that overlap between the commonly used scales had not been adequately

assessed. These issues continue to plague VT research, as noted in a recent review of the

literature by Chouliara and colleagues (2009).

Other methodological criticisms of the existing VT research include: reliance on

surveys distributed through the postal system, combined with low response rates (Sabin-

Farrell & Turpin, 2003); ill-defined samples and poorly explicated procedures in studies

using qualitative designs (Chouliara et al., 2009); and almost exclusively cross-sectional

designs which limit inferences about cause and effect and development over time. A

number of researchers have advocated for longitudinal studies in an effort to correct the

latter issue. For example, Baird and Kracen (2006) suggested that studies designed to

track student therapists/recent graduates, as well as practicing therapists, might highlight

critical incidents or milestones contributing to the development of VT.

Evidence for VT

Empirical research on therapists' experience of VT is in fact quite limited, and

findings from the few studies that have been conducted are inconsistent and

contradictory. Researchers have focused on establishing the existence and the prevalence

of VT, determining the level of exposure to traumatic material that leaves therapists most

vulnerable to VT, investigating individual/personal variables that predict the development

of VT, and identifying individual and organizational practices which might prevent VT.

Establishing VT as a problem. Establishing VT as a legitimate concern for trauma therapists, and validating the descriptions of VT and STS have been important goals since the constructs were first introduced in the early 1990s. Specifically, researchers have been interested in confirming that therapists working with trauma survivors suffer from disrupted cognitive schemas and other symptoms of traumatic stress.

One of the earliest studies of VT found no evidence that therapists were negatively impacted by their work with trauma survivors. Follette, Polusny, and Milbeck (1994) explored the incidence of "secondary traumatization" (p. 276) among both therapists ($n = 225$) and law enforcement professionals ($n = 46$) providing services to child sexual abuse survivors. Negative clinical responses to child sexual abuse cases and negative coping strategies (i.e., substance use, withdrawing from others) were measured using an existing self-report inventory (Therapist Reaction Questionnaire or TRQ) revised to reflect the unique experiences of trauma therapists and police investigators. Participants were also assessed for symptoms of PTSD using the Trauma Symptoms Checklist-40. The authors found relatively low levels of VT among therapists, while law enforcement professionals reported significantly more distress on all measures.

A year later, Schauben and Frazier (1995) published results supporting the hypothesis that trauma work disrupts trauma therapists' cognitive schemas. Female psychologists ($n = 118$) and female rape crisis counselors ($n = 30$) working with sexual violence survivors were assessed using the TSI Belief Scale, the Brief Symptom Inventory, the MBI, the COPE (inventory of 15 coping strategies), and symptom checklists for PTSD and VT developed by the authors. Qualitative data was also gathered through two open-ended written-response questions about aspects of their work with

sexual violence survivors that participants found difficult and enjoyable. Schauben and Frazier found that counsellors with higher percentages of survivors on their caseloads reported more schema disruptions, especially with respect to beliefs about the goodness or trustworthiness of others. Counsellors with more survivors on their caseloads also reported more PTSD symptoms. The qualitative data related to the difficulties experienced by counsellors as a result of their work with survivors corroborated the quantitative data. For example, counsellors identified experiencing emotional distress and a change in their beliefs as a direct result of their work with traumatized clients.

Arvay and Uhlemann (1996) published the first study exploring the effects of trauma work on Canadian therapists. Trauma counsellors residing in the province of British Columbia ($N = 161$) were surveyed using the IES, MBI, and CFST. Fourteen percent of participants reported experiencing high levels of secondary traumatic stress. A more recent study of Canadian mental health workers ($N = 280$) by Buchanan, Anderson, Uhlemann, and Horwitz (2006) was designed to identify the factors contributing to the development of STS. In addition to the IES and CFST, participants completed a 7-item STS questionnaire developed by the authors. Buchanan et al. found that approximately one third of participants felt they were currently experiencing STS. Furthermore, results of the STS questionnaire supported the hypothesis that trauma work may alter therapists' cognitive beliefs about self and the world.

After reviewing the VT literature, Sabin-Farrell and Turpin (2003) concluded that the quantitative evidence for VT/STS was "meager and inconsistent" (p. 467) but the results of the few qualitative studies conducted on VT provide more support for the construct. In a qualitative study by Steed and Downing (1998), Australian female

therapists ($N = 12$) were interviewed about how their work with sexual abuse and sexual assault survivors had resulted in cognitive schema disruptions. Data from the semi-structured interviews was then analyzed for thematic content. All of the therapists reported experiencing negative effects as a result of their work with traumatized clients. These negative effects included distressing emotions (i.e., anger, frustration, shock, sadness), experiencing intrusive thoughts and dreams about clients' traumatic material, becoming distrustful of their male partners as well as men in general, losing faith in human beings, doubting their ability to work effectively with clients, and losing friendships as a result of being unable to maintain intimacy with others.

A second qualitative study by Iliffe and Steed (2000) also explored the experiences of Australian counsellors. The authors conducted interviews with female ($n = 13$) and male ($n = 5$) counsellors working with both perpetrators and survivors of domestic violence. All participants were required to have at least fifty percent of their caseloads composed of perpetrators and/or survivors of domestic violence. A semi-structured interview format, with questions based on the previous research of Schauben and Frazier (1995) and McCann and Pearlman (1990) provided a framework for dialogue about the lived experience of trauma counsellors. Interview data was analyzed using a phenomenological method. The descriptions provided by participants indicated that they were experiencing symptoms of VT, including emotional distress (i.e., feelings of anger, powerlessness, horror) and disruptions in cognitive schemas. Specifically, counsellors felt a decreased sense of safety, became less trusting of others, and experienced a change in worldview in that they became more aware of the dynamics of power and of control in relationships.

A two-stage quantitative/qualitative study by Canadian researchers Kadambi and Truscott (2004, 2008) initially investigated whether or not trauma therapists were actually at greater risk of developing VT compared to therapists working outside the field of trauma. Cunningham (2003) had previously studied the effects of working with human-induced versus naturally caused traumas. She found that social work clinicians working with sexual trauma survivors reported more cognitive schema disruptions than those working with clients suffering from cancer. Similarly, Kadambi and Truscott (2004) surveyed Canadian therapists providing services to (a) sexual violence survivors ($n = 86$), (b) cancer patients ($n = 183$), and (c) general practice clients ($n = 71$) participated in the study. The three groups were surveyed using the TSI Belief Scale, IES, and MBI. Contrary to what they had hypothesized, the authors found no evidence that therapists working either in the fields of sexual violence or psycho-oncology were experiencing higher levels of VT or burnout than therapists in general practice. While acknowledging the limitations of survey data (i.e., response bias) and the sensitivity of the instruments used to measure VT, Kadambi and Trustcott suggested that their results challenge the idea that there is something specific about trauma work that produces VT. The authors questioned the assumption that exposure to traumatic material and the reality of human cruelty were really the "active ingredients" (p. 272) in the development of VT in therapists. They further hypothesized that the manner in which therapists empathically connect with their clients' material, and subsequently process their own emotions about that material, may play a larger role in the development of VT than the content of therapy.

Despite the fact that Kadambi and Truscott (2004) found little evidence to support VT as a unique occupational hazard for trauma therapists, they did find that sexual violence therapists were significantly more likely to perceive their work as potentially traumatizing than the other two groups of therapists. In fact, the majority of sexual violence therapists participating in the study (84%) believed that their work was potentially traumatizing, where only 50% of cancer therapists, and 36% of general practice therapists felt this way.

In the second stage of their study, Kadambi and Truscott (2008) sought to understand this discrepancy between quantitative measures of VT and sexual violence therapists' perceptions of their work. The authors used concept mapping to analyze the qualitative data of sexual violence therapists ($n = 72$) that had been collected during the original study. Specifically, a concept map of participants' answers to the question, "What aspects of clinical work with your primary client population [survivors of sexual violence] do you feel are traumatizing and/or contribute to the potential of traumatization?" was developed. Eight clusters of themes were generated through a computer program, with many of the clusters supporting VT theory: Witnessing and Responding to Therapeutic Content, Witnessing and Responding to the Therapeutic Process, Challenging Countertransference Reactions, System Flaws and Inadequacies, Social Injustice, Awareness of Human Cruelty, Feeling Helpless and Powerless, and Workplace Constraints and Deficiencies.

Participants were provided with an opportunity to rate the importance of each cluster as contributing to their experience of the work as traumatizing/potentially traumatizing. The Workplace Constraints and Deficiencies cluster (i.e., working with

unethical management and coworkers, lack of opportunity to get specially trained, too many back-to-back trauma clients, lack of qualified clinical supervision) received the highest rating. The authors suggested that previous VT research might have underestimated the importance of workplace variables and social/political factors on trauma therapists' experiences of the work as traumatizing. Kadambi and Truscott also believed their findings pragmatically offered much in the way of prevention, given that therapists identified the most traumatizing aspects of their work were primarily under organizational control.

Finally, VT is often believed to be pervasive among those who engage in trauma work (e.g., Chouliara et al., 2009). However, since researchers have been investigating VT, low levels of symptomatology have consistently been found, and even higher levels of traumatic stress have not markedly interfered with functioning (Bober & Regehr, 2005; Kadambi & Ennis, 2005). Critical about the fact that researchers have claimed that methodological limitations or underreporting explain insignificant levels of traumatic stress, rather than questioning the validity or existence of VT itself, Kadambi and Ennis suggest that "the importance, prevalence and the severity of vicarious trauma may have been overstated and interventions to address the phenomena, premature" (p. 7).

Exposure to traumatic material. According to VT theory (McCann & Pearlman, 1990; Pearlman & Mac Ian, 1995) therapists with more exposure to clients' traumatic material will report higher levels of VT. Unfortunately, the relationship between VT and exposure to clients' traumatic material remains unclear. "Exposure" has typically been operationalized in a number of different ways, which makes it difficult to compare results. Although a number of studies appear to support the hypothesis that greater

exposure increases VT, other research has documented a relationship between VT and exposure that suggests that therapists with less exposure report greater levels of VT than therapists with more exposure.

Pearlman and Mac Ian (1995) assessed for VT among professional and graduate student therapists ($N = 188$). Participants completed the TSI Belief Scale, IES, and Symptom Checklist-90-Revised (SCL-90-R), as well as a questionnaire developed by the authors that collected information about exposure to clients' traumatic material, personal trauma history, and use of clinical supervision. Unexpectedly, the authors found that therapists with less experience working with trauma clients had more symptoms of VT. Similarly, Arvay and Uhlemann (1996) reported that therapists with less than ten years of experience working in the field were more likely to experience VT. As well, the majority of therapists participating in Steed and Downing's (1998) qualitative study indicated that they did not experience increasing negative effects over time.

Pearlman and Mac Ian (1995) also found that therapists with higher numbers of trauma survivors on their caseloads had fewer cognitive schema disruptions. These results supported the findings of Follette et al.'s (1994) earlier study, which suggested that having a higher percentage of child abuse sexual abuse survivors on a caseload did not predict the likelihood of VT.

Brady, Guy, Poelstra, and Brokaw's (1999) study of American female psychologists ($N = 466$) working with sexual abuse survivors made a surprising contribution to the literature on VT. Pearlman and Saakvitne (1995) had proposed that therapists' spirituality could be disrupted by trauma work, and Brady et al.'s study was the first to examine this hypothesis. VT was assessed with the IES and TSI Belief Scale,

while spirituality was measured with the Spiritual Well-being Scale. The major finding

from this study was that greater levels of exposure (i.e., higher percentage of trauma

clients on caseload) to traumatic content was significantly related to improved spiritual

well-being, not reduced spiritual well-being as was expected.

However, Brady et al. (1999) also found that therapists with more sexual abuse

clients on their caseloads, or who see a high number of survivors over the course of their

careers were more likely to report VT. Shauben and Frazier (1995) had reported earlier

that counsellors with higher percentages of survivors on their caseloads had more schema

disruptions about the goodness or trustworthiness of others, and also more PTSD

symptoms. Similarly, Arvay and Uhlemann (1996) found that therapists carrying a

weekly caseload of 10 to 26 traumatized clients were more likely to report high levels of

stress. Buchanan et al. (2006) noted a significant correlation between STS and work

settings with high trauma caseloads. Finally, Bober and Regehr's (2006) study of Ontario

counsellors specializing in work with victims of violence found that more time per week

counselling trauma survivors predicted higher levels of traumatic stress symptoms.

Individual predictor variables. Several variables categorized as individual or

personal characteristics (Sabin-Farrell & Turpin, 2003) have been investigated as

potentially increasing therapists' risk of experiencing VT. Most notably, therapists'

personal trauma history has been a factor of great interest, given McCann and Pearlman's

(1990) suggestion that therapists' own unresolved childhood traumas may contribute to

the development of VT. The relationship between personal trauma history and VT

remains unclear, largely because empirical findings have been inconsistent, but also due

to the fact that researchers have often failed to ask participants to distinguish between

child versus adult trauma, or types of trauma, thereby making comparisons of findings difficult (Way, VanDeusen, & Cottrell, 2007). Follette et al. (1994), Shauben and Frazier (1995), and Bober and Regehr (2006) found no evidence that having a personal trauma history was associated with higher levels of VT. However, these results were not supported by Pearlman and Mac Ian (1995), Arvay and Uhlemann (1996), Cunningham (2003), Buchanan et al. (2006), VanDeusen and Way (2006), and Way et al. (2007) who all reported significant correlations between VT and personal trauma history.

In addition to exploring the relationship between therapists' personal trauma history and VT, researchers have investigated other individual factors that may increase vulnerability to VT. For example, McLean and Wade (2003) investigated the contribution of therapist beliefs to the development of VT. Australian therapists ($N = 116$) who identified themselves as working primarily with traumatized clients were surveyed using an instrument developed by the authors for the study to measure unhelpful or irrational therapist beliefs (i.e., I expect my clients to progress smoothly in therapy; if I allow my clients to distress me I'm a failure). Participants also completed the TSI Belief Scale, IES, and MBI, and provided information about their personal experience of direct trauma within the six months prior to the study. The authors found that the therapist belief scale score solely predicted VT symptoms as measured by the TSI, and also predicted burnout. That is, endorsement of unhelpful beliefs regarding therapy was significantly related to more cognitive schema disruptions. Specifically, beliefs related to avoiding strong emotions, over-relying on a preferred clinical model, and assuming sole responsibility as the agent of change in clients' lives, were particularly salient. Results of the study also

suggested that therapists with a recent trauma history and less clinical experience are more vulnerable to VT and burnout.

Marmaras, Lee, Siegel, and Reich (2003) conducted the only study that has examined the relationship between therapists' attachment style and VT. The attachment styles (i.e., secure, preoccupied, fearful-avoidant, and dismissive) of female therapists (N = 375) working with adult outpatient trauma survivors were assessed using the Relationship Questionnaire. Participants also completed the TSI Belief Scale and IES. The authors found that therapists with a fearful-avoidant attachment style reported significantly more cognitive schema disruptions and trauma symptoms of intrusion, hyperarousal, and avoidance. In contrast, secure attachment style was correlated with very minimal VT symptoms. The authors suggested that the results of their study highlighted the relationship between VT and developmental experiences, and the importance of increasing therapists' awareness of their countertransference responses.

Adams and Riggs (2008) explored Pearlman and Saakvitne's (1995) suggestion that therapists' use of maladaptive defense styles may create vulnerability to VT. Counselling psychology graduate students ($N = 129$) completed the TSI and the Defense Style Questionnaire, which identifies a hierarchy of four basic defense styles (i.e., maladaptive action, image distorting, self-sacrificing, and adaptive). The authors hypothesized that the maladaptive style (most immature style that reflects an inability to constructively manage impulses) and the image-distorting style (involves splitting the image of self and other into good and bad) would be associated with higher levels of VT. Given that the four defense styles were abnormally distributed throughout the sample (highly skewed toward self-sacrificing and adaptive styles), the authors were cautious

about the interpreting the results of the study. The 7% of the sample which did report

maladaptive/image-distorting styles did have significantly higher levels of impaired self-

reference and dissociation. However the majority of participants who reported the

reputedly "healthy" self-sacrificing defense style (relies on reaction formation and

pseudoaltruism in order to meet the need to maintain an image of the self as kind, helpful,

and never angry), also had significantly higher levels of VT when compared with those

with the adaptive style. Furthermore, participants with a self-sacrificing style and a

personal trauma history were more likely to report intrusive symptoms, defensive

avoidance, and anxious arousal. The authors suggested that supervisors' awareness of

therapists' defense styles might avert the problem of VT by emphasizing the importance

of self-care strategies.

   Preventing and reducing VT. When McCann and Pearlman (1990) initially

introduced the construct of VT they also shared a number of coping strategies that they

had personally found helpful in dealing with the hazards of trauma work. They

recommended limiting the number of trauma survivors on a caseload, balancing clinical

work with other professional interests such as research and teaching, engaging in political

activism for social change, having realistic expectations of self while doing the work,

striving for balance between personal and professional life, and seeking therapy to work

through unresolved childhood traumas triggered by the work. Other theorists have

subsequently encouraged trauma therapists to seek peer consultation, supervision, and

professional training, and engage in self-care as strategies for reducing VT (e.g., Iliffe &

Steed, 2000; Pearlman & Saakvitne, 1995).

A few studies have found correlations between VT and the use of coping strategies. For example, Follette et al. (1994) found that therapists' level of personal stress and the use of negative coping strategies to deal with this stress (i.e., substance use, withdrawing from others) were associated with higher levels of VT. Shauben and Frazier (1995) found that lower levels of PTSD symptoms were related to five coping strategies (i.e., active coping, emotional support, planning, instrumental support, and humour).

Recently, Bober and Regehr (2005) investigated whether the coping strategies recommended in the literature were effective for either preventing VT or reducing trauma symptoms when they occur. Coping strategies most often recommended in the literature include: seeking personal therapy, peer consultation, supervision, professional trauma, reducing number of trauma cases on caseload, and self-care. Clinicians ($N = 259$) specializing in work with victims of violence in southern Ontario completed the IES and TSI Belief Scale. Participants also completed the Coping Strategies Inventory (CSI) developed by the authors to measure beliefs that trauma therapists hold regarding which coping strategies will lead to lower levels secondary trauma, and the amount of time trauma therapists dedicated to engaging in coping strategies. Initial exploration of the data provided support for the hypothesis that cumulative exposure to traumatic material contributed to the development of VT. Specifically, therapists who spent more hours per week counselling trauma survivors were experiencing more intrusive symptoms, while therapists with more experience working with trauma survivors reported more disrupted beliefs about intimacy with others.

Bober and Regehr (2005) also found that while therapists generally believe coping strategies are helpful, this belief was not associated with more time allotted to

these activities. Results of the study also indicated that time devoted to coping strategies was not correlated with reduced trauma symptoms. The authors suggested that the results of their study indicate that VT is a structural rather than an individual problem that would best addressed through organizations finding a way to distribute workload to reduce any one worker's exposure to traumatic material. The authors argued that focusing on the use of individual coping strategies as the solution to the problem of VT serves to blame therapists for not balancing life and work adequately or effectively using coping strategies.

Trauma Work and the Possibility for Growth

The literature reviewed thus far has highlighted the efforts made over the past twenty years to confirm that trauma work has a debilitating effect on the professional and personal lives of therapists and that encountering the suffering of others within the context of the therapeutic relationship is a profoundly negative experience for therapists. Kadambi and Truscott (2004) have observed, "The concept of vicarious trauma clearly appears to resonate with professionals in the field of traumatology" (p. 261). Similarly, Sabin-Farrell and Turpin (2003) have noted that the empirical findings on VT "starkly contrast with the certainty and conviction of those who write about the effects of working with trauma" (p. 467). The "intuitive appeal" (Kadambi & Truscott, p. 261) of VT may explain why professionals and researchers alike have been so willing to allow the idea of VT to dominate dialogues about the impact of trauma work on therapists, despite the methodological limitations of VT research, and weak empirical support for the construct.

The possibility for therapists to also experience personal growth and positive change as a result of their work with trauma survivors has been acknowledged within the

trauma therapy literature. In their seminal article on VT, McCann and Pearlman (1990) suggested that VT reactions could be "an area of potential growth for the helper" (p. 146). They also discussed the coping strategy of "optimistic perseverance" (p. 146), or the idea that nurturing optimism and hopefulness when faced with suffering can be adaptive. They encouraged therapists to make a practice of acknowledging the countless ways trauma work has positively impacted and enriched their lives, suggesting that this is an essential component to making work with victims a possibility.

The positive effects of trauma work have been occasionally mentioned as secondary or incidental data in a number of studies specifically investigating vicarious trauma (Arnold et al., 2005; Linley & Joseph, 2007). Sexual violence therapists participating in Shauben and Frazier's (1995) study of VT indicated that they appreciated witnessing the resilience and the growth of their clients, and that they "also grow and change as a result of their work with survivors" (p. 62). Brady et al. (1999) were surprised to find that sexual abuse therapists reported improved spiritual well-being. In their qualitative study of VT among therapists working with sexual abuse/assault survivors, Steed and Downing (1998) found themes related to positive changes resulting from working with traumatized clients. For example, participants reported increased self-awareness, greater depth of compassion, and a deeper sense of the meaningfulness of life. As a result of this finding, Steed and Downing argued that the construct of VT is "inadequate as a conceptual framework for understanding the full range of effects of trauma counselling" (p. 7). They suggested that future research should also focus on the positive impact of trauma work, as this "would constitute a more comprehensive and holistic approach to the phenomenon" (p. 7).

Steed and Downing's (1998) comment above reflects a recent shift within the literature towards balancing current trauma theory, which has typically emphasized the negative consequences of struggling with trauma, with recognition of the positive impacts (i.e., Calhoun & Tedeschi, 2006; Linley & Joseph, 2004). The experience of positive changes following trauma, or what has been termed *post-traumatic growth*, is a growing focus of research, and has already been demonstrated in a number of studies. For example, in a recent review of the literature, Linley and Joseph noted that positive changes have been documented following a number of different illnesses (e.g., breast cancer, heart attacks, HIV/AIDS), sexual assault, natural disasters, the death of a loved one, and plane crashes. Researchers have begun hypothesizing that therapists indirectly exposed to trauma through empathic engagement with clients may also experience positive changes or growth, an experience being referred to as adversarial growth (Linley & Joseph, 2007), vicarious post-traumatic growth (VPTG; Arnold et al., 2005), and vicarious resilience (VR; Hernandez, Gangsei, & Engstrom, 2007).

As this is a relatively new area of research, very few studies investigating the positive effects of trauma work on therapists have been conducted. Arnold et al.'s (2005) study was the first to intentionally explore the positive consequences for therapists of working with trauma survivors. The authors conducted interviews with psychotherapists ($N = 21$), enquiring about both the positive and the negative effects of working with clients who had experienced traumatic events. Participants reported various symptoms of VT, including: distressing emotions, intrusive thoughts, and images related to clients' traumatic content, and doubts about their effectiveness as therapists, providing support for the construct of VT. The majority of participants reported at least one positive

outcome of their work with trauma clients, with witnessing and encouraging clients' post-traumatic growth most commonly identified as a positive impact. Similarly, participants described how the experience of witnessing clients' growth helped them become aware of their own personal growth and development. Another important theme that emerged was therapists' development of enduring and notable personality traits (e.g., increased levels of empathy, tolerance, sensitivity). Finally, the experience of spiritual growth reported by many of those participating supports previous findings by Brady et al. (1999). Based on the results of their study, Arnold et al. (2005) concluded that VPTG "may be significantly more powerful and far-reaching than the existing literature's scant focus on potential benefits would suggest" (p. 256).

Linley and Joseph (2007) also explored VPTG among therapists, although they used the term adversarial growth to refer to the experience. The purpose of their study was to investigate possible predictor variables of both VT and VPTG. The authors assessed nine occupational factors identified from previous research on VT: personal therapy, clinical supervision, personal trauma history, gender, therapeutic training orientation, amount of experience, and caseload. They also investigated the relationship between four psychological factors and adversarial growth: sense of coherence personality construct, empathy, therapeutic alliance, and social support.

