

## DEALING WITH VICARIOUS TRAUMATIZATION IN THE CONTEXT OF GLOBAL FEAR

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Having worked in the field of child abuse for 30 years, I became acquainted with vicarious traumatization through first hand experience before I even knew what it was. It wasn't until I entered Shirley Turcotte's 2-year certification program in the use of Focusing with PTSD that I learned the difference between vicarious traumatization and burnout.

Burnout can occur to anyone working long term in an emotionally demanding job where there is inadequate support, where the workload is unmanageable, or where the person lacks the training required to do the job effectively (Baird & Jenkins, 2003). The likelihood of burnout is associated more closely with the work environment than with the presence of a trauma history on the part of either the client or the therapist (Jackson, 1999). The effects of burnout can include emotional exhaustion, de-personalization and reduced feelings of accomplishment (Jackson, 1999). Burnout may be preventable on the organizational level, as lower levels are associated with factors such as adequate supervision, communication and positive feedback, as well as with manageable workload and adequate training.

Vicarious traumatization, on the other hand, is the result of the cumulative effect of traumatic material, and is now viewed as an inevitable effect of working with trauma survivors (Jackson, 1999). In the words of Judith Herman: "Trauma is contagious" (1992, p.140). Unlike burnout, vicarious traumatization is seen as resulting from "the interaction of the clinician's personal characteristics...along with the material presented by the client (Pearlman & Sackville, 1995)" (Cunningham, 2003, p. 452). Greater risk is associated with higher levels of exposure to traumatic material (Cunningham), and to a personal history of trauma on the part of the therapist (Jackson). Interestingly, a number of studies have found that the effects of vicarious traumatization are lower in therapists with more experience in working with trauma than in people new to this work (Cunningham; Jackson; Way, Van-Deusen, Martin, Applegate & Jandle, 2004). A higher level of education on the part of clinicians also is associated with fewer symptoms of vicarious trauma (Baird & Jenkins, 2003).

The effects of vicarious traumatization most commonly noted involve disruptions in the clinician's own cognitive schema, especially in the areas of safety, esteem, trust, intimacy, and control, both in regards to themselves and to others (Baird & Jenkins, 2003; Cunningham, 2003; Jackson, 1999). "These cognitive changes include heightened feelings of vulnerability, extreme sense of helplessness and or exaggerated sense of control, chronic bitterness, cynicism and alienation" (Gabriel, 2002). Other effects noted include obsession with the traumatic material, emotional numbing, generalized anxiety, and listlessness (Dolan, 1991), and "changes in the clinician's sense of self, spirituality, worldview, inter-personal relationships, and behavior (Chrestman, 1999; Freeman Longo, 1997; Kassam-Adams, 1999)" (Way et al., 2004 p. 49). For clinicians working with clients who suffer from Post-traumatic Stress Disorder (PTSD) there is a risk of developing symptoms of PTSD (Cunningham; Herman, 1992).

Another related construct is that of secondary traumatic stress. “Figley (1983) defined secondary traumatic stress, which he later called compassion fatigue (Figley, 1995), as the experiencing of emotional duress in persons who have had close contact with a trauma survivor, which may include family members as well as therapists” (Baird & Jenkins, 2003, p. 73). The main difference between this construct and that of vicarious traumatization is the recognition that family members of a trauma survivor can be affected.

While Judith Herman uses the terms “vicarious traumatization” and “traumatic countertransference” interchangeably (1992, p.140), “Counter transference differs from secondary traumatic stress and vicarious trauma in that counter transference focuses on the possible consequences of the counselor’s past experiences for the client. Secondary traumatic stress and vicarious trauma are concerned with the negative ramifications of exposure to the client for the counselor.” (Baird & Jenkins, 2003, p. 74)

All of these constructs: burnout, vicarious traumatization, secondary traumatic stress and counter transference, have features that overlap, and can have an interactional effect (Way et al, 2004).

The first definition of vicarious traumatization that I learned was from Shirley Turcotte, who provides a joint definition for vicarious traumatization (VT) and Secondary PTSD (SPTSD):

*VT/SPTSD occurs when we are affected by the experiences and trauma stories of survivors of trauma. It is Cumulative (grows with time, number of exposures); inevitable and normal (an occupational hazard, not a sign of weakness); Developmental (changes over time though experiences). (Turcotte, undated)*

This definition encompasses the major features described in the literature, and has the added strength of being both clear and normalizing.

The literature contains a number of suggestions for reducing the effects of vicarious traumatization, including: adherence to a therapy contract with clear goals, rules and boundaries (Herman, 1992), specialized training to raise awareness and recognition of vicarious traumatization (Cunningham, 2003; Way et al., 2004), support and supervision which allow clinicians to address the effects of vicarious traumatization without fear of judgement (Cunningham, 2003; Herman, 1992), balancing caseloads so that a reasonable percentage of workload involves clients other than trauma survivors (Dolan, 1991), personal therapy (Gabriel, 2002), and various self care strategies such as exercise, journal keeping, and time with family, friends and children (Gabriel).

