THE INFLUENCE OF PERSONAL MEANING ON

VICARIOUS TRAUMATIZATION IN THERAPISTS

by

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We accept this thesis as conforming
to the required standard

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ABSTRACT

This study examined the influence of personal meaning on the experience of vicarious traumatization in therapists. A sample of 68 therapist-practitioners was drawn from mailing lists for members of the International Society for Traumatic Stress Studies. Participants completed a comprehensive demographic survey, a *Personal Meaning Profile* (PMP), and a *TSI Belief Scale* (TSI). The first research hypothesis predicted that correlational analyses would reveal a negative correlation between total PMP and total TSI scores. That is, it was anticipated that the more personal meaning respondents reported experiencing in their life, as indexed by a higher score on the PMP, the less disrupted their cognitive schemas would be, as indexed by a lower score on the TSI. The second hypothesis predicted that the more personal meaning respondents derived specifically from religion, as indexed by a higher score on the Religion subscale of the PMP, the less disrupted their cognitive schemas would be, as indexed by a lower score on the TSI. The third hypothesis predicted that Frequency of Current Supervision would be negatively correlated with total TSI score, suggesting that increased supervision may be related to less disrupted cognitive schemas. Correlational analyses and regression analyses revealed a negative correlation between total PMP and total TSI scores, supporting hypothesis one. Hypothesis two and hypothesis three were not supported by the research. Post hoc analyses suggested that the PMP subscales Religion, Relationship, and Self-Transcendence contributed uniquely to the total TSI score. Post hocs revealed a positive correlation between the demographic variable “Are you a trauma survivor”? and total TSI score, and a negative correlation between “Years as a professional therapist” and total TSI score. Findings are discussed as they relate to self care for therapists.

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The Lord gives strength to His people; the
Lord blesses His people with peace.
Psalm 29:11

CHAPTER ONE: INTRODUCTION

Melanie is a successful, highly regarded counsellor who enjoys her challenging work with adult survivors of childhood sexual abuse.

Melanie's long days are filled with the demands of her practice, and she often finds herself balancing the needs of her clients with the needs of her family. Melanie works with adults who present with issues related to sexual abuse, including traumatic imagery and night terrors. One

day Melanie meets with a client who, as a child, was sexually molested by an uncle. The client expresses her recurring feelings of shame and guilt surrounding the molestation, and tells Melanie that she is no longer able to sleep in a darkened room. That night, Melanie experiences a strong sense of unease when she reaches for her bedside lamp. In fact, Melanie cannot bring herself to turn out the light. This occurs for several nights, yet Melanie feels too embarrassed to speak with anyone about it. A week later Melanie consults with her supervisor, who recognizes that Melanie is experiencing vicarious traumatization.

Research Problem

Many members of helping professions hear stories of client trauma. Clients relate their experiences of rape, abuse, incest, violence, and victimization, while therapists listen, empathize, support, and validate. Over time, bits and pieces of the traumatic experiences, the graphic descriptions, the vivid images, and the terrible hurts, accumulate within the therapist. Inevitably they experience vicarious traumatization (Pearlman & Saakvitne, 1995). It is important to consider potential factors that may influence the therapist's experience of vicarious traumatization.

Until recently, research and literature in counselling psychology has focused a great deal of attention on the needs of the client in the counselling relationship, and little attention on the needs of the therapist. This changed somewhat during the 1980s, when researchers explored the experience of burnout among members of the helping professions (Cherniss, 1980; Farber, 1983; Leiter & Maslach, 1988; Maslach & Jackson, 1986). Shortly after, a number of researchers looked at the potentially harmful effects of

stress on members of the helping profession, linking stress at work to acute and chronic health problems, poor work performance, and employee burnout (Ivancevich, Matteson, Freedman, & Phillips, 1990; Kohler & Kamp, 1992).

Recently researchers (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995; Saakvitne & Pearlman, 1996) have begun to explore the impact of vicarious traumatization on therapists. Vicarious traumatization refers to the cumulative impact of trauma clients' stories on the therapist. It is clear that vicarious traumatization has the potential to exact a huge emotional toll on the therapist. Vicarious

traumatization may cause changes in the therapists' world view, result in intrusive imagery and/or somatization, and evoke feelings of incompetence, cynicism, and isolation (Pearlman & Saakvitne, 1995).

Along with examining the potentially harmful effects for helping professionals working with trauma clients, researchers continue to explore factors that may influence or mitigate these effects. For instance, there has been significant research into what promotes personal health, happiness, and contentment, all factors which are related to good emotional and mental health (Zika & Chamberlain, 1992). Researchers have recently begun to look at the association of meaning in life to happiness and contentment, and have found that people who pursue positive goals in life and develop altruistic value systems tend to experience greater satisfaction in life and seem better able to cope with stress and loss (Carroll, 1993; Landis, 1996). In fact, research shows that personal meaning plays a crucial role in both mental and community health (May & Yalom, 1995).

Based on these findings, it is apparent that seeking and experiencing personal meaning in life may have the potential to benefit those employed in helping professions.

Purpose and Rationale for the Study

Self care for therapists is critical (Pearlman & Saakvitne, 1995). While researchers now identify vicarious traumatization as a legitimate concern for therapists and acknowledge the beneficial effects of personal meaning on one's well-being, there remains little empirical evidence on the relationship between a therapist's perceived meaning in life and their experience of vicarious traumatization. Exploration of this relationship is needed to facilitate the fostering of self care for therapists. The current research is intended to provide greater understanding of the potential role of sources of personal meaning, which encompass attitudes, beliefs, and values, on a therapist's ability to integrate experiences of vicarious traumatization into his or her identity. Vicarious traumatization will be assessed by measuring disrupted cognitive schemas, which represent one component of the vicarious traumatization experience.

Definition of Terms

Wong (1998a) defines meaning as "an individually constructed, culturally based cognitive system that influences an individual's choice of activities and goals, and endows life with a sense of purpose, personal worth, and fulfillment" (p. 407). In the context of this study, personal meaning encompasses the ways in which individuals seek and experience meaning in their life.

Constructivist self development theory (CSDT) is a theoretic approach which focuses on an individual's unique adaptation and active construction of meaning in the face of trauma. CSDT does not focus on pathology or symptoms (McCann & Pearlman, 1990). For the purposes of this study, CSDT will be defined as an integrative, relational theory that forms the basis for understanding the impact of trauma therapy on the therapist (Pearlman & Saakvitne, 1995).

Within CSDT, trauma is defined as a unique experience related to either a specific event or to events or conditions occurring over time. An individual is considered to be traumatized when he or she is not able to integrate the affective experience of the event(s), or experiences a threat to their life or safety (Pearlman & Saakvitne, 1995).
This conceptualization of trauma is used in this study.

For the purposes of this study, vicarious traumatization is defined as "the transformation in the inner experience of the therapist that comes about as a result of empathic engagement with clients' trauma material " (Pearlman & Saakvitne, 1995,
p. 31). Vicarious traumatization includes changes in one's frame of reference, self capacities, ego resources, memory system, and cognitive schemas.

Cognitive schemas are one aspect of the self impacted by psychological trauma thus represent one component of the vicarious traumatization experience. For the purposes of this study, disrupted cognitive schemas refer to generalized negative conscious and unconscious beliefs and expectations about self, others, and the possibility of having one's needs met constructively in the following five areas: safety,

trust, esteem, intimacy, and control (Pearlman & Saakvitne, 1995).