Linley and Joseph (2007) surveyed therapists ($N = 156$) recruited through the rosters of two professional psychotherapy organizations in Britain. Participants completed the Crisis Support Scale, Jefferson Scale of Physician Empathy (JSPE), Working Alliance Inventory (WAI-Bond), Professional Quality of Life Scales (ProQOL), Sense of Coherence Scale (SOC-13), Posttraumatic Growth Inventory (PTGI), and the

Changes in Outlook Questionnaire (CiOQ). The authors found that participating in

personal therapy and clinical supervision, practicing from a humanistic and transpersonal

therapeutic orientation, and carrying a larger caseload were occupational factors that

significantly predicted adversarial growth. Of particular interest is the finding that

humanistic and transpersonal therapeutic orientations are associated with positive

therapist well-being, given the current socio-political emphasis on managed care, and the

promotion of cognitive-behavioural therapy as the intervention of choice. These results

imply that adopting a cognitive-behavioural orientation to treatment may place therapists

at greater risk of developing symptoms of VT. Results of the study also indicated that the

therapeutic alliance was the best predictor of positive psychological change and

compassion satisfaction, while the sense of coherence personality construct and

therapeutic alliance was associated with less burnout. The idea that the therapeutic bond,

which is characterized by empathic engagement, results in growth is paradoxical to the

hypothesis that empathic engagement results in VT. The authors suggested that while

further research is required to explore how the therapeutic alliance moderates VT, it is

possible that the therapeutic bond "serve[s] as the channel through the therapist

experiences positive psychological changes in grappling vicariously with the suffering

and distress of his or her clients" (p. 399).

Hernandez et al. (2007) sought to understand how witnessing their clients'

resilience might personally impact therapists, an experience the authors labeled vicarious

resilience (VR). Columbian therapists ($N = 12$) working with clients who had suffered

kidnapping, displacement, and political violence were interviewed. Hernandez et al.

identified a number of positive consequences, including: recognizing the human capacity

to thrive, altering perspectives about therapists' own lives (e.g., reevaluating and

reframing therapists' own personal troubles), and reaffirming the value of therapy (e.g.,

finding hope in being part of a system emphasizing human rights; witnessing the

potential for recovery). The authors also noted that while they did not specifically query

about VT, all the therapists involved in the study mentioned that they had been negatively

impacted by their work with survivors. Hernandez et al. asserted that VR and VT are

equally significant, and occur simultaneously in the therapist. They hypothesized that

empathic attunement is the pathway to both VR and VT and suggested in a follow-up

article (Engstrom, Hernandez, & Gansei, 2008) that purposefully cultivating and

expanding VR may serve to "counteract deeply fatiguing processes in which therapists

may come to see themselves as 'victims' of those have been victimized" (p. 239).

Purpose of Current Study

The purpose of this study was to expand the current understanding of therapists'

responses to trauma work by intentionally exploring the potential for growth. I began this

chapter with a statement by feminist therapist, academic, and activist, Vikki Reynolds

(2008). As a new trauma counsellor, Reynolds was informed that her work with refugees

and survivors of torture would inevitably harm her. She observed, "This prescription that

I would burnout was pervasive, presented as common wisdom, and scarce on hope" (p.

9). Early pioneers in VT research (McCann & Pearlman, 1990) acknowledged the

potential for growth in trauma work and encouraged therapists to nurture optimism and

hopefulness about their work as an antidote to VT. Unfortunately, researchers have

largely ignored the ways in which the lives of therapists have been positively impacted

and enriched by trauma work. For the past 20 years the common wisdom of VT has

dominated the literature and as Reynolds indicated, may have left some therapists feeling

hopeless about their ability to thrive while engaged in trauma work.

A small number of studies (Arnold et al., 2005; Brady et al., 1999; Hernandez et

al., 2007; Iliffe & Steed, 2000; Linley & Joseph, 2007; Steed & Downing, 1998) have

documented that therapists experience positive changes and growth as a result of their

work with trauma survivors. These studies have challenged the dominant understanding

of trauma work as unavoidably hazardous, and have also highlighted the need for a

balanced view, which takes into account the ways in which trauma work may promote

the professional and personal development of therapists. This study was designed to

contribute to a comprehensive and balanced understanding of trauma work that takes into

account the possibilities for both suffering and growth. The following question provided

a framework for my exploration during the research process: How are therapists

personally thriving as a result of engaging in trauma work?

As discussed above, nurturing what McCann and Pearlman (1990) referred to as

"optimistic perseverance" (p. 146) hypothetically helps therapists cope with the negative

consequences of trauma work. Brady et al. (1999) have suggested that the rewarding

aspects of the work (e.g., witnessing human resilience and courage, joy of participating in

another's healing, personal growth) "serve to buffer therapists from the negative aspects

that might otherwise assault belief systems and assumptions" (p. 391). Similarly, Arnold

et al. (2005) have proposed:

> Adopting a more inclusive, less pathologizing conceptualization of trauma
>
> work – as an endeavor that holds the promise of life-affirming benefits as

well as sadness and pain – might help clinicians to view themselves, their

clients, and their work in new and empowering ways. (p. 260)

Another purpose of this study was to explore how therapists' understanding of their work

might be transformed as a result of dialoguing about how trauma work has increased their

well-being. The following question also guided my investigation: How do therapists

experience conversations about the positive impacts of their work?

Finally, a third important research question emerged as a result of considering the

data. Although the focus of this study was on the positive consequences of trauma work,

several of the participants involved in this study presented a radical conceptualization of

VT that I had not encountered in the literature. Therefore, the following question was also

adopted: How do therapists resist or tell the narrative of vicarious trauma differently?

CHAPTER 3: METHODOLOGY

Rigor is not a matter of strictly following procedures that have emerged in

other researchers' work but more a matter of building solid structures

within the context in which one is working. This solid structure is

characterized by interpersonal communication and intersubjectivity.

(Moss, 2004, p. 362)

In the following pages, I discuss the rationale for my choice of a narrative method

of inquiry, in relation to both the research topic and my own research paradigm. I situate

myself as a researcher, describing my personal relationship to the research topic. I

describe the process of data collection and analysis. As well, I identify and define criteria

for evaluating the worth of this study.

Research Design

I utilized a narrative method of inquiry and analysis (Arvay, 1998; Gilligan,

Spencer, Weinberg, & Bertsch, 2003; Wade, 1997) grounded in a transformative

(critical/ideological) paradigm to explore these research questions (Haverkamp & Young,

2007; Mertens, 2005). I assume that human beings construct multiple realities, or truths,

about the world that are shaped by social, political, and historical factors. A significant

implication of this assumption is that the knowledge generated by this study is subjective,

and is an interpretation rather than an objective presentation of the meanings individuals

attribute to their experiences. This knowledge also reflects a different way of knowing

that stands in stark contrast to knowledge "discovered" within the context of a post-

positivist framework, which is assumed to be objective, and existing outside of, or apart

from, individuals.

Within the research context, knowledge about a phenomenon is co-constructed by the researcher and the participants as they interact with one another. Research is therefore an inherently interactive and collaborative process. That being said, the relationship between researcher and participants is always influenced by differences in power. As a researcher working from a transformative paradigm, I am concerned about the ways in which research can replicate social oppression and injustice, leaving participants relatively powerless in comparison to those conducting the research. Striving to reduce the hierarchy between participants and myself by intentionally engaging and privileging their voices at every stage of the research process was therefore a priority. Furthermore, I also believe that research worth doing should in some way effect change that empowers those participating.

Riessman (2008) defined narrative analysis as a "family of methods for interpreting texts that have in common a storied form" (p. 11). Diverse forms of narrative analysis exist because many academic disciplines, each with their own theories and epistemologies, have contributed to the development of the "narrative turn" (p. 14), or focus in human sciences research, on the narratives, stories, or texts that people tell about their lives. Riessman cautioned against viewing the various modes of narrative analysis as prescriptive frameworks for interpreting research data. Rather, she suggested that the boundaries between the various forms of narrative analysis are fuzzy, and she encouraged investigators to adapt and to combine methods for their own projects – an approach that I adopted for this study. (I describe the form of narrative analysis that I used for this study later in this chapter.)

All approaches to narrative analysis are based on the assumption that human beings continually engage in the act of storytelling as a way of organizing and of meaningfully representing their experiences (Riessman, 2008). Fraser (2004) proposed that cultures are comprised of the stories people create; a culture then teaches its members how they should live, and also influences how they view and speak about the world. However, there are those who resist the dominant narratives told by a culture:

> Culture is made by people who do not always do as they are told. Whether it is by accident or design, individuals do not always take up the types of narratives that they are 'meant to'. And neither do they always voice them in the ways that are intended… this means that narratives may be used to reinforce but also contest dominant social practices. (p. 180)

Fraser suggested that narrative methods are particularly appropriate when the purpose of a study is to explore and to describe the experiences of those whose voices have been marginalized or oppressed. In particular, the research interview is a "critical tool" (p. 184), which provides an opportunity to validate the knowledge represented by the narratives told by typically neglected or deliberately silenced voices:

> By entering into dialogue with others, narrative interviewers may unearth hidden or subordinated ideas…these ideas are important because they may cast doubt on official accounts and established theories…in turn, the 'findings' produced may lead to the development of new theories that resonate more with people's lives. (p. 184)

The narratives of VT, CF, STS, and burnout have powerfully shaped the culture of counselling professionals, especially those therapists engaged in trauma work. I was

curious about how these dominant narratives have influenced the manner in which therapists think about and speak about their work. I wondered too, if trauma therapists might tell the story of vicarious trauma in unintended ways, and in the process challenge the prevailing understanding of the impact of the work as negative. I was also interested in expanding those narratives of trauma work that have been underrepresented within the literature by inviting therapists to engage in conversations about how they are personally thriving and benefiting positively through their work. Given these interests, as well as my personal research epistemology and ontology, narrative analysis was a good fit for this project.

Situating Myself as Researcher

I understand that the purpose of research is to interpret the realities constructed by human beings. However, interpretation is a value-laden, political activity that reflects the social, cultural, and historical environment in which it is situated. The self of the researcher influences the research process, regardless of attempts to remain objective. As a researcher working within a transformative paradigm, I have a duty to acknowledge the political nature of my work, and seek to understand how my own biases are impacting the process. *Reflexivity,* or intentionally reflecting on how the self is influencing the co-construction of knowledge, and making this explicit within the research text, was consequently one of my essential responsibilities as a researcher.

Reflexivity involves, in part, describing my own personal relationship to the research topic, in order to provide readers with a sense of my interpretive position. My interest in this subject has been undeniably influenced by my professional experiences. I completed undergraduate degrees in psychology and social work and then in October

2003 began practicing in the field of child welfare, investigating reports of child abuse and neglect first in rural Northern Alberta and later in the suburbs of the city of Edmonton.

I encountered the narrative of vicarious trauma my very first day on the job as a child protection worker, although at the time I was unfamiliar with the terms vicarious trauma, compassion fatigue, and secondary traumatic stress. Immediately upon being introduced, one of my new colleagues informed me that I would be better off turning around and running away from the work as fast as possible. She went on stress leave several weeks later and did not return. Over the next three years, I watched many of my colleagues take extended absences due to work-related stress, or leave their jobs – sometimes the profession – permanently.

I was aware that my work was impacting my perception of the world. When I was out in the community, I increasingly regarded parents interacting with their children with suspicion, hypervigilantly watching for any hint of abuse. At one point, I received a long-time friend's annual Christmas letter and read that two of her children had broken bones that year. I can remember questioning whether the child welfare authorities should be notified of a possible pattern of abuse, and in the next second feeling horrified that I could have thought such a thing. I was also conscious of a growing sense of disconnection from my family, friends, and God. I isolated myself, often canceling social engagements at the last minute because I could not bear the thought of being with others. People often told me, "I could never do what you do" and occasionally someone suggested that they were worried about what the work was doing to me. Most distressing to me was the fact that I was frequently experiencing my work – my life – as

meaningless. I had entered the social work profession optimistic that I could make a difference in the world, but within a very short period of time that hopefulness had been replaced with a feeling of despair.

In November 2006, my husband and I moved back to our home province of British Columbia, and I started working as a child protection caseworker in an inner city office in the Lower Mainland. After just one month in this position, I found myself in a confusing and unfamiliar situation: I was simply unable to function at work, and was also struggling at home. I decided to quit. It did not occur to me that a leave of absence from my position might be an option, or to look for an explanation for what I was experiencing outside of myself. I simply concluded that I could not do the work anymore and this is what I told my supervisor. Recognizing the signs of vicarious trauma, she rejected my resignation and sent me home on a four-month stress leave instead.

I recall something that my supervisor said to me at that time: We need to shift from talking about if helping professionals go on stress leave to talking about when helping professionals go on stress leave. At the time I found her statement comforting because it normalized my experience. However, when a doctor diagnosed with me depression and prescribed medication, I began to resist the professional narrative that those who work with trauma survivors will inevitably succumb to the negative impacts of the work. I wasn't depressed. I was angry! My clients weren't traumatizing me. What was traumatizing was being part of an unhealthy system that often created more problems than it solved and frequently placed me in circumstances where I felt like I was compromising my values!

While I was on stress leave, I decided not to return to my position as a child protection caseworker. At the end of those four months, I found employment as a counsellor at an agency providing services to women and children who had experienced violence. When I told them about my new job, puzzled friends and family members asked: How would counselling women and children who had survived abuse be any less stressful than the work I had been doing within the child welfare system? Wasn't I just setting myself up again to be traumatized? Their questions caused me to doubt my decision and I asked myself: Why engage in trauma work when my own lived experience of the vicarious trauma narrative was cautioning me otherwise?

This project developed out of my own struggle to answer these questions. I knew intuitively that it was possible to flourish in the work, but my experience in the field had suggested to me that conversations about thriving were rare. The emerging concepts of adversarial growth, vicarious post-traumatic growth, and vicarious resilience offer encouraging alternatives to the "professional-as-victim" narratives currently dominating the literature. I began this research with the objective of expanding the discussion that these concepts have already initiated, hopeful that I might contribute to a more balanced understanding of trauma work, as an activity that can positively transform the lives of therapists.

Participants

Purposive and criterion-based sampling strategies were used to deliberately select "information-rich cases" (Morrow, 2005, p. 255). Participants were recruited through the Ending Violence Association (EVA) of British Columbia, and the BC/Yukon Society of Transition Houses (BCYSTH). EVA is a non-profit organization that supports the work

of over 200 anti-violence programs operating throughout the province, including the

Stopping the Violence (STV) counselling programs for women who have experienced

domestic violence, sexual assault, and childhood sexual abuse. BCYSTH serves the

network of women's transition housing programs throughout British Columbia and

Yukon, and coordinates the Children Who Witness Abuse (CWWA) counselling

programs for children and youth who have been exposed to domestic violence. EVA and

BCYSTH both agreed to distribute my recruitment poster (see Appendix A) to STV and

CWWA counsellors via their electronic mailing lists. Several of my own personal

contacts handed out my poster to individuals they thought might be interested in

participating. Finally, one of the participants shared about her involvement in the project

with colleagues, who subsequently volunteered to participate. Potential participants were

provided with a letter providing further details about the study (see Appendix B), and a

copy of the informed consent form (see Appendix C) upon initial contact. Practical

considerations, including the cost and time required for travel, necessitated limiting the

sample to those counsellors living in the southern half of British Columbia.

Five women participated in the study. One man also volunteered; a traditional

Aboriginal healer who facilitates groups for Aboriginals impacted by the residential

school system. However, his information was not included in the final analysis because

we were unable to schedule a second interview. A brief summary of the demographic

information (see Appendix D) collected for each participant is provided in Chapter 4.

Data Collection

Each woman was interviewed individually on two separate occasions. All

interviews took place between May and August 2009. With the exception of Flying

Free's second interview, which was completed over the telephone due to scheduling difficulties, I conducted all interviews in-person, at locations suggested by participants. Interviews were recorded using a digital recorder. Interviews varied in length, depending on the depth of response from each participant, but on average lasted just under two hours each. All interview data (i.e., audio recordings, transcripts) were stored in a locking file cabinet in my home, which I purchased for this purpose.

Riessman (2008) recommended having "repeated conversations" (p. 26) as opposed to a single interview with participants, as this facilitates the development of deeper relationships between the researcher and participants, and in turn generates richer disclosure. The purpose of the first interview was to invite each woman to share about how she was personally thriving as a result of her work with trauma survivors. During the second interview, the discussion was centered on her experience of reading the transcript of her first interview. I also asked individualized follow-up questions that had emerged as I transcribed and reflected on the first interviews. Together, we collaboratively interpreted the narratives that we had co-constructed within the context of our first interview.

I developed protocols for both the first and second interviews (see Appendixes E and F for protocols), but apart from the first few moments of each first interview, when I was collecting specific demographic information from participants (see Appendix D for demographic questionnaire), the interviews are best characterized as open-ended. The interview protocols simply embody an exercise in thinking through how I might invite stories of growth from participants. From the very beginning, I was aware that the questions included in the protocol reflected my own language and the ways in which I

had made sense of my own experience of being personally impacted by trauma work. In

other words, the interview protocols were an effective way of eliciting my own story, but

perhaps not the stories of others.

I provided copies of the protocols via email to each woman in advance of each

scheduled interview. I indicated the protocols were just illustrative of the kinds of

questions that might be asked during the interview. I explained that my intention for

sending the protocols was simply to help her begin to organize her thoughts in

preparation for our conversation. I encouraged her to feel free to highlight or make notes

about questions that were particularly significant to her, or even rewrite questions in a

way that more accurately reflected her experience.

My interaction with Tessa prior to our first interview demonstrates just how

loosely I was holding onto the interview protocols as I began engaging with participants.

After reviewing the first interview protocol, Tessa replied back by email, requesting

clarification:

> **I read your protocol and I am struggling a bit with some of the**
>
> **terminology. Can you tell me what you mean by the term 'fully**
>
> **human'? I haven't heard this before and I think I'm having a bit of a**
>
> **reaction to it. Some clarity would probably help a lot.** (Personal
>
> correspondence, May 6, 2009)

In my response to her query, I attempted to communicate the fact that the interview

protocol was an invitation to, rather than a strict framework for, a conversation:

> The language/terminology I am using in my protocol certainly reflect the
>
> conversations that my thesis committee and I have been using around this

topic. I recognize that the language may not reflect everyone's experience, which is why I am pleased that you are asking me to clarify for you. I have drawn the terms "fully human" and "becoming human" from the work of Jean Vanier [1998, 2005] (Satir [1988] also uses similar terms), who has written extensively about how being a "helper" benefits not just the one being helped, but also results in growth (sometimes through crisis) in the one doing the helping. Other words or phrases that I might substitute for "fully human" include: living holistically, authentically, awareness of self/one's own human potential. Basically, what I am asking by that first question is: What are you discovering and learning from your professional experience about what it means to be a whole person and about what it means to grow towards becoming a whole person? How has this learning impacted you personally? I hope that this helps? I am interested in eliciting your own experience of personal growth as a result of your engagement with trauma survivors. If none of my questions adequately invite your experience, I encourage you to let me know what question you would prefer to be asked! This is the joy of qualitative research: collaboration! (Personal correspondence, May 6, 2009)

I adhered to the interview protocol most closely during Flying Free's initial interview. This was in part because she was the first participant that I interviewed and in my anxiety I relied on the protocol to ground me. As it turned out, Flying Free was the only participant who had taken the time to prepare for our first interview by developing a written response to the questions posed in the first interview protocol. I wanted to honour

the effort she had made to think about the questions in advance, but found the protocol did not draw out the rich disclosure that I was hoping for. I learned from Flying Free during her second interview that this had less to do with the adequacy of the questions to invite her story and more to do with another dynamic occurring for her at the time. (I share more about this dynamic further on in this chapter when discussing my process for data analysis.)

Ultimately, my experience during the interview process was that my conversations with participants about thriving began while I was collecting demographic data, even before I was ready to formally shift our attention to the interview protocol. When answering my initial questions about their educational backgrounds, family situations, and work histories, participants shared many details about their lives, and in so doing established a foundation upon which to anchor their stories. For example, Frances described her childhood in exquisite detail, discussing at length the traumas she had suffered at a very young age and how this had impacted her perceptions of the world. Frances continually referred back to the narrative of her early childhood as we talked about how she had grown personally as a result of her work with child trauma survivors.

Transcription

Riessman (2008) cautioned researchers against viewing transcription of interviews as a technical task to be delegated. The process of transcribing a conversation into written text is itself an interpretive process. All transcripts reflect decisions about what should and should not be included as part of the written text and how to represent what will be included (e.g., hesitation, silence, stuttering, crying). Ultimately, some information is always lost during the creation of a transcript. To delegate transcription

would mean that another individual would be contributing to the construction of the narrative. The interpretive process this other individual engaged in as the transcript was produced would be unknown. For this reason, I transcribed the interviews personally.

During transcription, I was primarily interested in documenting the content of my conversations with participants. To enhance the clarity of the dialogue, I chose to exclude the majority of non-verbal and para-verbal elements from the transcripts. I did preserve partial statements, misspoken words, and pauses, and in brackets made note of occasions when participants laughed, cried, or spoke so quietly that their words could not be heard on the recording. On occasion I also made use of CAPITALIZED TYPE to represent increased volume, and *italic type* to convey emphasis. When an incident occurred during an interview that interrupted the flow of conversation (e.g., telephone ringing), I commented on this at that point in the transcript. Finally, I altered participants' names, and eliminated other identifying information as requested by participants (e.g., community names, employers, universities attended) in order to protect their anonymity.

The process of transcribing the interviews myself was valuable because it allowed me to immerse myself in the data to a depth that I am confident I would not have reached had I simply been reflecting on a document created by someone else. By the time I had finished transcribing an interview, I had some sections almost memorized, and I generally had the flow of conversation, or landscape of the interview mapped out fairly accurately in my mind. Being so familiar with the interviews also allowed me to make connections between different sections of an interview, between first and second interviews, and between participants' interviews. In a very real sense, my analysis of interview data began as I was transcribing the interviews.

Data Analysis

Fraser (2004) observed that narrative researchers often represent their data analysis process metaphorically, drawing comparisons between their research activities and the arts of painting, sculpting, cooking, knitting, or sewing: "Piecing together fragments of the fabric of conversations, researchers may be understood to sew ideas together. Similarly, we may be seen as knitters who 'spin a yarn' by weaving together the threads of different stories" (p. 183). She suggested that within the context of narrative research, such metaphors are useful for three reasons: First, metaphorical language contrasts strongly with the language typically associated with objective science. This contrast serves to highlight the influence of researcher subjectivity in the analysis process. Second, domestic metaphors reference activities that the majority of readers have at least a little knowledge of. Third, readers' familiarity with these activities allow them to visualize some of the specific tasks involved in the narrative research process.

During my first interview with Tessa, she used the metaphor of a patchwork quilt to illustrate her experience of being a trauma counsellor. In my mind's eye, I visualized the many fabrics that would have to be pieced together to create a quilt that would adequately represent Tessa's narrative about her work. Tessa's quilt metaphor captured my imagination immediately, and early on in my data collection process (she was the second participant interviewed). Because of my own interest in this fabric art form, patchwork quilting naturally became a central framework around which I organized analysis and interpretation of data.

Creating a patchwork quilt design involves combining fabrics of different colour, value, and texture. *Value* refers to the lightness or darkness of a colour. A design

becomes visible when fabrics of varying values are sewn together to create contrast.

Higher contrast between fabrics leads to a more vivid design. Alternately the lower the

contrast between fabrics, the more subtle the design. A design can appear dramatically

different depending on the placement of values and the number of values included in its

composition. *Texture* refers to the characteristics of a fabric. Fabrics come in a wide

variety of textures, including large and small-scale prints, stripes, and solids. Textures

add depth, movement, and interest to a design. A quilt made entirely of fabrics of similar

colour and value will have a subtle yet intriguing design if many different fabric textures

are used in its composition.

  The concepts of colour, value, and texture are helpful in describing my initial

exploration of the data. I began thinking of the interview transcripts – the raw material of

analysis – as an assortment of fabric scraps from which I could piece together narrative

"quilts." I coded each individual transcript for emerging themes (see Appendix G), a

process that is analogous to sorting a collection of fabric remnants into colours. This

involved multiple readings of the interview transcripts for passages relevant to the

research questions. I sorted for the "colours" of how participants were personally thriving

as a result of engaging in trauma work, how participants were resisting or telling the

narrative of vicarious trauma differently, and how therapists experienced and were

transformed by conversations about the positive impacts of their work. Participants often

provided more than one example of the same theme or colour. For example, Elaine

shared many stories about her relationships with her mother, her eldest daughter, her

clients, and her colleagues within the feminist movement. When these stories were

combined and contrasted with each other, they created a richly textured narrative that in

part suggested how significantly her involvement in trauma work has influenced her ability to connect meaningfully with others in her personal life.

