

**THE EFFECTS OF VICARIOUS TRAUMATIZATION: REFLECTIONS OF  
AN INTEGRATED NARRATIVE EXPLORATION WITH THREE  
TRAUMA COUNSELORS**

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## Dedication

This work is dedicated to my father, Owen William Richard Thomas

“The man of riddles and rhymes,  
of laughter and love,  
humble but proud”

Lyn Thomas

in remembrance of his many contributions to my counseling story.

## Abstract

As a female counselor working with individuals who have been physically, emotionally, and sexually abused, I have become aware of, and affected by, the issue of vicarious traumatization (VT) in the lives of counselors and other helping professionals who deal on a repeated basis with those experiencing trauma and abuse. This research study in the Faculty of Education has arisen from my personal practice preference for a narrative approach to counselling. In this exploration of the manner in which counselors' lives are changed in their work with trauma-related issues, I present an integrated narrative model of vicarious traumatization. Three female trauma counselors respond to three narrative VT vignettes I have constructed, and reflect on stories of their own relationship to vicarious traumatization over the course of their professional practice. By researching and developing these narratives, and sharing them with other counselors, I have increased my understanding of vicarious traumatization and of the effectiveness of a narrative approach in exploring this topic with other counselors. Through this research, my own relationship to vicarious trauma has undergone a transition. Further, this exploration of narrative as a tool for self-reflection, self-awareness, and re-storying professional practice draws together several branches of the narrative tree of knowledge: Feminist narrative writings stress the importance of women developing their own voice through writing their own experience; narrative psychology acknowledges the manner in which language maps reality and invites us to explore alternative realities in the service of healing; narrative therapy invites us to explore our lives more fully by honoring all who have contributed to them; narrative research in education urges us to attend to continued professional

development in the form of increased self-knowledge. The conversations with other counselors serve to deepen my own knowledge about the impact of trauma work on me, and on others who perform similar work. This research also contributes to existing works that explore narrative ways that professionals can come to know themselves, their identities, and their practice, and to teach that knowledge to each other.

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## CHAPTER I – INTRODUCTION

“The person is not the problem, the problem is the problem.”  
(Michael White, 1990, *Narrative Means to Therapeutic Ends*)

This work represents a reflection of an integrated narrative exploration of the problem of vicarious traumatization in the lives of female counselors working with clients who have experienced abuse. It looks at the symptoms and causes of vicarious traumatization and the underlying theory used in the literature to explain this phenomenon. It then explores narrative works in education, feminism, and psychology that lend inspiration and support to this narrative way of knowing vicarious trauma.

A story of vicarious traumatization is developed in the form of three vignettes that utilize narrative therapy approaches to exploring problems. These are then shared with other female counselors, and conversations are entered into to further explore, expand and enrich counselors’ awareness of this phenomenon in their lives.

### Defining vicarious traumatization

Vicarious traumatization, can be defined as a form of secondary traumatic stress response, and is manifested by a variety of symptoms that take on a similar appearance to the symptoms in individuals who have experienced first-hand trauma. VT is also referred to in the literature as secondary traumatic stress (STS), compassion fatigue (CF), and soul sadness.

Vicarious traumatization occurs with counselors’ repeated exposure to the trauma-laden lives of clients. As counselors we are affected both by listening to trauma stories and witnessing the direct impact of those experiences on the lives of our clients.



Pearlman and McJan (1995) use the following descriptors with reference to the nature of vicarious trauma, (*cumulative, permanent, and pervasive*). This would suggest that there is an inevitability to the appearance of vicarious trauma for all of us who work extensively and for prolonged periods with individuals with trauma issues.

Groups cited in the literature as most potentially vulnerable to vicarious trauma are therapists, counselors, crisis workers, police officers, disaster relief workers, nurses, clergy, doctors, child protection workers and paramedics. Of special significance is any work that requires empathic connecting such as the work of counseling and therapy. School counselors and teachers may also be vulnerable to this phenomenon depending on the characteristics of their particular teaching or school counseling position, location and student clientele. It would be safe to assume that teaching staff working in inner city schools in areas with a high incidence of both street and domestic violence might be more likely to develop symptoms of secondary trauma response over time.

Works on vicarious trauma and compassion fatigue (Figley, 1995; McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995; Rudolph, Stamm & Stamm, 1997; Steed & Downing, 1998 ) provide a comprehensive outline of signs and symptoms of vicarious trauma as well as identifying a number of workplace and personal conditions that may contribute to this phenomenon. These symptoms may take the form of any or all of the following:

- nightmares
- intrusive imagery
- feelings of helplessness and hopelessness
- changes in sense of personal identity and world view

- loss of connectedness to self and others
- difficulty connecting to the joy and meaning in life
- increased cynicism
- hypervigilance
- social withdrawal
- lessening sense of safety in the world
- lessening trust in, and devaluation of, oneself and others
- easily emotionally overwhelmed
- numbing of usual feelings towards people and events.

These symptoms may manifest themselves gradually in the life of the counselor and become increasingly pervasive over time. Counselors may not experience all of these symptoms and will experience them to differing degrees depending on their own professional and personal circumstances.

Many of these symptoms are a result of the physiological changes that the human body undergoes when it is subjected to trauma stressors. While Pearlman and Saakvitne (1995) indicate that symptoms attributable to post traumatic stress disorder (PTSD) and vicarious traumatization overlap (disturbed sleep patterns, hyper anxiety, alterations in belief schemas, etc.), they specifically isolate certain symptoms of intrusive imagery and disrupted dream states as specific to VT. These are instances where the images are specific to the trauma experiences reported to counselors by clients rather than connected to the counselors' own experiences. An example of this might be the counselor who has counseled refugees fleeing from a war torn country. Refugees' repeated tellings of bombing experiences and loss of life and limb of loved ones might result in that

counselor experiencing flashbacks or dreams in which is herself hearing the bombs falling and seeing the severed limbs and broken bodies of her own loved ones. The feelings of fear and anguish with their accompanying physical symptoms such as rapid heartbeat, sweating, muscle tension, etc; can all be present in the counselor experiencing the flashback. What is significant in this instance is that even though the counselor has not experienced the event personally, the flashback manifests itself as if the helper has indeed experienced the event first hand. This can be additionally frightening and confusing for the counselor who is unaware of this secondary response. One wonders if it might even be possible for counselors, under extreme circumstances, to entertain the concern that they themselves may have experienced first hand some of the same kind of trauma as their clients.

According to Saakvitne and Pearlman (1996), those factors that contribute to vicarious traumatization include:

- the nature of the work
- the organizational nature of the workplace
- the coping nature and current life circumstances of the counselor
- the existence and type of supervision available to the counselor
- whether or not the counselor has a personal history of trauma issues similar to the client's issues
- whether or not the counselor accesses own personal therapy for both interventive and preventive purposes
- the social and cultural context in which the work is performed
- the training and professional history of the counselor

- the length of time and amount of secondary trauma exposure in the work
- the amount of perceived personal control the counselor has over workplace conditions
- the nature of the clientele and their issues – do a large percentage of clients present with chronic conditions that are historically difficult to treat?
- whether the counselor feels he or she is well suited to this work
- the amount of background training and knowledge regarding client issues
- the degree of current personal life stressors and available support
- knowledge of vicarious traumatization, burnout and stress and ways to cope
- maintenance of a balanced and satisfying life and relationships outside of workplace

#### Underlying trauma theory

Trauma theory provides a framework for understanding vicarious trauma. While trauma theory has its roots in psychoanalysis, Pearlman and Saakvitne (1995) point out that psychoanalysis has both informed and detracted from the treatment of trauma. The insight orientation of current trauma theory, especially the aspects of theory that address unconscious processes such as the concept of countertransference in the therapist, is psychoanalytic in origin. So also is ‘symptom adaptation,’ a term used to explain the existence of trauma symptomology as an adaptive response that protects the psyche. The

authors point out however that traditional psychoanalytic theory has also done a disservice to trauma theory in a number of ways. In psychoanalytic circles the word trauma was used so broadly that it became almost meaningless resulting in a “misapplication of trauma concepts to nontraumatic domains” (Pearlman and Saakvitne, 1995, p. 49). In addition, traditional psychotherapy has done little to represent women’s trauma reality, especially with regard to childhood sexual abuse. According to Pearlman and Saakvitne such practices contributed to a widespread countertransference fantasy that the counselor knows more than the client about the experience of the client. According to these authors such arrogance on behalf of the psychoanalytic community has resulted in a lack of the sort of empathic connection between client and therapist now deemed by many practicing counselors as vital in the successful treatment of trauma.

Authors such as Pearlman, McCann, Saakvitne, Arvay and Astin turn to a unifying personality theory called constructivist self-development theory (CSDT) to explain and explore second hand trauma, while authors such as Figley and Rudolph et al. turn to the symptom-based theory of post traumatic stress disorder (PTSD) to explain and explore first hand trauma. Both CSDT and PTSD need to be considered in the explanation and treatment of vicarious traumatization because all aspects of the self (psychological, social, emotional and physical) are impacted by both first-hand and second-hand trauma experiences. The following outline of the symptoms of posttraumatic stress disorder show clearly the similarity in the physical, emotional, psychological and social changes in the diagnosis of both vicarious traumatization and posttraumatic stress disorder.

### Posttraumatic stress disorder

The Diagnostic and Statistical Manual (DSM-IV-TR, 2000) indicates that psychological trauma occurs when a situation overwhelms the individual's perceived ability to cope. The definition is necessarily broad to include one-time incidents such as accidents, natural disasters, robbery, etc., as well as chronic or repetitive experiences such as child abuse, war and any abusive relationship of enduring deprivation.

According to Matsakis (1996) people are in a traumatic situation when they believe that they or others are in danger of being injured or killed. She stresses that trauma means wounding and that just as the body can be traumatized so also can the psyche. "Trauma refers to the wounding of your emotions, your spirit, your will to live, your belief in yourself and the world, your dignity and your sense of security" (p.17). This description bears a striking resemblance to the presenting concerns of those dealing with post traumatic stress and vicarious traumatization. No wonder that counselors repeatedly exposed to trauma stories indicate that they notice that they are beginning to present with symptoms similar to their clients!

Trauma activates the systems flight/fight response and, depending on the circumstances of the individual and the situation, symptoms may manifest themselves long after the actual traumatic event. When trauma symptoms do not abate or they reappear at a later date, a diagnosis of post traumatic stress disorder may be made. According to the DSM-IV-TR (2000) the following criteria must be met for a diagnosis of PTSD:

- the individual has to have experienced a traumatic event where there was an actual or perceived threat of danger or death to themselves or others
- the individual is re-experiencing the event in some way, either through disturbing dreams, images, with accompanying feelings of anxiety, fear, irritability, hypervigilance, etc.
- there are avoidance reactions such as numbing or dissociative responses
- the symptoms must be present for a duration of one month or more and must significantly impair the individual's normal functioning

Symptoms vary across individuals. For example, the re-experiencing of the original traumatic incident, involving disrupted and disturbed dreams, nightmares, insomnia and/or flashbacks. A flashback is a sudden vivid re-experiencing of the event accompanied by the original feelings of fear, panic, etc. Flashbacks can be auditory, where one hears the same sounds that were present during the original 'event', or olfactory, where one smells the same odors (such as the odor of burning flesh), or visual where one sees images of some aspect of the previous traumatic event. Environmental stimuli often act as triggers for flashback experiences and they may last for a few seconds or continue for a number of hours. Post trauma distress of this nature may occur frequently (daily) or may be cyclical and not appear for months at a time.

Additional symptoms include emotional shutdown or psychic numbing that leaves the individual unable to access any feelings around the event. This can also spill over into other areas of the individual's life. This form of psychic self-protection can occur in

survivors of all manner of trauma including rape, war, assault and natural catastrophe. It can continue with avoidance of any situations and circumstances that may threaten to reconnect the survivor with feelings that became disconnected in the name of psychic survival. Such avoidance responses may result in mood swings and feeling *crazy* or out of control.

Symptoms of hyper-arousal also manifest themselves in PTSD. Survivors may complain of having difficulty concentrating and remembering and being generally irritable and short tempered. The survivor may be hyper-vigilant, and overly concerned with the safety of themselves and others. They may find they have developed an exaggerated startle response where they over-react to any sudden noise or sudden unexpected appearance of someone on the scene.

Maldonado and Speigal (1994) provide an in-depth review of PTSD with special emphasis on the biological factors. Their work emphasizes changes in the autonomic and central nervous system that create the symptoms most prevalent in PTSD. When viewed through the biological lens, dissociative or numbing responses to trauma are seen as a result of excessive sympathetic nervous system arousal which acts to reduce physical pain, aggression, and anxiety. With recurring exposure to any trauma-related stimuli the body responds with a burst of *endogenous opioid peptides* that produce an artificial sense of calmness in the client. Maldonado and Speigal postulate that it might be possible that some individuals are drawn towards re-traumatizing experiences as a form of repetition compulsion because of the opioid peptide release and the subsequent feelings of dissociative calming that they produce. This may have relevance not only for clients who seem to 'find' themselves entrenched in harmful lifestyles but also for counselors and



other workers in caring professions who are drawn repeatedly to work that replicates some aspect of their own previous earlier trauma experience. It may be possible that some workers in the helping professions who are experiencing vicarious traumatization continue to be drawn to trauma and crisis work partly due to the changes in opioid peptide production and the accompanying sense of 'calm' they apparently produce in the individual.

When the symptoms of vicarious trauma and post traumatic stress are compared, one can quickly identify similar changes occurring in the individual's physical, emotional and psychological experience with exposure to both first-hand and second-hand trauma.

#### Constructivist Self-development Theory

Constructivist self-development theory is the framework Pearlman and Saakvitne (1995) and McCann and Pearlman (1990) use as a basis for understanding the impact of trauma work. According to these authors, CSDT emphasizes meaning, adaptation, and integration. It looks at the meaning we make of the events we experience (first or second hand), and how we are able to adapt to these life stressors and integrate them into our lived experience.

According to CSDT, traumatic events impact the developing self. Symptoms are seen as adaptations to stressful 'events'. Some of these 'adaptations' serve the needs of the individual and others do not. Irrational or distorted beliefs that begin to form in response to trauma experiences are seen as attempts to protect the individual's meaning system. An example might be the female counselor or therapist who holds on to a belief that she is safe from sexual predators. With continual repeated exposure to stories of women who have been violated sexually, the counselor may begin to hold these women

accountable for their victimization. She may begin to focus on the ways in which these women leave themselves vulnerable to potential sexual violation rather than focusing on their immediate needs. This distortion allows the female counselor to hold onto her belief that the world is still essentially a safe place in which she is not a potential victim due to her gender.

According to Saakvitne and Pearlman (1996) those components of the self that are impacted by first and second hand trauma are:

- frame of reference
- self capacities
- ego resources
- psychological needs and cognitive schemas
- memory and perception

Our 'frame of reference' includes our world view, our personal identity, and our spirituality, and constitutes the lens through which we see the world. We can know that we are being impacted by our work when we begin to lose our sense of a belief in something beyond us and when we are beginning to view the world as a sorry place and our part in it as somewhat inconsequential in the scheme of things.

Our 'self capacities' consist of our ability to tolerate strong 'affect', to see ourselves as deserving of love, and able to love others. We know we are being impacted by our work when we find ourselves emotionally overwhelmed by things that would not normally impact us so strongly. An example may be crying when we hear of something good that someone has done, or getting overly angry and frustrated at a perceived 'slight' from one of our co-workers.

Our ego resources consist of our sense of self-awareness along with our ability to activate self-protective and interpersonal skills. We know that we are being impacted by our work when we have lost our awareness of the empathic, humorous, and insightful parts of ourselves that we normally bring to the service of our clients. We may no longer be as clear on the concept of establishing and maintaining healthy boundaries between ourselves and others. This may be manifested in spending extra time out of the office with a client in need, partly due to feeling that we are not giving enough. It may manifest itself in the creation of increasingly rigid boundaries with family and friends.

Our psychological needs and cognitive schemas consist of our conscious and unconscious beliefs and expectations about ourselves and others that are formed in ever increasing complexity over the course of our lives. In CSDT these relate specifically to how we assimilate and accommodate experiences that impact our perceptions of safety, esteem, trust, control, and intimacy. According to the authors these are the needs most likely to be impacted by repeated exposure to clients' trauma material. We know we are being impacted by our work when we no longer feel our usual sense of safety in the world. This may be manifested by being hyper-vigilant and in a constant heightened state of alertness. We may startle easily and feel the need to increase our home security. We may become more fearful of the possibility of car accidents and other misfortune happening to ourselves and our loved ones. We may lose our normal sense of respect, caring, and intimacy for and with ourselves and others. This may be manifested in cynicism concerning our work and the professional ability of our co-workers.

Counselors and others who work with childhood sexual abuse trauma may report increasing suspicion that everyone is a potential child abuser, and read into other's

actions a meaning that is not present in reality. We may also present with increasing feelings of need for control over more aspects of our lives which may cause conflict between ourselves and our loved ones.

The components of the self that consist of memory and perception are also extremely vulnerable to trauma exposure. As is well documented (Amen 1998; Carlson and Bailey, 1997; Mark & Mark, 1999; and Pert, 1999), stress and memory impairment go hand in hand as the body attempts to protect itself from disturbing material. Under extreme conditions memories become fragmented, separating the cognitive, somatic, sensory, and interpersonal aspects of the experience. This in turn disrupts our ability to process complete memories resulting in feelings of disconnection and dissociation. We know we are being impacted by our work when we find ourselves unusually forgetful and disorganized. We may find ourselves experiencing uncomfortable feelings of anxiety without a specific memory to go along with it, or we may discover a memory that is not actually ours as is referred to in the section on countertransference. In addition we may be triggered into a state of unease by external stimuli that resemble some aspect of the detail in our client's stories. An example of this might be a counselor's feeling of anxiety when she smells a certain kind of cigar that featured in her client's stories of childhood sexual abuse by her cigar-smoking grandfather.