Countertransference is defined as the emotional and physical responses a therapist has to the client or the client material, and the therapist's conscious and unconscious defenses against the conflicts and associations aroused by the client or the client material (Pearlman & Saakvitne, 1995). This is the definition of countertransference used for the purposes of this study.

Statement of Hypotheses

This research was designed to see if the more personal meaning a therapist seeks and experiences, the more able they will be to integrate vicarious traumatization into their personal and professional identities. More specifically, it was hypothesized that there

would be a negative correlation between overall level of personal meaning and disrupted cognitive schemas, based on the scores from the *Personal Meaning Profile* (Wong, 1993) and the *TSI Belief Scale* (Traumatic Stress Institute, 1994) respectively. Other hypotheses predicted a negative correlation between religion as a source of personal meaning and disrupted cognitive schemas, and a negative correlation between frequency of current supervision and disrupted cognitive schemas.

CHAPTER TWO: LITERATURE REVIEW

Personal Meaning

Personal meaning encompasses the many ways in which individuals seek meaning, experience meaning, and give meaning to their life. Yet why is meaning so important? The importance of meaning in life and commitment to personal life satisfaction and psychological health has been well established (Erikson, 1982; Ledbetter, Smith & Vosler-Hunter, 1991; Ryff, 1989; Stephen, Fraser & Marcia, 1992). Frankl (1963, 1967) believed that meaningfulness in life is associated with high self-esteem and a generous attitude toward others, while meaningless in life is associated with disengagement. Frankl (1967) saw fulfillment of personal meanings in life as contributing to hope and optimism, regardless of the bleakness of one's life circumstances. Indeed, research has found that meaning seeking and fulfillment acts as a significant protector against emotional instability, and as a warrantor of psychological health and well-being (Lukas, 1991). Meaning of life has been found to be a strong and consistent predictor of psychological well-being (Zika & Chamberlain, 1987). It also influences the stress and coping process throughout the lifespan (Lazarus & DeLongis, 1983).

Perspectives on Meaning

Meaning is identified in a variety of disciplines and is conceptualized in a number of different ways. The simple fact that meaning is a concern for so many theorists, researchers, and philosophers

attests to its significance as a central component of human existence (Fife, 1994). Two theoretical perspectives concerned with constructs of personal meaning include the relativistic perspective and the existential perspective.

Relativistic perspective. A relativistic perspective toward personal meaning was developed by Battista and Almond (1973). They reviewed many divergent theories of personal meaning and concluded that meaning is different for everyone, and attainment

of meaning is unique to each person. Battista and Almond (1973) acknowledge that there are many ways of deriving personal meaning in life. Indeed, their tolerance toward any system of beliefs which provides a framework for the development of personal meaning is the hallmark of their relativistic perspective.

Battista and Almond (1973) identify four commonalities among theories of personal meaning. First, people who believe their lives are meaningful are positively committed to some concept (be it humanistic, religious, or idiosyncratic) related to the meaning of life. Second, the concept of meaning that they are committed to provides a framework consisting of life goals or purposes they wish to attain. Third, people who believe their lives are meaningful either have fulfilled or are fulfilling their life goals. Fourth, the process of achieving their life goals creates, within the person, a feeling of significance regarding their life.

Existential perspective. The existential perspective toward personal meaning is based on the works of many philosophers, psychiatrists, and psychologists. Sartre, Kierkegaard, and Nietzsche were all existentialists who believed passionately in the importance of the experience of the person, at any given time, and in any given situation (May & Yalom, 1995). Existential therapy, which emerged in Europe during the 1940s and 1950s and was introduced to the United States in 1958, is based on the premise that there is always meaning and purpose to our existence (May & Yalom, 1995). Frankl (1969), a key figure in the development of existential therapy and founder of logotherapy, would argue that meaning seeking and

fulfillment is our greatest purpose in life.

In order to gain a clear understanding of personal meaning, it is important to examine the various psychological perspectives on meaning. The perspectives offered by Maslow (1954), May and Yalom (1995), Tillich (1959), Baumeister (1991), Frankl (1963, 1969, 1985), and Wong (1998a, 1998b) are particularly relevant to this study.

According to Maslow (1954), meaning is experienced by self-actualized, growth-motivated individuals who are devoted to a cause beyond themselves. Maslow's (1954) theory holds that individuals seek fulfillment of desires ranging from the simplest to the most complex needs. Self-actualization is achieved by reaching one's own greatest potential, becoming the best person one can be, and achieving one's personal life goals.

May and Yalom (1995) argue that meaning is a fundamental human requirement and individuals naturally seek organization and pattern in order to make meaning of their existence. May and Yalom (1995) maintain that meaning allows individuals to generate a value system, which provides an understanding of both why we live and how to live. They believe a sense of meaning is experienced by individuals who live by their highest values, are intentional, and are aware of their will to choose.

Tillich (1959) believes meaning involves surrendering in faith and love to Jesus Christ. He suggests that experiencing the acceptance and forgiveness of Jesus will provide individuals with the joy and freedom of being newly created, and the courage to live fully.

Baumeister (1991) suggests that meaning consists of shared beliefs about the possible connections among things, events, and relationships. He notes that meaning ultimately provides individuals with a sense of direction and intention, wherein behavior becomes purposive rather than being based merely on instinct or impulse.

Logotherapy and personal meaning. Frankl (1963, 1969) conceptualized meaning as the experience of responding to the demands of life, discovering and committing oneself to his or her unique life task, and allowing oneself to experience or trust in an ultimate meaning. Frankl (1963, 1969) maintains that humans have the capacity to withstand difficult external circumstances and resist their individual physical and psychological drives in order to enter a new dimension of existence. This new dimension is the realm of meaning, and encompasses the desire for significance and value in life. Frankl (1963, 1969) suggests that when an individual experiences lack of meaning, it may result in "noogenic" or existential neurosis. Rather than being pathological in nature, this may actually help initiate goal oriented behavior and reorient individuals toward meaning (Wong, 1998a).

Frankl's (1985) theory of logotherapy is based on three key assumptions. First, that life has meaning under all circumstances, including the most painful or hopeless ones. Second, that people are equipped with an innate "will to meaning" which is not to seek power or pleasure, but to find meaning and purpose in life. Frankl (1985) identified this as a primary motivation for living. Third, he believes that people have the freedom to find personal meaning in any situation, either through action, experience, or a meaningful attitude.

Frankl (1969) believes that common meanings may be derived from situations that are similar, and it is this concept that makes meaning something that is shared among people living in different societies, cultures, or even across different periods of time. These shared meanings are described as "values . . . those meaning universals which crystallize in the typical situation a society–or even humanity–has to face" (p. 56).

Wong's theory of personal meaning. Wong (1998a) believes our "basic human needs [include] the need for order and coherence in the midst of chaos, the need for

personal significance and self-worth in the face of entropy and death, [and] the need for positive meanings in spite of the negative life events that often overwhelm" (p. 396). In a world marked by tragedy and chaos, personal meaning may allow us to transcend negative experiences and create healthy, positive lives

(Wong, 1998a).

Wong (1998a) describes five different ways to classify meaning: *types of meaning*, which refers to both ultimate meaning of life and specific meanings in life; *sources of meaning*, comprised of eight orthogonal factors including achievement, relationship, religion, self-transcendence, self-acceptance, intimacy, fair treatment, and fulfillment; *basic structure* of meaning, which involves the three interrelated cognitive, motivational, and affective components; *preconditions of meaning*, which include social relationships and personal qualifications; and *ways of finding meaning*, which refers to Frankl's (1959, 1967, 1973; cited in Wong, 1998a) three groups of values–attitudinal, experiential, and creative–whereby a person may discover meaning in life.

