Vicarious Trauma Workshop
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Managing Vicarious Trauma in Academic Research

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What is vicarious trauma?

Vicarious Trauma (VT) was first described by trauma psychotherapists Lisa McCann and Laurie Pearlman in 1990. It is a trauma response induced by hearing about traumatic experiences of others, generally in a professional capacity. In 2013, the existence of VT was formally recognized by the psychiatric establishment: the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-5) for the first time formally acknowledged that PTSD could result from vicarious rather than direct exposure to traumatic material.

The value and validity of the VT construct was recognised immediately in the fields of psychotherapy and humanitarian aid, and not long after amongst care workers. Recognition of its relevance to academic researchers is more recent.

A bit of terminology:

- VT is sometimes called secondary trauma, but in the academic literature on trauma that term is increasingly reserved for those affected by the trauma of a relative or close friend--for example, the children of genocide survivors, or the family of a cancer patient. In this handout we follow this convention, but it may be useful to be aware that much of the literature about 'secondary trauma' from the 1990s addresses what would now be called 'vicarious trauma' and is therefore highly relevant (see especially B. Hudnall Stamm's book *Secondary Traumatic Stress* published in 1995).
- Many researchers are affected by Primary, Secondary *and* Vicarious Trauma.
- Vicarious Trauma is often conflated with Burnout and Compassion Fatigue but needs to be distinguished from these if it is to be effectively addressed.

Key points:

- VT results from the fact that we open ourselves to deep knowing about the experience of others, and that at least some of that knowing emerges from direct interactions with them

- It is not an affliction of a minority, but a predictable consequence of direct engagement with traumatised people without suffficient protective measures:
  "The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet." [Rachel Remen in Kitchen Table Wisdom: Stories that Heal (1996)]
- It does not generally result from single exposure to another's trauma (though there are exceptions to this). Impact is most often cumulative -- it happens over time as we interact with, and immerse ourselves in the stories of, people who have had overwhelming experiences.
- It can become problematic at any stage of a research process: for some, conducting fieldwork is the most difficult stage of the process, while for others transcribing interviews is hardest.

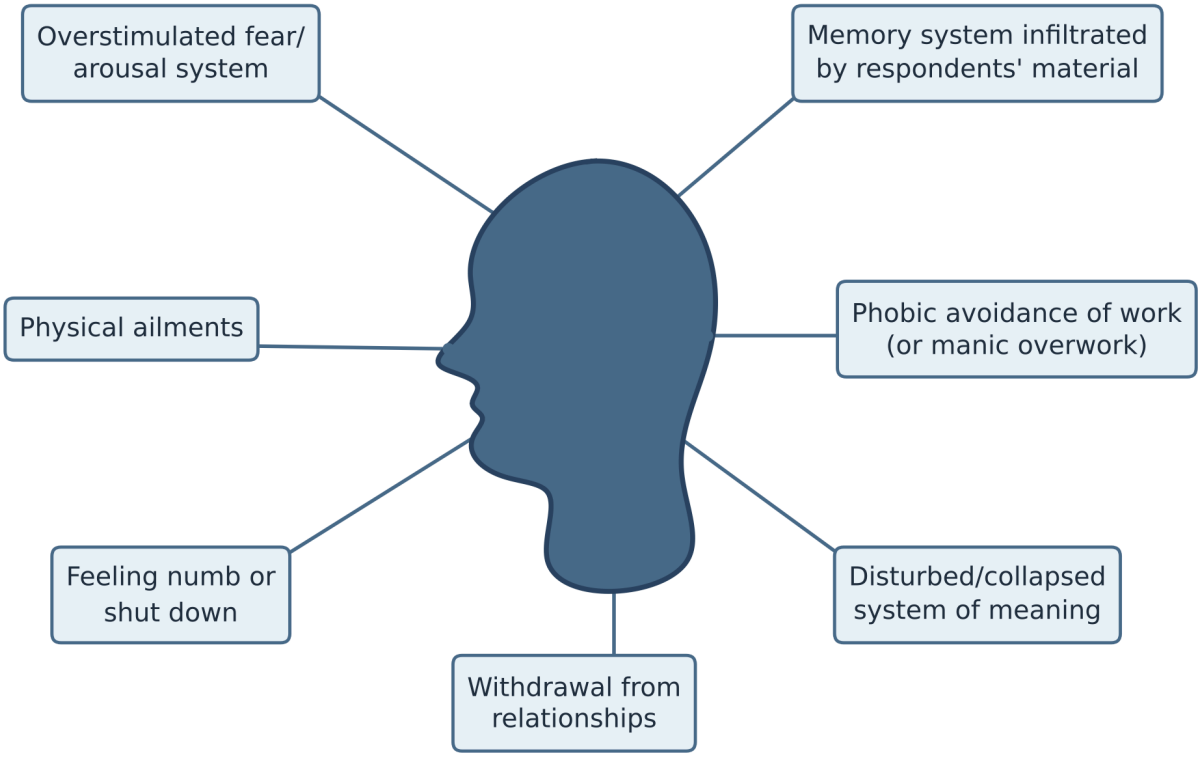
Some people are sceptical that trauma experienced vicariously through research can be serious. It is true that symptoms of vicarious trauma are not generally as severe as symptoms of direct trauma, but it isn't that simple. Researchers' vulnerability may be heightened because they take on traumas of many people and many years all at once. The impact of trauma stories heard directly from those affected is often amplified by transcribing, re-reading, coding, analysing and writing about them. Researchers often work in isolation and can therefore 'fall into' an internal world of trauma. Finally, practical considerations--for example, meeting agreed research milestones or completing before funding runs out--is often given higher priority than psychological wellbeing of the researcher.