My own personal experience, the training I received through the certification program in Focusing and PTSD, and the results of a study I completed in 2004 on the use of Focusing in the treatment of PTSD have combined to convince me that the attitude and skills of Focusing can be very effective in recognizing, healing from and even preventing the effects of vicarious traumatization.

When I entered the Focusing and PTSD certification program in September, 2000, I completed a PTSD symptom checklist along with other program participants. I was startled to discover that, at that time, I had sufficient symptoms to qualify for a diagnosis of PTSD. While I have a history of some personal trauma, symptoms of PTSD did not emerge until I had worked for many years with other trauma survivors. In spite of the severity of my symptoms at that time, I was able, in just a few Focusing sessions, to separate out my own personal baggage from my work with traumatized clients, tend to the old wounds, recognise the aspects of my work which were affecting me, and tend to my adult needs as a therapist. Within weeks, my symptoms had been reduced to sub-clinical levels, and within a couple of months they had resolved completely.

In the first Focusing session where I was paying attention to the vicarious trauma I realized that I was suffering from, I started by focusing on the symptom that was giving me the most difficulty in my daily life at that time: a feeling of breathlessness and panic whenever I contemplated returning to the kind of work I had been doing for so many years. Once I cleared everything else away and focused only on this I was able to notice my body's response to the prospect of returning to this work. It was a sharp pain in my throat that made it hard to breathe. By asking into this Felt Sense what it was that wanted to come up, and listening to what my body had to say, I was able to discover that an experience in my childhood, where I was witness to another child being mistreated, was the source of this panic I was experiencing in relation to the prospect of returning to work. By first attending to the unresolved feelings of guilt, helplessness, and failure that were associated with this early experience, I was then able to separate it out from my current problem, and notice how it had been triggered by a situation in my job where I was unsuccessful in my attempts to protect a child from an abusive adult. Dealing with the fact that, even as an adult in a position of responsibility for the protection of children, I was not infallible, and could not expect to succeed in every situation, was finally possible, once I got unstuck from the more extreme helplessness I had experienced as a child.

The Focusing and PTSD program taught how vicarious traumatization can affect not only individuals, but also entire organizations, with contempt, withdrawal, criticism and defensiveness spreading to all levels of the organization and resulting in an emotionally toxic work environment (Poonwassie, 2001).

In addition to recognition of signals of vicarious trauma, several strategies for reducing the effects of vicarious traumatization were addressed in the training. These include:

- Clearing A Space before entering a therapy session. This is useful for keeping your own issues separate from the client's as well as ensuring that you can be fully present with the client.
- Positioning yourself so that you are sitting next to or kitty-corner from the client during sessions, rather than directly across from the client. This allows you to avoid taking in negative emotional energy coming from the client, such as rage or terror regarding their traumatic experiences.

- Maintaining respect for your client's ability to heal and to deal with their own issues. This includes *not* leaping in and rescuing a client when crises arise.

- Clearing A Space again at the end of a therapy session, putting down the client's issues rather than carrying them with you.

- Honouring your own feelings, and allowing a safe time and place to deal with those. This includes maintaining a Focusing attitude of curiosity, openness and acceptance towards your feelings.

- Attending to your own triggers. Focusing is very useful in doing this, as described above.

- Self-care, self-nurturing, balance in life activities and within self, and connection to self, to others, and to something larger (eg. a purpose).

The research I completed in 2004 also supports the usefulness of Focusing skills in reducing the effects of vicarious traumatization. In this study, I interviewed 14 clinicians who were actively using Focusing in their treatment of trauma survivors. While vicarious traumatization was not the main topic of my study, several of the responses are relevant.

In response to the question "To what extent and in what ways do you use Focusing in your treatment of trauma survivors?"

All 14 participants described using the various steps of Focusing in a variety of ways. The step most commonly used on its own was Clearing Space, with 12 participants using this step themselves, as a way to clear aside their own issues prior to and/or just after a therapy session. Some of the purposes for therapists Clearing Space, included using it as a means to keep their own issues separate from the client's, reducing counter-transference, reducing vicarious traumatization, and enabling themselves to be fully present for the client. (p.77)

In addition, 7 of the therapists interviewed mentioned using Focusing sessions for themselves.

I still find as a Focuser, myself personally, would like to do more Focusing. You run into your own obstacles in life, and you need to be able to deal with those as well. If you are not dealing with them, how can you help someone else deal with them? (interview 13, p.79)

In response to the question, "What (if any) benefits have you noticed in using Focusing with these clients?" 2 of the numerous benefits identified are relevant to this topic. One related to the use of Clearing Space and/or other Focusing steps by and for the therapist.