First, Wong (1998a) believes types of meaning includes both ultimate and specific meaning. Ultimate meaning refers to the ways we seek and experience meaning in our life, often "discovered through religious beliefs, philosophical reflections, and psychological integration" (Wong, 1998a, p. 405). Specific meaning refers to the ways people commit to and pursue life goals in everyday living (Wong, 1998a). Wong (1998a) notes that specific meaning can actually be derived from ultimate meaning, and he believes that dealing with tragedy, illness and death requires both ultimate and specific meaning.

Second, Wong (1998b) believes sources of meaning include eight factors: *achievement*, which refers to one's accomplishments or what one strives to achieve; *relationship*, which refers to the attitudes and skills needed for building community and working with others; *religion*, or one's beliefs in a higher power and a personal

relationship with God; *self-transcendence*, which focuses on the value of serving others; *self-acceptance*, which refers to having the right attitude toward self and an ability to integrate past mistakes and personal limitations into one's present life and future goals; *intimacy*, which focuses on family and intimate relationships; *fair treatment*, or how one
is treated and respected by others in society; and *fulfillment*, which includes one's feelings of fulfillment and contentment.

Third, Wong (1998a) conceptualizes personal meaning by identifying cognitive, motivational, and affective components as interrelated structures which are key elements of meaningful life. In relation to the cognitive component, personal meaning is defined as an individual's belief system and world view that has been developed within a specific cultural context and has been affected by the individual's unique life experiences. Wong (1998a) notes that it is typically the cognitive system which is concerned with such fundamental questions as: "What do I really value in life"? "What makes life worth living"? (p. 406). The motivational component sees personal meaning as both cognitive and behavioral in nature, consisting of actively pursuing goals and participating in activities which the individual deems to be valuable. In relation to the affective component, personal meaning consists of feelings of fulfillment and satisfaction resulting from participation in worthwhile activities and pursuit of life goals. Fulfillment also results from having a positive outlook on life (Wong, 1998a). Wong (1998a) offers a structural definition of personal meaning encompassing these three components: "personal meaning is . . . an individually constructed, culturally based cognitive system that influences an individual's choice of activities and goals, and endows life with a sense of purpose, personal worth, and fulfillment" (p. 407).

Fourth, Wong (1998b) identifies two additional components of personal meaning: *social* and *personal.* The social component consists of personal relationships, love, and

compassion. For instance, if an individual has been oppressed or rejected by society, their experience of personal meaning may be altered. The personal component consists of qualities unique to the individual, "personal attributes, such as being creative, flexible, adaptive, intelligent, inquisitive, and responsible" (Wong, 1998b, p. 113), which affect the experience of personal meaning. Wong (1998a) notes that affective, motivational, and cognitive components actually form the structure of personal meaning, while the social and personal components serve as preconditions of personal meaning by identifying what kind of person is most likely to find meaning.

Finally, Wong's (1998a) theory of personal meaning incorporates the work of Frankl (1959, 1967, 1973; cited in Wong, 1998a), who describes the attitudinal, experiential, and creative values which provide

ways of finding meaning in life. *Attitudinal* values refer to the way in which we face a fate that cannot be changed. This acceptance of a situation, however tragic the circumstances, allows for self-transcendence. Frankl (1959, 1967, 1973; cited in Wong, 1998a) believes that it is the attitude of the person toward a situation, rather than the situation itself, which causes either acceptance or despair. *Experiential* values encompass direct experience with the world in both good and bad circumstances. A single, experiential event can result in lifelong meaning. *Creative* values involve something of value that a person gives to the world, including personal achievement or success, or an altruistic gesture or behavior (Frankl, 1959, 1967, 1973; cited in Wong, 1998a).

Wong (1998b) uses an "implicit theories approach" to study personal meaning. Implicit theories refers to the way in which laypeople think about various psychological constructs, versus the formal conceptual models developed by psychologists. Wong (1998b) suggests that the layperson formulates "internal prototypical structures" (p. 111) that are ways of viewing constructs such as personality or meaningful life. In an

exploratory study (Wong, 1998b), participants were asked to describe the attributes and characteristics they believed contributed to meaningful life. Respondents listed several characteristics of an ideally meaningful existence, including love for others, respect from others, having religion, good health, having good morals, ties with family and friends, having goals in life, and good education (Wong, 1998b). The results of this study suggest that laypeople use a broad and complex definition of personal meaning which includes one's thoughts, feelings, motivated activities, relationships, and personal attributes. Thus, Wong's (1998b) implicit theories approach describes personal meaning as comprised of both our unique, internal qualities as well as our social and cultural experiences.

Constructivist Self Development Theory

Constructivism is a postmodern world view that describes understanding of reality as subjective, heavily influenced by individual and social processes, and mediated by language (Hevern, 1998). Constructivist thought assumes that individuals actively interpret, shape, and alter their own realities using

various processes including language (Epstein, 1985; Hevern, 1998; Mahoney, 1981).

Constructivist self development theory (CSDT) emerged from constructivism. CSDT was first developed by McCann and Pearlman (1990) and is based on the premise that people are unique and complex, and comprised of a variety of behaviors, beliefs, and attitudes. When a person is traumatized, they may display irrational behaviors or distorted beliefs. Because CSDT emphasizes active construction of personal meaning, these irrational behaviors and distorted beliefs are seen as having uniquely adaptive functions rather than being pathological in nature. The overriding assumption of CSDT is that an individual's adaptation to a traumatic event is comprised of an interaction between

their personality and personal history, their social and cultural context, and the traumatic event and its context (Pearlman & Saakvitne, 1995).

CSDT (McCann & Pearlman, 1990) identifies five components of self which are impacted by psychological trauma: Frame of reference, self capacities, ego resources, psychological needs and cognitive schemas, and memory and perception. Frame of reference refers to a person's identity, world view, and sense of spirituality. Self capacities refer to a person's ability to tolerate and manage strong feelings, feel a sense of entitlement to love and be loved, and experience inner connection with others. Ego resources refer to one's self-awareness skills and interpersonal and self-protective skills. Psychological needs and cognitive schemas include one's feelings of safety, trust, esteem, intimacy, and control. Memory and perception refer to one's cognitive, visual, emotional, somatic, sensory, and behavioral modalities. These same five areas of self which may be impacted by a traumatic event may also be impacted by a therapist experiencing vicarious traumatization (Saakvitne & Pearlman, 1996).

Vicarious Traumatization. In 1990, McCann and Pearlman wrote a pivotal paper recognizing the impact of trauma work on the helper. The authors believed that "countertransference" did not adequately address the significant cognitive, behavioral, and emotional changes experienced by trauma therapists.

McCann and Pearlman (1990) proposed the term “vicarious traumatization” to describe the trauma therapist’s experience of negative, inner transformation resulting from empathic connection with a client’s trauma material.

In order to understand vicarious traumatization, it is necessary to distinguish it from other, similar, concepts. Pearlman and Saakvitne (1995) note there are many terms routinely used to describe the exposure experience of a helper to another person’s traumatic material. The term “burnout” has been used extensively in the past few decades

to describe one aspect of the therapist’s experience within the counselling relationship. Pearlman and Saakvitne (1995) cite other terms used to refer to the therapist’s experience, including “compassion fatigue,” “secondary traumatic stress disorder,” and “countertransference.” What do these terms mean, and how are they distinct from vicarious traumatization?