What does vicarious trauma look like?

Symptoms of vicarious trauma may be invisible in the beginning, both to the researcher and to others. Many researchers proactively adopt a stance of ignoring feelings in the interest of 'professionalism', as in this example from novice medical researcher Charlotte Benoot:

> *"I immediately adapted my authentic emotions to those that I thought were appropriate in the work environment. I thought that to be able to do this research, I had to be stoical. From that moment on, I was the resilient researcher who had no issues with interviewing people about illness, suffering and death..."*

This position is difficult to sustain. The researcher may become quite saturated with unacknowledged and unprocessed traumatic material. Sometimes, symptoms begin to manifest gradually. At other times, a single adverse experience is the 'straw that breaks the camel's back'. Either way, any or all of the following may be observed:



This clearly impacts researcher **wellbeing**, but also research **productivity** and research **quality**.

There are diagnostic/screening instruments which can be used for self-assessment or simply as a prompt for self-reflection, all available on-line:

- Marmar and Weiss *Impact of Event Scale (IES-R)*
- Foa and Ehlers *Post-traumatic Cognitions Inventory (PCTI)*
- Stamm *Professional Quality of Life Scale (ProQOL)*
- Tadeschi and Calhoun *Post-traumatic Growth Inventory*

5 elements of strategy to prevent vicarious traumatisation and promote post-traumatic growth

1. **Practice trauma-informed self-care**
2. **Regulate trauma exposure**

3. **Process disturbing/traumatic experiences proactively**
4. **Nurture relationships/counter isolation**
5. **Balance trauma with the positive**

1. Practice trauma-informed self-care

- Reflect on past traumatic experiences which may create vulnerabilities ("Dig before you plant")
    - Trauma history is often an asset--a rich source of insight and an invaluable wellspring of motivation--whilst the research can be profoundly reparative
    - But if earlier traumatic experiences are unprocessed, you may be vulnerable to re-activation ("triggering")
    - Consider all significant trauma in your past, whether or not it is the same as the trauma you are investigating.
    - Map family trauma history (+2 generations).
    - Reflect on what you need: is it enough to tread sensitively and treat yourself with extra care or do you need counselling/therapy? If the latter, this could be the best investment you can make in a positive, successful research experience.
- Commit to looking after yourself
    - Acknowledge your needs for food, sleep, exercise, company.
    - Develop a routine: bear in mind that positive routines multiply effectiveness because of the implicit message of safety and control
    - Anticipate challenges when in the field and tailor routines accordingly
    - Note that guilt can undermine your commitment to self-care. Consciously counter-act this.
- Establish clear boundaries between work life and personal life
    - Distinguish clearly between work/non-work time and work/non-work space so that there is always a zone of safety
    - Take steps to make your non-work space feel like 'home'
    - Adopt rituals for transitioning from work time to non-work time to help you make the mental shift (meditating briefly, stretching, washing hands, reading a poem, or gazing at something beautiful)
    - Plan enjoyable breaks. Try always to have something on the horizon to look forward to.
- Commit to yoga, meditation or a breathing practice. (On breathing, see Dan Brulé' *Just Breathe*; James Nestor *Breath;* breathing episode of the Huberman Lab podcast: https://www.youtube.com/watch?v=x4m_PdFbu-s). Neuroscientific studies show that these practices bring about significant changes in the brain, enhancing resilience to trauma.