I find myself, once I have used Focusing with myself, big changes. (interview 13, p. 89)

You are there, right there. You have to be able to be there and witness that and not take that on, and be the support, be the companion. You are right at the Felt Sense. You're right at the scene...so you have to be able to separate out everything that is yours. Only the part of you that needs to be there is there. (interview 1, p. 103)

The more that I do Focusing myself, the more comfortable I am with the ups and downs and shadows in my inner life, then the more I am able to be present with other people. (interview 5, p. 104)

Usually when I go into a session I'll clear out everything of my own too. I find that is really important, you know, to clear out your own self. So none of your influences and none of your biases get in the way. It makes you really present, very quiet and centered...less reactive, more interactive." (interview 9, p. 104)

For me I find that I am more focused, present for the client. I am not into my stuff and my triggers for my own stuff is not there, because I Clear Space before going in. (interview 11, p. 104)

Reduction of countertransference and/or vicarious traumatization was specifically mentioned as a benefit by 3 of the study participants.

[It provides] personal benefits as well. [I am] able to use it on self to manage stress and reduce counter-transference issues. (interview 4, p. 106)

It is very helpful for me after I do a session, because sometimes what they talk about is very heavy, very negative energy. When I am finished I am able to check inside [myself] and clear it out, so I can move again. (interview 11, p.106)

It's helpful in reducing the effects of working with trauma. You know there have been times when you are kind of feeling overwhelmed, you think is this mine...? It protects you too, because you can check and see. If it is not mine, I have got my own stuff. I certainly don't need to be carrying somebody else's. (interview 14, p.106)

While not all of the participants identified these particular benefits, it should be noted that questions specific to vicarious traumatization were not part of the interview format. This subject only came up when raised by the participants themselves.

Vicarious traumatization has been found in people working with sexual abuse survivors (Dolan, 1991; Jackson, 1999; Cunningham, 2003); Way et al, 2004), sexual abuse offenders (Way et al), survivors of the Nazi Holocaust (Herman, 1992), and combat veterans (Herman; Cunningham). It is reasonable to assume that there is a risk of vicarious

traumatization for anyone working closely with individuals who have suffered from experiences which meet Criterion A for diagnosis of PTSD, i.e. experiences involving “intense fear, helplessness or horror” (American Psychiatric Association, 1994). If this is indeed the case, then volunteers and workers providing aid to refugees, or to survivors of natural disasters, terrorist acts, etc. are also at risk for vicarious traumatization.

It is this realization that gave me direction when I started contemplating doing some volunteer work during an upcoming trip to India and Southeast Asia. My plan is to offer training in the use of Focusing to reduce the effects of vicarious traumatization. This training will be offered to fellow volunteers and others who are working in relief efforts with traumatized individuals.

In some ways vicarious traumatization is now affecting a large segment of the population worldwide, at least in subtle ways. Graphic images of war, flood, famine, and now terrorism are brought into our living rooms through TV and other forms of media. An example of the subtle ways this affects our view of self, others and the world was brought home to me a few days ago with a story related by a colleague. She was at the airport, ready to embark on a flight, when she noticed some women who’s apparel clearly identified them as Muslim. Her first thought was “Oh, oh. Are we going to have some trouble here?” Being normally abhorrent of racism, she immediately caught herself, and turned the thought aside, but even having that reaction for a moment shocked her.

For many people, exposure to trauma is even closer to home. A study by McFarlane & Girolamo of a random sample of people in the southern US found that 69% of study subjects has experienced some form of traumatic (extreme) stress in their lives (1996). The numbers would likely even be higher now, after the terrifying event of 9/11 and the horrors brought on by Hurricane Katrina.

Focusing can be an antidote to the constant exposure to trauma we experience in today’s world, even for those who are not actively working with trauma sufferers. Focusing provides tools for separating out and containing, sorting, getting the right perspective and the right distance from whatever is troubling an individual, whether it be news stories about terrorism and disaster, a friend or family member who has suffered some personal trauma, or personal experience of trauma, whether far in the past, or more recently.

Clearing Space can be a powerful tool for keeping perspective and reconnecting with the authentic self. The Focusing Attitude of curiosity (friendly interest), openness and acceptance (Gendlin, 1996) is a healing attitude that can be helpful to anyone in attending to the effects of vicarious traumatization whether for themselves or for others.

As my own experience shows, even when the effects of vicarious trauma are extreme, and exacerbated by a personal trauma history, Focusing Oriented Therapy that is adapted to meet the unique needs of people suffering from PTSD is a safe, gentle and efficient form of therapy.

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