#### Countertransference

The concept of countertransference has its origins in psychoanalytic theory and is an inevitable component in all therapy. Countertransference consists of the unconscious activation of the counselor's own personal issues in response to the individuals he or she is serving. According to the literature countertransference is not optional. Rather it is an

expected and unavoidable reality of life. We are all impacted by our experiences and all see the world through a lens that is somewhat distorted by them. The task for the counselor is to be vigilant regarding personal awareness of these 'distortions', to work at making conscious that which is unconscious in us and to come to know when our personal bias is negatively impacting the healing process of our clientele. The relevance of this for vicarious traumatization cannot be overly stressed. A common symptom of vicarious traumatization is a changed attitude towards clients and the issues they present. A creeping cynicism is often reported by over-stressed counselors. This cynicism is seen in the manner in which clientele are referred to and in the black humour that can be found in staff lunch rooms. If we are unaware of the subtle changes in our thinking and belief systems regarding those we work with we are in danger of disconnecting from awareness of the painful reality of our clientele; which, in turn, prevents us from proffering hope in the form of appropriate support and treatment.

Our natural tendency to want to distance or disconnect from the painful realities of our clientele leaves us potentially less able to be aware of the times when personal life issues are getting in the way of treatment. This disconnection may also blind us to the existence of the not-so-painful realities of our clientele. We may not see windows of hope and exceptions to the problems because we have effectively stopped looking too closely. When we are unaware of the existence of countertransference, we are in danger of harming both the therapeutic relationship and the healing process of the client. Psychic survival in the form of numbing and disconnection are especially hazardous in situations that require a strong degree of empathic engagement to create feelings of trust and safety in clients.

Creating a space for the client to tell his or her story is an important part of the healing process. Being genuinely available to hear that story and others time and again is a difficult task. Sometimes counselors may find themselves avoiding the client's story or moving too quickly to the celebration of an alternate, more hopeful story. While holding a new, preferred story is, in and of itself, a very appropriate and effective tool, the counselor needs to be able to ask himself or herself if this movement away from the trauma story is always in the client's best interest or if it is really serving the counselor's avoidance needs. Acceptance of not needing to know the details is a strategy suggested by McCann and Pearlman for those workers who may become overly fixed on a need to hear all the details as part of their VT response. While the writer heartily endorses practices that serve clients' needs to move on and put their trauma experiences behind them, it is important that the need be identified by the client rather than superimposed either one way or another onto the client by a counselor who can no longer cope with hearing all the 'gory' details. The writer wonders to what extent some of the newer interventive approaches and therapies such as solution focused therapy have developed partly in response to the difficulty counselors experience when they are exposed to story after story of trauma and abuse. Perhaps in some circumstances, underneath the claims that it is better for the client to put the past behind them, lies a desire to protect oneself from the impact of those trauma stories.

## CHAPTER II – BACKGROUND TO THE STUDY

The meaning of life cannot be determined outside of the stories told about it.... Neither, however, can the meaning of a story be determined without any reference to the human life as it is lived.... Life and story are not two separate phenomena. They are part of the same fabric, in that life informs and is formed by stories.  
(Widdershoven, 1993, *The Story of Life*)

### A trauma story in the making

As a counselor working in the field of physical, sexual and emotional abuse for several years, I have become both personally and professionally aware of the issue of vicarious traumatization in the lives of counselors and others who deal on a repeated basis with those experiencing trauma. As a result of continued exposure to client stories of trauma I have personally experienced vicarious traumatization symptoms. The experience has led me on a journey to explore and implement a variety of self-care strategies to address and transform vicarious trauma in my own life. This thesis work is an extension of that process.

Part of this journey has taken the form of the giving and receiving of knowledge as suggested in the self-care literature on this topic. Examples are McCann & Pearlman (1995), and Saakvitne & Pearlman (1996) who recommend that one approach to prevention is to educate oneself and others about vicarious traumatization. Such actions allow the counselor to experience a sense of hopefulness arising from increased personal knowledge of the self, and information sharing with colleagues. They also recommend that counselors and others expand their professional knowledge base in the service of their clients.

Developing and implementing vicarious traumatization workshops and information sessions for fellow professionals has been one focus and increasing my

knowledge base and practice in narrative therapy, art therapy, and pursuing a masters degree in education has been another. In this way I have worked to create a balance in both my life and work that was not previously present as a full-time abuse recovery counselor. The story of my relationship with vicarious trauma has undergone significant change as I have come to acknowledge, accept and work with this phenomenon in my life.

This thesis work seeks to explore the following question: How are the vicarious trauma stories of abuse counselors, including myself, seen, when viewed through an integrated narrative lens? My decision to develop and apply a narrative methodology to vicarious traumatization, evolved as a result of many factors.

- My personal VT experiences: I had experience of this phenomena in a variety of ways, both personally and including witnessing VT at work in colleagues in the past, and listening to the comments of counselors and others attending workshops.
- The focus of my education: I entered the masters in education program with a desire to grow as a professional. This included my role as a counselor and as an educator of counselors. My movement into knowledge sharing with fellow professionals had focused my attention on the field of education. Although I had become cognizant of narrative's developing role in psychotherapy, I was curious with regard to its role in other disciplines, specifically education. Part of the focus of my studies was on increasing my understanding of narrative concepts, both within and across disciplines. During my studies I was exposed to narrative ways of knowing in education that offered me additional insights into my continued development as a professional.



- At the same time a question had been forming as to what role this character VT played in my life in the past, and in the present. It seemed important to come to some increased internal understanding and knowing of my true relationship with this character in terms of my future longevity in the work of counseling and therapy.

- A reduction in my work hours, combined with the nature of my continuing education encouraging me to personal exploration within the framework of narratives of teachers lives, enabled me to address the questions and concerns that had begun forming about VT's role in my life.

- A number of the narrative oriented courses I was taking demanded a commitment to internal probing, and a leave of absence from my place of work provided me with the space to hold doubts, fears and a barrage of questions about my profession that had been forming in deep places for several years. I did not feel that these sort of fears, doubts and questions would be able to be explored at the same time as working with clients with trauma and abuse histories, for it seemed to me that it was important for my clients as well as myself to be able to feel that I believed in the guiding philosophies of the service I was providing. To address this topic I needed to be free to move in and out of those places that spoke to the fears and doubts I had been entertaining, to bring them to the surface in order to explore them in the light of day. Each course I undertook on my journey to this study moved me a little further towards addressing those difficult places. Most of my courses in one way or another presented me with the opportunity to identify my professional counseling story, and to uncover my growing edges so that I could determine in what way I could best address them. It did not take me long to confirm that one of my growing edges was the discovery that the passion that I had once entertained

about my profession, its value, and my value in it, was slowly yet inexorably being undermined by something. With continued course work that focused a narrative lens on aspects of difficulty in teaching and counseling, I eventually uncovered those aspects of my counseling experience that were contributing to these feelings.

- Delivering educational workshops to counselors and others in the helping professions required finding ways to educate myself on this topic. This process had provided me with numerous examples of individuals who were being negatively impacted by their jobs/professions. The term ‘burnout’ was becoming all too familiar in the workshops I ran as well as those I attended as part of my on-going professional education. While I knew about self-care practices, my lifestyle did not allow me to practice them to the extent that I needed to. Juggling the reality of my crowded life with my knowledge of VT matters produced considerable internal conflict. I was well aware of the relationship between crowded personal and professional lives, stress, burnout and vicarious traumatization. It was time to take action. I moved into part-time work and began the process of exploring my own relationship to vicarious traumatization within the context of education. This study represents the culmination of this process, for it is a study about educating other professionals about the difficulties in counseling and other caring professions. It is also a study about educating myself.

- My personal preference for narrative and expressive therapies formed as a result of my continual search for any additional knowledge that might assist me to better serve my clientele. Several years ago I was exposed to some of the concepts of narrative therapy and felt drawn towards this narrative way of doing the work. Prior to this I received some training in the use of art exercise techniques – specifically the use of art

techniques to assist clients to explore and communicate visually. My course work allowed me to continue to explore and develop these interests and this thesis work represents both an extension and a pulling together of my previous course work in these areas.

- My practice philosophy which integrates across theories and across disciplines, has evolved as a natural progression from having worked in a variety of positions over the years that have required me to pull from all of my past experiences. This has included my education and my experience in a variety of professions (education, counseling, accounting, real estate, banking, the arts). As a result I have evolved several core beliefs I hold in my work:

1. In order to serve both the needs of our clients and ourselves, we should be ever mindful of our own inner workings that influence the craft.
2. Each client's situation is unique and deserves an interventive approach that respects this. As a practitioner I integrate theories and therapies searching for a 'fit' that is appropriate for each unique client and situation.
3. Feelings of powerlessness and loss of control are central in trauma related issues. Clients need to feel that they have a voice and that their voice is heard. This process of discovery and expression of authentic voice has the potential to be a liberating and empowering force in our lives. This is equally applicable to those experiencing first-hand and second-hand or secondary traumatic response.
4. We can come to a fuller sense of who we are through seeking out the interconnectedness within and across disciplines, theories and life

experiences. Discovering the existence of other stories through listening and sharing assists us to see ‘problems’ in more ‘user-friendly’ perspectives that allow for hope and change rather than despair and defeat.

#### Powerful narratives and ethical concerns

“If we physicians also thought of ourselves as medicine we would treat people differently.”

(Dr. Thomas Delbanco, 1993, *The Healing Mind*)

Whether we are teachers in classrooms or counselors in offices, it is important for us to be aware of the responsibility inherent in our roles as educators. My own experiences as an educator provoked some questions for me and informed my approach to this topic.

A number of years ago I was involved in the provision of a series of presentations about sexual assault to high school students. On reflection, it seems to me that these informative presentations succeeded in highlighting this ‘problem’ and warning students of the potential vulnerabilities they faced in dating relationships. This was accomplished by increasing students’ awareness of miscommunication across genders when it came to issues of sex, and illustrating the ways in which teen victims of sexual assault are at times re-victimized by their peer group and the legal system. However, in retrospect, I can see that as a result of our ‘thorough’ treatment of this topic, there were times when we may have left these teens feeling somewhat fearful, powerless, and vulnerable. It would seem that while we ‘delivered’ the information, we overlooked consideration of the full extent of the impact of that information on those receiving it. In addition, we did not explore the context in which these students were attending our prevention/education session. Had these students just come from Gym or had they just watched a video on world pollution

or the homeless? These are important considerations with regard to how students receive information, process it and are able to go on with their day.

In this era of global awareness, education in schools covers many issues such as environmental pollution, famine, and racial and ethnic abuses. Writers in education (Eisner, 1990; Jardin, 1990; and Sleeter & Grant, 1991) challenge schools to educate in more authentic ways by including the uncomfortable realities that seem to get glossed over or flattened out as curriculum is developed and implemented.

While educators are challenged to be aware of their responsibility to provide as authentic and full an education as possible, how much attention is being given to assessing the extent to which knowledge of this sort may or may not build a potential to overwhelm students, with the possibility that they may feel helpless and hopeless about such matters? Children are no less vulnerable to feeling overwhelmed and overburdened in response to ongoing exposure to troubling material, than are counselors listening repeatedly to client stories of difficulty. How does the education system monitor a student's amount of exposure to potentially disturbing material? In what ways do teachers debrief with students regarding the feelings they are experiencing in response to what they are learning? In what ways are teachers trained in matters of secondary trauma, and to what extent do they unknowingly contribute to the accumulation of feelings of helplessness and hopelessness in students? Are teachers aware of what other potentially disturbing material their students are exposed to in other classrooms, or outside of the school environment?

While I readily acknowledge that 'dressing up' or avoiding disturbing and difficult realities is unhealthy, it would seem important that we be vigilant in our

consideration of ways of approaching the delivery and debriefing of this sort of knowledge. In all cases knowledge sharing should include giving attention to some avenue of potential empowerment for the individual. Students learning about environmental pollution may be given examples of organizations that are working to combat pollution, as well as practical suggestions for ways that they themselves can contribute in some way to solutions to the problem. Teens learning about dating violence may be given an opportunity to practice clear communication in a safe setting, and young children may be involved in a school based recycling project. In these ways students can gain knowledge in a way that is empowering for them both personally and collectively.

It is reasonable to assume that for the most part, the majority of teachers are aware of the needs of students with regard to an empowerment approach to acquiring knowledge. This may be based on a combination of personal 'knowing' as well as professional training. Whether teachers have knowledge of secondary traumatic stress and the factors involved in symptom development is perhaps another matter.

In my opinion it is important for all educators to be aware of issues of vicarious trauma for themselves and their students, old and young, and to keep in mind that our exposure to potentially troubling information can come from many avenues outside of the school environment as well. This may be particularly true of the student whose family unit and personal lifestyle exposes him or her to many graphic images and stories that are trauma related. In addition, with the advent of violent and destructive school incidents such as the multiple shootings in Taber, Alberta, and Columbine, Ohio, students and teachers live daily with the disturbing reality of the possibility of school shootings whether they live in rural or urban centers.

The concept of responsibility in knowledge sharing is particularly applicable to the delivery of information about vicarious traumatization. This was of concern to me with regard to the development of the three vignettes that form the story of VT. To what extent would these vignettes impact the counselors exposed to them? To some degree this felt a little like a 'catch 22' situation. On the one hand I did not want to add to the trauma material counselors were already exposed to. On the other hand it was important to provide a story that would illustrate VT in action in order to inform the counselor about the nature of vicarious traumatization, and to invite the counselor to connect with her own experience of it.

These concerns were addressed in the method of data collection selected for this research. By engaging in one on one conversational interviews with each of the counselors immediately after they had read the vignettes, I gave the counselors the opportunity to acknowledge and express their feelings rather than suppress them. It allowed space for them to place these vignettes, and the emotions they produced into a perspective that was manageable. They were informed ahead of time as to the potentially disturbing nature of the topic, and requested to schedule their conversational interviews at a time that best suited them with regard to self-care considerations. The background knowledge and skills of these counselors allowed them to take the appropriate steps around this.

Research in teacher education that called for teachers to increase their awareness of themselves as educators ( Raymond, Butt & Townsend 1992) inspired me to review earlier vicarious traumatization workshops I had facilitated. This led me to believe that for some of the counselors some of the self-care and workplace reform suggestions were

not as practical as I had thought. This was due mainly to my perception that these counselors were not in positions where they had regular access to non-hierarchical supervision, or a say over their client caseloads. As a result of these observations I chose to focus more attention on those aspects of self-care that counselors had control over in the development of the self-care package for the three counselors who took part in this study. The focus was on providing practical exercises for decreasing the potential impact of clients' trauma material, and references to additional vicarious traumatization resources for those counselors who felt a desire to continue to explore this topic at their own leisure. This is elaborated on later in this work.



## CHAPTER III - METHODOLOGY

### An integrated model of vicarious traumatization

This study presents an integrated model of vicarious traumatization that explores the manner in which counselor's lives are influenced by their work with trauma and abuse related issues. This study includes a review of literature followed by a three-phase narrative process.

A review of literature in education, feminist theory and narrative psychology constitute branches of the narrative tree that illustrate the power of narrative as a tool for self-reflection, self-awareness and 're-storying'. Re-storying, when used as a narrative therapy term refers to a transformative exploration of the nature of the client's problem, resulting in the development of a preferred client state or client 'story'.

Feminist writings that stress the importance of women developing their own voice through the writing of their own experience are reviewed, as well as narrative works in psychology that focus on the use of narrative as a therapeutic tool. These works illustrate the manner in which language maps reality, and invite us to explore the stories of who we are so that we may come to hold a deeper and richer image of ourselves. A review of several narrative works in education is also provided. These focus on those areas of curriculum research that draw attention to the importance of us knowing more about teachers' lives. This includes works that explore teachers personal and professional lives, and those difficult spaces teachers sometimes inhabit as a result of the interaction between the teacher as an individual and the nature of the work performed.

The first phase of this three-phase process of narrative inquiry into vicarious traumatization, attends to the crafting of a series of narratives that form the story of VT. These vignettes, written by myself, represent aspects of my exposure to vicarious traumatization as a result of contact with it in a myriad of ways over several years. This includes my role as a counselor working with clients who have experienced the trauma of abuse, as a colleague and VT Workshop facilitator witnessing and listening to the concerns of other counselors, and as an individual who has addressed this topic in personal therapy. Using a self-reflective journaling guideline that drew its inspiration from the narrative research framework of seven interpretive phases developed by Fowler (1997), I developed three vignettes. Each vignette provides the reader with an opportunity to witness vicarious traumatization in action in the life of a female counselor working with clients who have experienced trauma and abuse.

The second phase attends to the sharing of these narratives with three female counselors working in a similar field. During this phase these counselors are each separately invited to respond to the narratives in a conversational interview with the writer, in which they explore their own personal relationship to this phenomenon. This narrative format of the conversational interview process has its roots in the narrative therapy works of Michael White (1990, 1993, 1995, 1997). This phase constitutes an important aspect of professional development on vicarious traumatization. The reciprocal nature of the conversational interview acknowledges that education and learning at its best is an interactive process.

The third phase of the study is a self-reflective process, in which I reflect on the production of this thesis work and its personal impact. This also includes the construction

of a fourth and final narrative that illustrates my changed perspective in relationship to this phenomenon. This personally reflective phase of the study both blends and extends narrative therapy techniques and looks to future applications of this methodological approach to vicarious traumatization.

#### Selecting participants

The respondents who took part in the conversational interview process consisted of three women counselors currently working in specialized counseling programs in British Columbia. These programs focus on working with domestic violence and abuse trauma, and are located in both rural and urban centers in British Columbia.

The VT narratives focus on vicarious traumatization in the life of a counselor named Jane who works with women with abuse histories. I reasoned that selecting participants from these specialized counseling programs would enable them to identify more closely with the scenarios presented in the three vicarious traumatization narratives.

My own past experience working in this type of program gave me additional insights that allowed me to address ethical concerns and to focus the conversational prompts that were an integral part of the conversational interview process. As I had worked in a similar program I was aware that all counselors in that program had received some training or information on the topic of vicarious traumatization and those aspects of the work that might contribute to one's vulnerability to it. I was also aware that training and information on the trauma of domestic violence, sexual assault and childhood sexual abuse were addressed in this program. As a result, counselors in these programs were aware of concepts such as the symptoms of posttraumatic stress and countertransference. This was an important consideration as previous knowledge of the nature of vicarious

traumatization was essential. Respondents with no previous knowledge of vicarious traumatization might be confused and/or overwhelmed by the stories and would need additional information about this phenomenon that was not part of the interview process.