2. Regulate trauma exposure

- Be clear about your professional role and remain within it (like a wetsuit, it gives you a layer of protection whilst supporting your professional function). Consider how much protection you need: wet suit/dry suit/diving suit
- Deploy empathy thoughtfully and deliberately when interviewing *(See separate handout: 'Practice Safe Empathy')*.
    - Master the art of 'exquisite empathy' [Harrison and Westwood], which enables us to get close without fusing or confusing the respondent's story, experiences, and perspective' with our own
    - Be aware of the dynamics of 'unconscious empathy' and build skill to 'un-mirror' if necessary
    - De-role after interviews and consciously relinquish any emotional residue
- Ensure adequate recovery time after exposure to trauma material (According to elite sports coach Jack Groppel, "There is no such thing as too much stress, only too little recovery time.")
    - Consider scheduling interviews early in the day
    - Don't plan an unrealistic number of interviews close together
    - Monitor your 'distress saturation' (mental and physical signs)
    - Be aware that transcribing can be even more difficult than interviewing; approach this thoughtfully.
    - Categorise research tasks according to the degree of trauma exposure so you can balance trauma-intensive tasks with tasks that do not entail trauma exposure.
- Avoid unnecessary or repetitive exposure
    - As with radioactivity, dose matters (same image 3 times = triple dose)
    - Approach research materials with clarity re specific purpose (never aimless)
    - Be especially careful with visual stimuli. Research done by Allan Paivio in the 1970s shows that information in visual form is retained much longer in memory than information in other forms--a fact exploited by lots of memory enhancement strategies. To prevent imprinting of an image, play Tetris following exposure.
    - Limit discretionary exposure to non-work trauma materials including news and entertainment. Avoid passive consumption of news and repetitive news feeds, especially of disturbing news (effect is cumulative)
    - Be honest with colleagues/friends/loved ones about how much you can hear about their difficult experiences

3. Process disturbing/traumatic experiences proactively

- Capture thoughts/feelings regularly (e.g., in field notes) so that they can be processed intentionally at an appropriate time and place, whether in your own reflection time, a meeting with a colleague, in counselling, etc. Note that writing them down also enables you to stop thinking about them for the present. Any psychotherapist will attest that notes are vital as a means to ‘put away’ thoughts about a client.
- Involve both mind and body in processing
    - Notice what your body wants to do following trauma exposure and allow this if possible

    - Try Dr. David Bercelli's Trauma Release Exercises (TRE). (We will talk more about these this afternoon.)
    - Physical holding and intimacy with others is helpful provided you feel safe
    - Sport, dance, choral singing and other activities involving coordination and synchronisation with others has been found to be very helpful after trauma
- Do at least some of your processing by talking with others.
    - As Louis Cozolino [*Why Therapy Works*, 2016] reminds us: 'The ability to heal psychic pain by telling our story has been shaped into our brains over a hundred thousand years, long before therapy came along.'
    - Exploit the full range of opportunities to do this: personal and professional, structured and unstructured, planned and spontaneous. Many who work long-term in difficult areas regard counselling or psychotherapy to be indispensible.
    - Learn 'Low-intensity-Debriefing' techniques (developed by Francoise Mathieu, available from www.compassionfatiguesolutions.com) to avoid overwhelming colleagues and loved-ones with more traumatic material than they can handle.
- Consciously expand personal perspective to embrace complexity. Be aware of skewed perspective and be proactive in counterbalancing. Try never to leave rhetorical questions hanging: for example, if you find yourself asking 'what's the point?' (of life? of your research? of caring?) make space to discover your authentic response to that question.