I present five co-constructed individual narratives in the next chapter. These narratives represent each participant's story as it emerged within the context of the recorded research interviews. These narratives are of my own construction to the extent that I selected and stitched or pieced together fabric scraps provided by each participant into a design that was pleasing to me and reflected my research interests. I wanted to create compelling alternative narratives that shifted the focus from the negative to the positive impacts of engaging in trauma work. The questions that I asked during the interviews were intended to elicit stories from participants about how they were thriving in the work. In other words, I was being particular about the sorts of fabric scraps I wanted to collect, which shaped the conversations I had with participants.

My selection and arrangement of fabrics into a pattern or design was deeply informed by my follow-up interviews with each participant. During the second interviews, the women referenced the transcripts of their first interviews, often clarifying or expanding upon a story that they had previously shared. I made a conscious decision to include in their final narratives those fabric scraps that participants had picked up again in their second interviews, on the assumption that those pieces held a special significance. This was demonstrated most dramatically during my second interview with Flying Free.

When we first met, Flying Free provided a few snippets about her family of origin that suggested a pattern of intergenerational abuse and alcoholism. In her second interview, Flying Free described a healing experience that had occurred during the period of time since our first meeting. She elaborated on the abuse she had suffered during

childhood, sharing how her father's severe criticism and extremely unrealistic expectations had plagued her throughout adulthood. She shared that she had recently become aware that her father's abuse had impacted her ability to communicate effectively with others. We talked about how her struggles with communication had been evident in the transcript of our first interview. She had frequently jumped around from topic to topic. She had often repeated herself, and had not completed her sentences. On more than one occasion she had not answered my questions, or she had responded in a way that suggested that she had misunderstood what I was asking. She had also focused on her clients' growth rather than on her own. What Flying Free made explicit in the second interview was the idea that her father had been present during our first interview. His voice had been in her head, silencing her with his message that she could never do anything right. I realized that privileging Flying Free's voice over her father's would be an important task as I pieced together her narrative. It would be necessary to sort through the fabrics I had collected from Flying Free during our first interview, and determine what belonged to her father, and what belonged to her.

Finally, it is worth noting that each participant had her own reasons for responding to my invitation to become involved in this project, which likely influenced the conversation she had with me. Falling Free indicated that trauma has been the greatest interest of her life. She has made an effort to look at trauma from all angles, and strongly believes that this is her calling in life. Tessa had completed a qualitative thesis for her master's degree and had promised herself at that time that if anyone ever asked her to participate in a study she would say yes as a way of giving back. She also had a strong sense that an understanding of the positive impacts of trauma work was missing from the

literature and wanted to contribute to raising awareness about the topic. Elaine had been struggling financially and thought that a gift certificate in exchange for her time was a good incentive. She was also aware that she had been focusing on what the work was doing to her and had not had an opportunity to talk about the richness of the work in a meaningful way. Frances said she had not given the subject of my research much thought before, and figured it would be interesting just to talk about it. Elizabeth Moon expressed an interest in learning more about different styles of research because she had been thinking about conducting her own research through her private practice. Arvay (1998) reminds us that a narrative account "is a remembrance fashioned by both the storyteller's and researcher's context, desire, and personal interests" (p. 17). While it is impossible to know how participants' own interests played out in the process, each individual narrative should be understood as embodying both my goals and those of the woman sharing her story.

Trustworthiness

I appreciate Morrow's (2005) recommendation that criteria for assessing the trustworthiness of a study should reflect the researcher's paradigm. Below I identify and define the criteria used to evaluate the trustworthiness (rigour) of this project, and the steps I took to ensure these criteria were met.

Critical reflexivity. A reflexive researcher engages in self-reflection in order to understand how her personal experiences and assumptions are influencing the research process. She also makes her subjectivity explicit within the research text. I think it is important to note that within the context of transformative research, objectivity is not the intended outcome of reflexivity. Given that the knowledge generated by transformative

research is co-constructed, the purpose of reflexivity is to ensure that the voices of both

participants and researcher are fairly represented and equally privileged (Morrow, 2005).

Journaling is often utilized as a means of facilitating a researcher's practice of

reflexivity (Janesick, 1999). While I certainly kept an ongoing record of methodological

decisions, questions for further exploration, and insights, I found that my reflexive

process was best facilitated through dialogue, either in-person or via email, with my

thesis supervisor (Connolly & Reilly, 2007). I documented these reflexive conversations

in my research journal, often in the form of concept maps and sketches. During team

dialogues, subtle hints, emerging insights, and metaphorical language were cultivated. In

order to give the reader a sense of what these conversations were like, I provide the

following excerpts from emails that were part of a larger dialogue about how to best

represent the voices of participants in the research text. I wrote:

> I changed my mind about appropriating (that was the word Marla used,
>
> not co-opted – don't know where I got that from) my participants' voices.
>
> In part this was because I got to thinking about how I would feel if
>
> someone "wrote" me.... I was also reading Riessman's book again on
>
> narrative methods, and was challenged by some of the things she was
>
> talking about... wondered if by developing the narratives in the way that I
>
> was – the short story format – that I was watering the narratives down
>
> somehow. (Personal correspondence, September 23, 2009)

In the above passage, I make reference to the work of narrative researchers Marla

Arvay (1998) and Catherine Kohler Riessman (2008). At this point in the research

process, I had started developing the individual narratives for each participant but was

concerned about whether or not I was fairly representing each woman's reality. After consulting and reflecting on different sources, I made the decision to abandon my plan to write first-person narratives (I eventually chose to follow through with my initial decision to write first-person narratives). My thesis supervisor continued the conversation, writing the following in response to my email:

> The first-third person considerations are rich and often evocative. And the reflexive evaluation is central... the 'co-author' processes draw on several layers, and I'm confident that your engagement is well-grounded in respect and care. It will be helpful as that continues to unfold. In other times and relationships, appropriation of first person voice embodies honouring and sustaining one another, perhaps in solidarity. In other moments, third person voices can provide distances that cultivate respect, safety, and perhaps an openness to mystery. Consulting our 'colleagues', Riessman and Marla and others, will continue to provide helpful 'touchstones' as the immersion and formulation continues to "take shape" over and through the landscape. I'm curious about you in the process as engagement among these conversations continues to unfold. Quilting images, even joined with kaleidoscope images, continue to transform for me. Your deep compassion and solidarity seem to weave continuously amidst the flow. Your connections in the conversation seem more personally, vividly impactful in some moments, and 'checking' yourself, your stance, in spirals seems to support a process of "taking shape" amidst the colours. (Personal correspondence, September 24, 2009)

Tessa's quilting metaphor had become salient by this time, and eventually supplanted a kaleidoscope metaphor that had shaped our earlier reflexive conversations. During our dialogues, the quilting metaphor was expanded to include the concept of a "design wall". Many quilters make use of a design wall (a flannel-covered board that fabrics will adhere to) in order to experiment with pattern and colour before committing to a design. Morse's (2006) description of the role of reflexivity in producing solid research is comparable to the process of designing a quilt on a design wall:

> Because qualitative inquiry is verified in the process of data collection and analysis, good qualitative inquiry must be verified reflexively in each step of the analysis. This means that it is self-correcting—inadequate or poorly supported constructions are not supported and "fall out" of the analysis. In this way, qualitative inquiry, properly conducted, is self-correcting and rigorous, and the results are strong (p. 6).

Our team meetings were an opportunity to bring observations, emerging insights, and questions to the design wall. We played with colours, textures, and patterns, while reflecting on how our own subjectivities were influencing our interpretation of the data. Over time, certain designs or interpretations were refined while others were considered but then allowed to fall by the wayside.

Prioritizing relationship and collaboration. A transformative researcher is also intentional about reducing the hierarchy between participants and herself. She makes it a priority to engage and privilege participant's voices at every stage of the research process. I attempted to embody this criterion of trustworthiness by encouraging participants prior to their interviews to adapt the interview protocols, and by being

willing to abandon the interview protocols altogether in order to follow participants'

leads. I also relied on the strategy of member checking to ensure that this criterion was

met (Morrow, 2005). My second interviews with the women were a form of member

checking that went beyond the typical practice of sending prepared documents to each

participant to check for accuracy. During our second interview, each woman and I

dialogued about the extent to which her first interview transcript had meaningfully

reflected her experiences, and in the process further refined and in some cases expanded,

the interpretations we had co-constructed in the initial interview.

During the data analysis stage, I provided each participant in the study with draft

copies of her interview transcripts and first-person narrative, and encouraged her to

review the documents and provide feedback. I incorporated all requested revisions into

both the transcripts and the first-person narratives. However, there were very few

revisions requested. Three of the five participants requested small changes to their first-

person narratives for the purposes of accuracy or clarification. The most significant

amendment was requested by Tessa, who asked that I remove a paragraph from her

narrative, which described her delight at a client's childhood resilience, in order to

protect the confidentiality of her client.

A truly transformative research project gives more than mere lip service to the

ideal of collaborative relationships between a researcher and participants. Although I

refer to the women involved in this study as participants, in actuality I understood them to

be *co-researchers*, whose voices exerted a similar influence on the research process when

compared to my own voice. As a way of demonstrating how my relationships with my

co-researchers were prioritized, I share how Elizabeth Moon impacted the development of the final research text.

In addition to the five first-person narratives, I developed a narrative with the working title, *We Story* (see Appendix H). I coded the interview transcripts for how participants were resisting or telling the narrative of vicarious trauma differently. I then pieced together contributions from all of the participants into a larger narrative. I conceptualized the *We Story* as a fictitious consciousness-raising group about the ways in which participants are influenced by and resist the dominant vicarious trauma narrative. I replaced participants' use of "I" in the selected passages drawn from their interviews with "we" to emphasize their collective experience.

When requesting feedback about the first-person narratives, I also invited participants to comment on the *We Story*. Three participants responded to my invitation. Elaine indicated that she had found the experience of reading both her personal narrative, as well as the *We Story*, "quite profound." Flying Free wrote that it was "very insightful" to read through both stories, and the *We Story* in particular gave her "a lot to think of." While Elaine and Flying Free's feedback was positive, Elizabeth Moon had some concerns about the *We Story*:

> **The manner in which [you] set up "We Story" is a little**
>
> **uncomfortable to me. It seems to pit "us" against "them"; that**
>
> **somehow we, as therapists, are not part of the same society that reacts**
>
> **to horrors, or watches TV trauma drama. I believe we all have this**
>
> **reactivity in us, whether we do this work in close proximity to actual**
>
> **persons who have experienced trauma, or we are part of the group of**

people who observe it from a more detached perspective. A question

comes up for me - who is your audience? Who are you showing that

trauma therapists can identify some benefits in their work? During

our interviews I had the idea that your intention was to tell the

therapists about the benefits, with the goal of improving acceptance in

our field of growing through our work with clients, or talking to each

other about it. (Personal correspondence, January 27, 2010)

I wrote several journal entries and dialogued with my thesis supervisor after

reading Elizabeth Moon's response, trying to decide what to do with her feedback, in

light of the fact that none of the other participants had voiced any objections to the *We*

Story. At one point, in an email to my thesis supervisor, I shared:

I also found myself feeling uncomfortable about using the words of my

participants in a way that ALL of them might not appreciate. I experienced

a similar discomfort when writing the individual narratives – you'll recall

I wondered about how I would feel if somebody "wrote me?" That

discomfort resolved itself with the recognition that I was truly honouring

the voices of my participants, but I find that my discomfort about the We

Story is not resolving itself. (Personal correspondence, January 31, 2010)

In the end, I abandoned the *We Story*, and chose a different format to present the

results about participants' resistance. Although I thought that the *We Story* was valuable,

what was more important to me was ensuring that I did not "use" Elizabeth Moon's

words to say something in a manner that made her feel uncomfortable. I decided to

honour Elizabeth Moon's voice and the relationship that we had formed, ultimately

allowing her to influence the final research document in a way that reflected the transformative foundation of this project.

  Consequential validity. A transformative researcher designs her project around the goals of empowering or benefiting her participants, and challenging dominant meaning systems. Research that has successfully met these goals is evaluated as having *consequential validity* (Patton, 2002, cited in Morrow, 2005). The women who participated in this study not only provided data about the ways in which trauma therapists thrive as a result of their work, but they also had an opportunity to experience what it was like to talk about this neglected topic. Furthermore, I observed that participants also told the dominant story of vicarious trauma in ways that challenged the common wisdom about the impact of trauma work on therapists. All five participants indicated that their involvement in the study had transformed their lives in some way. I share their comments about the transformative experience of living the alternative narrative of "thriving professional" in chapter 5. In chapter 5 I also present an alternative narrative of vicarious trauma that emerged from my dialogues with participants.

CHAPTER 4: RESULTS

In this chapter, I present the co-constructed first-person narratives of the five

trauma therapists who participated in this study. These stories do not adhere to dominant

Western conventions for how a story should be told (Arvay, 1998; Riessman, 2008). That

is, the narratives are not necessarily characterized by clear plots, temporal sequencing of

events leading to crisis points, or tidy resolutions. When I initially began writing the

narratives, I struggled with how to end the stories. At some point, I began to appreciate

the rough character of the narratives, commenting in an email to my thesis supervisor:

> This [Frances' narrative] feels "done", at least for now. These are strange
>
> "stories" -- definitely an unfinished quality to them, but I am becoming
>
> more comfortable with them just ending rather abruptly -- life isn't a nice
>
> neat little package that we can tie up with a bow, is it? (Personal
>
> correspondence, October 19, 2009)

The unfinished quality of these narratives reflects not only the realities of life, but

I believe that they also suggest at least two things about the nature of my conversations

with the participants. First, my impression of the interviews was that the women were

reaching for understanding. The topic of discussion was not something that the women

were used to talking or thinking about, and so their stories emerged in a messy fashion.

They sometimes relied on clichéd or conventional language (e.g., gives a depth to my

soul; being part of creating social change is really rewarding), which belies the depth of

their conversation.

Second, respecting the time of participants (as well as my own time) required that

my conversations with each woman eventually conclude. However, just because our

conversations had ended, did not mean that participants' stories were complete. I had the

sense that there was much more to be said, much more that could be shared. This was

something that was echoed by Frances, as she concluded her feedback on her first-person

narrative:

> **My dad turns 90 this coming w/e [weekend]. The story really does not**
>
> **end, it is all connected and generational. Keeps life interesting, and it**
>
> **is LIFE.** (Personal correspondence, January 20, 2010)

Allowing the narratives to remain incomplete, rather than imposing an artificial

resolution, was therefore a conscious decision on my part. I think that this is not only a

more integral representation of the co-construction process, but also encourages ongoing

exploration of how the stories continue.

I preface each narrative with a brief summary of the demographic information

collected for each participant, in an effort to provide readers with a sense of who is telling

the story. I would like to invite readers to approach the narratives with a few questions in

mind: How is this woman's story my story? How is my story different? If I were to

engage in a conversation about how I am thriving as a result of my work with trauma

survivors, what might I say?

Flying Free

Flying Free is 47 years old. She describes her cultural heritage as a "Heinz 57" of Pennsylvania Dutch, English, and Scottish. She also identifies strongly with a particular Aboriginal group in Ontario although she herself is non-Aboriginal. She currently works part-time as an STV counsellor in a rural community; she also has her own private practice where she works primarily with Aboriginals abused within the residential school system. She has 20 years of experience working with individuals impacted by trauma, although not always as a counsellor. She originally completed a diploma in alcohol and drug counselling, and since then has completed additional training in crisis intervention and traditional Aboriginal spirituality. She describes her theoretical orientation as holistic, with a strong emphasis on spiritual healing and bodywork. She is married, and does not have any children.

When I was a child I wasn't allowed to speak about it – the generational alcoholism and sexual abuse; the physical battery; the belittling. But one time I did. I called the Ministry and they came out and did an investigation. I said, "Something isn't right here, I don't know what it is, but I don't want to live here." That created a lot of problems in the family because the secrets were to be kept quiet, and I was to make no waves. I was harshly reprimanded. I was to be seen and not heard. Who did I think I was? In my mind even as young as I was, I thought, "Well I can, and I'm going to." And I did. But even though I've always had that fight in me, there were times when I felt oppressed, and didn't feel like I could stand up for myself. Throughout my childhood I struggled with depression, thoughts of suicide and even murder, because I was so enraged about the fact that I wasn't allowed to express myself.

When I was about 25 I trained to be a drug and alcohol counsellor. A few years later I was working in a group home in Northern Ontario with adolescents in the care of Children's Aid when some First Nations medicine people came to the community. They asked me, "How can you expect others to trust you when you don't trust yourself?" Those elders had spoken the truth about me. I didn't trust myself. During my counselling training I had memorized theories and mastered skills, but I hadn't learned that to be a

healer you have to heal yourself first. I was so focused on acting the correct way with clients – you know, coming up with the right language – rather than being with them that I ended up being phony as hell; there was nothing real or sincere about my work. Often my work with clients would trigger my own unresolved stuff, but I viewed it as a sign that I was connecting with my clients, rather than as an indication that I needed healing. Basically I was just mucking around with clients, trying to fake it to make it, and at the same time I was really disconnected from myself.

The elders offered me the opportunity to participate in a sweat lodge ceremony. I went into the sweat lodge, and that was a turning point for me. I'm not Aboriginal – I'm what you might call a "Heinz 57" of different European cultures – but when I went into that sweat lodge I felt like I had come home. I found out that it was okay to be myself, with all my flaws and all my strengths. I was able to begin accepting where I had come from, and look at the trauma that I had experienced as a child. After that experience, I knew what I had to do. I took some time off from my job, about eight months, and just focused on my own healing.

I'm 47 now and I have come a long way toward trusting myself since I stepped into the sweat lodge that first time. But just recently I gained a new level of awareness about how the trauma I experienced during my childhood had carried over into my adulthood and was impacting me both inside and outside the counselling room. My father was very critical and often told me that I couldn't do anything right. He expected me, a young child, to be able to complete a job or a task to the level of an adult. I have carried his criticism with me into all of my jobs. I have had huge anxiety about job performance, and of being fired. I have constantly questioned, "Am I doing a good enough job?"

A few months ago I began working as a counsellor in a local women's center. The environment is very accepting and my employer has communicated to me that she thinks I am valuable and that she is very happy with the work I am doing. The thing was, I kept seeking her approval! But I got to a place where I realized that I was projecting my fear onto my employer. I got to a place where I thought, "This is bullshit! I am so tired of this! I am tired of it controlling my happiness at work!" I decided I was going to take care of it!

So I sat in the bathtub and I said a prayer. I prayed that this problem would be rooted out. And I could see, spiritually see, that this problem went back five generations in my family. I also spoke to the clinical supervisor that works with me at the women's center. In my twenty years as a professional, I have never had a clinical supervisor. She has been such a blessing, both professionally and personally. I shared with her, I told her about my family, and she helped me to understand that the trauma I had experienced had affected my ability to communicate, work with language, and hear people. So what we decided was that the next piece would be about healing the trauma to my auditory system that had resulted from my father's negative criticism.

I went into the sweat lodge and I prayed. I felt this connection from my ears up into different areas of the brain. I really don't know what those areas of the brain are but I can tell you that I feel more confident. Before when I was with clients I used to be caught up in whether or not it was a "good" counselling session. I was focused on how I was acting, questioning my performance. But now I have much less anxiety around that, and I believe I am doing a good job. My relationship with my husband has improved too! My husband and I have always had this ongoing battle about communication. He would say

that I was not hearing him properly, and I would feel that he wasn't hearing me properly.

So the battle would go on and on like this: No I didn't say that! And, yes you did! And

I've noticed that now I can hear clearly what he is saying, and I also have the ability to

speak clearly to him. I think I've always known what I was talking about, but what would

happen in the past would be that there would be a disruption that would happen when I

was trying to get it from my brain out of my mouth. I knew what I wanted to say, but it

usually didn't come out in the way I wanted it to!

What has also helped is my clinical supervisor's recognition of my capabilities

and my potentials. She has been working as a counsellor for far longer that I have, and

having that recognition from her instills that deeper level of confidence. Her faith in my

abilities helps me to trust myself. You know, my husband and I have just purchased a

house. It's a huge expense, and before the fear about losing a job would have been

present and although I might have still gone through it that fear would have ruled me. But

this time around it was different. We took the risk, and this time I had no fear. I've

always wanted to be free from all those things that held me back, or kept me bound, or

tied up – confined. In new situations I can regress into old insecurities, but my work has

helped me transcend that hurt and pain. And now I really am flying free!

<center>Tessa</center>

Tessa is 38 years old. She identified her cultural background as Danish. She currently works part-time as an STV counsellor in an urban setting. She has been working within the anti-violence movement for the past 20 years, counselling trauma survivors for the past 5 years. She has an M.A. in counselling psychology. Her theoretical orientation is grounded in feminist and trauma theory, and her practice is strongly influenced by her training in EMDR and somatic therapies. She is married and has two daughters, aged 10, and 5 years.

I've been involved in trauma work for the past twenty years. I haven't always

been a counsellor. I started out volunteering at a women's transition house when I was

nineteen. Since then I've done lots of different jobs, but always related in some way to trauma. You know, everyone talks about vicarious trauma, the impact of the work. I think that there's a gap in looking at what I call vicarious joy. I'm always asking, what about the other side of it? Vicarious trauma, burnout, these are very real. This work does change you forever, but it's not just negative change.

There are so many aspects of my work that bring me that vicarious joy. There's sitting with the individual woman on her path to healing and seeing the shifts and changes that she makes. There's having my work touch on my own stuff and then needing to work through it and resolve it. There's being part of an organization of incredible, passionate women that are working to make change on a bigger scale. I'm part of something bigger than myself, bigger than the small part of my life – the whole anti-violence movement in general.

You know sometimes I've thought it's hard work; it can be really hard sometimes. I think, "Why can't I just have a flower store and sell flowers? Everyone loves flowers!" But then you'd still know what was going on. We all sort of know what's happening to women and children on the planet. We read the paper. We know. But if we weren't part of any movement to change that or support that, I think it would almost be worse. So being part of creating social change is really rewarding. It's something that I've always wanted to do since I went to university at the age of nineteen – make a difference. Doing the volunteer training at the transition house was a paradigm shift for me. Learning the stats about sexual assault, violence against women, and then thinking about my mom, my grandma, my sister – all the women in my life – and what had happened to them, what had happened to me, just lead to a real awareness. I wanted to work toward changing that.

Every client sort of resonates my own experience. They're talking about their dad,
I'm thinking about mine. You know, whether it's a negative or positive thing, it
reinforces the work that I've already done in my own healing, or reminds me of things
that I still need to work on. And that's an ongoing thing. When you do EMDR training
you're working on yourself. When you do body-focused training you're working on your
own issues. So I don't see it as I'm the healer and my clients are the ones to be healed.
We're all on this messy journey together working toward healing and self-awareness.
We're all impacted. We've all experienced some sort of misogyny in some form or
another just growing up as women on the planet, right? Seeing women's resourcefulness,
and learning about resistance – all the ways that we resist violence and abuse – I've
become aware of my own resistance. Even as a child I was fighting back in the only way
I could. I was resisting! Even though what I was doing was seen as a negative thing, it
was a form of resistance. It's also allowed me to have more compassion for my mom and
grandmother. Hearing their stories and some of the things that they did and some of the
things that they struggled with; they survived their oppression in their own way too, the
best way that they could.

I learn things from clients and they learn things from me. It's not completely
reciprocal because there is a power imbalance, but I constantly learn things about myself
and get outside help to deal with anything. We have counselling available and I take
advantage of that. And we debrief with each other. Someone will ask me, "What's that
bringing up for you?" And I'll say, "Oh shit! Yeah! I thought I dealt with that!" It helps
us to become richer, more aware of ourselves. My friends that don't do this kind of work,

some of them think we are too self-reflective, too constantly digging into our own stuff. But I think some people don't even go there at all, don't even want to know.

Within the past year I've been doing a lot more work with the body with clients. I started thinking, "Well what about me? What if I started doing some work around feeling it, being in my body, and noticing when I'm escalated?" I did a healthy eating course because I was concerned about my eating and overall health. I had to write down when and what I ate, and I noticed a pattern after certain clients – going to the kitchen, having cookies, having coffee, wanting sugary stuff. So I was thinking, "What was that about?" Certain stories were causing me to become escalated, and food was kind of calming that for me. I just became aware of how I was doing that in an unhealthy way, and thought of different alternatives like going for a walk, or checking in with someone. I don't want to use food to push down feelings. It translates into my personal life too. Like every time my sister calls, it's "Hmm, I want ice cream" or whatever. I feel like it's kind of our responsibility to work on our own stuff, because otherwise it becomes a situation where I'm the expert and you're the person that needs to do all this work, and I'm going to tell you what to do.