I was aware that counselors in these programs in rural areas were sometimes faced with long client waiting lists and clients presenting with a wide diversity of issues. The majority of these rural programs operate from small, publicly funded, private agencies that struggle to keep hold of the few funding dollars they are allotted. Salaries tend to be low in these programs and the work is demanding. It seemed reasonable to assume that respondents selected from these rural programs would be able to identify with themes presented in the narratives.

#### Conversational interview procedure

Responding to a series of interview questions that were used as conversational prompts, three counselors were invited to share their responses to the constructed VT narratives and express those aspects of their own VT story that seemed relevant for them. A conversational format was used for the interview process. Presenting these written narratives along with accompanying written prompts provided the respondents with an invitation to enter into a reflective conversation with me about vicarious traumatization.

Prior to the interview respondents received a package that contained a letter of introduction outlining the nature of the research being undertaken, the approach and intent of the conversational interview, and appropriate documentation pertaining to matters of signed consent, confidentiality, and other issues (Appendix A). Prior to conducting each conversational interview the respondent was given a VT narrative

package. This package (Appendix B) contained the three vignettes that form the VT narrative. In addition a series of questions designed to serve as conversational prompts were placed after each vignette, with a series of more general questions pertaining to the overall impact of the stories placed at the back of the package (Appendix B). Prompts such as “In what way does Jane’s story of her experience with vicarious traumatization inform your own thinking about this topic?”, “Are there any aspects of Jane’s story that reflect your own?”, and “In what ways has your own relationship with vicarious trauma changed over the course of your work?” encouraged respondents to view the issue from a different perspective. This was intended to create space for increased self-awareness and the creation of alternative relationship possibilities with regard to vicarious traumatization. These prompts provided these women with a bridge between the examples of vicarious traumatization and their own personal experience of it. In this way they served as a vehicle for these women to know, own and give voice to their experience. By coming to know their own experience of vicarious traumatization they are in a position to consider the development of an alternative, preferred relationship to it.

The self-care package (Appendix C) was developed based on research from a variety of sources (Bell-Gadsby & Sienberg, 1996; Chu, 1988; Pearlman & Saakvitne, 1995; Rosenbloom, Pratt & Pearlman, 1995; Saakvitne & Pearlman, 1996). This package contains information on some possible symptoms of vicarious traumatization for participants’ personal self-awareness. The package also includes a general set of guidelines on suggestions for self care practices and workplace strategies to minimize and manage vicarious traumatization. Additional handouts were included on what type and focus of supervision is most amenable for addressing VT as well as detailed guidelines on

establishing healthy workplace debriefing practices. Specific exercises were included to process traumatic material such as the dream catcher exercise (Bell-Gadsby & Sienberg, 1996). A reference list of inspirational works is also included that hopefully provide the reader with positive strategies and optimistic reflections, as well as reference material on vicarious traumatization, to enable participants to explore this phenomenon in more depth at their leisure.

Respondents were aware prior to the conversational interview that they would receive a self-care package. Additional time was also set at the close of the interviews to go over the information in the self-care package. This was done to ensure that all participants understood the concepts and exercise suggestions. It was also important to establish whether or not the information contained in the self-care package itself, raised any additional concerns for the respondents, so that these could be addressed prior to the termination of our interview.

White (1997) comments on the importance of therapists giving clients positive feedback on the important role of their stories in contributing to a larger body of knowing. This allows the client to view his or her experience as serving some additional, purpose in the scheme of things, and to know that this is recognized by others. Taking this into consideration, the three counselors were sent individual letters of appreciation (Appendix D) a few days after the conversational interviews. These letters commented briefly on the important contribution each had made to the overall process of the research, including benefits to the personal process of the interviewer.

The location of the individually scheduled interviews was determined by each counselor ahead of time. It was agreed that the space should be quiet, confidential and

free of potential interruptions. The writer also requested that each respondent allow herself some additional time following the conversational interview to engage in personal self-care practices should the need arise.

## CHAPTER IV – REVIEWING EXISTING STORIES

The opening up of a new paradigm is humbling and exhilarating; we were not so much wrong as partial, as if we had been seeing with a single eye. It is not more knowledge, but a *new knowing*.

(Marilyn Ferguson, 1976, *The Aquarian Conspiracy*)

### Vicarious traumatization and related works

While the field of psychotherapy enjoys a long and well established history, the concepts of vicarious trauma and narrative therapy presented in this work are relatively recent with regard to application. Concern for clients in the client/therapist relationship is well documented in works addressing countertransference (Brenner, 1986; Chu, 1988; Freud, 1937; Meyers, 1986; and Wadeson, 1980).

While research on vicarious traumatization acknowledges the importance of countertransference with regard to protecting the client, it equally acknowledges the importance of exploring the impact of the nature of the work itself on the therapist. Indeed, Pearlman and Saakvitne (1995) point out that how the work impacts the therapist is most relevant to the health of the working relationship between client and therapist.

This narrative research explores the impact of the client's trauma material on the counselor, and in this way it contributes to the fairly sparse literature that specifically acknowledges the impact of the client and the client's material on the self of the counselor. It is unique in its use of vicarious trauma narratives as a vehicle to invite counselors into self-reflective conversations. The use of such narrative therapy approaches as 'externalization', 'personification', and 're-authoring' to explore vicarious traumatization (these terms are explained in further detail later in this work) provide an alternate perspective from which to view an aspect of this type of work that is often kept hidden from both the public and those who perform the work.



Pearlman and Saakvitne (1995) point out that while vicarious trauma and countertransference are distinct constructs, they are inseparable in the sense that each affects the other. Whereas countertransference is present in all client/counselor relationships and is manifested specifically within that relationship, vicarious traumatization tends to be specific to trauma therapy, is cumulative, and manifests itself in all aspects of the counselor's life, both at work and at home.

Works that address stress and burnout in counselors tend to point towards the counselors themselves as the 'problem', rather than identifying workplace practices that create climates for stress and burnout. Works that directly address the impact of trauma stories on the therapists hearing them have only recently emerged. Pearlman and Saarkvitne (1995) and McCann and Pearlman (1990) use a systemic approach that focuses on the ways in which clients' trauma stories affect workers' belief systems about themselves and others. Stamm and Hudnell (1997) review existing literature, indicating that while there is a growing body of research on this topic there also exists the need for more research on those who are not health care providers. Steed and Downing (1998), and Figley (1995) address the impact of trauma work using posttraumatic stress disorder diagnostic criteria. Neuman and Gamble (1995) focus their work on the countertransference issues arising in work with survivors of childhood trauma. They incorporate both CTSD and PTSD in their examination of the phenomenon of vicarious traumatization and suggest various workplace and personal counteractive strategies. They also focus on issues of VT and countertransference in therapists new to the field, and suggest the need for adequate training prior to entry into the field along with a more comprehensive understanding and proactive approach to VT in training programs.

According to Pearlman and Saakvitne (1996), not enough training and attention has been given to the impact and potential harm of trauma work on both the client and therapist. Despite the recent focus on the health of therapists there still exists an expectation that addressing stress, burnout and vicarious trauma is the responsibility of the worker. This is manifested in research literature that tends to focus the majority of attention on 'self-care' as the appropriate preventive and interventive approach to the problem. Concern over the loss of some aspects of control over one's life is an expected outcome of any trauma experience. It is therefore appropriate that trauma workers be able to implement self-care strategies, as this provides one avenue for helping to regain a sense of control. Some authors do suggest that workplace conditions are an essential component of vicarious trauma because they contribute to resiliency or vulnerability to this phenomenon, and Pearlman and Saakvitne point out that it is equally important for individuals to feel that they have some sort of voice in making adjustments to those aspects of the work place that contribute to VT.

Rudolph, Stamm and Stamm (1997) explore the need for Mental Health policies to reflect an awareness of VT and those workplace and personal life conditions that may contribute to VT. They stress the need for organizations to create a workplace atmosphere that 'supports' its staff and colleagues as well as it supports the clients being served. Just what exactly is meant by the term 'support' appears to vary across studies. Crestman (1995), Pearlman (1995), and Knight (1997) suggest that better management of caseloads is an example of organizational support. This would mean that management take on some responsibility regarding the number and type of clientele that counselors and others work with. It is appropriate to add that a number of the counselors and therapists I have

personally worked with cite overburdening numbers of clients on their caseload as one of the major sources of job-related stress. Munroe and Pearlman also suggest that organizations can provide support by allowing adequate vacation time, and most studies cite provision of appropriate supervision as an additional feature of 'support'.

Pearlman and Saakvitne (1995) address supervision in great detail. They stress the need for adequate, appropriate supervision for all therapists to address the inevitable issues such as countertransference, burnout and VT that emerge as a result of the work. They emphasize the connection between these issues and the manner in which they interrelate. They focus on the ways in which supervision can assist the therapist to utilize both transference and countertransference in the service of the client and at the same time acknowledge those aspects of these issues that impact VT. They note that traditionally supervision is hierarchical in nature and may not lend itself to the best needs of the therapist dealing with overwhelming trauma material from clients. Workplaces utilizing supervision as a 'policing' tool do no service to therapists who are then not at liberty to share their struggles without fear of being judged and found wanting by their employers.

Pearlman and Saakvitne along with others (Elliot, 1994; Jordan, 1990; and Rosica, 1993) recommend a supervisory style that is non-punitive and relational in nature. The supervisor may be viewed as something of a mentor who is also open to not knowing and learning in the relationship rather than assuming the role of 'expert'. Again this points to the need for the workplace to structure supervision in a manner that meets the therapist's need to be transparent in his or her vulnerabilities. We can see then that the research appears to point to the need for increased awareness of this phenomenon at the management level as well as at the practitioner level. It is hoped that this narrative

approach will contribute to opening the ears of management about the potential hazards of the work.

### Exploring the narrative tree

“[Writers] write to create ourselves, to give voice to our experiences, to learn who we are and who we have been” (Cooper, 1991). Adopting a narrative lens from which to view the problem of vicarious traumatization is a natural progression of the integrative approach I value in my work. This lens draws from several branches of the narrative tree, such as narrative psychology, narrative therapy, feminist narrative writings, and narrative works in education. All are drawn together to story and re/story, to reveal the relationship between the counselor and vicarious trauma, and to adjust that relationship through the restorying process. As Derrida (1992) suggests, it is in the telling of our stories that our lives are changed because things happen in the writing. The very act of storying our lives produces a ‘restorying effect’. An illustration of this is the transformative power of journaling. This process of writing down our experience of our experience, allows us to confront our realities as well as our distortions of reality! From my own experience as well as the reported experiences of clients and friends, regular journal writing can reduce feelings of anxiety and confusion and bring a clarity that allows for the development of new attitudes and ideas. Misunderstandings emerge into awareness as our cognitive processes begin to devise new ways of incorporating events into our life experience. White (1991) takes the notion of the beneficial changes of telling our stories further by suggesting that listening to the stories of others’ lives produces change in both the listener and the speaker. He suggests that when we listen to the stories of others we are moved to express our own, and that in so doing we are all changed or ‘restoried’ in the process.

This thesis work embodies this concept and the impact is described later in this work. Through the development of the vignettes, to the presentation of them to fellow counselors, I entertained a restorying experience which I then returned to the pen and paper, and in so doing, I added further creative texture to my understanding of my experience of my travels with VT.

#### Narrative works in Education

The field of education is not new to exploring narrative ways of looking at teachers and their continued development as practicing professionals. The narrative research work in education, and the reconceptualist movement in the curriculum studies field has also contributed significantly to the shaping of my research work. This includes my own theory and practice as a professional counselor. It also includes my role as a graduate student in the field of education conducting work around issues related to my learning and understanding about the difficulties of vicarious traumatization, and professional development for other counselors who work with the trauma stories of clients. `

Educational research and the field of curriculum studies seek to understand the nature of teachers and teaching by listening to the voices of teachers sharing their experiences of teaching in the field. This includes teachers' reflections on the manner in which their personal lives are impacted by their teaching experiences as well as the manner in which their teaching experiences impact their personal lives.

Writers in education seek to understand the nature of curriculum by expanding historical concepts of curriculum development to include curriculum theory. This reconceptualized approach to curriculum (Pinar, 1989) challenges the manner in which

we have traditionally perceived and practiced what is referred to as curriculum in education. From within this reconceptualist focus narratives of teachers' lives have sprung in an effort to better understand the field of education.

Pinar, Reynolds, Slattery and Taubman (1994) remind readers that one of the tasks of the curriculum theorist is to press the limits of our thinking. They encourage researchers in the field to grow and explore outside the lines of traditional curriculum focus. They defend the more recent scholarly works in education that do not fit preconceived standards of conceptual sophistication, and points out the importance of exploring both the work and the personal process of the researcher producing the work. Attention is paid to the history that brings the researcher to the scholarly work, as well as the experience of the researcher in the production of the work.

Grumet (1989) reflects on the evolution and nature of reconceptualist curriculum, defending curriculum's shift of focus from practice to theory as an acceptable and appropriate response to the back to basics 1970's movement that "led to the 'deskilling' of teachers and the 'dumbing down' of texts, curriculum and children" (Grumet, p. 14). She outlines the important contributions made by curriculum theory writers on phenomenological and feminist themes in education that challenge us to consider the subtle, and not so subtle, ways that we may educate from lenses of bias. Like Widdershoven (1993), she emphasizes the importance of exploring narrative ways of understanding who we are, for our lives are shaped by the stories we tell about what we think about ourselves both as individuals and in relationship to others. According to Grumet, these stories we hold impact what we as teachers teach, and how we as teachers

teach. She encourages us to acknowledge the role gender plays in our way of knowing and nurturing as well as in education and politics.

With this approach Grumet joins her voice to the voice of other feminist writers (Kaschak, 1992; Kristiva, 1981; Schaef Wilson, 1987; Shore, 1995; Witherall and Noddings, 1991) who call for women to write of their experiences so that male focused dominant discourses that have little basis in women's lived experiences can be challenged. She suggests that through this process of forming the story and telling it, the storyteller becomes the researcher. When teachers share the voice of their experiences, their stories may stand as a challenge to aspects of curriculum development that do not serve the needs of students or teachers.

Additional writers in education such as Raymond, Butt and Townsend (1992), Goodson (1981), and others, extend this concept to exploring narratives of student's lives, and point out the interrelatedness between our roles as both students and teachers. From this perspective educators are both teachers and students of life, and giving voice to their experience is relevant and valuable research material as an aid in understanding the curriculum of teachers' lives.

Butt and Raymond (1987) bring an autobiographical focus to curriculum development. They point to autobiography as an important part of teacher development for it allows for increased awareness of teacher thinking. Like Grumet, they recognize that it is important for teachers to become more aware of the stories they hold about who they are and how those stories impact what they do. Through autobiography teachers give voice to their experience and to those aspects of their experience that have had the most impact on their teaching. This includes personal family life experiences growing up as

well as the training they have received in post secondary institutions and in adult life. They are then in a better position to be self reflective and gain insight with regard to their current teaching practices and their need, if any, for future changes.

Butt and Raymond, along with Grumet, stress the importance of teachers sharing their stories with others. Implicit in the concept of narrative voice is the notion that teachers' stories need to be told. Butt and Raymond (1987), point out that one aspect of collaborative and collective autobiography is identifying common experiences among teachers.

This narrative approach to exploring teachers' lives in order to better understand their lived reality resonates with the focus of this thesis work. In the same way that Butt and Raymond see the potential for teachers to be more self aware through the collective autobiographical approach, the writer sees the potential for this collective narrative approach to vicarious traumatization to increase self awareness in and among counselors. In addition, this narrative approach to teachers' experience has the potential to expose concerns that are common to teachers and bring to light the need for change in ways of interpreting and implementing curriculum. Likewise this narrative approach to therapists' experience of vicarious traumatization brings to light common themes and concerns, with thoughts regarding possibilities for change in the manner in which therapists are expected to perform the work. In this way, the reconceptualist approach to education based on the works of Pinar, Grumet, Butt, Raymond and Fowler, brings support and inspiration to this thesis work. In addition, Fowler's (1997) narrative approach to exploring difficulty in teaching is of special relevance with regard to this thesis work. By developing stories that speak to the underlying challenges of teachers' lives, Fowler gives voice to both



personal and shared aspects of difficulty in teaching. Although very personal and individual in nature, Fowler's narratives illustrate collective themes that are shared by many teachers. Fowler's unique narrative approach to exploring difficulties in teaching, has in turn, shaped my narrative exploration of the challenge of vicarious traumatization in counseling.

These writings stress the importance of knowledge of the self in response to the lived reality of teaching. While they do not focus specifically on concepts that relate to professional development they do imply that part of professional development lies in increased knowledge of the self in relation to the work. We can see from these writers and researchers that exploration of the narratives of teachers lives constitute an important component in understanding curriculum as it relates to the field of education.

#### Feminist narratives

Feminist narratives challenge our ways of seeing and expressing ourselves as women. Shore (1995) identifies a common theme among women she works with, a feeling that something is missing in their lives. "While many women want something from inside, they find what is outside to be wanting" (Shore, 1995, p. 12). She points to the separation of the feminine voice and its systematic devaluation in favor of a male reality, as responsible for women feeling that what is outside is wanting. Society does not reflect women's experience of themselves; instead, both women and men are presented with a male mirror that reflects an image that is forever lacking. Shore identifies the presenting symptoms of millions of women who seek medical and psychological help, as representative of the lost voice of the feminine calling to be heard in our society.

While some writers (Elliot, 1997, Witherell, 1991, and Witherell and Noddings,

1991) claim that women are at last finding their voice through writing and telling their own stories rather than having them ignored or told second-hand by men, others (Jordan, 1990, and Kristeva, 1981) point to the limits of the current makeup of a patriarchal language to reflect women's reality. Women, they argue, have defined themselves through the male lens even as they have written of their experience first hand. Kaschak (1992) supports this claim in her examination of the field of psychology. She points out that despite the influence of the women's movement, psychology, for the most part, has remained unchanged in its practice. She notes that although she represents a growing number of women entering the field of psychology, it is evident that women's perspectives have been absent from the models and practices of psychotherapy. Her work, Engendered Lives: A new psychology of women's experience (1992), proposes a new model of therapy that honors women's ways of knowing and being. Kaschak speaks of her painful discovery of the limits of language to express new perspectives. She notes that woman's experience is not only not represented, but also unrepresentable due to the lack of sufficient language to express it.