4. Nurture relationships/counter isolation

- Research places great stress on relationships: physical distance can make it hard to communicate, but even when co-located you may feel in different worlds, as you live in 'trauma world' and your loved ones in a 'normal world' from which you may feel alienated
- Relatively new 'polyvagal theory' [Stephen Porges (2011) *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication and Self-regulation* New York: W.W. Norton] proposes that withdrawal from relationships following trauma may be partly a biological response--i.e., something that happens automatically. You may therefore need to counteract this purposefully.
- Value and invest in your relationships; try not to allow too much 'drift'. Give loved ones your full attention. Catch yourself if you start thinking of their concerns as 'too small to count'
- Beware the tendency to displace anger (with the world? with the political system? with others' apparent indifference to suffering?) onto loved ones.
- Consider establishing new relationships for mutual support--e.g., research buddy or peer support group.
- Reading what others have written about their research experiences as a means to access indirect peer support (see articles on VT Workshop Reading List).

5. Balance trauma with the positive

- Be aware of the brain's inbuilt negativity bias: painful, upsetting or frightening events are more easily stored in long-term memory than pleasant ones.
- Find and keep balancing positive experiences
    - Actively recall experiences from your past that have helped you to trust that there is goodness in the world.
    - Pay attention to small moments of beauty, acts of kindness, etc. Notice and value what is good in people and in the world.
    - Seek out positive experiences – try to stay in 'credit'.
- Remind yourself of the importance and value of your work and do it as effectively as you can (but keep your aims modest and grounded)
- Adopt a stance of active optimism. Commit yourself to maintaining faith and trust in: the self as 'good enough', the idea that something worthwhile (even if small) can come from the interaction we have with each other; and that the world is a place of beauty and potential (despite and in addition to pain and suffering). Explore the idea of radical hope [see Rebecca Solnit *Hope in the Dark* and Jonathan Lear *Radical Hope*]
- Seek inspiration
    - Consider establishing a spiritual discipline of some kind (religion, nature, music, art).
    - Identify inspirational role models, read their biographies, study their works (see Donna Orange *Nourishing the Inner Life of Clinicians and Humanitarians*), keep their words alive in you.
    - Take an active interest in the experiences of those who have sustained their engagement with difficult research contexts.

If trauma is processed, the reward is emotional and psychological safety *and* post-traumatic growth

> "There is a tremendous sense of personal meaning that evolves from knowing that we are involved in an important social problem by making a contribution toward ameliorating some of the destructive impact of violence on human lives. ... Other positive effects include a heightened sensitivity and enhanced empathy for the suffering of victims, resulting in a deeper sense of connection with others; increased feelings of self-esteem from helping trauma victims regain a sense of wholeness and meaning in their lives; a deep sense of hopefulness about the capacity of human beings to endure, overcome, and even transform their traumatic experiences; and a more realistic view of the world, through the integration of the dark sides of humanity with healing images. Although we may be sadder but wiser, it is important to acknowledge the many ways this important work has enriched our own lives as well as countless others." McCann and Pearlman [1990] 'Vicarious Traumatization' Journal of Traumatic Stress, vol.3, no.1

References

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Solnit, Rebecca [2016] *Hope in the Dark,* Canongate.

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Highly recommended book:

Macek, I. [2014] *Engaging Violence: Trauma, Memory and Representation* London: Routledge

Includes chapters contributed by 11 social scientists who have researched genocide and political violence. As one reviewer writes: "This is a book unlike any other I've read. Here one listens in on an extraordinarily candid and valuable transnational conversation among researchers doing psychologically demanding work. The nature of mass violence, the tools it takes to explore it, the ethical and emotional challenges involved in sustaining those explorations are here all so honestly and accessibly discussed. I enthusiastically recommend this courageous book to any scholar and any practitioner who already has, or is likely ever to try to comprehend violence."