It's about integrity. This has happened to me, where I'm talking with a client about boundaries or assertiveness in a relationship, and then I go to a meeting at my kid's school in the evening and I agree to ten things that I don't want to do, and I go home and I'm mad. Then I realize that this is what I was working on with this client, and it applies to me too, and I need to say no, or I need to set boundaries. To feel in any way ethical, or "with" my clients, I feel like I always need to be looking at myself too. I don't have to be perfect, but it's hard for them to do the work, and doing your own you know how hard it

is. It's not so easy to talk about boundaries. It helps us relate better, when we've tried

some of this stuff ourselves. I think we need to do everything ourselves that we expect

our clients to do, like EMDR, or the art projects for the group, I usually do them first on

my own to see what they're like.

There's lots of ways I can tap into my creativity in this work. I run a group and

we often do art projects, and collages, and drawing. One session we did all this

brainstorming about self-care and taking time out. We made little get-away guidebooks,

and I got to do my own little guidebook. I had one client who wanted to connect around

play and being playful because she had never had the opportunity to do that as a child. So

we went into the playroom and finger-painted. It was so fun! It was so amazing to see her

come alive in that. And I got to finger-paint too! What a great job! I love my job!

Last year I worked with a group of women who developed a play about their

experiences. At first they didn't want to be in their play. They said, "We'll write the play

and then get actors, agency staff, or other people to play our roles." But as we progressed,

they couldn't imagine anyone else speaking their words, saying their stories, so they were

all in the play. I was part of the play too, and I didn't think that I would want to be acting,

be there on stage. But seeing the women push themselves to play their own parts helped

me to do that as well. It was amazing! It was so powerful! I've never done anything in

theatre before but I loved it! To see that the women could do that made me think, "Well I

can do that! I have so much support, and I have so many other things that they don't have

in their lives right now." The women were putting themselves out there in their own

stories; I was just sharing their words. So it really gave me strength. And just the whole

project itself: how many times do you have an idea and think, "I'm too busy" or "No, it

will never work." But I was able to follow through with it and keep trying. To get so much interest along the way, and so much support and feedback, was powerful.

I have a great team. They're just amazing women, really supportive. Where else do you get monthly consult where we all get to sit in a circle and talk about how we are impacted by the work and our feelings? And we've had birth blessings when we've had babies. There is connection; any time of the day I can find someone to debrief with. It's not just the work; it's also about our lives and who we are, and how we are impacted as women. It's pretty special. A few people have said to me, "Well, why don't you do private practice?" But to me that would just be my worst ever nightmare. For me, it's not passion or commitment to counselling; it's to the anti-violence movement. It's about connecting with other people; it's about being a part of a common vision, working together to create change. And I learn so much about clients from my colleagues. I can ask, "What would you do? What would you focus on?" I couldn't imagine working on my own in private practice. I would hate it. I would miss my colleagues' ideas and insights, and the way we challenge each other. Sometimes I'm not even aware of things. Like I had a fall two years ago on New Year's Eve. I hit my head and I felt funny, but I said, "Oh I'm fine, I'm fine." A couple of the other counsellors say to me, "Your eyes are funny, you're like a deer in the headlights." People are giving me this feedback, so I went to the doctor, and she told me '"Yeah, you've had a concussion." I was having vertigo and having all these other strange reactions, but I just kept on going, not noticing it, right? So that kind of feedback, or support or even challenge can help us deal with our own stuff.

I did a body focus group with another therapist who does qigong, and works with the body and trauma spots. We had do this particular thing on the floor, the sleeping lion posture she called it, and I did it – she was leading it – and I got totally anxious, felt overwhelmed, didn't know what was going on, got scared. And then she started to say to the group, you might feel anxious, overwhelmed, and I was like, "Oh my god, what's going on?" I had to go get my own counselling because stuff had brought up from my own childhood. That is the place, or the posture where infant or child trauma can be triggered. It was good; it was really helpful. So knowing where to go to and how to work through that really helped. But if I hadn't been in that group, or doing that stuff, I would never have even known, it wouldn't have even come up, right? I was totally shocked! I was a facilitator! It was unexpected, but it was an opportunity.

I've definitely experienced vicarious trauma. Over the years I've had flashbacks, nightmares, anxiety, panic. My sense of safety in the world has been changed; how I am with my kids, what I think about when they're at a play date at the park. I think this work changes you forever. That experience of vicarious trauma has been ongoing. It's like if there were a quilt, vicarious trauma would be a thread going through the whole thing, one piece of it. But there is way more of the joy and humour for me. I laugh with almost every client! People say to me, "All I heard was laughing in there! What was so funny?" It's great. The joy, the healing, would kind of be like the border of the quilt, containing the thread of vicarious trauma through the patchwork of all the different kinds of trauma work I've done.

I've been reading Vicky's Reynold's writing on burnout and Maggie Ziegler's stuff about reconnecting to life. They talk about how it's not my clients that burn me out,

it's not the women that get to us. It's the sense of injustice of what's happening in the world. What's the antidote to that? It's collective resistance to injustice that feeds us, that helps us feel like we're doing something, that we're making a difference. We're able to be political and activist. There's all the bad stuff, but then every positive interaction we have supporting someone puts good stuff out there, right? I think it's on a human-to-human connection that we make change; that we transform. Being part of that transforms us, and the person, but also the culture and society.

Maggie Ziegler also talks about how the way to deal with trauma or burnout is to go through it, not avoid it. By acknowledging it, it's naming the pain, naming what's happening on a psychic level, as humans on the planet, and then connecting with others to name it, to be in it, and transform it. I like that, because I think we shy away from it. I get worried when I hear people say oh, I'm not impacted by the stories. Some people say, "Oh, I worked in child protection for twenty years, I'm a social worker, and nothing can impact me anymore." And I think, "Well you shouldn't be doing this then. Like you're not human! You're dissociated! Like how can anybody, a person on the earth, hear this and not in some way have a feeling or emotion?"

People, our clients can feel that. We don't give everything to them, but we need to join them at an emotional level with their experience, to meet them somewhere! How can anyone not be impacted? So I just accept it as a part of the work. I don't think it's avoidable. I think people deny it, or they don't want to acknowledge it or see it, but it's there. When you look at trauma theory – numbing, flooded response – I think the same thing happens to practitioners. Like you feel flooded, or you eat or get busy, you know? Most people tend toward one or the other. Some people shut down and dissociate, and

some get flooded and overwhelmed. So to notice yourself on that continuum, like wow!

I'm doing this, I'm taking on all these projects, and I'm not present! It's a huge part of

our job to be fully present, not just to our clients but also to ourselves, and with the bigger

reality. I tell myself all the time if someone is sharing and it's really horrific, or it's

overwhelming, the issues, the problems, I think in my head – it's like a mantra – all you

have to do is listen and be present, all you have to do is listen and be present. Don't go

away, don't shut down, and don't get activated with that person. Be grounded, be present,

just listen, and everything else will emerge as it should. And that's hard, being present to

that suffering. But I think it's a privilege, to be able to, to be asked, and to be called.

Elaine

Elaine is 58 years old. She identifies her cultural background as WASP. She currently works full-time as an STV counsellor in an urban setting. She has exclusively counselled women impacted by violence for the past 14 years, since completing an M.A. in counselling psychology. She describes herself as a radical feminist counsellor. She was previously a high school English teacher. She is divorced and jokingly referred to herself as a "lapsed heterosexual". She is the mother of three adult daughters, and is also a grandmother to several young children.

Gender was a big topic in the house when I was growing up. My father was very

patriarchal, while my mother had been influenced by the women's club politics of her

mother, my grandmother, and they used to debate about women's rights. We lived in

Ottawa during the time when Charlotte Whitton was the mayor, and my parents used to

go out and cancel each other's vote! I was also the youngest of three children, all girls,

and I was very aware that I wasn't the hoped for boy.

When my parents retired, they moved to Alberta, and I moved with them. I

trained to be a teacher and taught high school English in Edmonton for a number of

years. I also married and became a mother to three daughters. In 1987 we moved out to

the BC Lower Mainland. We were living the prairie peoples' dream of having a big

beautiful house and boat right by the ocean. But I began wondering what to do with myself, so I followed up on an idea I'd had while we were still in Alberta about going to grad school. I went to see a career counsellor and my interests matched me with counselling. I had become intrigued by psychology after the birth of my twin daughters, and that interest, combined with the feminism that had been speaking in the background throughout my life, lead me to the women and gender counselling psychology program at UBC.

I didn't end up getting the education I thought I was going to be getting. I got something else, more or less something I was getting from my friends. In the early '90s the counselling psychology department was pretty mainstream and a lot of feminist ideas were not very welcome. And the men were up in arms about getting a second tenured female professor! I ended up getting quite involved in some of the politics. I was part of this little group that radicalized a female professor and she started to allow deconstruction analysis, which the department hadn't permitted up until then. I tore up my thesis and waltzed off to work with her! I was identified as a feminist and that's when the personal attacks started. That changed me, radicalized me. I was on the frontline. I had the big F on my forehead. I was experiencing a form of violence in the women and gender studies program, which was supposed to be the feminist program! I'm still mad about that! I'm still angry about the kind of education I got! I'm still mad I had to fight there, and it cost me money; I was left with a huge student debt, which took me down. Whereas they didn't pay anything, the people who were causing us trouble, not a thing!

In the midst of all of that, I separated from my husband. Our marriage had not been in great shape even before I started the program. My eldest daughter, now in her

early thirties, was the child that was caught up the most in the conflict with my ex-husband. She went to live with him when she was 17 years old, but our relationship had already been difficult for a number of years. She had some issues from when she was really young, when I wasn't present and I had twins, and I had marital – you know, everything under the sun – she had a lot of disconnection going on.

This disconnection keeps resurfacing in our relationship. We had it resurface again after her father died last year. It was very painful. She was very angry, and I just backed off. She just recently called me at about twenty to nine in the morning in tears. We hadn't talked for three months on the phone. And it was painful to be there; it was hard for me because part of me wanted to wring her neck. She'd been extremely critical of me, and extremely angry, and behaved badly. And I just backed off, didn't get into it, just backed off, and didn't call her, just left her with it. But then she reached out and for the first time I heard her say, "I need you mommy." Being able to sit there, and hold that, and yet there's a piece of me I call the Hitler parent – then there is the Mother Theresa parent! The Hitler parent had a little voice in there that was saying, "Oh yeah?" But I know from my clients, let alone my own mother, how I could have said, "Too bad" and click, you know? It just would've finished it. So I know. My own work plus doing this work over and over and over again allowed me to hold those two conflicting pieces of myself, and keep the better one in the forefront, which was able to hold her in a way that I couldn't when she was little. I couldn't do it. And I know it's doing this work. I was able to hold her pain at twenty to nine even though I was tired, and still a little resentful of her – all those things that we feel at the same time when we're counselling, right? I can hold all that, and at the same time just be there for her, and that to me is the marriage or

the intertwining of learning that. I guess ultimately, what is underneath it all is a really a real healing piece for myself.

One client in particular that I've seen for seven, eight years has really required me to do my own work. One minute she's in despair and the next it's like that never happened and she's fine and it's been a really weird seesaw. And she got suicidal recently. And it's like. "Gee! I've been working with you for seven or eight years! Why aren't you getting better? What's the problem?" You know I used to hear in the eighties, psychiatrists would just close their practice up and move to another city. I thought, "Now I know why!" What was happening with her was because she was getting better, and doing well for three or four years she went to school. And it was hell! Four years of one minute she was up, one minute she was down. And terrified! She'd just be in the room shaking with terror that she was going to fail, and then she'd do okay. My clinical supervisor, she was great. She told me about how she had a client where she felt at the end of it that she got the degree not the client! And that's exactly how I felt! So now this client has graduated. I had to laugh because she was in just yesterday and she said, "I'm thinking I could go to grad school." And my inside voice was saying, "Not on my watch! I'm not doing grad school with you!"

Getting the bigger container, which allows me to hold what is going on for my client and for me, that's what I need to keep getting. The countertransference piece there, where I go with someone who is so shaky all the time? That's a childhood piece of mine, and I've been doing a little bit of work around that because my mother couldn't hold that. I was a very nervous kid and I would be panicky about going to school, and then I'd go to school the first day and I'd be fine, right? And I would infuriate my mother, because I'd

been so scared, and crying, and she didn't know how to just hold me through that. So that's the piece I lacked, as a child growing up, and probably couldn't quite do it for my children when they were growing up.

My eldest daughter went through a serious depressive episode shortly after that phone call. I took her seriously. She tried all sorts of games, and I just kept in on her. I was there for her all the way. She would call me at three in the morning when she was having a panic attack and I would say yes, come on over! I knew what to do! Yet at the same time, oh my goodness! I was really, really shaking inside with anxiety myself! I was also a mom who was angry with her at times. I was able to show her my anger, and she took it seriously. So we had all sorts of things going on. At one point she was crying and she just crawled onto my lap. Here's my thirty-three year old daughter on my lap! And I thought, "Okay, this is better than a trip to Paris. This is what I've been working for, for so many years, to make sure it turns around for my children."

I sat with my best friend afterwards. She was a part of my little radical group at UBC but she didn't end up going into counselling, she became an activist. We're on the same page at all times. I'm not alone anymore with this stuff! I told her about what had happened with my daughter. I'm not ashamed anymore, and don't have so much guilt, but it's still really tough to talk about even with someone that close to me. My friend has seen me struggle with parenting when my daughters were teenagers; she was there while I made all sorts of mistakes! But she can just hold it; she can just package it so nicely. She doesn't do the counsellor thing; she does the feminist piece with me. It was so nice. I came away sad but at the same time completely understanding what's going on for my daughter. She's struggling with her own socialization. She grew up watching me in a

traditional marriage, where I experienced all sorts of unspoken violence and control.

She's repeated some of that in her own relationships. But now she's going through a

major shift. She has always challenged me, saying that she'll never be a feminist; she'll

never be like me! But now she's thinking about going back to school to do women's

studies! She's excited about it, and yet at the same time her fear is just enormous. She's

shifting her life and it may be that she won't be like her sisters. She won't settle down and

have a baby or two. She wonders if she's going to be all right. And I'm a part of all that

because of all the work that I have done. So I've been able to erase a lot of the guilt about

what I was like as a parent way back when. I can just forget it now.

One of my younger daughters and her husband just moved into this lovely home

that they have worked very hard to get and my daughter was just in her glory. It's got a

Jacuzzi tub; it's got the neighborhood school. She's so happy, housewife happy, you

know? She and her husband still have a traditional marriage in many ways. She is at

home with the children while he is out of the home working. But during the move I

watched my son-in-law scrub walls. And one night he went to the house on his own and

cleaned the stove and the fridge. He'd taken a razor blade to get all the grease out of the

little edge on the stove; you know that place that nobody ever cleans? I've watched them

as a couple, and they're very equal; they have a very constructive, caring relationship.

And I don't see it as my daughter being lucky that she managed to find a guy like that or

anything. It's something she knew, the result of a lot of what I've done to change my own

life. I recently questioned my two-year old grandchild: I asked, "Who does the cooking in

the family? Who does the cleaning?" And the answer was, "Daddy and Mummy." There

isn't even a discussion about it. To see that going on for my own children and

grandchildren, even though it didn't quite happen for me the way that I would have liked, that gives me a lot of hope.

The culture is moving along in some hopeful way. I've seen that in a very direct way with my children, as I've said. When I went to school, I had the sense that women's voices weren't in psychology at all, really. I was taking pretty mainstream stuff, with feminism at the end, one or two pages at the back of the textbook. But now I see the mainstream picking it up. Like Briere! I saw Briere speak, and to hear him speak of oppression, of both men and women, and war trauma and all that stuff – I thought, well okay! We're on the same page! He may not be coming from a position of feminist politics, but I know the roots of what he's talking about! Trauma is becoming a lot more about the collective experience in the literature. The progress of that knowledge, as opposed to having it completely sectioned off with feminism at the back of the book, is very heartening to me. The work is now shifting, and there is more of a marriage between some of the really scientific guys like Briere and van der Kolk and feminism. I get a little antsy about "trauma" being the big word as opposed to "violence against women" but OH WELL! There are still political divisions and so on and that may always be there. But the work is much more integrated than it was when I was starting out as a counsellor.

I used to worry about what this work was doing to me. I would often go home and carry it around a little bit. Now it's different. I feel more confident. I used to have a lot more moments where I would think I don't know quite how I'm going to deal with this! I'd feel a sense of hopelessness about how much change could occur. But I'm not afraid anymore. Things have shifted in the workplace as trauma has been named. People who are on the same page surround me now. In my workplace we don't have to discuss page

one; we're all on page five. At one point, a supervisor was thrown at us and we said

"No!" She wasn't even in the same book! She couldn't supervise us because she didn't

know what the hell she was talking about! At first we just sat there and nodded. We were

being silenced as feminist counsellors! But then we confronted her, and that changed the

workplace. So the work is moving along in different ways. And I think that's where I get

my confidence. Okay, I may experience vicarious traumatization, but where wouldn't I?

It's not the clients that discourage me. Yeah, that work is hard. Yeah, there are pieces that

I need to have more training on, but you're always going to have something come along

that throws you a bit. It's more to do with the fact that the work can be isolating. You still

go back to the counselling room and do the work on your own. When you don't have

enough around in the way of support it becomes difficult to hold that.

When I put myself out there on the frontlines, when I identified myself as a

feminist, I lost time, money, and resources. That to me is the difference. When you

handle that frontline stuff you're in another club, a small club. I've been out there and

I've paid the cost. Not the cost of many women; not as bad as other women, but still I

paid a huge social cost. I think for me the drive of my life is to be involved in social

justice feminist work and the fact that I am, and that it took a long struggle with some

sacrifice, leaves me with self-respect and integrity I am proud of. I can sit in mutual

suffering with women. I can look to my heroes in various movements, and know that I

have joined that world, and have not stayed materially comfortable at the expense of my

principles. I am not compromised in my values as I once was. Working not only as a

counsellor but also as a feminist counsellor linked to the larger social change networks,

allows me to be very "sixties" and say I am not part of the problem but part of the

solution. That connection with something larger than myself allows me to endure the

isolation and difficulties of the counselling room.

Frances

Frances is 56 years old. She identifies herself as Anglo-Saxon with ties to Australia, where her mother was born, and where she spent some of her childhood. She currently works full-time as a CWWA counsellor in a rural setting. She has been counselling child survivors of trauma for the past 16 years. She initially earned a rehabilitation practitioner certificate, and is currently attending university part-time to complete a B.A., which she started in the early 1970s. Her theoretical orientation is informed by developmental psychology, attachment, trauma and feminist theories, and expressive/play therapies. She is divorced, and has 2 adult daughters.

My mother was a journalist in Europe when she was younger. She spent quite a

bit of time working in Hungary. When the Hungarian Revolution occurred in 1956, many

of my mother's contacts fled to Canada. We had Hungarian refugees living in our

basement, and in an old ratty house a few doors down the street. Our kitchen would often

be full of women all chatting in Hungarian while they cooked cabbage rolls.

My mother had these pictures, black and white eight by ten glossies of the

Hungarian Revolution, possibly the originals of photos published in newspapers. The

pictures were of tanks, and fires, and flags burning. I can remember looking at those

pictures and being absolutely terrified. I also heard awful stories from the refugees. I had

become friends with one of the refugee children, a boy my age. His father had not

escaped with the rest of the family. I was just four years old at the time, and I believed

that it was just a matter of time before the war would arrive at my house.

When I was seven years old, a car hit me and knocked me down. My sister had

been walking me home, but left me about five minutes beforehand and gone to a friend's

house, letting me cross the last street on my own. A neighbour saw what happened and

went to tell my mother. My mother came and when she saw that it was me she flipped

out, she kind of lost it, because the neighbour had told her that it was my sister that had been hit. I was her baby, her little one! Meanwhile, I was more upset about the fact that I had dropped my Popsicle and it was running down the street. My mother took me to the hospital but she couldn't locate my dad. My parents had huge rows about the fact that my mom couldn't find my dad when the car hit me. My parents' fights were nothing new. My sister and I used to call them the wars. We would say to each other, "Mommy and Daddy are having a war again." When I was really young, on days after these wars, I would snuggle into bed with my mother where she would be recovering, watching TV.

I can't remember the fighting ever stopping after the car hit me. My mother was accusing my father of having an affair, but I thought they were fighting because I hadn't looked both ways before crossing the street. I'd broken the cardinal rule! I was convinced that newspaper headlines everywhere would say: "Seven year old girl doesn't look both ways." Meanwhile, my sister felt incredibly guilty for leaving me to cross the street on my own; she thought the accident was her fault, and to this day still feels somewhat responsible.

Eventually my mother took my sister and I overseas to visit her family. She said she was really homesick for her own family but in reality my parents had split up. I can recall that my mom was drinking pretty heavily. We did return to Canada for a short time. I don't know what was decided after we got back but within a year we went back overseas again. My sister and I were told that this time it was for good. But my mom died. I was the one who found her when she died.

All of this had happened by the time I was ten years old. I felt isolated. I didn't even know how to begin sharing about my experiences. Everyone else's family seemed

absolutely happy compared to mine. I didn't think anyone would believe me. I became a

certain kind of kid because of that. Lonely. Introspective. Anxious. I carried a lot of guilt

and shame because I thought I was responsible for what had happened to my family.

Sometimes kids aren't sure why they are coming to me for counselling. I explain

it this way. I tell them that they come to my office with a knapsack full of bricks. While

they are with me they get to take the knapsack off. We work together to unload some of

those bricks. Eventually they'll walk out of my office and they may take the knapsack

with them but they won't even feel it on their backs anymore because it's empty. I carried

my own knapsack of bricks without having an opportunity to take it off until I was about

seventeen years old. I had reacted enough at home that I was finally sent away to

boarding school at the age of fifteen. I found a mentor at boarding school, a young

woman a few years older than me who was working as an assistant matron. She was the

first person that I talked to about my parents' fighting, about being hit by a car, about my

mom's death. I can remember her telling me that I if I didn't start working on my "stuff"

that I would have a nervous breakdown by the time I was forty. I don't think I completely

understood what she was telling me at the time, but I do know that through my

relationship with her I started to realize that my understanding of what had happened in

my family was a kid's perspective. My parents had been fighting long before the car had

hit me, and the real crux of the matter was that my dad had been missing in action when

my mom should have been able to reach him.

I certainly hadn't left all my bricks behind by the time I started this work. I don't

know if we ever do! Maybe your load gets lighter but it's almost like you're still

discovering some of it. Every once and a while, just when I think I've seen it all, I see

something new. Sometimes one of those things makes me remember something. What I'm remembering is not necessarily a memory that's all charged. It's just an opportunity to pull out a brick and give it some attention, have another look. I've already mentioned that I was the one that discovered my mother when she had died. In the last year I've actually worked with a young girl who found her step-dad when he overdosed. While working with her I was able to go there with her, revisit my mother's death. It wasn't that I self-disclosed, it was more that through this young girl's story I developed a new awareness about how I was impacted by my mother's death. What became clear to me was that I had become disconnected from the effect my mother's death had on me as a kid. In terms of what when on that morning when my mother had died, revisiting it with this young girl helped me heal in some way.

My dad was awarded custody of us after my mother died, and he brought us back to Canada to a brand new stepmother, a woman he married just six weeks after my mother's death. In many ways my stepmother, now I call her mom, was the stereotypical wicked stepmother. She did things that I know she knew were not healthy for us. I think at the time I had some sense that she was jealous of my sister and I, but I didn't understand why. For many years I couldn't see her in any other terms except as this very abusive person. When I was a young adult, I had a garage sale and got rid of everything that had any tie to her. It was almost like I needed to completely cleanse her from me, to eliminate her voice and negativity from my life. At that point, she and my father had cut my sister and I out of their lives. Ours was a very dysfunctional family, and the relationship between my parents somehow wasn't able to hold either my sister or myself. I actually had no contact with my parents for eight years.