A significant body of research conducted mainly in the 1980s focuses on burnout and the potentially high cost of practicing therapy. Maslach (1982) conceptualizes burnout in the helping professions as the helpers’ decreased sensitization to their clients, following a pattern of emotional overload and subsequent emotional exhaustion. Maslach (1982) believes that burnout is often preceded by extensive dealings with others who were needy or troubled, an overload of demands and information, and a decreased sense of personal efficacy. Burnout manifests itself in one of the following ways: emotional exhaustion, wherein the helper feels they are no longer able to give of themselves to others, or the development of a detached or depersonalized stance, characterized by “a cold indifference to others’ needs and a callous disregard for their feelings” (Maslach, 1982, p. 4).

Pines and Aronson (1988) define burnout as a state of physical, emotional, and mental exhaustion resulting from prolonged involvement with emotionally demanding situations. This exhaustion may manifest itself in feelings of hopelessness and helplessness, and negative attitudes toward self, others, work, and life in general (Pines & Aronson, 1988). Swearingen (1990) describes burnout as being expressed through feelings of anger, boredom, impatience, irritability, and paranoia. Skorupa and Agresti

(1993) assert that burnout may manifest itself for the therapist in a counselling session through loss of respect, empathy, and positive regard for the client.

According to Pearlman and Saakvitne (1995), vicarious traumatization differs from burnout in significant ways. While burnout involves exhaustion and emotional numbing, vicarious traumatization is characterized by hypervigilance which may cause the therapist to develop an increased sensitivity to violence, cynicism about humanity, or pervasive grief or sadness. As well, vicarious traumatization is specific to trauma therapists while burnout is non-specific and may occur in different professions.

Pearlman and Saakvitne (1995) discuss how vicarious traumatization relates to "secondary traumatic stress disorder" and "compassion fatigue." Like secondary traumatic stress disorder and compassion fatigue, vicarious traumatization occurs as a result of an empathic connection with a client's trauma material. However, Pearlman and Saakvitne (1995) emphasize that vicarious traumatization is fundamentally different from secondary traumatic stress disorder and compassion fatigue specifically because it is founded within a constructivist personality theory which emphasizes the role of meaning and adaptation rather than symptoms. Pearlman and Saakvitne (1995) note that secondary traumatic stress disorder, on the other hand, is founded in the symptom-based diagnosis of Post-Traumatic Stress Disorder (American Psychiatric Association, 1994) and is a construct which focuses primarily on symptoms. In addition, vicarious traumatization involves an enduring alteration in the therapist's identity, world view, and sense of spirituality (Pearlman & Saakvitne, 1995).

According to Pearlman and Saakvitne (1995), countertransference is related to, yet different from, vicarious traumatization. "Countertransference" is a term derived from Freud's early work emphasizing both the patient's response to their therapist (transference) and the therapist's response to their patient (countertransference).

Freud believed that a therapist's unconscious conflicts would be activated through interpersonal engagement with a client, thus resulting in countertransference. Countertransference inevitably occurs in a counselling relationship and involves the therapist's emotional responses and/or reactions to the client. These feelings may include a negative emotional reaction toward the client, often based on projection, or the entanglement of a therapist's emotional needs with the needs of the client. Countertransference may result in a therapist's desire to give constant advice, to over-identify with client problems, to develop romantic or sexual feelings toward a client, or desire friendships with clients. Countertransference is a normal part of all therapeutic relationships, but if not recognized and processed by the therapist, it can impede the counselling process (Pearlman & Saakvitne, 1995). This is extremely critical within the context of trauma therapy, where powerful emotions and reenactments on the part of the client may evoke strong countertransference responses in the therapist (Pearlman & Saakvitne, 1995). Despite the dangers inherent in countertransference, Herman (1992) notes that effectively utilizing the countertransference experience forms an integral component of working with trauma survivors.

While both vicarious traumatization and countertransference describe a therapist's response to his or her client, the two constructs differ in a number of ways. Vicarious traumatization is a result of the *cumulative* effects of clinical work on the therapist "over time, across clients and therapeutic relationships" (Pearlman & Saakvitne, 1995, p. 280). Vicarious traumatization includes actual shifts in one's cognitive schemas and world view, resulting in an enduring transformation within the person of the therapist (McCann & Pearlman, 1990; Neumann & Gamble, 1995; Pearlman & Saakvitne, 1995). Countertransference, however, is not a cumulative process but "is temporally and temporarily linked to a particular period, event, or issue in the therapy or in the therapist's

inner or external life as it interacts with the therapy" (Pearlman & Saakvitne, 1995, p. 33). Vicarious traumatization is specific to trauma therapy (Pearlman & Saakvitne, 1995), while countertransference is present in all therapies.

Despite the fact that vicarious traumatization and countertransference are two distinct constructs, Pearlman and Saakvitne (1995) believe they *do* affect one another in significant ways. For instance, the changes occurring within the therapist as a result of the vicarious traumatization experience serve to alter the *self* of the therapist. Given that the self provides the context for the therapist's countertransference responses, vicarious traumatization actually shapes the countertransference response (Pearlman & Saakvitne, 1995). Countertransference may "heighten a therapist's vulnerability to vicarious traumatization because of [the therapist's] affect, identifications, loss of perspective, or unconscious reenactments" (Pearlman & Saakvitne, 1995, p. 317). Furthermore, a therapist experiencing high levels of vicarious traumatization may experience stronger countertransference responses and may be less conscious of these responses.

To summarize, the two fundamental principles of vicarious traumatization are that it is inevitable for trauma therapists and affects all areas of the therapist's self and life (Pearlman & Saakvitne, 1995). Vicarious traumatization results in profound, enduring changes in a therapist's identity, world view, and sense of spirituality" (Pearlman & Saakvitne, 1995). Vicarious traumatization affects therapists' psychological needs, their beliefs about self and others, their interpersonal relationships, their perception of themselves as a physical presence in the world, and their affect tolerance (Pearlman & Saakvitne, 1995).

The two components that make therapists vulnerable to vicarious traumatization are their willingness to help and their empathic connection with trauma clients (Pearlman

& Saakvitne, 1995). While these two factors produce the *environment* for vicarious traumatization, according to Saakvitne and Pearlman (1996) the actual *impact*

of vicarious traumatization on the therapist:

> will be determined by the unique interaction between *the situation* (i.e., your work setting, type and number of clients and their traumas, nature of exposure to trauma, and the social, political, cultural contexts of both the original

trauma[s] and the current work) and *the person of the helper* (i.e., your professional identity, resources, support, personal history, current life circumstances, coping style) (p. 26).

It is evident from the literature that the constructs of personal meaning and vicarious traumatization may play crucial roles in the professional and personal lives of therapists. Wong clearly emphasizes the meaning/trauma connection. Pearlman and Saakvitne discuss the importance of meaning to one's psychological survival in the face of traumatic events, and how these events shape the experience of vicarious traumatization for the therapist. This study represents an empirical exploration of the relationship between personal meaning and vicarious traumatization using the scales developed by these researchers.

CHAPTER THREE: METHOD

This study was a descriptive, correlational study designed to explore the relationship between personal meaning and vicarious traumatization in therapists. This was a one group design, given that all participants were members of one organization. This research study utilized survey data that was comprised of three measures. First, demographic data was collected using a profile comprised of 23 questions designed to gather relevant demographic information from the respondents (Appendix A).