Referring to fields of study as *academic disciplines* implies a formality of structure, separateness and boundedness that is deceptive. Often, when I speak of psychology, I am aware of the overlap with sociology, psychiatry, social work, physiology, neurology, philosophy and other so-called disciplines. (Kaschak, 1992, p. 6)

These comments may support the notion that there exists a natural integration of that which has been separated and that the feminine voice, when given reign, is a voice of integration across disciplines. This perspective reflects my own philosophy of integrating across theories and disciplines to provide an interventive approach that best suits the needs of each individual. It is my hope that this thesis work continues that process in its

use of a narrative way of knowing vicarious trauma through as much of a female lens as is possible given the limits of language. This lens is comprised of my own expressions of my own personal experiences as well as the personal expressions of three female therapists' experiences with this phenomenon. All of us work with women who have experienced a wide range of abuse such as sexual assault, physical, emotional and psychological abuse and childhood sexual abuse. The voices heard here are the voices of women working with women using the narrative tools available to us.

#### Narratives in psychology

According to Gergen (1994), in order for stories to have any meaning they require the coordinated actions of at least two people. He argues that we can rightfully replace Descartes's 'I think therefore I am' with 'we communicate therefore I am'. Accepting this inevitable part in our clients' stories may pose a challenge to the traditional stories we choose to tell about our work and how we position ourselves in it. According to

#### Gergen

persons exist in a state of continuous construction and reconstruction; it is a world where anything goes that can. Through this process of deconstruction and reconstruction, everything can be negotiated. Each reality of self gives way to reflexive questioning, irony, and ultimately the playful probing of yet another reality. (1991, p.7).

This study recognizes these shifting realities by presenting this exploration of VT within a framework that acknowledges that this study represents just one part of the road on the journey that each of us must travel. It acknowledges that as counselors we exist in continuous construction and reconstruction with regard to our relationship with vicarious traumatization.

Monteleone (1997) views the therapeutic relationship as an exchange not

between client and counselor but between “narrator” and “co-narrator”. In this way he acknowledges that the work of therapy lies in the finding of our voices through the telling of our stories. It is by listening and reflecting that co-authors (counselors) assist the author (client) with the re-authoring process. In the same way that it is impossible to remove the influence of language on the student studying language, it is equally impossible to remove oneself from the client’s story. The counselor becomes part of the story through the very act of listening and reflecting.

#### Narrative therapy

Works that bring narrative ways of thinking about therapy and practicing therapy are recent. Freedman and Combs, 1996; Parry and Doan, 1994; White and Epston , 1990; and White 1991, 1993, 1997 trace the shifting focus of psychotherapy from its modernist roots to postmodern ways of practicing. They point out the benefits and the challenges of doing narrative therapy in a destoried world.

It (postmodernism) is particularly challenging for us as therapists. It challenges many of our most basic assumptions. The most fundamental of these are the following: that there is one self per person; that this self is knowable and can be understood and even mastered by the person if only he/she and the therapist go at it long enough....that people all basically inhabit the same world, and that if they can just talk to each other using a common language, they can resolve conflicts and live together in imperfect but acceptable harmony. (Parry and Doan, 1994, p.12)

In this way they point to the challenge of entertaining postmodernist concepts of multiple truths and shifting realities in the counseling process. Like Kaschak (1992), they recognize the need for psychotherapy to move from its traditional modernist roots into the reality of the postmodern era. They draw readers’ attention to the writings of Michael White as most influential and successful in inviting therapy into the postmodern story. White’s narrative therapy invites us to view problems as the result of the stories we hold

about who and what we are in relation to others and the world around us. Many of these stories are formed in conspiracy with multiple meta-narratives (culturally established truths about the world and our place within it). These serve as societal control mechanisms which we operationalize unconsciously. White advocates employing the process of deconstruction as a means of examining the hidden meaning in these meta-narratives. White describes deconstruction as having to do with:

procedures that subvert taken-for-granted realities and practices; those so-called 'truths' that are split off from the conditions and the context of their production, those disembodied ways of speaking that hide their biases and prejudices and those familiar practices of self and of relationship that are subjugating of persons' lives. (White, 1993, p. 29)

This situating of people's problems in the way in which they have storied their lives or had them storied for them according to popular cultural, ethnic, and religious assumptions is exposed and challenged through the deconstruction process. White advocates that the task in therapy is to allow for the possibility of exploring old stories, exposing the meta-narratives by making conscious that which was unconscious. In this way we open space for discovering other stories that were lost to view due to the overriding power and force of previous narratives. These may then be incorporated into an alternative, richer, personal knowing of oneself.

By focusing a narrative lens on problems such as stress, burnout and vicarious traumatization we can develop a fuller story of the reality of the work. From here we can assess those practices that would best address this 'reality'. In this context a variety of 'characters' can be identified as having a role to play in both the existence of vicarious trauma and the means of addressing it. These characters may take the form of stressful job conditions, inadequate training, not attending to personal therapy, or they may take

the form of societal beliefs about therapy and therapists, as well as beliefs about the women who experience abuse along with the women who provide services to them. In this way the narrative lens allows us to widen the view to include hidden factors that contribute to our experience of a problem as a problem.

Exposing the biases and prejudices hidden in accepted 'truths' allows counselors to explore alternative and preferred knowledges of who they are. In this way additional 'characters' can be identified to build a preferred story. These may take the form of increased supervision and additional training and therapy, or they may take the form of challenging societal biases and prejudices that are contributing to the problem. Traditionally psychotherapy stresses great importance on establishing firm, healthy boundaries between oneself (as the therapist) and clients and their problems. This is viewed as an integral aspect of the client/counselor relationship. Yet narrative writings challenge traditional views of boundary setting by highlighting intercontextual shifting realities. They force us to take a closer look at what we traditionally hold to be true in this profession and in life generally. This view includes those meta-narratives of psychology that regard the relationship between client and therapist as non-reciprocal. They also call into question notions of boundaries that are intended to protect both client and therapist. However, the very existence of vicarious traumatization supports intercontextual shifting realities and challenges the traditional concept of non-reciprocity. If vicarious trauma exists as a construct then it would seem that we are indeed impacted by our clients, and if we can be impacted by our clients in negative ways then surely we can be impacted in positive ways also. This being said, I would like to stress that it would be unwise to assume that the experience of vicarious traumatization is all negative. Works on this topic

suggest the advantages of gaining insight into the self as well as the development of increased appreciation for much in life that we may otherwise take for granted. My own experience certainly supports this. I would stress that the concept of establishing boundaries in the therapeutic relationship is still relevant to the work, but it might be that the perimeters of those boundaries could better serve the needs of both client and therapist if they were allowed to shift according to each individual reality. With the advent of newer therapies that have their roots in postmodern philosophy, it would seem that the field of psychology is moving to a place where it has one foot in modernist ethics while it has the other dipping tentatively into the pool of postmodern, destoried and restoried realities.

White (1997) points to the importance of therapists making their clients aware that sharing their story has an impact on the therapist. While this may be seen on the surface as entering boggy ground with regard to boundaries and ethics, White is not advocating that the therapist share confidences or use the client to meet personal needs with regard to self-disclosure. Instead he is suggesting that an important aspect of the client forming an alternative relationship to the problem is to learn that the sharing of the story of the problem has made a difference to the lives of those listening. It is also my contention that when we as therapists and counselors focus intently on maintaining boundaries by hearing the stories of our clients without relating that we are changed in some way through this process, we are in danger of giving the client the impression that we are somewhat indifferent to their stories, that their stories do not impact us. Indifference, real or imagined, is a powerfully negative force in any of our lives. This is equally applicable to the stories of therapists' lives impacted by the work. When

therapists and the systems in which they work ignore or deny the changes that therapists experience as a result of performing this work, both therapist and system then become part of the problem. When viewed from this lens we see that vicarious traumatization is not the problem – the problem is our individual and collective response or lack of response to it.

The success of therapy is dependent on the nature of the relationship between client and therapist. This relationship is not intended to be reciprocal in the sense that while therapists provide a listening ear to the client there is no expectation that in return the client will provide a listening ear to the therapist! While it is important to provide some feedback to clients', there are limits. It is not the job of the client to feel in any way responsible for causing certain feelings in the therapist. This includes both positive and negative feelings. It is not the job of the client to ensure that his or her sessions result in the therapist being able to be a better therapist or a better person. The concept of the therapist reflecting back to the client the personal and professional benefits of sessions needs to be approached with caution. Some clients may move quickly into a place of wanting to please the therapist and attempt to devise sharing experiences that are tailored specifically for such an outcome.

White (1997) also points out the tendency for traditional psychotherapy to encourage therapists to hold a thin description of themselves. By overly focusing our expertise on that which we have gained in our role as either therapist in training or therapist at work, we deny or overlook very real and important role that others in our life experience have played in shaping who we are and what strengths we bring to the work. He indicates that in supervision



It is more usual for the therapist to locate the difficulty in a site of their own identity, and to enter their lives into continuums of normality and abnormality – competence/incompetence, dependence/independence, and so on. Thin conclusions about personal failure or inadequacy are the outcome. (White, 1997. p. 151)

His antidote to the hazards of performing therapy is to develop ways to embrace a fuller knowing of who and what informs our work by participating in therapeutic conversations around this. He proposes envisioning supervision as a ‘re-authoring conversation’ in which previously formed thin descriptions of ourselves can be enriched through a process of ‘re-membering’ which brings into the arena forgotten people and events that have helped to inform our counseling story. This thickened and enriched image is then taken into our work where it acts as a powerful challenge to VT’s invitation to question our worth as practitioners. This study incorporates narrative concepts of re-authoring and remembering therapists’ lives. This concept is incorporated into the development of the third vignette in the story of vicarious traumatization that is presented to counselors in this study.

This study will contribute to the, as yet, sparse literature available on narrative ways of knowing vicarious trauma by utilizing a variety of narrative therapy concepts in the development of the vignettes as well as in the conversational interviews. The source of inspiration for the development of the style of the vignettes as well as the nature of their presentation is based on the works of Fowler (1997), and White (1997) which will be explored in more detail later in this thesis work.

## CHAPTER V – CRAFTING NARRATIVES

“What I am is an editor of my own past. I collect versions of my pre-history, arrange them, rearrange them, and then tell them to you.”  
(Janet Turner Hospital Staff, 1995, Charades)

### Learning from another narrative inquiry approach

It seemed appropriate to me that an essential component of exploring the difficulties of vicarious traumatization in counseling, was to look inward at the impact of the work on myself before looking outward at its impact on others. Exploring my own story of VT through the development of vignettes provided this opportunity. My decision to develop narratives about vicarious trauma was partly in response to Fowler’s work on difficulty in teaching (1997) that proposes a narrative oriented self-reflective process in teaching. Fowler acknowledges the importance of knowing our own internal workings and encourages us to bring the ‘therapist, know thyself’ adage into other helping arenas such as the field of education. Fowler illustrates how the crafting of personal narratives on difficulty in teaching can bring insight and perspective to the educator. A modified approach to her seven-phase method of narrative analysis was followed as a guideline for the development of the vicarious traumatization vignettes. This provided me with the link between narrative ways of knowing, concepts and techniques in narrative therapy, and the phenomenon of vicarious traumatization. From the formation of the vignettes I was able to explore similarities and differences in the experiences of fellow female counselors working in the field of abuse, and in so doing I experienced the benefits of the narrative therapy concept of thickening and enriching my own VT story, while they experienced an opportunity to explore their own experiences using the vignettes as tools of introduction to the difficult spaces.

Inspired by Fowler's seven-phase method, I developed the naively-storied vignette Just Another Client as an initial exploration of the difficulty in counseling. After this I wrote and developed the first and third vignettes The Hostage Taking and A Remembering Conversation to complete the VT narrative. The following is an account of the manner in which Fowler's guideline was extrapolated for the exploration and development of the vignettes contained in this thesis.

The initial phase of Fowler's narrative inquiry is *naive storying* where the individual tells the unexamined story of his or her life as a professional. This can be an opportunity for cathartic release. It constitutes a gift to the self. From a counseling perspective a variety of approaches could be implemented in such a telling of personal work experience. The naive telling could take the form of drawing, painting, collage work, taping of stories, role-playing, sculpting, poetry, song, etc.

In the development of the second vignette, I selected the method of audio taping my experience. It was important for me to be able to give physical voice to my experience and to be able to hear that voice - to take an active part in the reflective process. This allowed me to discover the importance of the 'sigh' in the story. To me it spoke volumes about energy levels and how they are impacted by vicarious trauma. In listening to the audiotape I discovered that while Jane was not me, she came from me. Her sighs were my sighs, as well as the sighs of all of those who, at times, feel overwhelmed with the trauma of their clients' lives. The sighs became an important element in the final draft of the second vignette, and I realized that they were only uncovered due to the audio taping component. Due to this unexpected outcome I chose to

continue to utilize the audio taping process as part of the development of the remaining vignettes.

The next phase in Fowler's narrative enquiry involves the *psychological (re)construction of a life event*. This takes into account the process occurring with the telling of one's personal experience. It is an acknowledgement of the impact of the work alongside the impact of telling the story. In the multiple telling, one's experience is constructed anew and the lens of that experience is refocused. This process provided me with an opportunity to reflect in another manner and to do so at another time in my experience. I was now reflecting from a space where I had some increased objectivity. Just Another Client revealed to me the extent to which I had been impacted by working in the field of abuse for the past eight years. As a result of the initial writing down of this story I decided that I needed to continue to explore this matter in personal work.

Fowler's third phase, *psychotherapeutic ethics*, involves being mindful of the space we inhabit in the narrative work. It is a reflective and analytical process demanding the awareness of the existence of projection and transference operating in the story we tell of our experience. This step of holding ourselves accountable for our psyche is not a step of judgment or blame. It is a step of increased knowledge of the internal workings of the self that can play out in ways that are detrimental to both self and others. This is a process of taking responsibility by asking those questions that are hard to ask and accepting answers that reflect the existence of our shadow side.

This process allowed me to explore the parts of Jane's story that were particularly personal, to reflect on those times in my work when I have projected onto colleagues traits, thoughts, ways of thinking that have in some way been present in myself. It

allowed me to acknowledge times when my judgment of others was a result of the stressors of personal and professional life situations. I was reminded that the concept of countertransference was as applicable to my relationship with my colleagues as it was to my relationship to my clients. As I was developing this story during a hiatus from my work with abuse survivors there was enough distance for me to see and acknowledge that my clients had not always received the best of me as a counselor during the times I was experiencing workplace and personal life stress. This stage involved the processing of this awareness and the feelings that emerged as a result.

The fourth phase of working with the *narrative craft* entails constructing, rewriting, revising and editing the story to be told based on the material generated in the first stage. This is the point where attention is paid to literary concerns. As this was my first attempt at writing such a story, initially I felt a little overwhelmed with thoughts of “will it be good enough?”. While I knew my standard was not the standard of great writing or writers, I was strongly committed to writing in such a way as to draw forth from the reader feelings and thoughts that would illustrate the subtle nature of the impact of this work on those performing it. It was during this phase that I began to weave additional aspects of evidence of VT in the life of the counselor depicted in the story and to focus on developing a format that would draw the audience towards the space where Jane’s thoughts were spiraling back and forth. As I developed the story I realized that alone, it was incomplete as an exploration tool with counselors. The Hostage Taking presented an externalization of vicarious trauma by personifying it into the character VT. This provided the audience with another angle from which to explore their own experience of this phenomenon. A Re-remembering Conversation was then developed as a

result of identifying a personal and professional need to close this part of the story of VT on a somewhat more hopeful note than the one left after exposure to the first two vignettes. The integration of the concept of engaging in a re-authoring conversation allowed me to continue to incorporate the narrative therapy lens into the work, and to illustrate to the reader that there are ways one can deal with vicarious trauma. It was important to me that the story of VT at some point illustrated that it was possible to make adjustments and continue to do the work.

*Hermeneutic work* is the fifth phase of Fowler's narrative inquiry process. It involves exploration and interpretation of the hidden meaning embedded in the story. This occurred on two levels for me. On the one hand I looked at the story from a place of explanation to the reader who is not aware of the dynamics of vicarious trauma. By illustrating what was happening and what that signified I was able to expose the more subtle aspects of the impact of VT to the reader. The second level of exploration involved discovering the hidden personal meanings in the story. The story could tell me much about my own unconscious processes with regard to my work and the impact of vicarious trauma. I came to realize that there were no distinctions between my roles as writer and reader of the narratives. I came to appreciate aspects of the simultaneity of the process. Within each re-writing a re-reading was taking place, and within that process a re-shaping of my understanding of myself in relationship to vicarious traumatization. Within the walls of these VT stories I saw my anger and frustration at recognizing that the nature of the work had left its mark and that my original training in the field had not prepared me for this. I realized that this thesis work was part of my retaliation. It was a retaliation in the form of sounding the alarm. I also saw my need to believe that I, like Jane, could

continue to do the work by developing a new relationship with VT. This meant that the note of the alarm should be rich and full of promise. This was not to dress up harsh realities, but to celebrate the promise inherent in opening up to the difficult spaces we inhabit in our lives. With the awareness of the anger and frustration operating in the story I contemplated my responsibility towards the female counselors reading this. Initially I was fearful that they would be emotionally overwhelmed by reading these stories. I realized that this was to a large extent my own issue, for underneath these concerns for the counselors lay fears of 'injuring the client'. These fears had always concerned me as a practitioner after a particularly detailed course I took in my early training on the horrors of the abusive, re-traumatizing therapist! In my work with clients I came to personal awareness of both the actual and potential power of my role as therapist in the relationship. I was faced with that shadow side of the self, and the knowledge of the potential vulnerability of each client to that shadow side. In retrospect, there were elements within these stories that would certainly constitute the potential for trauma information overload.

The sixth phase of *pedagogical work* consists of addressing the counseling and educational implications for my own practice. I asked myself in what way developing this three part VT story was altering my own counseling story. Although the experience of crafting the narratives shifted my perception of VT, I realized that this process of reflecting through the third party of Jane's character also brought to light aspects of my own struggles with VT that were previously hidden. There were difficult questions to consider with regard to the implications for my continued work as both counselor and educator. In light of this new awareness formed in the process of constructing the

narratives, how was I to continue in this work in a manner that honors both my clients and myself? Personal experience with intercontextual shifting realities was causing me some consternation. Resolution came in the form of a well worn phrase in therapeutic circles ‘trust the process’. I realized that this was all part of the unfolding process of my journey as an individual. This was not the story of VT; it was the story of me, of my process, of my struggles, of my life. VT was but one character in that story. I allowed myself the space to accept that insights and awareness would continue to emerge as I continued along the narrative path.