I've worked with a lot of blended families over the years and have a better understanding now of some of the dynamics that may have been occurring in my own family when I was a child and even into my adulthood. I think my mom really wanted to be there but there were just these other needs that she had that had not been met. I think she really wanted to connect with me, but she had all these fancy standards of living – gloves, not making a mess, coasters on everything – that were not who I was. She had gotten a dog just before she married my dad, a poodle that wore rhinestone collars and had six different leashes! Now I had always wanted a dog but I was almost embarrassed to take this dog for a walk, you know? And I got a bike for my eleventh birthday. I had always wanted a bike! But the bike was gold and had streamers on the handlebars and it was fussy and frilly. I can remember riding to school and thinking, I just wanted a red bike, or a green bike, not this thing! Somehow there was just a lack of knowing or caring about the person that I was. There was no recognition of what I needed given the trauma that I had been through. Once when I was having a hard time with the fact that my mother had died, my parents said to me, well we both lost our mothers when we were young – get over it!

I have a lot more compassion for my mom now. My dad recently called my mom a tortured soul, which I thought was interesting. I have been thinking about why my mom does things the way she does, wondering about what is going inside that makes her act that way. It's not senility. It's that thing of not acting completely adult. It probably comes from a very hurt child place. Her mom died when was young, and like me she got sent off to boarding school too. I also think there were things that her father really didn't understand about her. He was a very strong Methodist and she really loved to dance and

wanted to be a ballerina or be in theatre. She could sing, but singing was only okay if the song was a hymn. Who knows what went on in her family? She didn't get what she needed when she was a kid; in the same way that I didn't get what I needed from her.

Something else that has changed in my life relates to how as a young child and even later on in my life I felt as though I had to keep quiet about this stuff. I believed that nobody was going to believe me because it was pretty awful. But now I think of myself as a very honest person. If somebody asks me a question I have a very hard time lying. For years and years I had to feel very self-protective, but something that I learned along the way was that I could let go of shame and blame. Just let it go. Accept that it is. And that leads me to think about spiritual growth that has come through this work too.

My mother had taken my sister and I to the Anglican Church. We had attended Sunday school and sung in the choir. After my mother died, I started going to church camp all the time. For me, going to camp was all about being sent away. I was sent away not for punishment but just so I wasn't around because my parents needed time to themselves. I think it was around that time of my mother's death that I started to think along the lines of not God but maybe just believing in the whole universe – the sun, the moon, and the stars. I also tuned into the fact that before Christianity there were other forms of spirituality, like Greek mythology. I was really into Greek mythology when I was about eleven or twelve years old.

My step-mom was very, very strongly atheist. My dad had stopped going to church; even when we were little he didn't always go with us. I thought he was just busy working but I think he was actually just not into it. So I grew up in a home where spirituality wasn't really explicit. Then when I went away to boarding school I got into

Christianity. My mentor at school was actually the daughter of a minister. She wasn't all high and mighty; she was someone I could talk to about beliefs. Christianity was something that provided a sense of structure and guidance in my life and I actually got confirmed. When I was sixteen, I traveled up to the Yukon for two months with a group of other young people to help with a project that was sponsored by the Anglican Church and the Canadian government. We were helping out in all these tiny communities, basically reserves where there was an Anglican Church. For the first time in my life the oppression and colonialization of the Aboriginal people was right in my face. I became aware of the fact that there were kids being shipped off to residential schools. That was it. I was a confirmed Anglican for about a year, and now I say that I'm a lapsed Anglican! But that was an amazing experience, because I began to really question, "Well what do I believe in?"

Over the years I have recognized that I have very strong Celtic roots, with the idea of Mother Nature being central for me. Nature was very important to me as a kid. Nature was a healing place for me, a place where I could get to know and be myself. When things were bad at home, I would often escape to the outdoors. When I started doing this work, I would drive home at the end of the day but wouldn't even go into the house. I would garden for about an hour between my car and the house. I eventually realized that gardening, being in nature, was a way of grounding myself after the stress of the day. Gardening also gave me a sense of being able to create change. In a garden I can pull out the weeds, change the beds, move the rocks. But nature makes changes too, and one day I will notice something that I hadn't seen before and think, "Wow that's amazing!"

My work allows me to garden in the lives of children. I like to think that my office is a little greenhouse, an environment where kids get a good dose of compost or manure tea! It's not that I've done anything huge, I've just created a space for growth to be nurtured. And just like in a garden, when you look down the road you can't always be sure what the part was that you did and what was nature. Kids are going to grow anyway; you just hope that whatever you contribute helps in some way.

I have this medallion of three interwoven spirals that I wear a lot, a *triscele*, which represents the three stages of womanhood – girl, mother, and crone. I can accept now that I am crone. I can be proud of it. I have wisdom and along with that a responsibility to play a role in sharing what I have learned to turn the tide. For a while I was involved in Wicca, and took away the idea that if we put energy toward something together there is power there. I know that the women's knowledge I have needs to be put toward good not harm. In terms of living my life, I make sure that I'm not stirring the pot for anything other than healing and growth. My work gives me real sense of purpose. I think in a spiritual way that I wouldn't be able to do it if it wasn't that way. That's what my spirit needs to feel like I've got a reason for being on the planet.

Elizabeth Moon

Elizabeth Moon is 54 years old. She identified her cultural background simply as Canadian. She currently has a full-time private practice in a rural community, and estimates that at least 90 percent of her clients are trauma survivors. She also provides clinical supervision to STV counsellors working in her community. She has been counselling both adults and children for the past 23 years. She has an M.A. in counselling psychology. She described her theoretical orientation as psychosocial, strongly influenced by family systems theory and emotionally focused therapy. She is remarried, and has four adult children, two of them stepchildren. She is also a grandmother to several school-aged children.

I find that the stories I hear and the work that I do with clients, really enriches my soul. It gives a depth to me that I would not have otherwise. It's coming in contact and

understanding the lives that people have had when there's been trauma, and the absolute incredible courage that they have found in themselves from who knows where a lot of times. Right? From who knows where? When I was doing my training, I heard a story from one of my professors. It was just one of those moments where the penny dropped for me and I thought, "Okay, I understand now what my role will be."

This was the story: In a northern community there was a girl who would get on a school bus everyday who came from a family that everybody in the community knew there were so many different things going on for her and they had no hope for that kid. But she did go on to be a survivor, and got some university training, and moved into doing some healing work for herself and stuff like that. And so she was asked what was it that kept you going? She said it was the love that came out of the bus driver's eyes every morning when I got on that school bus, and every night when I left. That bus driver sent her that compassion and knew and saw her, not what her family was.

So, it's just such a small nugget, and it makes me look at the people that I come across who have experienced trauma, and even traumas that I've experienced in my life too. There's that piece of humanity that somehow still fights back. And I find that very hopeful. I find that very hopeful for our world, when there are so many trials and tribulations. You know, economic crises, hurricanes, global warming, poison in everything. There's still so much hope. As much destruction as human beings can do, there is really hope too. We just don't talk about it. But I get to see that firsthand. I get to see that everyday!

As you go into this work, you of course are obligated to do your own work too. There are a number of different things that I have uncovered about my own family which

I was really oblivious too when I first started this work. One of my professors was the first person that sort of uncovered some of the themes that were obviously affecting me in terms of my work, in becoming a therapist. He said to me, "You know if you're going to be serious about staying in this business you're going to have to take care of this, and this, and this, and this!" And I'm thinking, "What? What are you talking about?" He was one of those people that didn't present it very gently, but you could tell that he had a heart behind it still. So it was a bit of a rude awakening I'd have to say. But it was reverberating in there. I wasn't going to admit it right away! But that was good to learn too, because I realized that when you're working with people, there are reasons why they need to hang on to their stories for periods of time.

I think in the beginning of this work I used to be not be so honest with myself. I'd say, "Oh no, it's not going to affect me, I'll be fine, I'll just be tough with it, I'll figure it out." I've learned a lot from those clients who come just so willing to be there and be present. I used to get quite a chuckle out of some of the clients. They would just put it right there on the table! They'd say, "Yeah! I just really fucked up on this! Somehow I just keep doing the same damn thing over and over! I've gotta figure this out!" And I'm thinking, "Well isn't that lovely that you already know that! I wouldn't have probably told anybody that I was doing those things!"

The more I've done my own work the deeper I've been able to go with clients; I've been able to go to those deeper level places. You know that whole onion thing? I really view people, including myself, as having different layers. I was able to go to a certain layer with clients, and that was as far as I could take it, right? And I can remember feeling a sense of frustration. I knew there was something more! I would ask myself how

could I have an effect? How am I going to help this person? But because I couldn't do it for myself, I couldn't do it for the client. That's very obvious now of course, but it actually took my oldest child ending up with some problems that shook me out of that place I was always scooting around, avoiding.

My son, he became addicted to heroin, which was just the hugest shock to me in the world. It blew me apart. That is what actually opened my eyes. And I thought, How could this happen? We weren't that kind of family! We weren't those kinds of parents that this should happen!" It was just totally a shock. And then I realized, after starting to go to counselling myself, that it was like I was walking around with my own trauma. I was raising this child while I was walking around with that, and then obviously some of that got transferred into him somehow. I wasn't blaming myself for it but just recognizing that he was acting out some stuff that I should have gotten to.

Something I started noticing at about that time was I was getting what I call "themes" of clients. It might have been that I was tuning in more to their issues, but these themes of clients seemed to be related somehow to whatever I was working on personally. When that was happening with my son, I had all these grandmothers coming in who were committed to raising their grandchildren who had been abandoned by their parents. I had started working with this mentor and was mentioning this to her, she said, "Well yeah!" She told me, "You're thinking a lot about your grandmother because that's where a piece of your resiliency comes from. You're attracting those kinds of clients to you because they have something to show you and teach you about what grandmothers can do for their grandchildren."

I was so surprised about how these grandmothers managed to transform any guilt that they would feel about how they had parented their own children into the commitment they'd made to parent their grandchildren and this time get it right. To me that was just amazing. I used to get goose bumps just listening to them. Their own children were still struggling a lot of times, but they thought, "Well, I can't do anything about that, but these little people are the ones I can do something about." I watched them really engage in their own healing as adults for the first time through their grandchildren that they'd be raising. Those grandmothers gave me an example of how I could change my own guilt about my son around.

My own great-grandmother was one of those people who used to be happy about everything that was happening in life, no matter what. She would say, "Oh why do you want to waste your time thinking about that, or doing it that way?" She said, "If you really had some solutions and you wanted to help solve the problems, then go get on a committee and get to work!" It's like, what do I want to contribute to this world? Do I want to be part of the destruction? I mean we need destruction too. But do I want to be part of that, or do I want to be part of the other thing? I've had clients that have taught me a lot about that too. They keep going over it again and again, trying to get it, trying to figure it out.

I think my idea of what it means to help and to care for others, to contribute to my community, has really changed over the years. It's more than solving a problem. I think it's more my own personal attitude as to how I carry myself out inside of a whole day. It's not just about fixing this or fixing that. It's about honouring that humanity in the next person beside you. There was an interesting thing that happened. A few years ago there

was a pedestrian hit by a pickup truck on the street just below my office. For a couple of weeks after that everyone that was walking around in the downtown core had this bond through that trauma. This street guy, this man who walks around town all the time and bums coffee off people and once and a while asks me for a toonie or something, came up beside me as I was walking and he said, "That was pretty bad, wasn't it?" That was the first time I'd had a conversation with him, besides "No, I don't have a toonie today, or yes I do, right?" So there was this kind of connection! I think there's something about working towards having those instances with people. It doesn't have to lead anywhere. There doesn't have to be any strings attached to it, just that moment. I'm getting better at being a part of that.

What's happened is I've done the work and that's expanded inside of me. Like I can actually feel where my heart is now. I can actually feel the connection between my heart and my head or my head and my heart. It's more integrated. There was a disconnection, or maybe a lack of opening or awareness, maybe? They didn't know they were talking to each other, even though they were. Even though they were, they didn't know it. And that's what I was saying at the very beginning; there is more of a depth that I can relate to. Now I have more to draw from to give.

I think having that depth has contributed to the quality that exists in my marital relationship. That's one thing I know is a definite benefit from doing this work. I see all sorts of situations that people are in with their own partners and various relationships and what not, and I ask myself a lot of questions like, "What is it that makes a good relationship? How come I have such a nice thing to come home to at the end of the day?" This is my second marriage. We've been together for twenty years now. My first

marriage wasn't to that depth. There was something that was wrong. And I couldn't figure it out and that drove me absolutely crazy, and eventually I left because I thought we were doing each other harm. I find that that's what happens to people, the clients that I work with. They keep tripping over their lives and it's because they can't find that way to integrate their head and their heart. What has made the difference in this marriage is being able to talk from my heart and recognize when something is bothering me, what that is. Is it my own past history that might be interfering, or is it just something that is pissing me off? Is it my husband's stuff? If so, then it's not really up to me to do anything about. He can figure it out. There is no reason for me to be all snippy about it.

My work is bigger than just my work. It's something larger in my family, and in my relationships with my friends, and even in the relationships that I have with the community itself. It's something bigger. What does the impact that I have as a person living in my community mean? People talk about your eco-footprint. My view is that I think we should be talking about our socio-footprint. That connection with people is what it really is about. If we have a connection with people then our socio-footprint will be different.

I've had some very hard tests of my own belief system doing this work. I had a client who came and told me that he had been sexually abusing his stepdaughter, and I suspect his own children too, and the next-door neighbour child. He then discovered that he'd been abused after having a conversation with his mother. Four months into our work, after his second appearance in court, the charges against him were withdrawn. I was stunned! I thought, "This guy is going to go out there and do it again! This sucks!" I felt sick about that one. I was really upset by that one, because I knew that he really had

done it! There was no doubt in my mind! But he backpedaled and said, "My lawyer says I'm not allowed to talk to you about this anymore." He totally shut himself down. I know it happens all the time. You know in your in mind it happens all the time, right? But when this guy first came to me he was falling to pieces. He was going to commit suicide, he was going to do this, and he was going to do that. And he truly was open a little bit to figuring out what happened to him to make him do this. But then all of a sudden that was gone as soon as he went through the justice system. I had to realize that this was his path not mine. I had to really disengage from that. I was like what? You don't want to work on this anymore? He said, "Well I guess this is the last time I need to come. The charges were dropped." I said, "So you've decided you don't really want to work on this anymore?" He said, "Nope! I'm good!" So that was really upsetting because I thought, "Well, you're going to be out there hurting people." And then I thought, "Well who am I to judge?" I mean it's very likely he will be, and that's part of that destruction I was talking about. I know that's going to happen still. So I'm not in this work to stop that; I can't possibly do that. That was a harsh thing to learn, believe me.

I have another one of those kinds of cases happening right now, although it's in the realm of family violence. This guy was arrested; he's got a no-contact order, he's not allowed in his house. He's telling me that he didn't do it, and yet from all these other things he's telling me, I know he did! He did smash his wife up enough that there was blood smeared on the wall, and I don't know what else. I mean it's pretty graphic, and he's saying, "No I was just downstairs in the basement." And it's a struggle as a counsellor to find that place inside of you where you can still be compassionate for the part of him that's hurting. It's very good to have to work through that as a counsellor.

Even the guy who smashes his wife's face has that humanity. That's hard to look for when he's sitting there in front of you not admitting what he has done.

Just knowing that humanness is alive in there can be surprising sometimes. I've known people who seem like they are living-walking dead. They're so shut down that I wonder, does that really exist in them, or is it that nobody has found a way to see it? I had a seven-year old girl tell me once, "I know my mom's a drug addict. That's not really a good thing to be. It's not something you really tell your friends about. What my mom forgets is how much I love her. That will never change." The wisdom of that – she wasn't able to live with her mother but she could still love her mother. I thought, "How do you do that?" It's very sacred, really.

That sense of the sacred is something that has really developed in me too along the way. You just see in working with people who have been traumatized that there are so many strange coincidences in their life stories that just don't add up, unless there is some other force. I just don't have any other way to explain it. So I just have a really strong belief that some other element, some other force exists in our world. It isn't just the physical things that we see with our eyes or what we hear with our ears. There's something else there. How else would that little girl know what it means to love her mother? How does she know what that is? You're only seven. You've seen your mother passed out, you've seen strange people in the house, you've seen all kinds of things, but somehow you still know what it is to love your mother?

CHAPTER 5: DISCUSSION

A Chorus of Women's Voices

The women interviewed for this study generously shared their own personal stories about how they had grown – as mothers, lovers, daughters, and human beings – as a result of their work as trauma counsellors. But they also gave the gift of their professional wisdom, engaging with me in a dialogue about why it is that we as a profession tend to focus on the negative impacts of our work, and what it might mean to shift our attention to the ways in which we thrive. While I was conducting interviews, several of the women remarked that they would have valued an opportunity to gather together with the other participants to exchange thoughts and ideas about this topic. Although such a gathering was beyond the scope of this project, in this chapter I bring together the voices of the women in an effort to provide the reader with a sense of that dialogue.

I have chosen to share passages of transcribed conversations between participants and myself as researcher. I wrote the individual narratives presented in the previous chapter in the first person, which had the effect of obscuring the ways in which my voice had influenced the development of each woman's story. I believe that it is my responsibility as a researcher to make my role in the meaning-making process transparent. I am therefore intentionally including my voice in many of the following interview selections to both reveal and highlight the co-constructed nature of this research.

The notion of *contrapuntal voice* became important as I considered the role of my voice and the voices of the women participating in this project (Gilligan et al., 2003).

Similar to how two or more melodic lines are arranged in counterpoint or contrast to produce a piece of music, Gilligan et al. suggested that two or more contrasting voices combine to create a personal narrative. The musical term *contrapuntal* applied to narrative analysis encourages us to recognize that "each person expresses his or her experience in a multiplicity of voices or ways" (p. 165). Voices may blend harmoniously, of they may be dissonant: "These voices may be in tension with one another, with the self, with the voices of others with whom the person is in relationship, and the culture or context within which the person lives" (p. 159). Within the context of this project I speak not just as a researcher but also as a member of the community that is being researched. Furthermore, I speak not just for myself, but take the liberty of sharing the thoughts of my colleagues, shifting between the "I" of my personal experience and the "We" of solidarity.

In addition to my voice and the voices of participants, other voices from the feminist counselling/activist community in British Columbia, Canada are represented. During their interviews, Tessa and Elaine made reference to the work of feminist therapists and activists, Vikki Reynolds (2008) and Maggie Ziegler (2003), and in doing so invited their voices to join the chorus of voices contributing to this dialogue. The activist voice, speaking about vicarious traumatization, is not one that I commonly found in academic journals, but rather located "in the trenches" where the work is taking place. Indeed, the words that these powerful women speak throughout this discussion were drawn from the newsletters of non-profit agencies providing services to survivors of violence.

It is worth noting however, that the voices contributing to this discussion are not always in harmony with one another; nor do they reach a consensus. At the beginning of chapter 4, I shared how I had come to accept the unfinished quality of the first-person narratives. I have also accepted that this discussion does not resolve comfortably with a neat set of recommendations. In fact, I believe that this discussion cannot conclude tidily for the same reasons the first-person narratives had to remain incomplete. First, the chorus is reaching for understanding. The subject being discussed is something that we have become accustomed to talking about in a certain way (i.e., narratives that emphasize the negative impact of trauma work). When we are asked to shift from how we normally think or talk about a topic, naturally our discussion will emerge in a messy fashion. Second, understanding is something that evolves over time. As a profession, we have been seeking to understand the negative impacts of trauma work for the past twenty years, and we have yet to even reach consensus about what to call this experience (Stamm, 1997). The conversation about the positive impacts of trauma work is relatively new. This discussion continues this conversation, and hopefully inspires ongoing dialogue, for there is still much more to be said and understood.

Trauma Work as Patchwork Quilt

During my first interview with Tessa, she used the metaphor of a patchwork quilt to illustrate her experience of being a trauma counsellor. We had been talking about how she had intentionally changed jobs within the field every few years as a strategy to manage the negative impacts of the work, and I asked her if vicarious trauma was something that she had experienced recently.

Tessa: No, it was kind of ongoing. It was like if there was a quilt, that would be like a thread going through the whole thing, one piece of it.

Angela: So it's always part of that… I'm a quilter, so your image of the quilt and the thread going through, was a nice metaphor, one that resonated for me.

Tessa: But there is way more of what you are talking about for me, like the joy and humour. Like I laugh with almost every client. People are like, "All I heard was laughing in there! What was so funny?" I think it's great! It's like that would kind of be like the border, and then the thread, and then the patchwork of all the different kinds of work.

Angela: So sorry, which would be the border?

Tessa: The joy, the healing, holding, containing all of it. A pretty big part for me.

Angela: So would you say you can't have one without the other?

Tessa: Yeah!

The border of joy. Tessa clearly states through her patchwork quilt metaphor that relative to the joy and healing that she receives through her involvement in the work, vicarious trauma is a smaller part of her experience as a trauma counsellor. This sharply contrasts with the narrative dominating professional counselling culture over the past twenty years, which has warned therapists of the inevitable and the cumulative negative consequences of trauma work (McCann & Pearlman, 1990). If the literature is any indication, researchers and counsellors alike have been so focused on the thread of vicarious trauma that they have for the most part neglected to see the joy and the healing bordering and containing the work.

Tessa's quilt metaphor encourages us to take a step back and to consider the positive impacts of the work that up until recently, have typically been unacknowledged. Taking such a step back in an effort to view the impact of trauma work from a more holistic perspective was precisely the purpose of this project. The resulting narratives co-constructed by myself and the five women participating in this study teach us that engaging in trauma work can contribute to the well-being of therapists. Some of the themes of "joy and healing" embodied by the first-person narratives presented in the previous chapter include: fulfillment from contributing to constructive social change, solidarity with others striving for similar goals, hopefulness for the world, opportunity to become aware of and heal from personal traumas, learning from clients, development of desirable character qualities (e.g., compassion, patience, forgiveness, less judgmental), increased self-confidence, acceptance of self, improved self-care, deepened personal relationships, and spiritual growth (see Appendix G). The themes represented by participants' narratives also support previous research findings on the positive consequences of engaging in trauma work (Arnold et al., 2005; Brady et al., 1999; Engstrom et al., 2008; Hernandez et al., 2007).

Tessa later distinguished two types of joy that she had experienced as a result of her work: *vicarious joy* and *direct joy*. Tessa's concept of vicarious joy can perhaps best be described as shared positive emotion. The therapist who delights in, and is personally encouraged by, a client's joyfulness could be described as experiencing vicarious joy. On the other hand, Tessa was sensitive to the fact that there were moments in therapy when she was experiencing joy but her clients were not. She referred to this as direct joy, and

her explanation of this experience emphasized the personal transformation that occurs for

therapists as a result of journeying with clients along the healing pathway.

> ***It's your own joy in the work. Because they might not be experiencing***
>
> ***joy in the moment… the client… but we are.*** **I think there's a ripple**
>
> **with healing…** ***when you're on a healing pathway with someone your***
>
> ***own pathway is opened up to that, and you are working on your own***
>
> ***healing at the same time.*** **They are in a safe place; you are in a safe**
>
> **place. Yeah.** ***So I think that there is real healing that happens as we***
>
> ***move through trauma with women…. Yeah, the joy, direct joy.*** **It's a**
>
> **level of consciousness, right? That we become more conscious and**
>
> **aware, and our clients are sort of helping us do that. They are a**
>
> **conduit to consciousness, self-awareness, awareness of the world.**
>
> **Because lots of people never know, they have no idea what happens to**
>
> **women as children, or what happens in abuse, or what people live**
>
> **with. They would be just devastated and shocked to know that, right?**
>
> ***But it's through that knowing, through that storytelling and sharing,***
>
> ***and through the emotion that we reach another level of consciousness or***
>
> ***awareness, then in touch with our own stories and through that there is***
>
> ***transformation.*** (Tessa)

I have a colleague who has dismissed the idea of vicarious trauma, and maintains

that all therapist responses (both negative and positive) to the work are

countertransference reactions. She believes the counselling profession has constructed the

vicarious trauma narrative because collectively we are afraid of the ethical implications

of countertransference. Somehow it is safer to be vicariously traumatized. My colleague embraces her countertransference responses as opportunities to mature both professionally and personally. She often challenges me to have the courage to "look below" and see what it is about a client's story that has touched my own woundedness, rather than simply labeling my response as vicarious trauma. Similarly, Tessa is suggesting that when we choose to walk with a client on her healing journey, we are also making a decision to risk awareness of our own suffering.