Second, personal meaning was measured using the *Personal Meaning Profile* (Wong, 1998c; Appendix B). The Personal Meaning Profile (PMP) is a 57-item self-report measure used to assess an individual's perception of personal meaning in their lives. The PMP has been used by Wong (1998b) and others (Lang, 1994; Giesbrecht, 1997) to study meaning seeking and to "investigate how different sources of meaning seeking are related to various psychological constructs" (Wong, 1998b, p. 134).

Third, the possible effects of vicarious traumatization were assessed by measuring disrupted cognitive schemas using the *TSI Belief Scale*, Revision L (Traumatic Stress Institute/Center for Adult and Adolescent Psychotherapy LLC, 1994; Appendix C). The TSI Belief Scale is an 80-item self-report measure used to assess effects of client trauma on a therapist by measuring disrupted cognitive schemas related to the self or others.

Research Participants

Subjects were randomly selected from the 1999 membership list for the *International Society for Traumatic Stress Studies*. The subjects were 70 trauma therapists with a graduate degree (master's level or higher) in counselling psychology, clinical psychology, or social work, currently living in North America. A total of 218 survey packets were mailed out. Each packet contained a demographic questionnaire (Appendix A), a Personal Meaning Profile (Appendix B), a TSI Belief Scale (Appendix

C), a detailed letter informing the participant of the purpose of the study and including an informed consent statement (Appendix D), instructions to participants (Appendix E), and a stamped, self-addressed return

envelope. Two subjects were dropped from the analyses due to incomplete questionnaires.

Procedure

The informational letter explicitly stated that all data collected was voluntary and would be kept confidential and anonymous. Given the sensitive nature of the study, anonymity was essential to ensure an honest response and to alleviate any fears that results may be shared with employers. Participants were offered results of the study and provided with the name and contact number of both the graduate student and her supervisor. The cover letter stated that the main purpose of this research project was to "examine the influence of client trauma on therapists, and how this may be related to a therapist's perceived meaning in life." Participants' consent to participate was confirmed by completing and returning the questionnaire.

Instruments

The survey consisted of a researcher-developed demographics profile and two previously constructed instruments with known psychometric properties. The demographic profile was comprised of 23 items including questions about gender, age, ethnicity, marital status, children, level of education, years of professional practice, hours of work, hours of leisure, caseload, type of work, type of work setting, supervision, current job satisfaction, if subject was a trauma survivor, whether subject receives therapy, and number of severe trauma cases. Participants indicated their responses by checking the appropriate answer, or writing on the appropriate line, as instructed (Appendix A).

The Personal Meaning Profile (PMP; Wong, 1998c; Appendix B) is a 57-item self-report questionnaire that "measures people's perception of personal meaning in their lives" (Wong, 1998b, p. 137). The PMP has the capability of "indicat[ing] the specific domains wherein individuals seek and experience personal meaning" (Wong, 1998b, p.134). Wong (1998b) notes that the closer one's self-ratings on the PMP are to the idealized prototype, the higher they tend to score on measures of well-being.

The PMP (Wong, 1998c) contains 57 items measuring seven factors of personal meaning including: *religion*, which refers to an individual's belief in a higher power and a personal relationship

with God (9 items); *achievement*, which refers to an individual's accomplishments or what they strive to achieve (16 items); *relationship*, which refers to the attitudes and skills needed for building community and working with others (9 items); *self-transcendence*, which focuses on the value of serving others (8 items); *self-acceptance*, which refers to having the right attitude toward self and an ability to integrate past mistakes and personal limitations into one's present life and future goals (6 items); *intimacy*, which focuses on family and intimate relationships (5 items); and *fair treatment*, which refers to how an individual is treated and respected by others in society (4 items). Although Wong's (1998b) research identifies *fulfillment* as an eighth factor involved in meaning, it was eliminated from the PMP after a study revealed it was confounded with the outcome measures (p. 127). The PMP was developed using Canadian samples therefore the weighing of achievement items in the total score, for example, reflects the patterns of personal meaning reported by Canadians.

Respondents answered the 57 items on the PMP questionnaire using a 7-point scale, scored from 1 (not at all) to 7 (a great deal). Low levels of meaning of life were indicated by a lower score, and high levels of meaning of life were indicated by a higher score. Scores on the PMP scales were calculated as item means with a midpoint of 4.

The PMP appears to be a valid and reliable measure of an individual's meaning in life. Studies indicate a good test-retest reliability (r = .85) for the PMP and significant correlations with a number of meaning and well-being measures (Wong, 1998b, p. 127). Lang (1994; cited in Wong, 1998b) reported an overall alpha of .93, with subscale alphas as follows: self-acceptance (.54), fair treatment (.54), intimacy (.78), relationship (.81), self-transcendence (.84), religion (.89), and achievement (.91).

The PMP appears to correlate well with other measures. Lang (1994; cited in Wong, 1998b) reports the total PMP is positively correlated with Ellison's (1981) Spiritual Well-Being Scale (.64), and Reker and Wong's (1984) Perceived Well-Being Scale (r = .29 p <.05). Giesbrecht (1997; cited in Wong, 1998b) reported a positive relationship between the PMP and several meaning of work measures, but negative correlations between the PMP and measures of job stress.

The TSI Belief Scale, Revision L (Traumatic Stress Institute, 1994; Appendix C) is an 80-item self-report questionnaire. It is intended to measure disruptions in beliefs about self and others which arise from psychological trauma or from vicarious exposure to trauma material through psychotherapy or other helping relationships. Specifically, the scale measures disrupted cognitive schemas, related to self or others, in the five psychological need areas of safety, trust, esteem, intimacy, and control. These five areas are identified within constructivist self development theory (McCann & Pearlman, 1990) as being "sensitive to the effects of trauma" (Pearlman & Saakvitne, 1995, p. 407).

The TSI Belief Scale contains the following ten subscales: *self-safety*, which refers to the need to feel one is reasonably invulnerable to harm inflicted by self or others (9 items); *other-safety*, which refers to the need to feel that valued others are reasonably protected from harm inflicted by oneself or others (9 items); *self-trust*, or the belief that

one can trust one's judgment (7 items); *other-trust*, which refers to the belief that one can rely upon others (8 items); *self-esteem*, or the belief that one is valuable and worthy of respect (9 items); *other-esteem*, which refers to the belief that others are valuable and worthy of respect (8 items); *self-intimacy*, or the belief that time spent alone is enjoyable (7 items); *other-intimacy*, which is the belief that one is close and connected to others
(8 items); *self-control*, or the need to be in charge of one's own feelings and behaviors
(8 items); and *other-control*, referring to the need to manage interpersonal situations
(7 items).

Respondents answered the 80 items on the TSI Belief Scale using a 6-point scale ranging from 1 (disagree strongly) to 6 (agree strongly). A higher score indicates more disrupted cognitive schemas, or more difficulty integrating the experience of vicarious traumatization. Subscale scores are averages computed by reversing appropriate items, summing item scores, and dividing the subscale sum score by the number of items in the

subscale. Total score is a sum of all items after reversed items are recoded (Traumatic Stress Institute, 1996).

The TSI Belief Scale, Revision L, appears to be a valid and reliable instrument. The Traumatic Stress Institute/Center for Adult and Adolescent Psychotherapy (1996) reported Cronbach's alphas from four criterion groups for current versions of the TSI Belief Scale, Revision L subscales as follows: self-safety (.83), other-safety (.73), self-trust (.87), other-trust (.86), self-esteem (.87), other esteem (.75), self-intimacy (.79), other-intimacy (.86), self-control (.82), other control (.73).