Fowler’s seventh interpretive phase addresses the *poetics of teaching*. Reworking the narrative and exploring it for multiple levels of meaning has been undertaken to a point where it is ready to share with others. Sharing it with others allows for the possibility that they also will acknowledge and perhaps even address their own stories. My approach to this final phase of the story was to keep working at it, making a change here, and an adjustment there, until my emotional response to the story was reduced. When I was able to read the story from a somewhat objective stance and felt satisfied that the reader would be well informed as a result of exposure to the story, I decided it was ready for the reader. As I worked through this process I began to realize that there were many levels of experience here that I was not yet aware of. I suspected that with the passage of time, I would come to know more and more about the deeper meanings of what I had written and why. A deeper understanding of the true nature of my travels with VT was beginning to emerge as I was reminded to ‘trust the process’, and for the time being I was content to accept that all that needed to be revealed would be revealed in its own time.



Each vignette is presented here in order of its presentation to the respondents in the research component of this work. Following each vignette is a description of the narrative therapy techniques presented in the vignette, along with an explanation of the intent of the vignette in terms of its use as an exploration of vicarious traumatization in the life of Jane, a fictional character developed from a combination of personally and professionally acquired knowledge of the symptoms of vicarious traumatization.

### Vignette Number 1

#### The Hostage Taking

*Interviewer:* This is Jean Thomas-Mitton on site at the latest hostage taking by Vicarious Trauma where we bring you an exclusive interview with V.T. Now V.T., may I call you V.T. by the way or would you prefer your full name?

*V.T.* Hey lady call me what you like, I answer to many handles - V.T., S.T.S., short for secondary traumatic stress, and Sid...that would be Sid as in 'insidious' (smiles), whatever takes your fancy.

*Interviewer:* Thanks V.T. Could you tell the viewers who this latest hostage is and why you selected this particular individual?

*V.T.* Sure. Her name's Jane and she's one of the walking wounded. She's been counseling trauma victims for more years than either of us care to remember!

*Interviewer:* Why specifically did you select her then?

*V. T.* Well, she self-selected lady - it was just a matter of time. It's not like I chose her - I mean, I'm drawn like a magnet to the Jane's of this world. That's something people need to know about me.

*Interviewer:* Now what exactly do you mean 'drawn like a magnet'?

*V.T.* Well, people like Jane spend practically all their waking lives exposing themselves to other people's trauma. She listens to story after story of abuse. Hey, it's like I say: it was only a matter of time before I managed to steal into her scene.

*Interviewer:* Are you saying that Jane didn't keep good care of herself then, that she allowed this to happen?

*V.T.* (laughs) Well, that's what most people would like to think isn't it? If you lot blame Jane, then you can convince yourselves that you'll never be in danger of being taken hostage by me! (laughs)

*Interviewer:* What are you saying exactly?

*V.T.* What I'm saying exactly...what's your name?

*Interviewer:* Jean

*V.T.* What I'm saying exactly, Jean, is that I'm hanging out in more people's lives than they care to admit. I creep in unannounced. Glide in gradual like. I'm out there, everywhere. The truth is I'm an under appreciated, unrecognized 'event', lady!

*Interviewer:* O.K. O.K. So what was Jane's first indicator of your arrival then?

*V.T.* Well, I've been trying to get her attention for ages. I've been getting into her space for nearly a year at night. Difficulty dropping off to sleep, waking at odd hours, the odd client-related dream, that sort of thing. Then a couple a weeks back, she had a series of violent dreams in which either her self or various family members were being attacked.. lots of blood and stuff. I reckon that got her attention. Sure slowed her down anyway. I noticed her avoiding some of her usual healthier activities like her morning run, and having a nip at the wine bottle after work instead.

Then there's been her change in attitude towards work. My good buddy

“Cynicism” and I hang out with Jane pretty constantly these days! We’ve got her avoiding some of her more challenging clients and pulling away from her usual support staff. She’s begining to lose that old sense she used to have that the work makes any difference in the scheme of things.

*Interviewer:* (Seems lost in thought for a moment, then blinks and shakes). Sounds like you’ve got this ‘break and entry’ lark finely tuned?

*V.T.* (Getting indignant) Hey NOT SO, lady! I don’t HAVE to break and enter. I can go anywhere I please, unannounced. No locks on any doors you see! Of course, it’s not as easy taking hostages these days.

*Interviewer:* Why is that then?

*V.T.* Well, some people are recognizing my presence early. Then they start to alter their lives to minimize me. Still, I’m not like other burglars. I don’t need to break down doors. I’m still hard to detect. Then there’s the old denial card. I like to play that one a lot.

*Interviewer:* Denial card?

*V.T.* Yeah - you’d be amazed at how many people feel me in their lives and refuse to see they’ve been taken hostage. They concoct all sorts of stories, all sorts of excuses - like “oh I’m a little stressed and under the weather right now because I’ve been working too hard.”

*Interviewer:* Well, isn’t working too hard one of the symptoms of you being in the vicinity?

*V.T.* Not necessarily; keeping company with stress and burnout ain’t as dangerous as keeping company with me! Though keeping company with stress and burnout when

people are in Jane's line of work sure makes it easier for me to arrive on the scene - it's like swinging the door wide open and inviting me in!

*Interviewer:* So apart from Cynicism, who else do you count as your partners in crime?

*V.T.* Hopelessness, Hypervigilance, and of course my best mate in the world –

Disconnect.

*Interviewer:* Who is this Disconnect?

*V.T.* That would be Disconnect, alias Dissociate. Well, if you're exposed to trauma long enough, eventually your body will just kick in with ways of blocking it. It's a natural response. Trouble is that it ain't that healthy 'cos it tends to block everything. It also plays havoc with the way you remember things. Yep - when you see Disconnect you KNOW I'm on the scene!

*Interviewer:* So what's your purpose in this hostage taking V.T.? What do you hope to gain?

*V.T.* Survival, lady! I need hostages - I can't survive without them.

*Interviewer:* So who, or what would you say are your friends V.T. that help you survive?

*V.T.* That's easy. I'd say I have five friends

- repeated exposure to trauma stories
- hopelessness and helplessness in clients, which eventually shows up in my hostages.
- low pay and long working hours
- not much support or supervision at work
- insufficient training.

I could go on, there's lots really, that's just the tip of the iceberg.

*Interviewer:* Mm....So then who or what would you say are your enemies? Do you have any enemies?

*V.T.* Oh yeah! Knowledge is my biggest threat right now. That's why its so risky doing this interview! Dangerous thing knowledge - leads to all sorts of self-care practices and job site changes that threaten my very existence!

*Interviewer:* So why did you agree to this interview V.T.?

*V.T.* Well it's a bit of a 'catch 22' situation really. I mean I'm dammed if I do, dammed if I don't.

*Interviewer:* What do you mean by that?

*V.T.* Well, I see the writing on the wall. I see things changing and frankly I'm sick of working in the shadows. I mean I'm notorious for God's sake, and no one knows!

*Interviewer:* I guess that's the trouble with being such an insidious, undercover sort of chap?

*V.T.* Too right, lady! I guess I'd like people to know of my notoriety before this new wave of knowledgeable therapists cut me down to size.

*Interviewer:* So are you in danger of extinction, V.T.?

*V.T.* Well, I don't reckon so (starts getting up off chair) but I can't talk any more, I see Jane has just taken five extra clients onto her caseload. Looks like I've got work to do!

*Interviewer:* Well, this has been Jean Thomas-Mitton reporting on location with V.T.

Thanks V.T.

*V.T.* (Is turning to leave)You're welcome Jean. (turns and looks back) By the way I hear you're planning to do a thesis on me; is that right?

*Interviewer:* Well, yes, I guess it's mostly on you...why do you ask?

V.T. Well, it's just that in that case I may be seeing you sooner than you think! (winks and exits)

#### Discussion of The Hostage Taking

In this first vignette a technique referred to in narrative therapy as 'externalization' is employed (Freedman and Combs, 1996; Tomm, 1989; and White, 1991). This is the process of separating the problem from the person who is experiencing it. Over-identifying the problem with the person leads to increased feelings of helplessness and hopelessness, and a loss of personal identity outside of the problem. To some degree the person can literally become the problem, to the extent that they can no longer bring into focus their many strengths and coping strategies that may need to be accessed in order to address the problem.

Isolating and separating the problem (externalization) allows the person to view it from an alternative, distanced perspective. From this somewhat removed vantage point the person can contemplate the character of the problem and its impact on his/her life. The process of writing 'The Hostage Taking' utilizes this externalization process by personifying vicarious traumatization. The reader is presented with the script of an interview with V.T. who has taken a hostage in the form of a counselor named Jane.

This approach is designed to bring the reader face to face with this externalized phenomenon. Through this interview format the reader is able to form an image of the character of VT as it manifests itself in the life of its victims. This vignette's use of VT descriptors such as 'insidious', 'slide' and 'undercover' help to portray to the reader how easy it is for us to be unaware of the gradual impact of continued exposure to trauma work. The use of externalized imagery was designed to allow the reader to experience VT

as separate from herself. It was hoped that distancing VT from the reader would allow for observation from a less potentially anxiety-inducing place. The reader as observer can then listen to, and observe the interview in her mind's eye and then form her own image of V.T. The Hostage Taking informs the reader of VT symptoms through V.T.'s own description of the ways it has infiltrated the life of its hostage, such as in the form of Jane's disturbing dream imagery, Jane's loss of her previous joy of life, Jane's cynicism about her work and about people in general, and Jane's withdrawal from healthy self-care practices to potentially unhealthy coping mechanisms such as a greater reliance on alcohol to relax her after work. These are all described in the literature (McCann and Pearlman, 1990; Pearlman, 1995, and Pearlman and Saakvitne, 1995) as examples of possible symptoms of over-exposure to trauma stories and trauma work.

In developing the personification aspects of this vignette, I attempted to present the character of V.T. in such a way as to allow the reader as much personal interpretation of V.T.'s characteristics as possible, while at the same time presenting the reader with relevant information about vicarious trauma symptoms and contributing factors. I attempted to portray V.T. with as few visual descriptors as possible and attempted to remain as gender neutral in my portrayal as possible. My attempt to impose as little of myself onto the reader's interpretation as possible, while still expressing my own voice, was derived partly from literature that speaks to the concept of authentic voice. (Chase, 1991; Elliot 1994) It was important to me that the respondents in my conversational interviews were given every opportunity to respond to the vignettes from their own personal experiences. I felt that this would be enhanced if they were given as much space as possible in which to form their own image of the nature and characteristics of

vicarious trauma in their own lives, rather than have my own pre-conceived and pre-defined image superimposed on them. My goal was to present V.T. in my own voice, in order to use it as a narrative stepping-stone to allow for the expression of the respondents personal experiences with this phenomenon.

The closing dialogue between V.T. and the interviewer (myself) illustrates my growing awareness of the actual and potential impact of traveling with VT during this thesis process. The development of this vignette, along with the development of the two remaining vignettes, brought forth a variety of personal responses and reflections that I comment on in greater detail later in this work.

Vignette #2:

Just Another Client.

Jane gazed out of her office window towards the hills rising out of the valley. The beauty was present as it always was, but today she was not aware of it; unable to tap into it as a calming ever-present reality. Today she felt the tension building inside. The faint unease that had begun the first time she had glanced at the clock on her office desk was moving inexorably from the pit of her stomach towards her midsection. Time for a little self-monitoring -- a little self-talk, she mused.

So Sarah's late again. Still it's hardly the first time she's been late, is it? I remember how she was always guaranteed to be at least fifteen minutes late in the early days - the days before I knew her situation. There were many times she never even turned up - it was always a hit and miss thing with her anyway. Still that was in the early days. The days before we had connected. The days before I became aware of the reality of her life, and now I know I'm are not nearly as complacent when she is late. Who could be?



(Sighs and talks internally to herself) Well you know the rules Jane - don't be going down any roads springing to any conclusions you don't need to. She's late and it gives you an opportunity to write up the case notes from that group session yesterday evening. What's wrong with a little free time; you're always complaining you've never enough time for paperwork - never enough time to attend meetings, prepare properly for clients, have a life - whoops let's not go there sister that's not helping!

Jane spends a few minutes completing her reflections on her previous session and places the folder in the file cabinet. Glancing up at the wall clock above the filing cabinet she sees it's now twenty minutes after the hour and for a brief moment entertains the hope that she will not come; that she'll phone the office and reschedule and that will allow some spare time to veg out a little before the Thompson's arrive.

Mmm, the Thompsons, my angry, argumentative couple who just seem to want to stay stuck. Why is it so exhausting with some people? Why do they seem to suck the energy from me? They walk in with bright surface smiles giving me stories of how well things are going, how each of them has put into place the suggestions from the previous session - yet I'm not fooled - not by a long shot. I see how they sit apart from each other. Close enough to give a good initial impression, yet far enough to be out of physical striking distance when the insults start flying, before the arguing and accusing. I know it won't be long before they begin to drag each other down and me along with them (another sigh).

So what if Sarah doesn't come, and doesn't phone, and doesn't get someone to leave you a message that she's all right, she's still alive? What are you going to do then Jane? How are you going to hold that? You've always known that's a possibility; she's

even told you herself. How can she be so aware of the issues - so clear as to the dangerous nature of her life with him and yet still need to be with him? God how I hate this; how I hate giving her the choice over who and what she chooses. How I hate that despite a whole year of coming to see me she remains in so much need of him in her life. O.K. I know what the theory says about this stuff; I know that there is no magic wand and that this isn't about me and how good or bad a therapist I feel I am - but Jesus Christ I want so much to get this guy out of her life! (sigh)

If only I didn't know him so well. Hey, I've never met him face to face but boy do I know him! Every thing she has shared the last few months tells me who he is and how much he needs her to give his life meaning. Tells me how intelligent and manipulative he is - that's the scary thing - his intelligence and the way he uses it to build stories that make it hard for her to see that the abuse is not her fault. The way he manages to take what she tells him about our sessions and turn the meaning around. And still after a whole year his words have more power than mine (sigh).

Damn it - it's bad enough he's got fear hanging out in her life - what really busts my butt is that he has it hanging out in mine as well! Sometimes I fantasize about having a local police officer threaten the shit out of him so that he leaves. With him out of the way I could get somewhere with her; I'm sure of it. Without him there with his crazy making we could get down to some real work. Without her constantly on edge, trying to protect herself physically and psychologically we could get through to the place of change and hope. Boy what would I give to see him out of her life! (sigh)

So this is the real world Jane and it's 25 minutes after the hour and the chances are that you will not see her today and that she will not contact you and that you cannot

contact her because she has given you strict instructions never to do that and you will have to find a way to hold that until she does contact you. So who has the power and control now Jane? Ha!

The feeling of unease has moved from her midsection to her chest and she can feel the familiar tightening sensation reminding her that anger is hovering close. She notes that her energy level is really low and it is early afternoon and there are still three clients before she can leave this space and the concerns she addresses here. Three more sessions and another bloody meeting about stupid, unimportant issues - who the hell cares about the state of the washrooms, who makes the coffee and whether or not we should give Beth a book or a pen and pencil set as a leaving gift! I'm supposed to sit and show interest in that shit when my client could be in hospital or dead or God knows what?!

I had a dream about her last night – well, it wasn't about her it was about me but it was about her really. I woke feeling like I hadn't slept a wink. God it must be so exhausting being so on edge all the time - that adrenalin pumping out constantly. Is that what it feels like for her, like it felt in the dream? No wonder she is exhausted and unable to work at any job - she has no physical or emotional resources. Where the bloody hell is she!

Jane phones the front desk.

“Any sign of her yet?”

‘No.’

“Mmm - she hasn't called or left a message or anything?”

“No.”

“O.K.”

She places the phone heavily on the receiver and sighs again as she sees it's thirty minutes after the hour. She's rarely this late - sometimes she's this late - sometimes he leaves for work late and she has to wait until he's gone because he's forbidden her to leave the house. (sigh)

Jane knows she should get on with things - she can see her file folder for recording her monthly program statistics on her desk under her client file. Overdue as usual. Well that's at least one thing that I can rely on. I'll always be late getting those bloody program statistics in on time, she thinks to herself as a sardonic smile plays briefly across her face.

She leans over pulling the pile of files towards her. There on top is her client's file. She reaches forward to place it to one side, then hesitates, eyes fixed on the faint image of two hearts drawn interlaced in the corner. She recalls the session when she had doodled this image that she had attempted to erase some time after. She was in session listening to the retelling of a violent incident followed by a time of passionate lovemaking. She recalled the way her hand jolted in the formation of the second heart when she heard how he had told her what he would do to her rather than ever lose her. That he could say such things while in the act of making-love, at the point of her orgasm, the injustice and the injury, and she recalls how her own insides did a flip with the hearing of it. She could see the heavy lines through the heart where no amount of erasure could remove the image from the file or from her mind.

If she turns up now shall I see her? I mean it's too late for a proper session.

Maybe I should take a leaf from Bill's book - he refuses to see client's if they're more than 10 minutes late - reckons it's too hard on the schedule - one can't do a decent session in less than 40 minutes he reckons. Part of me admires Bill's resolve - the way he's got his work so neatly planned out - everything fits and there is always excellent rationale behind everything he implements. Such order. He always arrives early and always leaves on time. Just once I'd like to see him late for a meeting - just once! Instead I am invariably the one who is rushing in apologizing right left and center. I hate this image of me - I want a little of Bill's image! Still I also don't really want to be like Bill - that would never have worked for this client - we already have to fit ourselves around 'his' life, 'his' rules. Still it would be nice to feel competent for a change! Less stressed and exhausted and more in control of things.

I flip open the file and begin scanning the entries. There is so much not written - every entry is so sparse, in keeping with recording guidelines. If I had written what she had told we would have several files by now! If I had written what she had told and she were to read it what impact would that have on her I wonder? Would it help to open her eyes to the perpetual and pervasive nature of the abuse? Or would she convince herself that she and I had elaborated and misinterpreted innocent acts and comments? Would she fear that she had disobeyed and betrayed him by sharing so much? No need to ponder that question the answer is self-evident in the entries (sigh).