Tessa's quilt metaphor also draws our attention to the seemingly paradoxical relationship between suffering and thriving (Jenmorri, 2006; Hernandez et al., 2007). Tessa believes that vicarious trauma and joy are inextricably linked – it is impossible to experience one without the other. Specifically, she suggests that the pathway to direct joy involves struggling through our vicarious trauma responses (or what my colleague prefers to call countertransference). The idea that joy and suffering often emerge out of the same circumstances is "ancient and widespread" (Calhoun & Tedeschi, 2006; p. 3), and indeed provides the foundation for the study of positive changes following direct (and indirect) trauma.

Participants' first-person narratives certainly reflect the occurrence of "psychological growth following vicarious brushes with trauma" (Arnold et al., 2005, p. 243). It might be worth revisiting previous observations about the relationship among theoretical orientation (Linley & Joseph, 2007), therapists' beliefs about their role in therapy (McLean & Wade, 2003), and therapists' experience of vicarious trauma. The therapists involved in this study practiced sitting in mutual suffering with clients, and demonstrated how such an orientation to the therapeutic relationship might lead to joy

and healing. Future research might explore how theoretical orientation might function to blind us to mutual suffering in therapy, and as a consequence block us from experiencing transformed vicarious trauma.

The therapists involved in this study also shared how clinical supervision, ongoing professional training (e.g., EMDR), and relationships with work colleagues and others within the anti-violence field (see Appendix I for an example) had contributed to their personal growth. It would seem that for trauma therapists there might be multiple pathways to experiencing joy in the work. Up until this point, research has focused on the influence of the therapeutic relationship on therapists' negative and positive well-being. Future research could explore the role of participating in the larger helping community in the development of therapists' experience of the work as having a positive impact on their well-being.

The thread of vicarious trauma. Tessa's quilt metaphor also reminds us that vicarious trauma is a reality of the work. Maggie Ziegler (2003) believes that as a profession, we need to recognize and accept that we will suffer in the work:

> We need the concept of vicarious traumatization because it honours the
> specific suffering that comes from bearing witness to violence and trauma.
> We need to acknowledge that we are changed by doing this work… that it
> is hard, very hard. That opening our eyes and ears and hearts hurts, pretty
> badly sometimes. (p. 14)

The professional vicarious trauma narrative appropriately teaches us that we will experience the world differently as a result of being exposed to the suffering of others. When we engage in trauma work, we risk being broken open not only by our clients'

pain, but also by the enormity of the suffering being experienced by every creature on the earth, including ourselves (Ziegler, 2003). Fear and despair may drive us to defend ourselves from this knowledge. Unfortunately, when the narrative of vicarious trauma gets told, the part of the story that often gets missed is that retreating from the pain of others is normal. Whether we work closely with individuals who have experienced trauma, or we are part of the group of people who observe suffering from a more detached perspective (e.g., by watching the evening news), we all have this reactivity in us.

While we were discussing her experience of being "shut down" by people in the community when she shared about her work, Elizabeth Moon explored the idea that human beings are generally uncomfortable when faced with the suffering of others and that they are motivated to avoid it and the accompanying unpleasant feelings.

Elizabeth Moon: One of the things that occurred to me is that, not so different from what we were just talking about in today's conversation around counsellors not knowing sometimes how to… we don't get the opportunity sometimes to talk to people about our work… is that I think people who have experienced trauma don't always have a place to talk about that either, inside their social circle. Because how do you? It's not something that people really want to hear about sometimes. And these things are so hard for people to hear and that there isn't a place to go with it. In most parts of life there is no place to talk about trauma experience.

Angela: No, it's not a socially acceptable topic in many ways.

Elizabeth Moon: No, not really.

Angela: Do you have any sense of why that might be? Philosophical question, really. But why don't you think it's socially acceptable to talk about trauma?

Elizabeth Moon: I don't know if maybe part of it is we don't always want to recognize that the next person is capable of contributing to that? What was coming through my mind as I was just saying that was I mean if you take a walk in the downtown eastside of Vancouver, the notorious downtown eastside, pay attention to what feeling you get! You don't really want to look at people because they're acting so weird! They do their little cocaine-withdrawal dance or whatever, right? It's hard to look at that, because you know, you just recognize the pain that's associated with… I do. I just recognize the pain that is associated with the whole thing. You know, the whole life that they're now living? You know, so what hope is that? Where is the hope for that person?

Angela: So maybe people don't want to, they don't want to hear those stories of trauma… they don't want to have conversations about that, even be aware of that happening, because it makes them feel hopeless?

Elizabeth Moon: Yeah. Or they just can't stand the feeling of the pain for that other person. It's like, "Oh, you know, I don't want to feel that."

Angela: Well, we live in a world where it's all about not feeling pain.

Elizabeth Moon: Exactly! We're very good at denying it, aren't we? In every way!

Angela: Exactly. Yeah. So not… so shutting you down is a way of shutting you off?

Elizabeth Moon: So I think, yeah. I think it's just not really a pleasant place you know for most people to go.

Tessa had accepted vicarious trauma as a part of the work, and indicated that she

was more concerned about what it would mean if she were not impacted by her clients'

stories. She resisted the idea that vicarious trauma was something that should be

prevented, believing this would ultimately hinder her relationships with clients.

Furthermore, she questioned whether or not it was realistic to assume that you could

avoid being impacted.

Angela: You were commenting where you don't think [vicarious trauma] should be

avoided. It can't be avoided. It's just a part of that work and you need to accept

that, rather that try and avoid it or prevent it, that kind of thing.

Tessa: Yeah. Yeah. Because then it becomes a distancing thing, you know? Us and

them, and I'm safe and you're not, and I'm going to be okay and you're not.

And I don't think that helps in the healing, in the healing process.

Angela: No. And I wonder about some harm to you, when you're doing that? It's just

kind of a… well it's just like anyone who goes through trauma and sort of tries to

deny the impact, right? You sort of adapt around it but…

Tessa: It's still there!

Angela: It's still there, and it may work for a time, but it's still there, it doesn't work

forever.

Tessa: *Well and I see it as a form of dissociation, right? So you're not living fully in*

***the world, you're not fully present.* And [some people say] "I've done child**

protection work for twenty years, none of this stuff can impact me." Or,

"I've heard so many stories, nothing can impact me anymore." And then it's

like, "Well you're not… you're not human! [Laughs] You're dissociated!

Like how can anybody, a person on the earth, hear this and not in some way

have a feeling or emotion? **And I think that there are people that have to go**

through the work dissociated from their emotions and you know, from their

body, or their thoughts, and I don't want to live like that.

Like Tessa, Elaine also believed that her work would be profoundly and

negatively altered if she were to successfully avoid being vicariously traumatized.

However, Elaine was interested in the connection between her experience of vicarious

trauma and her motivation to be an activist for women. While acknowledging that being

exposed to violence through her relationships with clients was demanding, Elaine was

glad that she continued to be traumatized by her work because her resulting anger fueled

her advocacy.

I go back to, is the work traumatizing? As in sitting with a woman?

Or is it the violence that's traumatizing? I think it's the violence that

is traumatizing. It's the constant… the place I still constantly react

and feel furious about which is the motivating factor for doing the

advocacy piece, is the outrage that we've been talking about through

both sessions, of people who are perpetrating with impunity! That's

the piece that comes in the room! And ah, so yeah, it's still pretty hard

to listen to women's stories, or sitting with a woman who is in that

depression. But at the same time it's very ah, ah, it's not the most

traumatizing work on the planet! I don't want to be the fireman

cutting down dead bodies, thank you. They can carry that. I'll carry

this; this is my load. And ah, so yeah, I think the vicarious part… is

echoing what I've experienced over and over again. And I do often get

a little tired that it still goes on. *And I'm glad, because that's what*

makes me an activist… that's how it should be! I should be angry! **Not**

detrimentally, but angry that a woman is still being assaulted… I'm

just not going to get tired of being angry about that.

Thread is a vital component of a quilt, necessary for piecing fabrics into a design, and then stitching the layers of a quilt together. Pulling at the thread used to sew a quilt would cause it to fall apart. Similarly, the thread of vicarious trauma is an intrinsic aspect of trauma counselling, and the larger anti-violence movement of which it is a part. Tessa and Elaine suggest that something about the work is damaged or is lost without the thread of vicarious trauma. The integrity of relationships with clients, the ability to be present and empathize, is compromised.

Design possibilities. Joy and healing bordered the patchwork quilt that Tessa imagined to represent her work as a trauma counsellor. The joy she experienced as a result of her work with trauma survivors created a framework that contained or held the work, and made it possible for her to continue. As well, while the thread of vicarious trauma was integral to the quilt, it was a relatively small part compared to the joy and healing.

I think it is important to recognize that while Tessa's quilt design reflects her experience of the work, there are as many design possibilities, as there are trauma therapists. For example, another therapist might characterize her work as bordered by vicarious trauma, with a thread of joy and healing. The value of Tessa's quilt metaphor is that it invites us to visualize our own work, and to contemplate how we might each

represent the interplay between the suffering and the thriving that occurs for us as we engage in the work.

Implications for Theory and Practice: Reconstructing the VT Narrative

I began this project interested in expanding those narratives of trauma work that have been underrepresented within the literature and the field, by inviting therapists to engage in dialogue about how they are personally thriving as a result of their work. I was expecting my conversations with participants to be subversive to the extent that I was intentionally asking the women to talk about a part of their professional experience that did not support the dominant narrative that trauma work is hazardous to their well-being. However, as exemplified by the above interview passages, the women went beyond this, telling an alternative narrative of trauma counselling that teaches us that it is possible to be nourished by the work. They also told and indeed lived out a different version of the vicarious trauma narrative. In particular, Tessa, Elaine, and Elizabeth Moon challenged the notion that vicarious trauma is something to be feared and prevented. They conceptualized vicarious trauma as something that might instead be welcomed and be viewed both as an opportunity for personal growth and as a sign that you have successfully retrieved yourself from the natural impulse to become numb and ultimately apathetic to or disconnected from suffering (Ziegler, 2003). I believe that this alternative narrative calls for a reconstruction or a renovation of our existing professional narrative about the so-called negative impacts of the work.

Rethinking prevention. When they introduced the construct of vicarious trauma, McCann and Pearlman (1990) initiated a discussion about how to best support and care for counsellors engaged in trauma work. Academic research and professional workshops

emphasizing the amelioration and prevention of vicarious trauma have since proliferated

(e.g., Harrison, 2007; Trippany, Kress, & Wilcoxen, 2004; Yassen, 1995). The prevention

of vicarious trauma may seem like a worthwhile goal at first glance, but my

conversations with the women participating in this study suggested that this assumption

might in fact threaten the integrity of the work by subtly discouraging therapists from

being fully present in their relationships with clients.

When vicarious trauma is conceptualized as a problem that must be prevented, a

counsellor's response to bearing witness to suffering shifts from being normal to

pathological. There is a difference between preventing and ameliorating the impact of

bearing witness to our clients' trauma stories. The idea of prevention implies that, with

effort, we can avoid, or protect ourselves from, the impact of the work altogether. In

contrast, amelioration suggests that while we will be impacted, it is possible to care for

ourselves so that the impact will not be debilitating. I personally find the idea of

preventing vicarious trauma curious. I would not presume to suggest to one of my clients

that she could have prevented her post-traumatic stress response. It seems equally

inappropriate to expect therapists to prevent their vicarious trauma response. Like post-

traumatic stress, vicarious trauma cannot be prevented (Yassen, 1995). Of course the

difference between a client and me is that a client's trauma is unanticipated, while I can

anticipate that I may experience the work as traumatizing. I can practice self-care in a

proactive effort, not to prevent being vicariously traumatized, but rather to contribute to

my own resilience and to my ability to sustain the work.

Maggie Ziegler (2003) cautions against self-care approaches that "position the

pain of witness in opposition to the pain of survivor… that deepen the distance between

self and other, leading to a subtle dance of competition" (p. 14). As a beginning

counsellor, Tessa was instructed to establish a mental barrier between herself and her

clients in order to prevent vicarious trauma. This is precisely the type of self-care strategy

that Ziegler is suggesting places therapists in a defensive and an isolating stance that

ultimately prohibits them from connecting with their clients in a meaningful way.

> **Yeah, it's like when I was starting work, they were talking about**
>
> **boundaries and how to protect yourself, and so they would talk about**
>
> **putting this protective aura around yourself as a counsellor, or**
>
> **imagining a lake between you and your client and visualizing this**
>
> **lake. And none of that stuff works for me. I don't like it! It puts a**
>
> **distancing… it puts an us and them… I want to meet her! I want to**
>
> **connect with her! And it's not that scary! I've seen women go there**
>
> **and come out, and I know I can go there and come out. I have tools!**
>
> **It's not scary, I have stepping-stones, I have ways of meeting, and I**
>
> **have ways of coming out! And if I can, I can help other women see**
>
> **that, right?** (Tessa)

Rethinking the "individual problem" of VT. In our second interview, Tessa and I

explored the idea that the vicarious trauma narrative can be used to detract attention from

the larger social forces that are perpetuating violence. An article we had both read,

written by Vikki Reynolds (2008) for workers at Battered Women's Support Services of

Vancouver, served as a springboard for our discussion. In the article, Reynolds (2008)

pointed out that "burnout is an idea that is very individually structured, as if there is

something about us personally that makes us measure up to this work or not" (p. 9).

While Reynolds appreciated the importance of self-care, she argued that self-care cannot offset the burden of working in a world where there is a lack of justice. All too often, "staying alive in the work gets constructed as an individual project" (p. 9), when in reality, fostering sustainability in the work requires "collective action and accountability" (p. 9).

Angela: Something that [Vikki Reynolds] had talked about was just around how vicarious trauma sounds like a story about how you're not taking good enough care of yourself…. What's your thought about that? It's kind of like they're saying the story can be oppressive?

Tessa: Yeah, I react to that!

Angela: That ability somehow to be oppressive…

Tessa: Yeah, that it's about the individual and not the social context, right? It's what happens all the time… it gets put on the individual or blamed on the individual, where you're not… *if you're impacted by this you're not taking care of yourself.* **It's like no, there is impact, everybody needs to be impacted, and everybody needs to work to feel it to create change around it. It's like a psychic numbing you know, our whole society is about being numb – you know, not being aware, not seeing, not hearing and** *so when someone gets angry or someone speaks up it's like "Oh, you're burnt out. You're not taking care…" I almost see it as a backlash to creating change.* **And ah, I mean definitely there is things people can do… I mean we all need to take responsibility for ourselves and having boundaries… But I think, yeah,** *sometimes it can be a blaming, shaming kind of thing…. It's shaming, blaming*

***for feeling. Yeah*. It's a good point. It's a form of oppression in that way. And maybe the joy is our resistance to that, our way of fighting back.**

Angela: That's your resistance.

Tessa: Yeah. Yeah.

Angela: Yeah, kind of a resistance of joy… I like that…. This is a passion for you. You really think that it's important to shift your thinking – to focus on that. Maybe there is kind of something deeper there… you're kind of resisting that…

Tessa: ***Yeah, I've never thought of how that narrative keeps us in a place, stops us from connecting on that deeper level as a fear, right? And focuses on the individual if you are impacted, which takes away the collective responsibility to create change.***

Reynolds' (2008) analysis of burnout as an individually structured issue is compelling when you consider researchers' interest in identifying individual variables that predict VT. Personal trauma history (Arvay & Uhlemann, 1996; Bober & Regehr, 2006; Buchanen et al., 2006; Cunningham, 2003; Follette et al., 1994; Pearlman & Mac Ian, 1995; Shauben & Frazier, 1995; VanDeusen & Way, 2006; Way et al., 2007), beliefs about the therapeutic process (McLean & Wade, 2003), attachment style (Marmaras, Siegel, & Reich, 2003), and defense style (Adams and Riggs, 2008) have all been explored as possible therapist factors creating vulnerability to VT.

Reynolds' (2008) reconceptualization of burnout as a socially, rather than an individually, caused problem is further supported by the results of several recent studies. After finding no evidence that time devoted to coping strategies (e.g., self-care, seeking personal therapy) significantly reduced therapists' symptoms of vicarious trauma, Bober

and Regehr (2005) argued that focusing on the use of individual coping strategies as the solution to the problem of VT serves to blame therapists for not balancing life and work adequately or effectively using coping strategies. They suggested that organizations make structural changes (e.g., redistribute workload) in order to reduce the negative impacts of the work. Similarly, when participants in Kadambi and Truscott's (2008) qualitative study identified a number of workplace constraints and deficiencies as the most traumatizing aspects of their work, the authors concluded that previous vicarious trauma research might have underestimated the importance of organizational and social/political factors on therapists' experience of the work as traumatizing. Kadambi and Truscott also believed their findings pragmatically offered much in the way of supporting the work, given that therapists identified the most traumatizing aspects of their work were primarily under organizational control.

A Resistance of Joy: Fostering Sustainability Through Hope-filled Narratives

It is challenging to witness the pain of our clients, and in the process become cognizant of our own suffering. As well, working within the context of an unjust society is also demanding and demoralizing, and can result in what Vikki Reynold's (2008) refers to as "spiritual pain" (p. 9), where we find ourselves being asked to compromise the ethical ideals that motivate our work. Reynolds is interested in how we can foster sustainability, which for her means "an ongoing aliveness, a genuine connectedness with people, and a presence of spirit" (p. 9), in the face of such difficulties.

Tessa wondered if focusing on the positive impacts of the work, or what she referred to as joy, could be a way of fostering sustainability in the work and also of resisting those forms of the vicarious trauma narrative that are complicit with social

injustice (i.e., when workers are blamed for burning out). Jenmorri (2006) was concerned about the impact of the professional vicarious trauma narrative with its emphasis on therapists' vulnerability. She hypothesized that cultivating hope-filled narratives might contribute to enhanced therapist resilience and to sustainability of practice.

I find it remarkable that these ideas are not more prevalent within the literature, especially given the fact that they were introduced concurrently with vicarious trauma. After outlining the theoretical framework for vicarious trauma, McCann and Pearlman (1990) stressed the importance of acknowledging the many positive professional and personal outcomes of engaging in trauma work: "It is important to remind ourselves and others that this work has enriched our lives in countless ways" (p. 147). The authors suggested maintaining such a practice of "optimistic perseverance" (p. 146) might help therapists integrate and transform the negative impacts of the work, and also serve as a means of protecting them from serious harmful effects. Brady et al. (1999) similarly noted that "many clinicians point to witnessing the resilience of humanity and the courage of the human spirit, the joy in participating in the healing of another, and the personal growth that results from journeying with survivors of trauma" (p. 391). They speculated "these rewarding aspects of the work serve to buffer therapists from the more negative aspects that might otherwise assault belief systems and assumptions" (p. 391).

My own experience in the field, first working as a social worker and now as a trauma counsellor, has suggested to me that conversations about thriving in trauma work are rare. I heard this echoed by participants, as they shared about why they had volunteered to participate in this study.

I think there's a gap in looking at… I call it vicarious joy! You know, because everyone talks about vicarious trauma, vicarious trauma, impact of the work, and I'm always saying, what about the other side of it? I'm always bringing that up to people, that there is a vicarious feeling of joy, you know – the positive impacts of what we do. That's why we do it. Yeah, I mean why don't we have conferences looking at this, and speakers and keynotes? It's all about the impact of the work, and burnout. And that's very real, and this work does change you forever, but it's not just negative change. (Tessa)

Yeah, and it's interesting because I don't think I've given it lots and lots of thought, so I thought it would be interesting just to talk about it. (Frances)

Well, the piece that really caught me was the whole thing of looking at the positive. You know, what could be a positive outcome for people who work in trauma? I thought, yeah, that's a really important thing to know about and highlight! It sort of goes along with my basic theory of life, right? That's kind of what I kind of do I think. That's what I try to do in my work… is help people see that even when you've had horrendous experiences, there's something about it that was a learning, but it's hard to talk about that. (Elizabeth Moon)

I find the topic very interesting… Because we do focus, and I myself

sit there focused on what is this doing to me? And we don't look at…

and most of the time I'm not talking about that with anybody. (Elaine)

Obstacles to joyful dialogue. As I engaged in conversations with participants about how they have been positively impacted by the work, and as we together began to appreciate the experience of sharing alternative narratives of trauma work, a question that organically developed was: Why do we as a profession tend to talk with each other about the negative personal impacts of our work over the positives? Why do we focus on the thread vicarious trauma rather than the joy and healing that border and contain our work?

Thoughtful dialogue about the positive impacts of trauma work goes beyond simply focusing on what one enjoys about it. As Elaine and I discussed, meaningful conversation can be stifled by Pollyannaism, or an inappropriate cheerfulness that fails to take into account the difficulties of the work.

Elaine: Well, one of the women at work talks about the richness of the work, and it

always makes me… You know, in that sort of sanctified counselling way…

You know, I can't stand that! It's like, "Oh, it's so rich!" And I think, "Well

it's not always! It's kind of grotty sometimes!" But talking about it on a

much more meaningful level I think… I'm not, because from my women's

center background, because of the kind of person I am, I'm not what I would

call a real 'counsellory' counsellor. I go nuts with the people that say… I

don't know how to describe it… I always call it 'counsellory talk'. Nobody

talks like that! You know they're always very nice, and sometimes it's not

very nice work; sometimes it's really tough work.

Angela: Where they just sort of mask over what you're talking about, the toughness?

The… I can hear that, maybe from my experience? "Oh, this work is so rich."

Elaine: That is such an overused word!

Angela: Yes, but how? That's what I'm interested in. We don't talk about that much.

Elaine: Well and why not?

Angela: We talk about how it hurts us, but we don't talk enough about…

Elaine: Except in the most glib way! I'm curious about that. I'm not sure why!

That's a good question!

Although Elaine was uncertain about why other counsellors might tend to speak glibly about the positive impacts of the work she voiced her own reluctance to engage in dialogue with counsellors who have not been "radicalized." Elaine was only able to completely trust those counsellors who actively interpret their own lives and the lives of their clients through a political lens.

> **I can see why we don't talk about it. Because in the same way that our**
>
> **socialized…you know what I'm going to say, and I know you know**
>
> **what I'm going to say!** *Just as we're silenced around violence and*
>
> *abuse, counselling is silenced…. It's difficult to talk about the work*
>
> *being rich, when it's also combined with a huge political fight to exist….*
>
> **And it's not all rich, it's often coming out of a session and I'm angry**
>
> **again because that woman has had to go through this or whatever,**
>
> **you know? But I'm not angry in the sense that… it's more of an**
>
> **energy, than it is that I'm angry and I want to be angry at somebody.**
>
> *It's just that conviction that this is unjust and unfair. Unless someone*

else has that, I'm not going to trust you one hundred percent. **And I don't often, when I'm sitting with other counsellors who are not doing STV work, and even sometimes with people who are doing STV work – I don't feel like they really sit in that… more of a radical feminist position, where I feel I sit. And the people I really jive with, that have my complete trust, are just like that. And they're not nice! [Laughter] They're angry…. If a counsellor isn't sitting in that feminist chair – I'm glad they're doing counselling, and that's all lovely – but I'm going to have trust issues.** *And it's not that I distrust them as people, or as professionals, it's just that we're not in that place….* **I think that's one of the reasons when somebody says, "This work is so rich", unless they're in that chair and identifying themselves in that way I go, "Yeah, okay fine".**

At one point, Elaine speculated that counsellors do not share with each other because of a possible rivalry that exists, or out of fear that they will be judged inadequate in some way. Frances believed that professional expectations of detachment from clients served to prevent counsellors from sharing about how they were growing personally as a result of their work.

I think too there's that piece where, *well you're not really supposed to be doing your own work through your work, right? That you should be doing your work and then… doing your self-work and then… but you can't have them kind of together. There might not be something very healthy about that.* **When really how could you help but grow or be**

going through self-recognition and stuff because of the, yeah, the

interplay in a relationship, even in what's called a helping

relationship? And even that word makes me cringe a little bit, the

'helping', because it sort of puts us in this place… "Oh yeah, we have

all the knowledge, we have all the goods, and you are sick and"… So

again it's the medical model, that: "We've got it, and you're here to

be helped." And yeah… I don't like that model!

Frances also questioned whether there was a broader narrative about what it
means to be a helping professional that inhibited dialogue about how counsellors are
thriving as a result of their work. Her comments contain echoes of my colleague's
hypothesis that the counselling profession has constructed the vicarious trauma narrative
in response to fears of countertransference.