CHAPTER FOUR: RESULTS

Demographics

A total of 218 survey packets were sent to trauma therapists living in North America. Ninety-four surveys were sent to male therapists, 112 were sent to female therapists, and 12 were sent to unspecified therapists identified on the mailing list only by an initial and a surname. Seventy of the 218 survey packets were received back from participants, resulting in a 32% response rate. Two respondents were excluded because of incomplete surveys.

Of the remaining 68 respondents, 69% were female and 31% were male. The age of subjects ranged from 28-72 years, with the mean age being 48 years. Fifty of the subjects were born in the United States, 15 were born in Canada, two were born in Europe, and one was born in Asia.

Forty-five of the subjects were married, 13 were separated or divorced, two were cohabiting, and eight were single. Of the 68 subjects, 68% reported having children.

Twenty-three of the subjects received degrees in clinical psychology, 20 in counselling psychology, 13 in social work, and 12 in other areas. Current job satisfaction was rated “high” by 41 subjects, “moderate” by 23 subjects, and “low” by 4 subjects.

Subjects reported a range of one to 34 years working as a professional therapist, with the mean being 14 years.

Thirty-three of the subjects reported working 40-60 hours per week, 22 reported working 20-40 hours per week, 10 reported working less than 20 hours per week, and three reported working sixty or more hours per week. Forty-four subjects reported spending 10-20 hours per week engaged in leisure activities, 14 reported spending less

than 10 hours per week, and nine reported spending 20+ hours per week engaged in leisure activities.

Subjects reported seeing between 0 and 30 clients per day, with the mean being six. Twenty-six subjects reported practicing trauma therapy most often, 12 practiced trauma and other therapy, 13 were in

general practice, and the remaining subjects specialized in trauma and crisis therapy (5), crisis therapy (1), eating disorders (1), child therapy (2), and other (7). Sixty-six subjects reported working with severe trauma cases, with the mean being 10 severe cases in the past month. Twenty-eight of the subjects worked in private practice, 14 worked in private practice and government-funded programs, and the remaining subjects reported working in other types of settings.

Forty-four percent of the subjects reported receiving some type supervision, and some of the subjects reported receiving supervision from more than one source. Sources of supervision included individual (30), group supervision (4), group supervision and peer consultation (11), and other (5). Forty-four of the subjects reported participating in peer consultation regarding cases.

Of the subjects who received individual supervision, the education level of their supervisors included five with master's degrees, 27 with doctoral degrees, and three with other education. Thirteen subjects reported receiving supervision once per month, six received supervision once every two weeks, and nine reported being supervised once per week. Twenty-five subjects reported that countertransference would be discussed during supervision.

Fifty three percent of the subjects reported being a trauma survivor. Types of trauma they reported having experienced included sexual abuse (4), physical abuse (2), sexual abuse and other trauma (7), sexual abuse and physical abuse (4), and other trauma (19). Thirty subjects reported receiving personal therapy during the past two years.

Descriptive Statistics

Correlations, means, standard deviations, and reliabilities for the TSI Belief Scale Total and subscales are listed in Table 1. Reliabilities for all TSI subscales were adequate. Correlations, means, standard deviations, and reliabilities for the PMP scale total and subscales are listed in Table 2. Reliabilities for all PMP subscales were adequate.

Outlier analyses were performed on the data set. Two outliers (ID# 11 and ID# 67) were identified whose presence exaggerated the negative correlation between Total TSI and Total PMP, which was tested in hypothesis one. The outliers had an extreme impact on the statistical results; however, their reports validly reflected aspects of the relationship between the variables being investigated. Based on these findings the two outliers were excluded from all statistical analyses but are referred to in the discussion. Missing data was managed by replacement with item means calculated for the total sample.

Pearson product-moment correlational analyses and multiple regression were used to explore the relationship between personal meaning and vicarious traumatization, as indexed by PMP and TSI scores respectively. Each subscale of the PMP was individually correlated with Total TSI score to gain a better understanding of which sources of personal meaning were specifically related to vicarious traumatization. Correlations between Achievement, Relationship, Self-Transcendence, Self-Acceptance, Intimacy, and Fair Treatment subscales of the PMP and Total TSI were all significant to the .01 level. Results are presented in Table 1.

insert table 1

Hypotheses

Statistical analyses were used to test the hypotheses outlined in chapter one. A detailed discussion of the significance of these results can be found in chapter five.

Hypothesis 1. The first research hypothesis predicted a negative correlation between total PMP and Total TSI scores. Correlational analyses revealed a moderate, negative correlation between Total PMP and Total TSI scores (r (64) = -.35, r^2 = 12%, $p < .01$), indicating a substantial relationship between the two variables (see Table 1). This suggests that therapists who experienced higher levels of personal meaning in their lives tended to report less disrupted cognitive schemas. Thus, hypothesis one was supported by the data.

Hypothesis 2. The second research hypothesis predicted a negative correlation between Religion and Total TSI score. That is, it was predicted that the more personal meaning derived specifically from religion that therapists reported experiencing in their lives, the less disrupted their cognitive schemas would tend to be. Correlational analyses indicated no significant correlation (r (64) = .01, r^2 = 0%, $p < .05$) between Religion and Total TSI score (see Table 1). Therefore, hypothesis two was not supported by the data.

Hypothesis 3. The third hypothesis, related to a demographic variable, predicted that Frequency of Current Supervision would be negatively correlated with Total TSI score, suggesting that increased supervision may be related to less disrupted cognitive schemas in therapists. Correlational analyses revealed no significant correlation
(r (29) = -.02, r^2 = 0%, $p < .05$) between Frequency of Current Supervision and Total TSI score. Thus, hypothesis three was not supported by the data.

insert table 2

Post-Hoc Analyses

Further exploration of the relationship between personal meaning and vicarious traumatization was performed by regressing Total TSI score on subscale scores from the PMP. Results are presented in Table 3. The three PMP subscales that contributed uniquely to the explanation of the Total TSI score were Religion (7%), Relationship (5%), and Self-Transcendence (4%). Approximately 10% of the TSI variance accounted for by personal meaning is shared by two or more sources of meaning.

Table 3

Hierarchical Regression of Total TSI Score on PMP Subscales

Source	*Change in R^2(%)*	*F*	*df_1, df_2*	*p*	*Beta*
Relationship[a]	5	4.19	1, 58	.045	-.36
Intimacy[a]	1	0.69	1, 58	.410	-.14
Fair Treatment[a]	0	0.07	1, 58	.791	.04
Self-Acceptance[a]	1	0.89	1, 58	.349	-.22
Self-Transcendence[a]	4	3.26	1, 58	.076	-.46
Religion[a]	7	5.48	1, 58	.023	.35
Achievement[a]	2	1.92	1, 58	.171	.41
Total	30				

[a]Personal Meaning Profile subscales

Predictors that did not contribute substantially to the unique variance were dropped from the regression, and Total TSI score was regressed hierarchically on Religion, Relationship and Self-Transcendence. Results are presented in Table 4.