The phone rings. It'll be the front desk to let me know she's arrived. As Jane leans over to answer it she is aware of the uneasy tension flowing from her body. Her energy returning she resolves she will see her, even if only to check in with her and schedule another appointment. Maybe she can slip her in after work and just before the meeting.

Maybe she could miss the meeting this time round and say it was a client emergency. She picks up the phone. “Hi Jane, the Thompson’s are here for their appointment.”

Jane looks across the valley, her view clouded by the uneasy tension that appears to be moving back and taking up permanent residency in the pit of her stomach.

#### Discussion of Just Another Client.

The second vignette traces approximately thirty minutes in the life of Jane, illustrating the impact of trauma work on the therapist’s way of thinking in light of the challenge of holding the stories of the trauma-laden lives of others. When the reader is given the opportunity to eavesdrop on Jane’s spiraling thoughts and actions she can get some idea of the way in which vicarious traumatization is manifesting itself in Jane’s changed thinking. While reading the story she is also being invited to connect with her own experiences and to consider to what extent she herself has been brushed with the VT brush. This second vignette illustrates the transformation of the worker’s inner experience as a result of prolonged empathic engagement with traumatized clients.

The signs and symptoms of vicarious trauma that Jane manifests in Just Another Client are her loss of ability to feel competent and organized, her loss of the ability to connect with others, a disrupted sense of identity, changed spirituality and world view which has increased her cynicism about her colleagues and clients, sleep disturbances, and intrusive images that are not connected to the present events.

When Jane looks out of her office window unable to appreciate the beauty of her surroundings, we get the first intimation that all is not well. She has lost the ability to draw on one of her usual coping mechanisms, the comfort of the inherent tranquility and beauty of her natural surroundings.

Jane's tension at the prospect of her client not turning up permeates the story and illustrates Jane's increased sensitivity to the potential of violence. She has lost focus of the need to accept her client's right to make her own decisions and has lost her overall ability to keep her client's situation in perspective. Although she attempts to remind herself that this client has survived in the past and will likely continue to do so she loses sight of this frequently as her thoughts spiral back and forth. Jane's physical body response has been triggered and continues to be triggered with intrusive images of her client's abuse experiences. It is clear that Jane has lost the ability to draw forth non-abuse imagery leaving her body in a continual state of anxiety.

We also see throughout the story examples of cynicism creeping into Jane's world view. One aspect of vicarious trauma that often goes unmentioned is how the therapist's attitude towards his or her clients undergo changes. Holding a belief and respect and hope about one's clients is an important aspect of being able to engage successfully in the change process. Jane's thoughts about the Thompson's demonstrate a sense of helplessness and hopelessness with regard to their situation as well as her ability to help them with it. She has moved into a place of anger concerning their situation. This is a dangerous place to be with clients and suggests that Jane needs to be monitoring her reaction to them if she is to be helpful in their process. Jane's thoughts concerning her desire to get her client's abusive partner out of her life step over the boundary with regard to counseling intent. Jane has lost perspective here also. She has abandoned any hope of positive change for them as a couple, and sits in some judgment with regard to her client's current choices.

Throughout the story we see that Jane is struggling with lack of time and energy.

Her job is becoming overwhelming in its demands on her time. She is struggling to find the time needed for the 'little' things. She has lost perspective on the importance of the 'little' things and along with the loss of perspective we see her loss of patience and her loss of connectedness to her colleagues and the everyday needs of the job. While we can feel compassion for Jane's changed perspective on what is and is not relevant we can see that it is no longer serving the needs of the position and is certainly not a friend to Jane in terms of self-care. Jane cannot keep up with paperwork and has become resigned to this. While she admires her colleague's ability to be organized one can detect a little judgment in Jane about that organization. Could it be that Jane resents her colleague's organized and seemingly unhurried pace? Perhaps she judges him to be less of a therapist on some level. Moving to a place of judgment may be easier for Jane than acceptance of her poor time management. This is a common reaction to the stressors of the work. If Jane acknowledges her poor time management she may need to ask herself why it is a problem.

An important aspect of trauma work in any field is that one's view of everyday life can become distorted with continual exposure to stories of life threatening events. Jane's inability to appreciate everyday life is illustrated in her anger about attending a staff meeting. Discussing the details of the leaving process of a colleague does not hold the meaning it otherwise would have, and while issues to do with coffee and washrooms may not be large in the scheme of things they are important aspects of the everyday comfort and well being of staff as a whole and for Jane as an individual. Jane's sleep has been invaded with intrusive, anxiety-inducing imagery, a sure sign that while she may be able to keep the impact of the abuse experiences of her clients at bay during the day, they



invade her sleeping state. Jane has become a victim herself in this process; she knows this and is angry about it. She is angry with this man whom she has never seen, angry with the power he has to keep her client stuck. She knows they are engaged in a silent battle - the weapon has become her client/his wife. Perhaps Jane is angry with herself for falling into this dynamic because she knows in her heart that this is disrespectful to her client on some level for it does nothing to truly empower her client.

Intrusive imagery is also triggered for Jane when she sees the image of interlaced hearts on the file folder. This illustrates the manner in which everyday experiences can trigger intrusive imagery. When listening to stories it is difficult not to form a mental image of that story in action. These images then become part of one's memory. One wonders about Valentine's day - does Jane experience intrusive imagery everytime she sees intertwined heart images?!

Woven throughout the story are heavy sighs. I chose to incorporate this repeated unconscious physical response to illustrate for the reader just how deeply Jane experiences the impact of this trauma work.

Perhaps the most troubling aspect of this story lies in its inevitability. It is hard to blame Jane for responding as she has to what she deals with in her job. Although it is interesting to note that it is quite common for people to blame the victim as a way of reassuring themselves that they are immune to the same or a similar fate. This is evident in rape cases where women may gain reassurance that they are immune to rape by reasoning that victims of rape ask for trouble by dressing provocatively or being out late on their own, etc. This vignette invites trauma therapists to consider the fine lines between themselves and others in the profession who present like Jane.

In developing “Just Another Client” I was aware of the potential for this story to disturb the reader. My concern around this was two-fold. Initially I was concerned that the story would leave the reader feeling anxious and troubled, and while I was hoping for an impact that would be personally meaningful and bring forth personal reflection from respondents, I did not want to add trauma to their current counseling story! My second concern was that the powerful imagery might have the effect of distancing respondents from the piece. After consideration I chose to leave the vignette as it was because I wanted to keep my own authentic voice in this process and because I was reminded that my respondents were all trained workers in the field and were used to hearing trauma stories.

### Vignette #3:

#### Background to the conversation:

Jane returns from a stress leave to discover that the funders have made monies available for all counselors performing trauma work in the province to access regular supervision. She settles on a supervisor recommended to her by someone at the narrative therapy conference she attended the year before. The following conversation is part of a session that Jane has with this supervisor. This session focuses on how Jane views herself in relation to her work and what informs that view.

#### A Re-membering Conversation

*Supervisor:* Jane, what aspects of your work and training have recruited you into self-surveillance and self-judgment?

*Jane:* Well, my training always focused on how we were always supposed to look inward, to keep monitoring ourselves to protect our clients. After a while it felt like the

assumption was that we were a bunch of loose canons, that inevitably somewhere along the line our damaged pasts were going to be a danger to our clients. (pause) Training seemed to be focused on identifying and focusing on our weaknesses, and in that process I think I recruited myself into a story that was deficit, a story that didn't really include my strengths, and certainly none of the personal history behind those strengths. The only strengths I was encouraged to 'member in' were the knowledge and experience I got in my training.

*Supervisor:* So who or what informs your story as a competent therapist apart from your training and experience?

*Jane:* Well immediately you asked that question an image of my Dad came to mind, and then also an image of a friend and colleague who has always believed in me...in my work...in ways I haven't always believed in myself... I think I value her judgment over others because she's got ten years extensive training and knowledge, she's smart and has worked with me. We've done groups together and some joint family sessions and stuff, so she's really in a position to know what she's talking about. She also honest enough...I know she's not just humoring me or pleasing me because I'm her friend.

(At this point there is some additional discussion about the ways in which Jane's colleague supports a story of her as competent as well as some discussion about another colleague who Jane sees as supporting an alternate story that is not as helpful).

*Supervisor:* A little earlier you mentioned your Dad?

*Jane:* Yes, my Dad...wow it's hard to talk about him without getting emotional.

*Supervisor:* Some powerful feelings when you think of him then?

*Jane:* Yeah...he taught me so much that I bring into my work and my life in general. He

was a good man, a wise man, a fair man. He was also poorly treated in the class system and society I grew up in...He was very much his own person and he paid for this because he didn't conform and lost power and privilege as a result...Yet despite this he wasn't a bitter man. He had a great sense of humor and the only thing he really insisted on with us kids was that we didn't make the mistake of thinking we were any better than the next person...or any worse for that matter! I pull on that in my work a lot.

*Supervisor:* Sounds like you have a strong sense of his influence in your life generally.

I'm wondering if you've always had a sense of his role in who you are as a therapist or if this is a newer awareness?

*Jane:* I'd have to say it's more of a newer awareness...(laughs)... yeah... (nods head)...

strange that because I see that I've been keeping my counselor self quite separate in many ways from my 'other' self...or selves!... It's like I inhabit a special place when I take on the therapist role and I don't bring much of my personal history - those people who have been really important in my life - I don't bring them into the therapist picture too often. Not consciously anyway (laughs).

*Supervisor:* So in light of what we've talked about here do you see yourself as wanting to change that in any way?

*Jane:* Well yes, and I think it's already changed just by becoming more aware of it. Part of the reason I took on this work is because I seemed to have a natural propensity for it. Well of course that has to have come from past experiences and contacts. I mean I always knew that, in fact I took it for granted and sort of dismissed it as a result of taking it for granted I think. (tearful).

*Supervisor:* (nodding).

*Jane:* My big regret is that my dad is dead and I grieve that I wasn't in a space to be able to tell him about this stuff when he was alive. I'd like him to have known how much he rubbed off on me. (laughs briefly).

*Supervisor:* I'm wondering... if it was possible to find a way of doing it...what could you do that would tell him how important a role he has played in you being good at your work?

*Jane:* You mean symbolically, like writing him a letter or something like that?

*Supervisor:* Yeah, some sort of ritual that would honor how you feel about his influence, his importance to you.

Jane goes on to indicate that she'd like to think about this and then write a letter to her dad. She later reports that she wrote the letter and sent a copy of it to her mother in Australia asking her to place it on her dad's grave the next time she visits his resting place. Jane keeps the original letter, handwritten on green paper (which is a power color for her) on the reverse side of a photo of her father and herself. This photo occupies permanent residence on her office desk where she can 're-member' her father's subtle presence into her working world.

#### Discussion of A Re-membering Conversation.

A Re-membering Conversation was developed as the final vignette presented to the reader for a number of reasons. As a worker in this field I felt ethically obligated to provide the reader with exposure to this topic material in a caring and respectful manner. For me, this meant that through the stories the reader could explore vicarious traumatization personally and also experience some movement or focus that drew the reader away from the story of its negative impact towards a more hopeful view of this

phenomenon. This is in keeping with narrative and solution-focused approaches that remind us of existing strengths and resources that we can build on when they are re-introduced into the problem-solving arena.

The intent of “The Re-membering Conversation” is to illustrate to the reader that there is hope and that it lies in addressing the problem through self-care and professional interventions such as taking time off and establishing a supervision experience that honors the therapist by encouraging her to deconstruct her current counseling story and to re-build and enrich it.

The re-membering process illustrated in this vignette represents just one of many potential supervision scenes the reader may have been privileged to witness. This vignette is designed to give the reader a taste of the potential for supervision to be personally and professionally growthful rather than punitive in style. A punitive style of supervision is one that focuses on whether or not the worker is doing the job correctly. It is one that discounts the inevitability of vicarious traumatization and holds the worker in contempt when she exhibits possible evidence of VT. In a punitive style of supervision the focus is on catching the worker doing something wrong and then implementing some form of reprimand or punishment for that wrong. Indeed this supervision style is reminiscent of the teacher who checkmarks answers to questions that are wrong as opposed to checkmarking the answers that are right!

Punitive styles of supervision operate in workplaces that tend to hold the worker completely responsible for job performance. No recognition is given to understanding the effects of workplace environment (number of hours worked without breaks; focus of the work; type of clientele and issues; physical office space; existing professional supports

and debriefing practices). More helpful supervision can have both a monitoring and mentorship style and be effective and supportive to both the workers and the client's that they serve. Such supervision provides a listening ear that is knowledgeable in matters of countertransference, stress, burnout and vicarious trauma.

Jane's session with her supervisor illustrates that Jane is not concerned about sharing her true feelings regarding her perceptions of competence. Jane's supervisor encourages her to explore the possible origins of existing unhelpful stories or images of herself as a professional and to also explore the development of an alternative helpful story or image. In this example, Jane is invited to 're-member' people into her current image of herself that have been overlooked, forgotten or overwhelmed over time by the nature of the work. Jane's supervisor is aware that continued exposure to trauma work invites counselors to develop limited perceptions of their abilities both on and off the job. He is aware of the factors that have contributed to Jane's slide down the VT path, and is beginning the process of inviting her to refocus and build on her strengths. From this new vantage point Jane will be more able to maintain her boundaries and perspective. She will be more able to recognize the impact of dealing with difficult situations and to use appropriate methods of processing personal responses to the work. In this way Jane's supervisor brings to light how personal knowledge is formed from birth, and contributes to our way of being both personally and professionally.

A Re-membering Conversation is presented as the final of the three chapters that make up this narrative VT story to provide the opportunity for a hopeful closing to the conversational interviews and is consistent with counseling practices that aim to bring clients to a more hopeful and resourceful place at the close of a session.

## CHAPTER VI

### RESEARCHING CONVERSATIONAL INTERVIEWS

“And so I invite you to take a healing journey – a journey of healing the feminine. Our journey will take us into dissociated parts of the psyche, the unconscious. This uncharted territory is abandoned land. It is where Woman’s Voice may be found.”

(Leslie Irene Shore, 1995, *Healing The Feminine*)

This work looks at vicarious traumatization from the lens of women’s lived experience. Giving voice to women’s ways of knowing vicarious traumatization, both contributes to, and bridges, existing works on the narratives of women’s lived professional experience.

Works that refer to the differences between the lived experiences of males and females within and across professional disciplines (Kaschak, 1992; Schaef Wilson, 1987; Witherell & Noddings, 1991) encouraged me to focus specifically on exploring the experiences of women counselors in the interview process. It was my intention to maintain and strengthen the female voice in this work. I also reasoned that perhaps, as a woman, there would be a reciprocal connecting and understanding between my experiences and the experiences of these women. In giving voice to their experience these women help us to see an image of vicarious trauma through a female lens.

#### Researching conversations

Following the reading of the VT narratives, each counselor was invited to share her personal response to the narratives in individual interviews. The approach used was conversational in nature. My intent was to extend narrative therapy interviewing concepts into the discussion portion of the work. This entailed being transparent with respondents by letting them know some of my own relevant experiences as topics emerged in our



conversations. Conversational prompts were also narratively oriented to complete the narrative therapy approach.

#### Counselor background

The following is an overview of the current working environment and personal life situation of each of the female counselors who took part this study. The names of these women have been changed to protect their identity, and the information concerning their personal lives lacks the detail that might otherwise identify them to members of their community.

Each of the three women counselors who agreed to partake in the conversational interviews come from different personal and professional backgrounds. Pearl is in her mid fifties and has many years of experience working with young children. Although her formal education in the field of psychotherapy is limited to specific training on domestic violence issues, she brings a wealth of personal life experience to her counseling sessions that enable abused women to connect with her and to feel that she understands what they are experiencing. Pearl lives in a larger rural center than the other counselors in this study. Due to this she is the only one of the three counselors whose full time work focuses exclusively on women dealing with domestic violence and abuse issues. This is an important consideration because this client population tends to struggle with leaving or not leaving abusive relationships due to a variety of social, economic and personal factors. This results in fewer opportunities for Pearl to witness her clients making decisions and taking actions that indicate significant change in mental and emotional health and well being.

Pearl has recently experienced a number of personal life stressors, including health concerns and a marital separation. Pearl acknowledges that this is likely contributing to some of her feelings of helplessness and hopelessness around her work. In addition she acknowledges increased irritability and anger towards the plight of her clients. She finds it more of a challenge to accept the importance of her clients moving at their own pace, even though that may mean they return to abusive relationships. Pearl is able to identify that part of her frustration is with not knowing more about how to help these women discontinue their abusive lifestyles. She indicates that at times she wishes she had a magic wand she could wave, and that it is hard for her not to leap into problem-solving mode with some clients. In addition to a challenging client population, Pearl also has to deal with office politics that create conflictual staff sub-groups. Despite the challenges of the work it is clear in conversation that Pearl is a most dedicated counselor. She indicates that although the pay for the work is low, she feels that it is important work and that this was why she is still doing it. She is also able to pull on personal reserves to help her deal with the more stressful times at work. One of these is her son, who reminds her that not all males are abusive and that they all start as young, vulnerable children. Another reserve that she pulls on is heading out to her cabin by the lake for some serious rest and relaxation at times when she has had a stress-filled work week.

Faith is in her twenties and is trained as an art therapist. Living in a smaller rural area her work consists of a series of small contracts that make up one full time position. This means that the clients and their issues are more varied than those on Pearl's caseload. She works with both male and female adults and children. Although the focus of most of her work is on abuse issues, due to her specialized training she is able to pull

on a greater pool of background training in psychotherapy than Pearl. She also provides in-service workshops and trainings to various groups of professionals and the general public as part of the mandate of her counseling position. This means that Faith has variety in her work and that she likely witnesses more positive change in her clients more regularly than Pearl. Of all three women counselors, Faith reports the most dissatisfaction with the low wage she gets for the work she does. This may be in part due to the fact that Faith has specialist training at the master's degree level. Such training involves a considerable personal financial investment, and it may be that Faith feels that this is not being recognized and valued as it should.