Ah, well I think one of the things is there is maybe a negative attitude

to maybe benefiting from someone else's pain? Like here we are,

we're supposed to be feeling sorry for these people so *we can't be*

***taking anything good away for ourselves*. Maybe that's a piece? I mean**

that's kind of the big one that comes up for me. Which in some way

isn't understanding what we do because I don't go into my work

feeling sorry for these people, or doing it because I feel pity. *Yet*

somehow it's more acceptable to be vicariously traumatized than it is to

***thrive in this work*. Where does that come from? It's some kind of**

Calvinistic idea that helping professionals need to be these do-

gooders! Like we can only be doing this work as self-less people! It's

really loaded! Teachers get to say that they love their work, and that

they grow and get fulfillment! Why can't we? Yeah! Well, you know

what's interesting is I had never even given it that thought! That,

that… that's what does get me fired up, is that that could still be that

present in society…that we can't kind of go, "Oh yeah, I do this work

and it's really good that… somehow… that it has benefits to anybody

that does that work." You know?

The lived experience of joyful dialogue. I did not specifically inquire about participants' current experience of vicarious trauma, or whether dialoguing about the positive impacts of their work had ameliorated any "symptoms." I simply asked participants for their feedback about what it was like to share about how they had been positively impacted by their work. Their responses suggested that discussing the positive personal outcomes of engaging in trauma work left them feeling more positive about themselves and the work.

Frances anticipated that her involvement in the study would cause her to be more conscious in the future of how her work was have a positive impact on her life. Reflecting on our conversations near the end of her second interview, she concluded:

Well I think it's been really good, and I think it'll just continue to sort

of... make me sort of aware of that.

When discussing her experience of talking about the positive impacts of the work, Flying Free indicated that she was left feeling stronger and more confident in herself:

I think it feels better. Emotionally, it feels better to talk about the

positive. And ah… ***talking about the positive benefits of it makes me***

realize that ah… possibly I'm stronger than I thought. **When you're**

focusing on the negative it's about weakness. And on a sensory-

emotional level, it's like this downward spiral that kind of happens

and you actually feel weaker. Whereas *focusing on the positives, on the*

benefits, I can actually get a sense of how much stronger I feel.

Elizabeth Moon likened her experience of talking about the positive impacts of

her work to writing a challenging paper that compels you to draw your attention to

something you are not typically aware of.

> **It was kind of like writing one of those papers again! [Laughs] What's**
>
> **your theory of counselling? It was a little bit like writing one of those**
>
> **papers! It's something to draw those… that type of thinking out of**
>
> **yourself. Because you have to, ah… I find you have to pull together…**
>
> **"Okay, so how am I thinking about this work?"**

Elizabeth Moon indicated that reading her first interview transcript allowed her to

gain some perspective on her development as a counsellor.

> **I could see the constants in my view, sort of the things that I have sort**
>
> **of always believed even before I sort of got into this work. And then I**
>
> **could also see some of the growth and change too, from over the years,**
>
> **right? So it was a really nice way to get some perspective on that, so I**
>
> **thought that was very beneficial.**

Elizabeth Moon appreciated the chance to share about her work with another

counsellor, because she finds that it is difficult to talk about her work, both the positive

and negative impacts, even with the people she has significant relationships with.

I think actually it's a very helpful thing for counsellors to go through…. I think you have sort of given all the people that you are interviewing an opportunity… an opportunity to just look at where they are at with this right now…. What I was pleased about is I felt like you sort of were accepting, or you sort of understood some of the things that I was talking about. Because the problem with doing this kind of work is there are a lot of people who don't get it. Like they just… they don't have that… I don't know what it is… they don't have that place of experience to really understand the depth that you have to go to with people and what those sorts of impacts are like. You know if I were to talk to my mother about it she wouldn't really have a clue. My husband, he tries his best to understand but I don't think he really gets it either, to a large degree. Yeah. So it felt good that… I thought, "Okay I think she really knows what I'm talking about here." So it felt good.

At the beginning of our second interview, Tessa reflected on what she had been thinking as she read the transcript of our first interview.

It felt good to read it, you know? *It's affirming the positive aspects of my work and what brought me to it, and who I work with*, because there's always ups and downs in every agency, so it's always good to be reminded of what's good about where I work and the people I work with.

When I asked Tessa directly what it was like to focus on the positive impacts of her work, she highlighted how the discussion had felt somatically. I was also interested in her comment that she felt as though participating in the study was something that she needed to do for herself.

> **It was great! It's all about what we focus on and what we think about, right?** *So the more we think about this or focus on this the better it feels in the body, the better, you know, you actually connect to that joy… it makes it more concrete….* **I think when I got your request I thought oh this will be good for me! This will feel good! I need to do this! [Laughs] So yeah, it feels good.**

Even before I had sent her the draft of her first-person narrative and asked for feedback, Elaine wrote to me about how participating in the study had influenced her both personally and professionally.

> *I'm finding the effects of the two interviews playing out in my work life lots. The sense of discouragement is gone.* **I have taken a workshop to deepen my work with the body and trauma and will follow up with another one in the spring. It has moved me along in the work. The transcripts will be a welcome record to remind me of where I was in the summer of 2009 and to mark a time of deep transition, emotionally. I am growing more confident in my work life and my personal life with my adult children.** (Personal communication, December 7, 2009)

When she did receive the drafts, Elaine sent me a three-page response detailing how participating in this study had contributed to a new understanding of herself.

I find the process of talking out the story of becoming a counsellor, a feminist counsellor, and then reading it over in transcript form and your narrative of the We Story, quite profound. The reflection, the capturing of those big chunks that I can move on from now, has brought my identity, my view of myself, more up to date…. *Although the work can skew my life, sour it, negate my self-care, it is far richer in its capacity to deepen my life than shorten it.* This process of reflections has also allowed me to be more content with my limitations, to appreciate how as I deepen, the work with the clients deepens, and vice versa, it makes me go deeper.

Expanding the resistance movement. Hernandez et al. (2007) observed that the "effect [of Vicarious Resilience] can be strengthened by bringing conscious attention to it" (p. 237). They recommended that the concept of VR be introduced into therapists' "professional vocabulary" (p. 238) as "a useful tool to counteract deeply fatiguing processes in which therapists may come to see themselves as 'victims' of those who have been victimized" (p. 239). As the women involved in this study indicated above, co-constructing narratives about joy and healing through trauma work was an experience that was personally and professionally renewing and transformative. Their feedback points to possibilities for fostering sustainability among practicing trauma therapists through the cultivation of alternative hope-filled narratives within the context of supervision, peer consultation, and professional development (e.g., conferences,

workshops). However, the women's discussion also suggests that the counselling community may first need to examine how to overcome obstacles to joyful dialogue in order to create safe forums for therapists to engage in such conversations. Future research might also explore the impact of instructing student therapists about VPTG, VR, and Tessa's idea of "direct joy" to determine if over the long term this contributes to their resilience and to sustainability of practice.

Signing the Quilt: My Experience as Researcher

Throughout this study, the metaphor of a patchwork quilt has been a central framework around which I have organized analysis, presentation, and discussion of the themes emerging from the data. In my role as researcher, I have "stitched" colourful, richly textured first-person narrative quilts about the joy and healing experienced by therapists as a result of engaging in trauma work. I have also begun assembling the pieces of a larger alternative professional narrative. This alternative narrative takes into account both the negative and positive impacts of trauma work, and radically suggests that vicarious trauma serves to connect us to our clients, and motivates our advocacy on their behalf. The narrative also challenges us to consider the ways in which we have individualized both the cause and the solution to the problem of vicarious trauma, and to resist those forms of the vicarious trauma narrative that are complicit with social injustice.

When I create a fabric quilt, one of my last tasks is to stitch a label to the back. This label typically includes my signature, and the date I completed the quilt. Sometimes I will also include a brief description about the meaning the quilt holds for me. As a way of concluding this discussion, I would like to call upon the patchwork quilt metaphor

once more, and "sign the quilt," providing a few thoughts about how I have been transformed as a result of this project.

Throughout the development and completion of this study, I have been working as a trauma counsellor for a non-profit agency supporting women and children who have experienced violence. At the end of last summer, just as I finished transcribing my last research interview, I moved from working part-time in the CWWA program to working full-time in the STV program. Ironically, I remember being anxious about carrying a full caseload of trauma survivors. Such was the power of the vicarious trauma narrative, that even after critically reviewing the literature, and immersing myself in the hope-filled narratives of the women participating in this study, I was still focused on what the work might do to me.

Almost a year has passed, and in that time the dominant vicarious trauma narrative has lost much of its power over me. The first-person narratives, co-constructed by the women who participated in this study and myself, have been instrumental in producing this shift. The research conversations were therapeutic for participants and for me as well. I became aware of the ways in which I had been positively impacted as a result of the work, as the women shared about their own experience of thriving. Since then, the words of Flying Free, Tessa, Frances, Elaine, and Elizabeth Moon have often come to mind. I will find myself reflecting on the strength and wisdom each woman developed during her time as a trauma counsellor. During those times when I have experienced the work as particularly difficult, the narratives of joy and healing that I now carry with me into the work have encouraged me. It is my hope that others will find their

own resilience and sustainability of practice similarly enhanced as a result of their

participation in this project as readers.

REFERENCES

Adams, S. A., & Riggs, S. A. (2008). An exploratory study of vicarious trauma among therapist trainees. *Training and Education in Professional Psychology, 2,* 26-34.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

Arnold, D., Calhoun, L. G., Tedeschi, R., & Cann, A. (2005). Vicarious posttraumatic growth in psychotherapy. *Journal of Humanistic Psychology, 45,* 239-263.

Arvay, M. J. (1998). *Narratives of secondary traumatic stress: Stories of struggle and hope.* Unpublished doctoral dissertation, University of Victoria, Victoria, British Columbia, Canada.

Arvay, M. J. (2001). Secondary traumatic stress among trauma counsellors: What does the research say? *International Journal for the Advancement of Counselling, 23,* 283-293.

Arvay, M. J., & Uhlemann, M. R. (1996). Counsellor stress in the field of trauma: A preliminary study. *Canadian Journal of Counselling, 30,* 193-210.

Baird, K., & Kracen, A. C. (2006). Vicarious traumatization and secondary traumatic stress: A research synthesis. *Counselling Psychology Quarterly, 19,* 181-188.

Bober, T., & Regehr, C. (2005). Strategies for reducing secondary or vicarious trauma: Do they work? *Brief Treatment and Crisis Intervention, 6,* 1- 9.

Bride, B. E., Robinson, M. M., Yegidis, B., & Figley, C. R. (2003). The development and validation of the Secondary Traumatic Stress Scale. *Research on Social Work Practice, 13,* 1-13.

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 psychotherapists. *Professional Psychology: Research and Practice, 30*, 386-393.

Buchanan, M., Anderson, J. O., Uhlemann, M. R., & Horwitz, E. (2006). Secondary traumatic stress: An investigation of Canadian mental health workers. *Traumatology, 12*(4), 272-281.

Calhoun, L. G., & Tedeschi, R. G. (2006). The foundations of posttraumatic growth: an expanded framework. In L. G. Calhoun & R. G. Tedeschi (Eds.), *Handbook of posttraumatic growth: research and practice* (pp. 1-23). Mahwah, NJ: Erlbaum.

Chouliara, Z., Hutchison, C., & Karatzias, T. (2009). Vicarious traumatization in practitioners who work with adult survivors of sexual violence and child sexual abuse: Literature review and directions for future research. *Counselling and Psychotherapy Research, 9,* 47-56.

Connolly, K., & Reilly, R. C. (2007). Emergent issues when researching trauma: A confessional tale. *Qualitative Inquiry, 13,* 522-540.

Cunningham, M. (2003). Impact of trauma work on social work clinicians: Empirical findings. *Social Work, 4,* 451-459.

Elliot, D. M., & Briere, J. (1992). Sexual abuse trauma among professional women: Validating the Trauma Symptom Checklist-40 (TSC-40). *Child Abuse and Neglect, 16,* 391-398.

Engstrom, D., Hernandez, P., & Gangsei, D. (2008). Vicarious resilience: A qualitative investigation into its description. *Traumatology, 14,* 13-21.

Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress disorder: an

overview. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary*

traumatic stress disorder in those who treat the traumatized (pp. 1- 20). New

York: Brunner/Mazel.

Figley, C. R., & Stamm, B. H. (1996). Psychometric review of Compassion Fatigue Self-

Test. In B. H. Stamm (Ed.), *Measurement of stress, trauma and adaptation* (pp.

127-128). Lutherville, MD: Sidran Press.

Figley, C. R. (Ed.). (2002). *Treating compassion fatigue*. New York: Brunner-Routledge.

Fraser, H. (2004). Doing narrative research: Analyzing personal stories line by line.

Qualitative Social Work, 3, 179-201.

Follette, V. M., Polusny, M. M., & Milbeck, K. (1994). Mental health and law

enforcement professionals: Trauma history, psychological symptoms, and impact

of providing services to child sexual abuse survivors. *Professional Psychology:*

Research and Practice, 25(3), 275-282.

Gilligan, C., Spencer, R., Weinberg, M. K., & Bertsch, T. (2003). On the Listening

Guide: A voice-centered relational method. In P. M. Camic, J. E. Rhodes, & L.

Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in*

methodology and design. (pp. 157-172). Washington, DC: American

Psychological Association.

Harrison, R. L. (2007). *Preventing vicarious traumatization of mental health therapists:*

Identifying protective practices. Unpublished doctoral dissertation, University of

British Columbia, Vancouver, British Columbia, Canada.

Haverkamp, B. E., & Young, R. A. (2007). Paradigms, purpose, and the role of the

literature: Formulating rationale for qualitative investigations. *The Counseling Psychologist, 35*, 265-294.

Hernandez, P., Gangsei, D., & Engstrom, D. (2007). Vicarious resilience: A new concept in work with those who survive trauma. *Family Process, 46,* 229-241.

Horowitz, M., Wilner, N., & Alvarez, W. (1979). Impact of Event Scale: A measure of subjective stress. *Psychosomatic Medicine, 41,* 209-218.

Iliffe, G., & Steed, L. G. (2003). Exploring the counselor's experience of working with perpetrators and survivors of domestic violence. *Journal of Interpersonal Violence, 15*, 393-412.

Janesick, V. J. (1999). A journal about journal writing as a qualitative research technique: History, issues, and reflections. *Qualitative Inquiry, 5,* 505-524.

Jenmorri, K. (2006). Of rainbows and tears: Exploring hope and despair in trauma therapy. *Child and Youth Care Forum, 35,* 41-55.

Kadambi, M. A., & Ennis, L. (2004). Reconsidering vicarious trauma: A review of the literature and its' limitations. *Journal of Trauma Practice, 3,* 1-21.

Kadambi, M. A., & Truscott, D. (2004). Vicarious trauma among therapists working with sexual violence, cancer, and general practice. *Canadian Journal of Counselling, 38,* 260-276.

Kadambi, M. A., & Truscott, D. (2008). Traumatizing aspects of providing counselling in community agencies to survivors of sexual violence: A concept map. *Canadian Journal of Counselling, 42*, 192-208.

Linley, P. A., & Joseph, S. (2004). Positive changes following trauma and adversity: A review. *Journal of Traumatic Stress, 17,* 11-21.

Linley, P. A., & Joseph, S. (2007). Therapy work and therapists' positive and negative well-being. *Journal of Social and Clinical Psychology, 26,* 385-403.

Marmaras, E., Lee, S. S., Siegel, H., & Reich, W. (2003). The relationship between attachment styles and vicarious traumatization in female trauma therapists. *Journal of Prevention and Intervention in the Community, 26,* 81-92.

Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). *Maslach Burnout Inventory* (3rd ed.). Palo Alto, CA: Consulting Psychologists Press.

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.

McLean, S., & Wade, T. D. (2003). The contribution of therapist beliefs to psychological distress in therapists: An investigation of vicarious traumatization, burnout, and symptoms of avoidance and intrusion. *Behavioural and Cognitive Psychotherapy, 31,* 417-428.

Mertens, D. M. (2005). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods* (2nd ed.). Thousand Oaks, CA: Sage.

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counselling psychology. *Journal of Counselling Psychology, 52*, 250-260.

Morse, J. M. (2006). Insight, inference, evidence, and verification: Creating a legitimate discipline. *International Journal of Qualitative Methods, 5*, 1-7.

Moss, G. (2004). Provisions of trustworthiness in critical narrative research: Bridging intersubjectivity and fidelity. *The Qualitative Report, 9,* 359-374.

Pearlman, L. A. (1996). Psychometric review of TSI Belief Scale, Revision L. In B. H.

    Stamm (Ed.), *Measurement of stress, trauma, and adaptation* (pp. 415-417).

    Lutherville, MD: Sidran Press.

Pearlman, L. A., & Mac Ian, P. S. (1995). Vicarious traumatization: An empirical study

    of the effects of trauma work on trauma therapists. *Professional Psychology:*

    Research and Practice, 26, 558-565.

Pearlman, L. A., & Saakvitne, K. Q. (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.

Riessman, C. K. (2008). *Narrative methods for the human sciences.* Thousand Oaks, CA:

    Sage.

Romanoff, B. D. (2003). Research as therapy: The power of narrative to effect change. In

    R. A. Neimeyer (Ed.), *Meaning reconstruction and the experience of loss* (pp.

    245-257). Washington, DC: American Psychological Association.

Reynolds, V. (2008, September). Unpacking burnout: We're not burning out – we're

    resisting being blown up. *Women Making Waves, 19,* 9. (Available from Battered

    Women Support Services, PO Box 21503, 1424 Commercial Drive, Vancouver,

    BC, V5L 5G2).

Sabin-Farrell, R., & Turpin, G. (2003). Vicarious traumatization: Implications for the

    mental health of health workers? *Clinical Psychology Review, 23,* 449-480.

Satir, V. (1988). *The new peoplemaking.* Mountain View, CA: Science and Behaviour

    Books.

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.

Stamm, B. H. (1997). Work-related secondary traumatic stress. *PTSD Research Quarterly, 8(2),* 1-3. Retrieved January 2, 2008, from http://www.ptsd.va.gov/professional/newsletters/research-quarterly/V8N2.pdf

Stamm, B. H. (Ed.). (1999). Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators, (2nd ed.). Lutherville, MD: Sidran Press.

Stamm, B. H. (2009). *The Concise ProQOL manual*. Retrieved July 18, 2010, from http://www.proqol.org

Steed, L. G., & Downing, R. (1998). A phenomenological study of vicarious traumatisation amongst psychologists and professional counsellors working in the field of sexual abuse/assault. *Australasian Journal of Disaster and Trauma Studies, 2.* Retrieved May 31, 2008, from http://tur-www1.massey.ac.nz/~trauma/issues/1998-2/steed.htm

Thompson, M. (2000). Life after rape: A chance to speak? *Sexual and Relationship Therapy, 15,* 325-343.

Trippany, R., Kress, V., & Wilcoxon, S. (2004). Preventing vicarious trauma: What counselors should know when working with trauma survivors. *Journal of Counseling and Development, 82*, 31-37.

Vanier, J. (1998). *Becoming human.* Toronto: House of Anansi Press.

Vanier, J. (2005). *Befriending the stranger.* Toronto: Novalis.

VanDeusen, K. M., & Way, I. (2006). Vicarious trauma: An exploratory study of the

impact of providing sexual abuse treatment on clinicians' trust and intimacy.

Journal of Child Sexual Abuse, 15, 69-85.

Wade, A. (1997). Small acts of living: Everyday resistance to violence and other forms of

oppression. *Contemporary Family Therapy, 19,* 23-29.

Way, I., VanDeusen, K. M., & Cottrell, T. (2007). Vicarious trauma: Predictors of

clinicians' disrupted cognitions about self-esteem and self-intimacy. *Journal of

Child Sexual Abuse, 16,* 81-98

Yassen, J. (1995). Preventing secondary stress disorder. In C. R. Figley (Ed). *Compassion

fatigue: Coping with secondary traumatic stress disorder in those who treat the

traumatized* (pp. 178-208). New York: Brunner/Mazel.

Ziegler, M. (2003, Summer). Reconnecting to life: Beyond vicarious traumatization.

Newsletter of the BCASVACP, 13-15. (Available from Ending Violence Association

of British Columbia, 728-602 West Hastings Street, Vancouver, BC, V6B 1P2)

APPENDIX A: RECRUITMENT POSTER

**TRINITY
WESTERN
UNIVERSITY**

If you believe your work counselling trauma survivors has had a positive impact on your personal well-being, you are invited to participate in a study exploring this experience.

Within the past twenty years, there has been a growing interest in the impact of trauma work on the well-being of counsellors. The emphasis has largely been on the negative impacts of trauma work, and research conducted to date has demonstrated that trauma work can have a negative impact on counsellors. This negative impact is often called Vicarious Traumatization, Compassion Fatigue, or Secondary Traumatic Stress. A few recent studies have documented the possibility of positive impacts. The purpose of this thesis project is to explore the positive impacts of trauma work on counsellor well-being.

Participants will be asked to engage in two interviews with the researcher, each approximately 1.5 to 2 hours in length. Any identifying information gathered during the course of this study will be kept confidential. Participants will be offered a gift certificate as a token of thanks for their contributions, and their names will be entered into a draw for dinner at a local restaurant.

If you are willing to share your experience, please contact Angela Johnson, TWU Counselling Psychology master's student at:

**604-888-9250 or at
fullyhumanstudy@gmail.com**

Further information about the study will be provided to you.

APPENDIX B: LETTER OF INITIAL CONTACT

Dear _____,

Thank you for your expressed interest in participating in my thesis project. Within the past twenty years, there has been a growing interest in the impact of trauma work on the well-being of counsellors. The emphasis has largely been on the negative impacts of trauma work, and research conducted to date has demonstrated that trauma work can have a negative impact on counsellors. This negative impact is often called vicarious traumatization, compassion fatigue, or secondary traumatic stress. A few recent studies have documented the possibility of positive impacts. The purpose of this thesis project is to explore the positive impacts of trauma work on counsellor well-being.

Participation will involve two separate interviews, each approximately 1.5 to 2 hours in length. These interviews will be digitally recorded. During the first interview you will be asked to share your experiences of how being involved in trauma work has impacted your personal well-being. A summary of your first interview will be created, and provided to you prior to the second interview. You will be asked to review the summary, and encouraged to make a few brief notes about any thoughts, questions, or comments you might want to bring to the second interview. During the second interview, you and the researcher will discuss the summary, for the purpose of developing a narrative or story about your experiences, which will then be used for the final analysis.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. You will be asked to provide a pseudonym, which will be used to code all data, and to refer to you within the final published thesis document. The list that matches your real name with your pseudonym will be kept in a locked filing cabinet separate from the data. The only individuals who will have access to confidential identifying information as well as non-identifying data will be those individuals directly involved in the research study. After the study, interview transcripts and other data will be retained and stored in a secure area. All interview recordings will be completely erased.

Your participation in this study is entirely voluntary, and you will be free to withdraw from the study at any time without consequence, should you feel uncomfortable at any time.

I will contact you to arrange a suitable interview time. Thank you again for your interest in participating in my thesis project.

Sincerely,

Angela Johnson
MA Counselling Psychology Student
Trinity Western University

APPENDIX C: INFORMED CONSENT FORM

Kaleidoscopes of Hope: Shifting Narratives of Trauma Work
Trinity Western University

Principal Investigator: Angela Johnson, MA Counselling Psychology Student, 604-888-9250
Co-investigator: Dr. Marvin McDonald, Counselling Psychology Department, 604-513-2034

Purpose and Benefits: You have been invited to participate in this study because your experiences related to how your work with trauma survivors has impacted you on a personal level is of great interest and value. The purpose of this project is to explore how counsellors engaged in trauma work have been positively impacted by the therapeutic relationships they have developed with survivors of trauma. Although the impact of trauma work on the well-being of therapists has been a subject of research for the past twenty years, to date the emphasis has largely been on the negative impacts of the work. Currently the literature supports the idea that trauma work can have a negative impact on the well-being of counsellors. A few recent studies have documented the possibility of positive benefits. A goal for this master's thesis project is to contribute to a balanced view of trauma work, which takes into account both the negative and positive impacts for counsellors. The specific focus will be on identifying positive benefits to address the gap in the literature. Participating in a project where the focus is on the positive impact of your work may also provide you with a fresh, more optomistic view of both your work and yourself.

Procedures: You will be asked to participate in two interviews, each approximately 1.5 hours in length. Both interviews will be recorded on a digital recorder. During the first interview, the principal investigator will ask for some basic background information about you (i.e. age, ethnicity, education), and also invite you to share how being a trauma counsellor has personally impacted your well-being. Prior to the second interview, the principal investigator will provide you with a summary of the first interview for you to review. You will be encouraged to note some of your initial reactions to the summary, or other thoughts or comments. The principal investigator will then meet with you to discuss the summary, and any of your thoughts and comments, for the purpose of developing a narrative or story about your experiences.