Table 4

Hierarchical Regression of TSI Total Score on PMP Subscales of Interest

Source	*Change in R^2(%)*	*F*	*df_1, df_2*	*p*
Relationship[a]	8	6.41	1, 62	.014
Religion[a]	4	3.33	1, 62	.073
Self-Transcendence[a]	2	1.81	1, 62	.184
Total	25			

[a]Personal Meaning Profile subscales

Interestingly, the results reflect a suppresser effect in the regression. As shown in Table 3, Religion yielded the highest unique variance (7%) of the seven predictors, while in the hierarchical regression the unique variance of Religion was actually lower than the variance accounted for by Relationship (see Table 4). Results of the hierarchical regression indicated that Relationship accounted for 8% of the variance, with Religion accounting for only 4% of the variance and Self-Transcendence for 2% of the variance. Total variance accounted for by the three subscales (Relationship, Religion, and Self-Transcendence) was 25%. This suggests that personal meaning derived specifically from relationships has the largest effect on a therapist's ability to integrate vicarious

traumatization. Approximately 11% of the TSI variance can be accounted for by two or more sources of personal meaning.

Further analyses were performed to discover any possible relationships between demographic variables and Total TSI score. Many of the correlations were not statistically significant; however, two variables of interest were "Years as a Professional Therapist" (Years) and "Are You a Trauma Survivor"? (Survivor). Correlational analyses revealed Survivor was moderately, positively correlated with Total TSI (r (34) = .47, r^2 = 22%, p < .01) indicating a significant relationship between the two variables. This suggests that therapists who reported being a trauma survivor also tended to report more disrupted cognitive schemas. Interestingly, correlational analyses revealed that Years shared a moderate, negative correlation with Total TSI (r (64) = -.30, r^2 = 9%, p < .05) suggesting that therapists who had been practicing longer tended to report less disrupted cognitive schemas. Subsequent multiple regression analyses between Total TSI score and the two variables of interest indicated Survivor accounted for 18% of the variance and Years accounted for 4% of the variance. Total variance accounted for by the two variables was 26% (see Table 5).

Table 5

Hierarchical Regression of TSI Total Score on Demographic Variables of Interest

Source	*Change in* R^2 *(%)*	*F*	df_1, df_2	*p*
Years	4	1.85	1,31	.183
Survivor	18	7.45	1, 31	.010
Total	26			

CHAPTER FIVE: DISCUSSION

The purpose of this study was to explore the influence of personal meaning on the experience of vicarious traumatization in therapists. This study provided the researcher with the opportunity to examine a topic of both personal and professional interest. It seems apparent that members of the profession are keenly interested in, and concerned about, the experience of the therapist. During the course of the study, the researcher received numerous notes and comments from participants, colleagues and interested others voicing their support and enthusiasm.

The results revealed a definite relationship between personal meaning and vicarious traumatization in therapists. The more personal meaning therapists experienced in their life, particularly from relationships, the more able they were to integrate vicarious traumatization into their personal and professional selves. This highlights the importance of encouraging therapists to maintain meaningful personal and professional relationships. In order to do this, therapists must become aware of the role meaning plays in their life, the potential sources of meaning in their life, and the view they take toward circumstances that cannot be changed. In other words, therapists must develop an understanding of the importance of making meaning out of both positive and negative life experiences.

The first hypothesis predicted that higher reports of personal meaning would be correlated with lower levels of disrupted cognitive schemas, or vicarious traumatization, in therapists. The results support hypothesis one. Prior to performing statistical analyses, two outliers (ID# 11 and ID# 67) were removed

from the data set because they exaggerated the negative correlation between personal meaning and vicarious traumatization.

Although these two cases were removed from the analyses, the extreme scores *do* underline the sentiments of the other respondents who displayed a pattern of more disrupted cognitive schemas associated with lower levels of personal meaning.

The second hypothesis predicted a negative correlation between Religion and Total TSI. It would seem from a Christian world view (Tillich, 1959) that therapists who derived meaning from religion may find comfort and strength through their faith that would lessen the intensity of vicarious traumatization. This hypothesis was not supported by the research. Although some respondents did report having a personal relationship with God, others responded adversely to the notion of God. The Religion subscale of the PMP tends to reflect a Christian world view, and it may be that a measure including other sources of spirituality would reveal different results. Further research is needed to explore this hypothesis more fully.

The third hypothesis, related to a demographic variable of interest to the researcher, predicted that therapists who received supervision would report fewer disrupted cognitive schemas. This was based on the assumption that supervision facilitates personal and professional health for trauma therapists (Herman, 1992). Surprisingly, the research did not support this hypothesis. Although 44% of the respondents reported receiving some type of supervision, it is disturbing to note that supervision did not appear to contribute to less disrupted cognitive schemas. There are several possible explanations for this.

First, the results may be an indication that therapists who receive supervision are choosing to talk mainly about their cases and less about the impact of the cases on the self of the therapist. This would reflect the traditional view of the helping profession, which is to maintain a focus on the client while often minimizing or ignoring the needs of the helper.

Second, it may be that the nature of the supervisory relationship must be perceived as meaningful

for the therapist in order to address vicarious traumatization effectively. Third, the majority of the respondents (53%) reported being trauma survivors, which may make them less likely to reveal symptoms of vicarious traumatization in supervision for fear of consequences. This would support the research of Emerson and Markos (1996), who found that therapists may resist sharing their negative personal experiences because of their concern that it will inhibit their counselling practice. Finally, supervision may not appear to influence vicarious traumatization because the often didactic nature of the supervisory relationship may prevent trauma therapists from becoming vulnerable with their supervisor.

Results of supplementary analyses indicated that therapists who reported being trauma survivors (53%) were more likely to experience disrupted cognitive schemas associated with vicarious traumatization. This supports Pearlman and Saakvitne's (1995) belief that the cumulative effects of personal and vicarious traumatization contribute to a distorted world view for the therapist. It also highlights the necessity of examining and understanding "wounded healers" (Jourard, 1971; Frankl, 1963; Maeder, 1989). Western culture seems to expect caring professionals to be whole and without wounds (Remen, May, Young, & Breland, 1985), yet research suggests that therapists often carry emotional instability and pain (Hinson & Swanson, 1993; Maeder, 1989; Witmer & Young, 1996). While the unique experiences of therapists who are trauma survivors have positively contributed to our understanding of the impacts of trauma, their ongoing personal and professional health must remain a priority.

Supplementary analyses also revealed that the more years a therapist had been practicing, the less disrupted their cognitive schemas tended to be. This is somewhat surprising, as one might assume that over the years therapists would become worn down

and more vulnerable to the vicarious effects of client trauma. This interesting finding may indicate that therapists find ways to build resilience over time. Perhaps they learn

to mitigate the vicarious trauma through seeking and experiencing personal meaning. On the other hand, they may engage in negative, escapist behaviors which allow them some protection from their clients' trauma. Finally, it may be that therapists who do not develop ways of coping with client trauma may leave

the profession in the early years, while the therapists who have developed coping skills are the ones who remain practicing over the long term.

It is important to consider when interpreting the results of this study that there is the possibility of error in any sample. For many of the above analyses, there was a chance that the results were obtained by a statistical error. However, the researcher is confident that most of the results are likely to be representative of therapists in North America.

Limitations of the Study

The current study extended previous research on vicarious traumatization. Nonetheless, several limitations deserve mention. First, the sample size (n=66) was relatively small. A larger sample may provide the power necessary to generate more statistically significant results with greater generalizability.

Second, only self-ratings were included in the current study. This may have resulted in therapists portraying themselves more positively than ratings from others would have done. Given the necessity of maintaining confidentiality, both self- and other-ratings could not be used, however inclusion of both would undoubtedly be more informative.