Faith indicates that she is in a supportive and loving long term relationship that is really important to her. She acknowledges that her partner serves as a reminder to keep balance between her work and home life, as well as a reminder that not all males are abusive. Faith makes a point of connecting with healthy males (family members and friends) as an antidote to the negative impact of her clients' stories of abuse.

Faith is confident that her art therapy training has prepared her for the work she performs, and although some people look at her youth and her specialist training with suspicion, assuming that her youth means she can't do the work, or that art therapy is not serious therapy, she feels confident that what she does, and how she does it, makes a difference in the lives of her clients.

Office politics are also a concern for Faith. Women seem to be unsupportive of each other in the agency where she works. She notes that this may be partly due to high client caseloads and low pay generally, and she wonders how much vicarious traumatization her co-workers are experiencing. She indicates that she tends to seek

support from, and give support to, other counselors and workers in other local agencies that also serve her client population. She is also bothered by the high numbers of workers in other agencies who are taking stress leaves and is concerned by what this means for herself because it impacts on her client case load. In addition she is aware that changes to the other support services her clients receive also impacts the way they feel and the success of their therapy.

Faith attends supervision regularly. The nature of her supervision is collaborative and the supervisor is not connected to the agency where she works. She feels that she gets a great deal of professional support and guidance in her supervision, and that she is able to access it whenever she feels the need.

While Faith is not happy with her salary she does acknowledge that an advantage of working in her current position is that she is getting a wide variety of experience and that this will be beneficial in the future when she chooses to relocate.

Sophia is in her late thirties and has been working with women with domestic violence issues for several years. While her formal post secondary education is not specifically focused towards therapy, she has training specific to this program and the client population it serves. She attends a variety of specialized trainings and workshops on abuse related issues whenever she can. Sophia lives in a small rural community approximately the same size as the one Faith lives in. The position she holds has been part-time since it was established in the community several years ago. This leaves Sophia with time for other activities in her community and elsewhere. She reports that she has a number of strong friendships outside of the counseling field, and enjoys a secure family life.

### Having conversations and sharing stories

Initially, I feared that the conversations I entered into with these three women, in response to the reading of the vignettes, were not very productive. When I listened to the taped conversations later, however, I realized that this was not the case. These were rich conversations that brought to light the challenges of the work on many levels. I realized that by being such an integral part of the conversational interviews I was unable to recall as much of what was said due to the level of my own involvement in the topic. Listening to the taped conversations provided a fresh and more objective lens – a unique way of re-visiting those moments and re-listening with a third ear and re-viewing with a third eye. In the same way that developing the story of VT through the eyes of Jane allowed me to explore this topic from a removed position of safety, this process of listening in to my conversations with these women allowed me the perspective from the vantage to further explore my own process in relationship to theirs. This allowed for increased awareness and perspective on my own relationship to vicarious traumatization.

This theme was echoed in the comments from the women. It became clear from the transcripts that these stories had created a space for personal reflection. Within this space these women were willing and able to reflect on their own experiences with the work. It seemed the story format provided both a distance and connection similar to my own, as was illustrated in the following quote from Faith; “ I found I really connected but felt safe because it was Jane in the story not me.” All respondents commented on the power of the stories to bring VT into the room as an entity separate from themselves, and yet close enough to be drawn to exploring its impact on their own lives. Their response

illustrates the power of narrative to connect us into themes of lived experience. The story format invites us inside the world created by the narrator. We become both watchers and participants in the space that is created between the crafting and reading of the narratives.

#### Researching conversations concerning The Hostage Taking

The Hostage Taking allowed these women to identify symptoms of vicarious trauma from the discussion between the character V.T. and the interviewer. They were then able to comment on similar symptoms in either their own lives or the lives of colleagues past and present. They all commented on the portrayal of the nature of V.T. as something that crept into the lives of its victims unaware. They each identified to some extent with its insidious nature and all expressed some concern with regard to the portrayal of it as an inevitable part of the work of empathic connecting.

Faith indicated that its inevitability was particularly surprising considering so little attention is given to it either in the work or in the training. I responded by clarifying the concept of inevitable as it is presented in the literature. This clarification, that it was only inevitable with continued, repeated exposure to trauma stories and therefore avoidable to some degree, seemed to reassure Faith. It also confirmed my instinct that it was important to use a conversational format in the research to allow for situations such as this that required time to clarify and further explore this phenomenon and the respondent's reactions to it.

Both Pearl and Sophia indicated that most of the time they tended to avoid thinking about vicarious traumatization. Sophia indicated that she was concerned about taking part in the research initially. When invited to comment further she indicated that she was worried that the very act of reading the stories might be traumatizing in and of

themselves. She then explained that she had been on trainings where she had to read information about the horrors of abuse and was very protective of exposing herself to anything she didn't absolutely have to. She hastened to add however that she was surprised because these stories were "not like that at all". All three women commented on the ways in which they limit themselves to potentially disturbing stories and images by not reading the newspapers or watching disturbing TV shows or movies.

Sophia indicated that it was easy to ignore vicarious traumatization because her place of work never acknowledged it, and she felt that this invited her to pretend it was a non-issue. All three women commented on the tendency for their workplaces to minimize vicarious traumatization and to blame symptoms on personal qualities in individual counselors. Sophia thought that although it was not explicitly stated that counselors were at fault when they were struggling with their work, it was implied by the comments made by staff about other overstressed and overwhelmed colleagues.

Pearl quickly identified feelings of anger in response to the first two vignettes that illustrate the nature of vicarious traumatization and its negative impact on Jane. During our conversation she indicated that she was angry that she hadn't known the full extent of the potential impact of this type of work prior to doing it. When we explored this in more depth she pointed out that the information she'd had about the impact of the work up until now hadn't been real for her until she read *The Hostage Taking* and *Just Another Client*. She indicated that she was angry and resentful because she saw in herself many aspects of Jane. "I read that and I thought...been there, done that." Pearl indicated that she felt betrayed by the system she works for because nobody ever pointed out the potential dangers of this work. When I asked what aspects of the story contributed most to these

feelings Pearl cited the comments made by the character of V.T. about its inevitability. “Up until then I figured, well, I could just learn a few tricks to avoid this...so I’m thinking, well I have it, so what do I do? Give up my job and go work at Dairy Queen for Christ sake?!” Pearl indicated at a later point in our conversation that she had not attended a number of recent program trainings because she was too busy and was already spending a lot of time on work related matters anyway. She acknowledged that it was possible that she may have missed some more in-depth training on this topic as a result. She reasoned that if she had known more she may not have reacted with so much initial anger and resentment when she read the first two vignettes.

#### Researching conversations concerning Just Another Client.

On reading Just Another Client all three women were able to identify with those times in the work when they were worried about the physical well-being of one of their clients. Sophia spoke specifically about a client with a history of suicide attempts and a tendency to use anger and aggression as a defense mechanism. She indicated that there were times when this client would react with anger to something she had said in a session and would stomp out. Sophia indicated that, “At times I was really concerned, I thought well maybe I should go out to her place...because well I’m responsible for her”. She also noted “I don’t know whether I’m just becoming desensitized or whatever it is, I don’t struggle with it as much as before.” She then went on to make the following statement “You can’t just pay lip service to ‘it’s her choice’, it has to really be her choice. It has to be her choice about living or dying; it has to be her choice about moving forward in therapy or not. These things can’t be my choices because the minute I take them on then I do become ineffectual.”



These powerful comments expressed so eloquently by Sophia illustrate the difficulty in this work. While Sophia is by no means indifferent to the plight of her client, she has, through necessity, found a way to distance herself from the degree of worry and concern she might otherwise feel. If she were unable to do this she would be unable to do the work. Yet on the other hand she must always monitor her degree of distancing so that she can recognize those times when there is a real danger that she must respond to by taking further action. The very act of needing to create a space for responding in such a way to such a situation takes its toll. In a typical non-work related scenario such a situation might activate our emotional response to act rather than hold this person's situation, trusting her to pull on and remind herself of her own ability to survive. When we hold these spaces for our clients, what is the personal cost to ourselves? To what extent is this outcome itself an emotional distancing and to what extent does this emotional distancing manifest itself in other areas of our lives, and at what cost? In this instance Sophia indicates that she is not as concerned about her client as she used to be. Does this indicate an increased trust in this client to pull on her own inner resources or is this a process of emotional distancing in order to continue to do the work? My own personal reflections on those times I have had similar experiences with clients suggest that it could be a little of both. All three women indicated that the movement from one vignette to the next flowed well. The Hostage Taking allowed them to move into Just Another Client with relative ease.

#### Researching conversations concerning A Re-membering Story

The third vignette A Re-membering Conversation was welcomed as a hopeful note on which to leave Jane's story. All three women seemed to experience a sense of

feeling connected to the stories enough to consider the personal impact of vicarious trauma, yet remained distant enough not to feel overwhelmed by the stories and the feelings they brought forth. They were able to track their feeling responses to each story and reported that they were in a different “space” after reading the third vignette. Faith indicated that she felt her mood shift with each story, but that she felt a bit confused with the third vignette as she was not familiar with narrative ways of talking in therapy so she felt she couldn’t connect with some of the ways Jane’s supervisor was asking questions. This comment led to conversation around the language we use in our work that can serve to further isolate us from our clients and their experiences. I was reminded of past criticisms of the works of Michael White and Brian Epsom with regard to using terminology that is unfamiliar and encourages us to place our lived experience into narrative therapy constructs and context. This led to later personal reflections with regard to how much I use narrative therapy concepts in my own conversations with clients and workshop participants. From this I identified a desire to minimize my own use of narrative therapy terminology and seek more client-friendly ways of expressing the concepts.

This experience provided me with a reminder of Foucault’s (1980) works on power and knowledge. While I was quite aware of the use of words to create and maintain the power imbalance between those with knowledge and those without, I had overlooked the power of words to separate and distance ourselves from our own personal experiences and feelings. I realized that I had to some extent used the construction of the narratives as a tool to both confront and avoid my own emotional response to vicarious traumatization.

All three women commented favorably on the third vignette. It appeared to be a relief for them that “A Re-membering Conversation” depicted Jane as having shifted from her previous vicariously traumatized space! When I pursued this further with Sophia she indicated that the writing style of the previous vignette left her really on edge and wanting to know what would happen next. As a result she read the third vignette with relief. Even though she never got to know the outcome of the situation with Jane’s client, it didn’t matter once she had read “A Re-membering Conversation” because she could see that Jane was O.K., Pearl was also relieved that Jane had found someone to help bring a different sense of herself to her work. However, she was somewhat skeptical about the likelihood of Jane’s agency actually providing Jane with the sort of understanding and resources suggested in the story. Despite this I was encouraged by the responses of both Pearl and Sophia, for their comments supported my decision to depict Jane as able to come to an increased understanding and hopefulness around her struggle with this phenomenon. Jane’s story mirrored back to these counselors their own wishes and hopes around vicarious traumatization, in the same way that my hopes and wishes had been mirrored back in the constructing of the third vignette.

As Sophia was familiar with narrative therapy she strongly identified with the supervision approach being used in this story. On the other hand, Faith, although unfamiliar with narrative concepts, felt that the approach was very effective because it resulted in her feeling as if she was a privileged eavesdropper on the conversation Jane was having with her supervisor. “It felt like I was watching something very intimate, it was very special and touching.” Two of the three women indicated that the story brought forth images of people from their own lives who, now that they were thinking about it,

play significant roles in what they bring to the counseling arena. Sophia talked of her own father as the most significant unobserved player present in her work. She indicated that it is his image that she pulls on during those times when she is presented with story after story of women abused by men. Pearl, going through the ravages of a separation and divorce, also mentioned how her own personal experience with males impacts the anger she feels towards the abusive men in her clients' lives. She felt her twelve year old son as well as a good male friend of many years served as examples of good males that helped to counteract the many examples of abusive men she encountered both first and second-hand in her work. Faith had no hesitation in identifying her male partner of several years as a supportive counter to negative images of men. She was able to remember a number of people and experiences that contributed to her being good at her work, and spoke of the role her art therapy training played in her increased awareness. "I think of some people in my life that have been very special and then I think of the art therapy training because at the end of it we have to do a case study on ourselves.... so I took the pieces of art that were the most important and stitched them together in a big quilt....in it are different people that have been really important to me and that was my way of honoring them."

#### Researching conversations concerning supervision

All three women counselors spoke at some length about their experiences with supervision. Both positive and not so positive experiences were reflected upon. Pearl was quite dissatisfied with her current supervision situation, indicating that it was supportive but offered few practical approaches to dealing with the realities of her client situations and no help on how to handle her conflicted personal feelings about the work. She also

felt she couldn't talk about office politics with this supervisor. When pressed further Pearl indicated that she didn't think her supervisor would be too comfortable listening to concerns about office politics and conflict between workers. Faith indicated that she receives specialized supervision that focuses on her specific therapeutic training modality. The only drawback appeared to be that she had to travel to Vancouver in order to access this supervision in person. As a result a number of her supervision experiences were conducted over the phone. She further indicated that although vicarious traumatization issues were seldom addressed specifically, she felt that they were often addressed indirectly whenever she worked on boundary issues through imagery in art. She indicated that she regularly processed the personal impact of client sessions through ritual boundary exercises that were an integral part of her core training. This involved doing post session art. During these times Faith would get out her paints or chalk pastels and quickly sketch her feeling responses to the session. Faith also acknowledged that this did not happen as often as it probably should due to her high caseloads which invariably resulted in her seeing more clients than regular post session art would allow.

Supervision for Sophia took the form of regular, separate meetings with two supervisors. She indicated that each supervisor had a very different style of supervision and each was able to bring a different kind of knowledge and support to the sessions. Sophia indicated that she felt more relaxed and comfortable with her one supervisor due to her training being of a similar philosophical match to her own, and because her supervisor had no direct administrative connection to Sophia. Her other supervisor's training background and treatment focus was oriented more towards a traditional medical model of intervention. As he also played an administrative role in the organization in

which she worked she felt more obliged to present herself as having the tools to perform the job required of her. While she acknowledged that both supervisors were knowledgeable and helpful she did feel more able to share her personal work related struggles with the supervisor who was not a local administrator. Sophia was also able to identify gender differences as a possible reason for her different experiences with each supervisor. She talked of the difference in the way language is used to express issues around self-care. She indicated that the language used by her male supervisor was much more blunt and to the point, whereas her female supervisor would approach something gently, and let it rest open in such a way as to invite Sophia to comment at her own comfort level and in her own time.

#### Researching conversations concerning visual imagery

All three women commented favorably on the way the stories worked to invite an image of V.T. They were able to clearly describe visual images of this 'character'.

Pearl: "Big, dark, ugly, creepy, always just hiding in a closet ready to pounce."

Faith: "Something annoying like a fly or bug buzzing...a bug is tiny...I mean the difference between me and a bug (laughs) it's quite different, and something I can have control over."

Sophia: "A big, black...almost like a blob or a cloud. Where it would dissipate and you'd feel like it's not there and yet it can still be there."

Each of the women's images seemed to correspond with their reports of how the work is currently impacting them. Pearl reported that the work was having an impact on how she was viewing the world. She identified closely with the first two vignettes. At one point she reinforced this by saying, "I won't deny I've been thinking along the same lines

as this Jane. I've even got a client like the one she's worried about. Hell we could have been seeing the same client" (laughs). She indicated a new awareness of the extent to which her work was impacting her attitude to her clients, her colleagues and her overall view of the world. She was also able to identify personal life stressors that resulted in a loss of some aspects of her usually supportive, nurturing home environment that used to help balance the impact of her work. Her visual image of VT seemed oppressive or potentially overwhelming. She reported feeling more like she was battling a powerful opponent and concerned that it could get her if she didn't take steps to take care of herself. When asked about the personal overall impact of engaging in this narrative exploration, it was clear that Pearl felt it explained and clarified some of the changes she had noticed in how she was viewing the work and the world. This included feeling angry with life and with work, less empathic towards clients and staff and quite cynical about the whole counseling profession and people's inherent 'goodness. She cited the American political Clinton/Lewinski scandal as a point at which she lost a lot of hope in concepts of honor and trust. I later wondered to what extent the impact of her work contributed to Pearl's feelings of loss of hope in concepts of honor and trust. Pearl also acknowledged that the process, although very beneficial and enlightening, was also upsetting because she now had to find a way to house all this new knowledge and deal with its implications. It also confirmed her sense that it was time for her to take an extended vacation to bring perspective and balance back to the work.

As a trained art therapist, Faith indicated she often moved her feelings into images and drew pictures as part of her personal work. She might draw at the close of a difficult session or at the close of a difficult and stressful day. This was her way of addressing the

personal impact of the work. In this way she was able to leave many of the images and feelings that she classified as work related, at work. This would then allow her to be more fully present in her home environment. Pearl's visual imagery of V.T. was one that was very small compared to herself. While V.T. was annoying and would present itself while she might not be noticing it was there, she identified herself as big enough in comparison, to have some potential power over it, or to be able to keep it at bay through her actions. She also drew a comparison between accepting V.T.'s presence in the work in much the same way as one accepts the presence of flies in the environment: the fly, an annoying reality of life, and vicarious trauma, an annoying reality of trauma work.

Sophia spoke of the role this narrative exploration played in her becoming aware of the more subtle impacts of the nature of V.T. This included the realization that there were many potential indicators she had been unaware of, as well as many more subtle ways of being impacted other than listening to detailed stories of trauma and abuse. She noted that because she didn't always hear detailed abuse stories it was easy for her to assume that she was not being impacted. The vignettes illustrated that this was not necessarily so. From the vignettes she was reminded that counselors are being impacted by many aspects of their clients' abuse experiences such as body language or the general way the client copes and the way she presents herself. Examples of this might include how often clients cancel appointments due to entering safe houses, how a client may be unable to make any decisions for herself and engage in overly pleasing behaviors, and how a client may not be able to meet the emotional needs of herself or her children. These abuse-indicating behaviors tell their own story and counselors are left to fill in the blanks. Sophia indicated that prior to the narrative exploration she was inclined to see VT



as something “small and insignificant in the scheme of things.” After the narrative exploration she used the following descriptors “big, dissipating, cloud, black”. These changed images seem to support her changed awareness as a result of the narrative exploration. She further indicated that the advantage for her was that now she holds a respect for this phenomenon that encourages her to exercise her option to be aware of its potential impact and the factors that might precipitate its appearance. Faith, with her background training in art therapy, indicated that she felt that the images drawn by her clients were more potentially traumatizing than the spoken word. One quotation is illustrative. “It’s there in the work for you to see.” She indicated that the therapist doesn’t have any option of creating a less intense imagery because the client’s graphic representation of the pain and hurt is already in the therapist’s view. This interesting observation led to conversation about which therapeutic interventive approaches might be potentially more or less vicariously traumatizing than others for counselors. This might be an interesting area for further exploration.