You will have an opportunity to read the narrative and provide feedback in writing, which the principal investigator will integrate into the final narrative. You will be provided a copy of this final narrative.

Potential Risks and Discomforts: You may experience distress as a result of being asked to share your personal experiences with an unfamiliar person. The principal investigator will make every effort to minimize any distress or discomfort you may experience as a result of participating in the research process. Your questions are welcomed throughout your participation. Your well being is of utmost importance. Should you experience

emotional distress as a result of the interview process, you are encouraged to seek counselling through one of the agencies listed on the attached information sheet.

Confidentiality: Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. You will be asked to provide a pseudonym, which will be used to code all data, and to refer to you within the final published thesis document. The list that matches your real name with your pseudonym will be kept in a locked filing cabinet separate from the data. The only individuals who will have access to confidential identifying information as well as non-identifying data will be those individuals directly involved in the research study. The principal investigator will be responsible for transcribing the interviews, although may be assisted with this task. Any assistants helping with transcription will be required to sign a non-disclosure agreement. After the study, interview transcripts and other data will be retained and stored in a secure area. All interview recordings will be completely erased by the principal investigator.

Incentives: Participants will be given a small gift certificate ($30) as a gesture of thanks for their participation. Participants will also have their names put in a draw for gift certificate to a restaurant ($50).

Contact: If you have any questions or desire further information with respect to this study, you may contact the principal investigator Angela Johnson at 604-888-9250 or the co-investigator Dr. Marvin McDonald at 604-513-2034. If you have any concerns about your treatment or rights as a research subject, you may contact Ms. Sue Funk in the Office of Research, Trinity Western University, at 604-513-2142 or sue.funk@twu.ca.

Consent: Your participation in this study is entirely voluntary, and you are free to withdraw from the study at any time without consequence. Your interview recordings and transcripts will be destroyed upon your written or verbal request to withdraw from the study.

Your signature below indicates that you have received a copy of this consent form for your own records. Your signature below also indicates that you consent to participate in this study and that your responses may be put into anonymous form and kept indefinitely for further use after the completion of this study.

_____   _____
Subject Signature   Date

_____
Printed Name of Subject Signing Above

APPENDIX D: DEMOGRAPHIC INFORMATION FORM

PSEUDONYM CHOSEN
AGE
GENDER
ETHIC/CULTURAL BACKGROUND
FAMILY SITUATION Single/committed relationship/separated or divorced Parent/number of children/age of children
EDUCATION/TRAINING
YEARS OF COUNSELLING EXPERIENCE
AVERAGE NUMBER OF TRAUMA SURVIVORS MAKING UP CASELOAD or PERCENTAGE ESTIMAGE (E.g. 60% of caseload)
PRIMARY POPULATION OF TRAUMA SURVIVORS MAKING UP CASELOAD (E.g. domestic violence, residential school system, childhood sexual abuse etc.)
WORK SETTING (E.g. private practice, non-profit community)
THEORETICAL ORIENTATION (E.g. Cognitive-behavioural, existential, family systems, feminist, psychodynamic, etc.)

APPENDIX E: FIRST INTERVIEW PROTOCOL

Kaleidoscopes of Hope: Shifting Narratives of Trauma Therapy

Orientation to the Present Conversation

Thank you for agreeing to participate in this study, and for your willingness to share about your experience working as a trauma counsellor.

You have likely come across the terms vicarious trauma, compassion fatigue, and secondary traumatic stress. These terms refer to the negative impact of trauma work on counsellor well-being, and these negative impacts have been well-documented as a reality for many professionals in the field. The purpose of this project is to explore how counsellors engaged in trauma work have been positively impacted by the therapeutic relationships they have developed with survivors of trauma. Not a lot is known about the positive impacts, and I hope that this study can provide information about what they are.

The information you share will remain confidential. I would also like to remind you of the importance of maintaining the confidentiality of your clients as your share your experiences of your work. I will be recording the interview, and will assign a pseudonym chosen by you to the recording for identification purposes. You have a right to withdraw from the study at any moment without consequence. If you feel uncomfortable at any time, or if you have any questions, please do not hesitate to let me know.

First Interview Protocol
The following questions are just illustrative of the kinds of questions that may be asked during the interview.

1. How have you become more fully human through caring for trauma victims?
    a. What is your definition of being fully human?
    b. Have you ever felt that way?
    c. How did your work with trauma victims contribute to that experience?
    d. Have you noticed any shifts in your experience as a therapist where you sensed yourself becoming more fully human?

2. When did a client's suffering cause you to become aware of your own need to be healed?
    a. What is an example of a time when you recognized within the context of a relationship with a client that you longed to be healed?

b. Was there a particular client that evoked in you the feeling that you were less than fully human? What was it about this client that challenged you?

c. In response to experiencing this, what did you do?

APPENDIX F: SECOND INTERVIEW PROTOCOL

Kaleidoscopes of Hope: Shifting Narratives of Trauma Therapy

Orientation to the Future Conversation

At this point, I would like to provide you with information about what happens next during this research process. I have created a written summary of our conversation. I am providing a copy of this summary for you to review before our next meeting. I will be reflecting on the summary, noting down any questions, thoughts or comments that I have from my reading. I hope that you will do the same. We will then meet to discuss the summary, for the purpose of collaboratively developing a narrative or story about your experiences, which I will then use for my final analysis.

If you have any questions in between our conversation today and the next time we meet, please don't hesitate to call, 604-888-9250.

Second Interview Protocol
The following questions are just illustrative of the kinds of questions that may be asked during the interview.

1. What was it like to read through the transcript?
    a. What was your initial reaction to your story? How did you react upon re-reading your story (if you did so)?
    b. In what ways did the text reflect how you understand yourself?
    c. In what ways did the text reflect a shift in how you understand yourself? Was there anything that you discovered or become aware of during the interview that is reflected in the text?
    d. Where does the text need to be explained or altered as a result of the fact that you feel as though you were misunderstood?

2. What was it like to share about how your work has caused you to become aware of how you have developed and/or healed as a person (i.e. emotionally, spiritually etc)
    a. When have you shared this with another person before?
    b. When you shared this with another person, did you do so readily? Why or why not?
    c. In the past have you explained this development and/or healing experience in a different way?
    d. If you have explained your experience in a different way, why did you feel as though you had to explain your story in that different way? What or who influenced you to tell your story in that different way?
    e. When did you notice that you began to tell your story or understand your experience in a different way? What or who influenced you to tell your story in this new way?

APPENDIX G: SELECTED EXAMPLES OF JOY AND HEALING THEMES
EMBODIED BY FIRST-PERSON NARRATIVES

Fulfillment from contributing to constructive social change	Tessa p. 72 – And that's hard, being present to that suffering. But I think it's a privilege, to be able to, to be asked, and to be called.
	Elaine p. 79 – Working not only as a counsellor but also as a feminist counsellor linked to the larger social change networks, allows me to be very "sixties" and say I am not part of the problem but part of the solution.
	Frances p. 87 – My work allows me to garden in the lives of children… It's not that I've done anything huge, I've just created a space for growth to be nurtured. And just like in a garden, when you look down the road you can't always be sure what the part was that you did and what was nature. Kids are going to grow anyway; you just hope that whatever you contribute helps in some way.
Solidarity with others striving for similar goals	Tessa p. 65 – I'm part of something bigger than myself, bigger than the small part of my life – the whole anti-violence movement in general.
	Tessa p. 69 – There is connection; any time of the day I can find someone to debrief with. It's not just the work; it's also about our lives and who we are, and how we are impacted as women. It's pretty special.
	Elaine p. 76 – I sat with my best friend afterwards. She was a part of my little radical group at UBC but she didn't end up going into counselling, she became an activist. We're on the same page at all times. I'm not alone anymore with this stuff!
	Elaine p. 79 – I can look to my heroes in various movements, and know that I have

	joined that world, and have not stayed materially comfortable at the expense of my principles.
Hopefulness for the world	Elizabeth Moon p. 93 – There's that piece of humanity that somehow still fights back. And I find that very hopeful. I find that very hopeful for our world, when there are so many trials and tribulations…. I get to see that firsthand. I get to see that everyday! Elaine p. 78 – The culture is moving along in some hopeful way. I've seen that in a very direct way with my children, as I've said…. Trauma is becoming a lot more about the collective experience in the literature. The progress of that knowledge, as opposed to having it completely sectioned off with feminism at the back of the book, is very heartening to me.
Opportunity to become aware of and heal from personal traumas	Flying Free p. 61 – Some First Nations medicine people came to the community. They asked me, "How can you expect others to trust you when you don't trust yourself?" Those elders had spoken the truth about me. I didn't trust myself. Flying Free p. 62 – But just recently I gained a new level of awareness about how the trauma I experienced during my childhood had carried over into my adulthood and was impacting me both inside and outside the counselling room. Tessa p. 65 – There's having my work touch on my own stuff and then needing to work through it and resolve it. Elaine p. 73 – And I know it's doing this work. I was able to hold her pain at twenty to nine even though I was tired, and still a little resentful of her – all those things that we feel at the same time when we're counselling, right? I can hold all that, and at the same time just be there for her, and that to me is the marriage or the intertwining of

	learning that. I guess ultimately, what is underneath it all is a really a real healing piece for myself. Frances p. 82 – I certainly hadn't left all my bricks behind by the time I started this work. I don't know if we ever do! Maybe your load gets lighter but it's almost like you're still discovering some of it. Every once and a while, just when I think I've seen it all, I see something new. Sometimes one of those things makes me remember something. What I'm remembering is not necessarily a memory that's all charged. It's just an opportunity to pull out a brick and give it some attention, have another look. Elizabeth Moon p. 88 – There are a number of different things that I have uncovered about my own family which I was really oblivious too when I first started this work.
Learning from clients	Tessa p. 66 – Seeing women's resourcefulness, and learning about resistance – all the ways that we resist violence and abuse – I've become aware of my own resistance. Even as a child I was fighting back in the only way I could. I was resisting! Even though what I was doing was seen as a negative thing, it was a form of resistance. Tessa p. 66 – Every client sort of resonates my own experience. They're talking about their dad, I'm thinking about mine. You know, whether it's a negative or positive thing, it reinforces the work that I've already done in my own healing, or reminds me of things that I still need to work on. Elizabeth Moon p. 91 – Those grandmothers gave me an example of how I could change my own guilt about my son around.

	Elizabeth Moon p. 91 – It's like, what do I want to contribute to this world? Do I want to be part of the destruction? I mean we need destruction too. But do I want to be part of that, or do I want to be part of the other thing? I've had clients that have taught me a lot about that too. They keep going over it again and again, trying to get it, trying to figure it out.
Development of desirable character qualities (e.g., compassion, patience, forgiveness, less judgmental)	Tessa p. 66 – It's also allowed me to have more compassion for my mom and grandmother. Hearing their stories and some of the things that they did and some of the things that they struggled with; they survived their oppression in their own way too, the best way that they could. Elaine p. 74 – My own work plus doing this work over and over and over again allowed me to hold those two conflicting pieces of myself, and keep the better one in the forefront, which was able to hold her in a way that I couldn't when she was little. I couldn't do it. And I know it's doing this work. Frances p. 84 – I have a lot more compassion for my mom now…. She didn't get what she needed when she was a kid; in the same way that I didn't get what I needed from her. Elizabeth Moon p. 94 – And it's a struggle as a counsellor to find that place inside of you where you can still be compassionate for the part of him that's hurting. It's very good to have to work through that as a counsellor.
Increased self-confidence	Flying Free p. 64 – What has also helped is my clinical supervisor's recognition of my capabilities and my potentials. She has been working as a counsellor for far longer that I have, and having that recognition from her instills that deeper level of confidence. Her faith in my abilities helps me to trust myself.

	Tessa p. 68 -- But seeing the women push themselves to play their own parts helped me to do that as well. It was amazing! It was so powerful! I've never done anything in theatre before but I loved it! To see that the women could do that made me think, "Well I can do that! I have so much support, and I have so many other things that they don't have in their lives right now." The women were putting themselves out there in their own stories; I was just sharing their words. So it really gave me strength. Elaine p. 79 – I think for me the drive of my life is to be involved in social justice feminist work and the fact that I am, and that it took a long struggle with some sacrifice, leaves me with self-respect and integrity I am proud of.
Acceptance of self	Elaine p. 77 – So I've been able to erase a lot of the guilt about what I was like as a parent way back when. I can just forget it now. Frances p. 85 – Something else that has changed in my life relates to how as a young child and even later on in my life I felt as though I had to keep quiet about this stuff... For years and years I had to feel very self-protective, but something that I learned along the way was that I could let go of shame and blame. Just let it go. Accept that it is. Frances p. 87 – I can accept now that I am crone. I can be proud of it. I have wisdom and along with that a responsibility to play a role in sharing what I have learned to turn the tide.
Deepened personal relationships	Flying Free p. 63 – My relationship with my husband has improved too! My husband and I have always had this ongoing battle about communication… And I've noticed that now I can hear clearly what he is saying, and I also have the ability to speak

	clearly to him.
	Elaine p. 76 – My eldest daughter went through a serious depressive episode shortly after that phone call. I took her seriously. She tried all sorts of games, and I just kept in on her. I was there for her all the way.
	Elizabeth Moon p. 91 – I think my idea of what it means to help and to care for others, to contribute to my community, has really changed over the years… It's about honouring that humanity in the next person beside you… I think there's something about working towards having those instances with people. It doesn't have to lead anywhere. There doesn't have to be any strings attached to it, just that moment. I'm getting better at being a part of that.
	Elizabeth Moon p. 88 – I think having that depth has contributed to the quality that exists in my marital relationship. That's one thing I know is a definite benefit from doing this work.
Spiritual growth	Frances p. 88 – My work gives me real sense of purpose. I think in a spiritual way that I wouldn't be able to do it if it wasn't that way. That's what my spirit needs to feel like I've got a reason for being on the planet.
	Elizabeth Moon p. 95 – That sense of the sacred is something that has really developed in me too along the way. You just see in working with people who have been traumatized that there are so many strange coincidences in their life stories that just don't add up, unless there is some other force. I just don't have any other way to explain it. So I just have a really strong belief that some other element, some other force exists in our world. It isn't just the physical things that we see with our eyes or what we hear with our ears.

APPENDIX H: *WE STORY*

We: A Story of Resistance

Silenced

People want to know what we do. They're interested in knowing what we do but when we start telling them they get this glazed over look, like they have no idea. It's a bit lonely sometimes! We've experienced going to weddings, meeting new members of the family who ask us what we do. We say. They start talking about the weather. We feel a bit shut down. We think, okay, we'll just zip that part back inside. Sort of try and find some other aspect of ourselves where we can connect with people.

Sometimes we tell people what we do and we see people's faces drop. They have a really negative reaction, almost take a step backwards. This isn't just one out of ten people that have this reaction; it's everyone. Other times, we go to dinner parties and when people find out what we do they respond with an awkward "Ohhhh". Or we hear people say, "She's the feminist. You can't say that around her."

Why We Think We Are Silenced

Maybe people are honouring that they know it's kind of private and we can't really tell them too much anyway. That's possible. But maybe it has more to do with the fact that it makes them just a bit squirmy, uncomfortable. Trauma isn't a socially acceptable topic in many ways. Maybe people don't want to recognize that the next person is capable of contributing to suffering. If you take a walk in the downtown eastside of Vancouver, the notorious downtown eastside, pay attention to what feeling you get! You don't really want to look at the people there because they're acting so weird! They do their little cocaine-withdrawal dance. It's hard to look at that because you

recognize the pain associated with the whole thing, the whole life they're now living. What hope is that? Where is the hope for that person? So many people don't want to hear those stories of trauma. They don't want to have conversations about that, even be aware of that happening, because it makes them feel hopeless. Or they just can't stand the feeling of pain for that other person. They don't want to feel that. We live in a world where it's all about not feeling pain. We're very good at denying it, aren't we? In every way! So shutting us down about our work is a way of shutting that reality out. It's not really a pleasant place for most people to go.

Within the field there are counsellors who talk about the "richness" of the work. They talk about it in that sort of sanctified counselling way that's hard to take. Drives you nuts! They say, "Oh it's so rich!" But it's not always! It's kind of grotty sometimes! There's a lot of talk about how the work is tough yet we don't talk about how the work is rich except in the glibbest way! It's hard to talk about it on a more meaningful level. It has to do with socialization! Just as we're silenced around violence and abuse, counselling is silenced! It's difficult to talk about the work being rich when it's combined with a huge political fight to exist!

When people *are* interested in hearing about our work they often want to hear about the worst thing, our worst cases. Maybe it's for the same reason the media is so negative? People are drawn to the gruesome, the gory, and the horrible. It may be a way of processing it. It's like trying to say it over and over and over to understand it. Or maybe people don't want to hear about what is beautiful, what's good. That's not sexy. It's not some big new theory we can prove. People want to talk about the negative. They're voyeuristic. They want the shock factor; they're drawn to it. It's more exciting,

interesting. If you look at the body there's more of an adrenalin rush talking about that, right? People are somatically drawn to that adrenalin rush, more than to being calm, being present, being joyful. So maybe it has something to do with the body? People experience trauma vicariously all the time through the media. It seems the media is getting more and more extreme in what it shows. Trauma has become entertainment. Look at all the shows about violence. Or people are exposed to snapshots of horror on the news. That is society's relationship with trauma. They don't want to hear about how you are benefiting from your work with trauma survivors. They react, eeww! How could you do that? And yet being entertained by trauma is worse! They don't understand that we're benefiting in some other way. That the way we're benefiting isn't creepy. So maybe that's why people ask about the worst case, while at the same time place that taboo on us about talking about the benefits because of their own relationships with trauma?

People think we are benefiting from someone else's pain. We're supposed to be feeling sorry for these people so we can't take anything good away for ourselves. But they don't really have an understanding of what we do. We don't go into our work feeling sorry for these people, doing it because we feel pity. Yet somehow it's more acceptable to be vicariously traumatized than it is to thrive in this work. Where does that come from? It's some kind of Calvinistic idea that helping professionals need to be these do-gooders. Like we can only be doing this work as self-less people. It's really loaded. Teachers get to say that they love their work, and that they grow and get fulfillment! Why can't we?

There's that piece too where we're not really supposed to be doing our own work through our work, right? The work that you do on yourself should be separate from the

work you do with clients and if that isn't the case then that's unhealthy. There's a professional taboo there, that if you are growing in the context of your therapeutic relationships there's something wrong because you're not supposed to be the one who is growing, it's supposed to be your client. When really, how can you help growing, recognizing things about yourself? That interplay is in a relationship, even in helping relationships. Even that word "helping" makes you cringe a little bit because it puts us in this place where we have all the knowledge, all the goods. It's only the client that is "sick" and needs to be helped.

Resistance

We were taught about boundaries, about how to protect ourselves from being vicariously traumatized. Wrap yourself in a "protective aura". Imagine a lake between your clients and you. Visualize a shield. It was all about creating distance between them and us. We've learned that when we put up those sorts of boundaries, eventually we'll have to dismantle them because it prevents us from meeting our clients. We want to connect with them! It's not that scary! We've seen women go there and come out, and we know that we can go there and come out too. We have the tools to do that!

We think that we're not vicariously traumatized so much as traumatized. The work isn't traumatizing. Sitting with clients is manageable if you've got the training. What's traumatizing is the violence! It's the fact that there are people who are perpetrating with impunity! We get a little tired that it is still going on. But we're glad, because that's what makes us activists. That's how it should be! We should be angry! Not detrimentally, but angry that a woman is still being assaulted by a man! We're just not going to get tired of being angry about that! Yeah, it's hard sitting and listening to

people's stories, but it's not the most traumatizing work on the planet. We don't want to be the firemen cutting down dead bodies, thank you! They can carry that. We'll carry this. This is our load.

Sometimes the idea of vicarious trauma sounds like a story about how you're not taking good enough care of yourself. On the one hand it makes us more aware of the impact of our work. It sort of normalizes our reactions. But there are some negative sides to it too. It can take us places we don't want to be. We're shamed, blamed for feeling. It's a story about the individual and not the social context, right? It's what happens all the time, where the responsibility gets placed on the individual.

We do sit there, focused on what this work is doing to us. We hear that our time doing this work is limited. We're warned about vicarious trauma, about burnout. We think, okay well how long will we last? Five years? Ten years? If we make it that long, then what are the next ten years going to be like? The fear! We're going to burnout, which means we're not going to be able to support our families, support ourselves! It's scary! And if we are impacted, we'd better not feel anything. We dissociate, find all these ways of coping with these feelings that might be unhealthy. We don't want to be classified, labeled as depressed or anxious. We don't want to be medicated! Because really what we're experiencing is a very, very natural reaction to our work. If we do get to a point where we need to take some time off to reflect, heal, do some of our own work because of our frontline encounters with suffering, our society doesn't support that. If we want more than a couple of weeks off we have to take unpaid leave.

And trauma work is women's work in many ways, right? It's women doing this work who are being asked, why aren't you doing a better job managing your life? Well

what kind of childcare do we have as a society? You know? Are men stepping up at home to take on half the responsibilities? Women are still limited financially! So telling us "you're not managing" really takes the attention away from all of the systemic factors. It is a form of oppression. And it's also a form of oppression around "women are so emotional". We're told: You feel everything, you take everything to heart, and you need to leave it behind!

Apparently if we're impacted by this work it means we're not taking care of ourselves. No! There is an impact, and everyone needs to be impacted! Everyone should work to feel that impact in order to create change around it! We do need to take responsibility for ourselves, set boundaries, but not to the point of becoming apathetic, distant. It's like a psychic numbing. Our whole society is about being numb to suffering – you know, not being aware, not seeing, not hearing and so when someone gets angry or someone speaks up it's like, "Oh, you're burnt out". Telling us we're not taking care of ourselves? That feels like a backlash to creating change. It's oppressive!

Maybe the joy that we find in the work is our resistance to that, our way of fighting back. That's our resistance. Yeah. Yeah. Yeah! A resistance of joy! We're incredibly lucky because we get to connect in ways that other people with that distance thing don't. There's a power in that interconnectedness, of being part of that powerful movement or shift.

Often when people hear what we do they say, "Oh, that must be so hard." But the difficulties are just a part of it. Sometimes when people experience a trauma, it can become this huge thing that defines them. The trauma needs to be given it's due, but we also need to make sure that the rest of life is big enough so that the trauma becomes

smaller in relation to the good stuff. The trauma isn't the whole story; it's not the whole

person. It's the same thing with our work. The negative stuff isn't the whole story.

APPENDIX I: COMMUNITY AND GROWTH

Central to Flying Free's narrative is her description of a recent healing experience from childhood trauma, which improves her ability to speak clearly and comprehend what others were saying to her. Flying Free explains that she "got to a place" where she realized how her father's severe criticism and unrealistic expectations were continuing to impact her in her professional life. What is not apparent within the text is how Flying Free got to that "place".

During our second interview, Flying Free shared that during our first interview I had asked her a question that had caused her to deeply reflect afterward on her own experience of trauma. It was her involvement in this research project, her interaction with me, which prompted her first steps toward that "place" and the transformative experience that lay beyond.

> **You know one of the things that I think happened for me as a result of the first interview was that I went deeper into myself. Because I remember recalling ah, you know, you asking me how was I affected by trauma. And one of the things that carried over into my adulthood very, very strongly was my father's negative criticism…. So after your interview I actually went through a process of looking into that again. So I had to do a lot of work with that on different levels. And ah, it ended up being very, very good.**

I chose to exclude the role that I played in Flying Free's healing from her formal narrative. The fact that Flying Free experienced our interview as therapeutic speaks to the potential for the lives of participants to be transformed by research. As noted by

Romanoff (2003), engaging in the research process may represent "an opportunity to tell a story unencumbered by social obligation or a previous relationship, or an opportunity to explore various endings [to narratives of struggle]" (p. 254). However, while Flying Free encountered me as a result of this research project, the reality is that I am part of the larger anti-violence community of which she is also a member. It is significant that when Flying Free became aware of the ongoing negative influence of her father's voice, she initially sought support from other members of the anti-violence community, specifically her clinical supervisor. Flying Free's narrative highlights a larger pattern that has been repeated by every participant: For those working within the field of trauma, growth occurs as a result of a counsellor's engagement with other members of the anti-violence movement, not just through her relationships with individual clients.