Third, the religion subscale of the PMP speaks directly of a Christian faith and specifically refers to God. Several respondents noted on the survey that the questions

were not inclusive of other faiths or forms of spirituality; therefore, results of hypothesis two may have been different if a more inclusive measure of spirituality was used.

Recommendations

In professional development with trauma therapists, education about the experience of vicarious traumatization is vital in maintaining the personal and professional health of the therapist. Prevention of disabling symptoms is key to protecting trauma workers. In addition, therapists need to be educated about the importance of seeking and experiencing personal meaning in life so that the effects of personal and vicarious traumatization are less likely to negatively influence the therapist or the client.

The role of supervision in trauma work must be examined further. Supervisors need to be educated about vicarious traumatization and trained to recognize symptoms of vicarious traumatization in therapists. Development of the supervisory relationship and how to incorporate vicarious traumatization and self-care topics into supervisory sessions is vital to the profession.

In addition, it is imperative to be aware of the particular needs of therapists who are trauma survivors and respond with increased sensitivity. More workshops geared toward the importance of self-care for therapists would be beneficial.

Suggestions for Future Research

While this study adds to our understanding of personal meaning and vicarious traumatization in therapists, future research might augment this work in a variety of ways. First, a qualitative component to a similar study might allow the researcher to determine more specific nuances in the experience of the therapist. Research into the meanings of the lived experience of the trauma therapist is noticeably absent from the literature.

Second, a similar study including the notion of resilience for therapists who are trauma survivors would be helpful. Given the large number of respondents who reported being trauma survivors, it would be beneficial to learn how to foster resiliency in order to decrease the incidence of disrupted cognitive schemas in therapists.

Third, related to the notion of resilience in therapists, it would be informative to study trauma therapists who have been working for several years. The present research suggested that long-term trauma therapists tended to report less disrupted cognitive schemas. It would be beneficial to study this phenomenon in order to gain a clearer understanding of what leads to career longevity for a trauma therapist.

Fourth, it would be interesting to further explore the notion of spirituality as it relates to vicarious traumatization. Specifically, whether spirituality *does* affect vicarious traumatization and how.

Finally, the role of the supervisory relationship with trauma therapists is an important area for

future research. It would be fascinating to study what impact, if any, supervision has on vicarious traumatization in therapists.

Conclusion

This study is significant in helping therapists comprehend the complex relationship between personal meaning and vicarious traumatization. As therapists work with trauma clients--day in, day out, year after year--it is imperative they understand the impact of that work on the self of the therapist. They must learn to effectively care for their own needs just as they strive to meet the needs of their clients. This research is intended to provide therapists and educators with an appreciation of the importance of personal meaning for overall well-being. Increased awareness and incorporation of personal meaning into their lives may add to therapists' personal and professional health and career longevity. Through a commitment to seeking meaning and obtaining

appropriate support, therapists may become more able to deal with vicarious traumatization. Ultimately, therapists working in the trauma field need to anticipate, predict, and control the inevitable experience of vicarious traumatization.

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Appendix A: Demographic Profile

Appendix B: Personal Meaning Profile (Wong, 1998c)

Scoring for Personal Meaning Profile (Wong, 1998c)

1. Achievement (16 items): 6, 7, 8, 9, 12, 13, 21, 24, 25, 26, 29, 34, 40, 44, 47, 48.
2. Relationship (9 items): 10, 18, 27, 28, 32, 41, 42, 45, 50.
3. Religion (9 items): 3, 5, 19, 20, 22, 33, 51, 52, 54.
4. Self-transcendence (8 items): 2, 15, 23, 30, 31, 39, 49, 53.
5. Self-acceptance (6 items): 4, 16, 36, 37, 46, 57.
6. Intimacy (5 items): 1, 11, 17, 38, 43.
7. Fair treatment or perceived justice (4 items): 14, 35, 55, 56.

Appendix C: TSI Belief Scale, Revision L (Traumatic Stress Institute, 1996)

Scoring for TSI Belief Scale, Revision L (Traumatic Stress Institute, 1996)

1. Self-safety (9 items): 1, 4, 15, 25, 28, 33, 37, 45, 52.
2. Other-safety (9 items): 9, 19, 40, 54, 61, 67, 72, 73, 79.
3. Self-trust (7 items): 6, 13, 44, 70, 74, 76, 77.
4. Other-trust (8 items): 16, 22, 29, 47, 64, 66, 71, 78.
5. Self-esteem (9 items): 5, 8, 18, 23, 27, 32, 34, 43, 63.
6. Other-esteem (8 items): 2, 10, 14, 20, 26, 31, 50, 56.
7. Self-intimacy (7 items): 3, 7, 12, 30, 46, 53, 58.
8. Other-intimacy (8 items): 21, 35, 36, 39, 41, 42, 49, 57.
9. Self-control (8 items): 11, 48, 51, 60, 62, 65, 68, 80.
10. Other-control (7 items): 17, 24, 38, 55, 59, 69, 75.

Scoring notes:

1. A higher score indicates more disrupted cognitive schemas.
2. The following items are reversed:

1, 2, 3, 6, 9, 12, 15, 18, 26, 27, 28, 29, 32, 33, 35, 36, 47, 50, 53, 54, 57, 58, 61, 70, 74, 77. Scores are

reversed as follows: 1 = 6, 2 = 5, 3 = 4, 4 = 3, 5 = 2, 6 = 1.

3. Subscale scores are averages. They are computed by reversing appropriate items, summing item scores, and dividing the subscale sum score by the number of items in the subscale. Total score is a sum of all items after reversed items are recoded.

Appendix D: Informational Letter

Title: The Influence of Personal Meaning on Vicarious Traumatization in Therapists
Researcher: Rhonda Wiebe

Dear Therapist,

I am a student in the Graduate Program of Counselling Psychology at Trinity Western University. I am currently conducting thesis research to examine the influence of client trauma on therapists, and how this may be related to therapists' perceived meaning of life. I would very much appreciate your participation in this study, and would be happy to present the results of my research to you if you choose to participate. Results will be available after September 15, 2001, and can be obtained by contacting me at the address provided below.

Enclosed you will find a questionnaire package that will take approximately 20-30 minutes for you to complete. Participation in this study is strictly voluntary, and you may refuse to participate or you may withdraw from the study at any time without consequence. The information collected will be kept anonymous and confidential, therefore I ask that you not include your name or company affiliation on any of the questionnaires. Your consent to participate in this study will be confirmed by completing the questionnaires in this packet. Upon completion, please return in the enclosed, self-addressed stamped envelope.

If you have any questions or concerns regarding this research project, please feel free to contact me at rwiebe@home.com, or you may contact my thesis supervisor, Dr. Joanne Crandall, at dr_jo@uniserve.com. You may also phone (604) 513-2121, or write:

Dr. Joanne Crandall
Psychology Department, Trinity Western University
7600 Glover Road, Langley
British Columbia V2Y 1Y1

Thank you for your time and co-operation.
Sincerely,

Rhonda Wiebe, Graduate Counselling Psychology

Trinity Western University, Langley, BC

Encl.

Appendix E: Instructions to Participants

Personal meaning and vicarious traumatization study

Thank you for agreeing to complete this questionnaire. We do not ask for your name or company affiliation so the information you provide will be anonymous and confidential. The findings from this study will be used to increase understanding of the effect of personal meaning on the experience of vicarious traumatization in therapists. The following questionnaire consists of a series of questions. You are asked to mark the response that best describes how you feel. Once you have completed all the questions, please return the questionnaire in the enclosed self-addressed, stamped envelope.

Thank you for your participation in this study.