All three women commented on those aspects of the job that impacted them based on the reality that they were women counselors working specifically with women experiencing abuse. The question “Do you think Jane being a woman has any special impact on the way vicarious trauma exposes itself in Jane’s thoughts?” (Appendix B) elicited a variety of responses. Sophia felt that as a woman she was more safety conscious than the average male. She gave an example of being cautious about being out at night on her own or concerned about car breakdowns when she was traveling on her own. She stressed, however, that she did not think that her caution was any more prevalent based on the nature of her work or the nature of her clientele. She stressed that extra caution and

concern for physical safety is a reality for all females whether they are counselors working with abused women or not. Pearl indicated she was seldom concerned for her physical safety due to being in her mid-fifties and of generous build. She indicated that she thought her size along with her ability to be decidedly assertive when pressed, was pretty daunting to most men. Faith also indicated that she did not feel any less safe as a result of working with abused women. She indicated that having a protective and caring male partner might counteract any vulnerable feelings that might otherwise arise from the nature of the work.

Whether a male counselor might experience feelings of shame or guilt as a result of working with abused women was a moot question for all three women. They each explained that the counselors in their programs were all women, and that to have a male counselor working with abused women was, generally speaking, contra-indicated . It appeared that as a result none of them had ever considered how it might be for a male counselor to work with an abused woman. Pearl did indicate that she felt a lot more angry towards men and towards the legal, medical and enforcement systems than before she performed this type of work. She noted that the change occurred as a result of realizing the full extent to which women who were poor were more vulnerable to abusive systems as well as to abusive men. She also indicated that listening to her clients tell story after story of their demeaning experiences with the welfare system made her determined never to be in a position where she would have to rely on that system in any way personally. She expressed anger at those women who were working in such systems with an attitude that reinforced women's powerlessness in the way they 'handled' her client's financial concerns.

I found myself curious regarding these women's reports that their sense of safety had been in no way compromised as a result of their work. I was not convinced that this was the case. Perhaps it was due to the fact that it did not correlate with the research literature generally (Knight, 1997; Pearlman & MacIan, 1995; Stamm & Hudnall, 1996) or my own personal experience in the field. I wondered if I was needing or wanting these women to report differently in order to feel more validated regarding my own experience? I was aware that feelings of being unsafe often manifest in a need for increasing control over many aspects of one's life. Additional conversations around feelings of powerlessness and the increasing need for control in other aspects of these counselor's lives might have clarified one way or another whether there was any relationship between the nature of the work and decreased feelings of physical safety. Although I was aware of this at the time of the interviews I chose not to pursue this line of inquiry out of respect for these women.

#### Researching conversations concerning conversations

When these women were asked how they felt about being part of this process they responded in a variety of ways. Comments such as, "It's been a neat way to look at this sort of thing," and "Yeah, I found it a lot more 'fun' than I thought it was going to be" suggested that they were pleasantly surprised that it was as informative and, dare I say, enjoyable.

Periodic check-ins interspersed throughout each conversational interview ascertained how the material was impacting these women. They each indicated that they were comfortable with the process and happy to continue and by the close of each conversational interview they were indicating that the experience, while pleasant, had left

them tired due to the intensity and depth of the nature of the conversation. Pearl admitted to being drawn into the study primarily due to the offer of a self-care package. She said “I thought, what the heck, I might even learn something!” Faith asked if she could use the contents of the self-care package with her clients. My personal inclination was to view these comments as evidence of the value of the introduction of the self-care package into the study.

While going over the self-care package (Appendix C) briefly with these women prior to ending the interview, their initial response to the information was that they liked the ‘symptoms of inner peace’ handout. Faith indicated that she would put it on her fridge at home, and Sophia decided to give a copy to members of her abuse survivors group. The ‘dream catcher’ daily self-care ritual was received with interest and it sparked comments on additional rituals these women used to help them leave their work behind at the end of the day. Faith and Sophia changed clothes in an effort to define separation between their work and home space, and Pearl saw her drive home as an opportunity to symbolically leave all her work-related worries behind her. The handouts on recommended debriefing and supervision guidelines were well received. Faith indicated that the staff where she worked could use a copy of the debriefing handout as they had a tendency to discuss client related matters over lunch in the staff room, and Sophia indicated that while the supervision suggestions were good they were not relevant for her at this point. Pearl indicated that she intended to give the supervision handout to her executive director and to see if she could use this as a stepping stone to helping her establish a supervision situation that better suited her individual needs. The most interest was shown in the ‘Vicarious Traumatization Points to Ponder’ handout which listed

several points about home and workplace practices designed to minimize vicarious traumatization.

A future consideration would be to conduct a follow up interview with these women to ascertain what aspects of the self-care package were most useful to them. This would assist in determining what types of self-care resources to include in future workshops.

Although all the women reacted positively towards including the self-care package, my original concerns about the potential for this narrative exploration to disturb participants returned during the first conversational interview. In this case, Pearl was experiencing a variety of symptoms that indicated work stress and vicarious trauma. In response to this I invited her to extend our conversation to include some processing time of the personal impact of the information we had just explored. Fortunately she had the time to engage in a deeper exploration of what was happening for her. During this time we looked at some of the ways in which she had been parted from previous beliefs she held about the positive value of the work and her ability to make a difference. We also explored a quick, practical method of checking-in with herself physically and emotionally. It was then agreed that this might be a useful technique to use at the end of a client session or a workday.

Later, when I reflected back on this conversational interview I felt quite torn. On the one hand I could see by Pearl's reaction that the narratives had provided a powerful way of exposing vicarious traumatization's current role in her life. On the other hand, quite frankly I felt somewhat guilty that the material I had exposed her to had such a powerful impact. I found myself thankful that this person had the opportunity to extend

her time with me for additional processing. She was on holiday and was therefore able to continue to address and come to terms with this new awareness at her own pace. During our conversation I realized that she had not been exposed to the same knowledge and training as the other respondents and I was curious as to whether her strong reaction to the vignettes was related to this. On reflection I wondered if I should or could have found a way to discontinue the conversational interview once I discovered that this respondent did not have as much background information on vicarious traumatization as I had originally thought. However, when I enquired whether her level of discomfort could have been reduced by using another method or approach, she indicated that it was because she felt safe and comfortable (due to knowing something about me ahead of time, and due to being on holiday at the time of the interview), that she was willing to enter into the discomfort in the first place. This reminded me of my need to honor and trust the internal knowings of others, especially these women working in this field.

At the end of each session each woman indicated that she had enjoyed this narrative approach to this topic and could see its use expanded into other areas. Faith indicated an interest in developing her own vignette at some point in the future, and Sophia thought that she might adapt this narrative approach, and apply it to her group work with clients. Pearl urged me to consider the possibility of incorporating narrative into future workshops by having workshop participants write out their own conversational interviews with their own character called V.T. In all instances there was positive support for the incorporation of a narrative way of knowing vicarious traumatization in future work with this issue.

## CHAPTER VII – DISCUSSION

“For such transformation to occur, one must remain aware not only of one’s own trauma but of others’: only then can one integrate the pain into a larger understanding, into a worldview or set of humane policies and actions.”  
(Robert Jay Lifton, 1993, *The Protean Self*)

### Implications and future applications

This narrative approach provides counselors (myself included) with an additional tool for exploring the individual relationship each counselor develops with the phenomenon of vicarious traumatization. Using a narrative approach to vicarious traumatization allows the researcher to expose, in an ethical manner, personal and professional experiences that might otherwise be too personal, painful or risky to expose. Additional distancing through the use of the externalization of vicarious traumatization within the narrative allows for the exploration of other aspects of the character of V.T. that might not otherwise be exposed for consideration. This then opens space for the possibility of developing an alternative or new story or relationship with this ‘character’. This new relationship or story is then further enhanced by the ‘re-membering’ conversation in the third vignette where the reader has the opportunity to observe Jane re-discovering those people and events of importance in her life that have contributed to her sense of herself as a confident and competent practitioner.

The personal and self-reflective aspect of this study is in keeping with counseling and educational philosophy of practice. The field of counseling requires that those of us performing the work remain vigilant with regard to our own internal processes and the manner in which they impact the way we work. Personal use and implementation of interventive approaches that mirror those we use with our clients acknowledges the value of these approaches and reminds both therapist and client that we are all human beings

with personal susceptibilities that need tending. This then holds the possibility for the client to view his and her problem in a different light. This is a more encompassing, inclusive light and one that suggests that ALL of our life stories are affected by environment and ALL can develop ways of re-authoring and re-storying them.

The results of this narrative exploration of vicarious traumatization are in keeping with my original goals. I have explored and expressed my own voice on this topic. My relationship to this topic become enriched and transformed as my personal knowledge has increased. I have experienced the positive effects of focusing on my responsibility in knowledge sharing, and by applying this equally to myself as well as the respondents who took part in the study, I felt the benefits at a very personal level.

This narrative exploration provided me with a creative avenue to address difficulties in the work. In considering which aspects of the study worked in the best interests of the participants (myself included) I feel that the style of the interview format, alongside the sharing of vignettes themselves was most significant in providing the climate for the female respondents to reflect on their own stories.

Increasing the number of respondents would provide a more comprehensive narrative exploration of women counselors working with abused women. Providing respondents with follow up conversational interviews would allow respondents to reflect on the ways in which their initial narrative exploration has impacted their current practice. Providing counselors with the opportunity to develop their own narratives, and to engage in an exploration of them in an individual and/or group format has potential for implementation in supervision work. The results of this narrative exploration support the value of integrating a narrative approach in vicarious traumatization workshops and



trainings.

As this format seemed to bring forth strong visual imagery, those respondents who felt comfortable could be provided with an opportunity to explore their imagery in drawing and other art mediums. This could focus on externalized images of vicarious traumatization, followed with imagery around developing an empowering relationship to it, as was the case for the respondent who is a trained art therapist. Putting together a collection of VT narratives (in words and images) developed by both men and women working in the field, could provide a rich and powerful documentary of the manner in which trauma work impacts those doing it. It could also illustrate the many unique and creative ways that those performing the work manage their own self-care.

The positive response of the women to the inclusion of the self-care package suggests the possibility for expanding its use in future workshops in other disciplines as well. This experience led me to believe that it would be beneficial to include a self care package of some description in any professional development education on issues that impact workers, whether those workers are counselors, nurses, teachers or others.

Providing workshop participants with practical ideas for promoting self-care and positive thinking about themselves and the work they perform would be a beneficial addition to any professional development training program. It would have the potential to minimize feelings of helplessness that might arise in response to spending time with difficult material.

While conducting some form of in-house self-care ritual at the beginning, during and at the end of a training workshop has the potential to be beneficial, there are concerns that might arise. Time is often an issue in workshops. Workshop participants may

perceive that they are not receiving all the training and information they could because the time is being used up on self awareness exercises that help participants get in touch with how the training material is impacting them. Workshop participants may not be comfortable exploring aspects of the personal impact of the material in a group setting.

The advantage of a self-care package handout is that it can be utilized at the discretion of the individual. Workshop participants have control over what they choose to use and how and when they choose to use it. This is significant when it comes to addressing any kind of stress and trauma related topic because feelings of loss of personal control are fairly common. An example might be a professional development workshop on child abuse. It is not uncommon for participants to feel a little overwhelmed during and after exposure to the material concerning the sexual abuse of children. In my workshops on stress and vicarious traumatization, participants have frequently indicated that attending trainings and workshops on difficult client issues such as child abuse, has left them feeling sad, drained of energy, and less hopeful.

It is not only counselors and therapists who are exposed to potentially disturbing material during professional development trainings and workshops. Increasingly, various professions are expanding the knowledge base of the workers in their employ, possibly partly due to an increasingly competitive market. While therapists and most counselors have a knowledge base in psychological matters that assists them to take in information with some awareness of its potential personal impact, others are not so fortunate. Teachers may be trained to look for the symptoms of abuse and neglect in their students, and police officers are repeatedly exposed to disturbing imagery and information both first-hand and second-hand in their training as well as in their daily work. It is unlikely

teachers, police officers, and others are also trained to understand and cope with personal responses to the training material. Providing some training along with a self-care resource package could be especially valuable to those working in these professions.

The introduction of a narrative approach to the issue of vicarious traumatization brings to light the voice of our experience, which we may have previously been encouraged to keep in the dark, out of fear that we might be viewed as less able to perform our work. The collective public expression of our voices challenges those who would have us believe that competent practitioners are immune to this issue.

Listening to, or reading the story of VT, may be considerably more impactful than reading a list of symptoms from a handout. The responses of the three female counselors would support this. Information sessions and workshops that explore vicarious trauma through a list of symptoms can depersonalize the reality of this phenomenon in workers lives. The story format encourages a connecting and identification of a different quality. This connecting may be especially beneficial for those in administrative positions who are making decisions concerning workplace practices. A narrative that illustrates vicarious trauma in action may create a more lasting impression on administrators, who may in turn become more involved with educated decision-making around the establishment of supportive workplace practices.

It is my hope that this exploration will encourage counselors and others in the helping professions to view their past, present, and future relationship with this phenomenon in a different light. Perhaps the narrative lens will invite those whose relationship with vicarious trauma is one of avoidance, to take a second look at its value in their lives. Perhaps it will invite them to view its potential as less of a negative force

and more of a force for personal change, growth, insight, and eventually transformation. Perhaps a narrative lens will assist those who hold the funding reins to steer their money in the direction of funding workplace practices that recognize vicarious trauma as an inevitable by-product of the work rather than something that occurs as a result of a faulty therapist. Perhaps attention will be given to the manner in which this work is expected to be performed in terms of job descriptions that provide little relief from trauma stories. Perhaps others will be inspired to continue this narrative exploration of this phenomenon in working environments and among professionals outside of the counseling arena.

### Reflections

Developing and implementing this integrated narrative exploration has had a deep personal impact. From beginning to end I have attempted to trace, record and process my own travels with vicarious traumatization. I have recorded my own personal process during each step of this research. From the review of the literature, the development of the VT vignettes, and on to the personal impact of conducting the conversational interviews, I have seen my own story of my relationship with VT move through a transition.

A valued tool I have accessed has been the modified adaptation of Fowler's (1997) seven phase narrative inquiry referred to earlier. This, combined with journal writing and drawing have enabled me to monitor the personal impact of this thesis work. This reflective stance has enabled me to achieve an initial goal of finding an alternative and richer understanding and relationship to this phenomenon. As the work has continued a complementary story has been playing itself out through the journaling and art therapy process. It is a story of personal reflection and a continuation of the restorying process as

outlined in the work of White and Epston (1990). This recursive dance has moved inward to an internal self-reflective stance and then outward to gather insight from others to be brought inward yet again. This process has allowed for a fuller and richer personal exploration of this experience. These conversations (those found in the vignettes as well as those that take place between me and participating counselors) are an important part of the personal re-building of my own story of my own travels with VT.

My initial understanding of why I was conducting this exploration was to pull together narrative ways of understanding vicarious traumatization, with special emphasis on applying narrative therapy approaches and techniques. In much the same way that a new pair of glasses draws the wearer to look anew at familiar scenes, I was drawn to look anew at this topic through the narrative lens. Previous to this I had traveled with vicarious trauma in much the same way as others, and I had not enjoyed the experience very much. I had developed a relationship with vicarious trauma that was not working as well as I had hoped. It seemed to me that we had become adversaries. I felt as if I was permanently on guard for symptoms of its appearance in my life.

When I first embarked on this thesis work, it was with the intent to gain control over vicarious trauma using the powerful tool of knowledge. I reasoned that the more I knew about this 'character' the more I would be able to ban it from my life. My art work and imagery on this topic seemed to support this. For me the character of V.T. resembled a brash 'know-it-all' with a 'don't give a damn about the consequences' way of operating. My image was one of an entity with an attitude and way too much power! This illustrates the extent to which I was continuing to grapple with the impact of the work. I realized that my image of VT and my desire for control over it indicated I felt fearful and

powerless around this issue.

My initial art images depicting the nature of vicarious trauma have altered along with my understanding of the role of it in my life. Today V.T. seems to have lost its aggressive cavalier appearance and has mellowed considerably. Indeed V.T.'s reformed character illustrates my transformative journey. When I ask myself what it is that has contributed to this change I can see clearly that the process of writing the vignettes alone, was not sufficient to account for this shift in my perspective. Sharing the vignettes with others doing similar work and having them respond also contributed to my perception shift, as did my decision to enter into specialized training in art therapy.

For me the power of the vignettes lay in their ability to reflect back to me my own experience, both conscious and unconscious. While initially I had thought these vignettes held only remnants of my own experience, I was later to uncover within those vignettes many aspects of my experience that had lain hidden from conscious awareness.

This process of journaling my VT journey by combining weekly written reflections with art image making, developing vignettes and engaging in conversations, all enriched my professional counseling story. In this way, I experienced first-hand the power of narrative to give voice to both conscious and unconscious aspects of my lived experience, and this in turn allowed me to come to an increased understanding of my own personal and professional needs with regard to my continued growth as a professional.

My experiences, along with the reported experiences of the women who took part in this research, supports the narrative research in education of Raymond, Butt & Townsend (1992), Grumet (1989), and Fowler (1997). According to the autobiographical research focus of Raymond et al. (1992) we need to know ourselves and how we came to

be that way before we can know the type of professional development that is appropriate for our continued personal and professional growth. This was certainly my personal experience as I came to a deeper realization of my struggle with this issue.

The process of developing the vignettes, and reflecting on them through interaction with the three women counselors, provided a way of knowing about my relationship to VT that served to move me towards additional professional development in the form of art therapy training. Through this narrative exploration a new avenue of awareness that opened up for me was that my working reality did not always fit my personal practice philosophy. I became aware that this was causing some conflict within myself that was contributing to my adversarial relationship to vicarious traumatization. Further exploration allowed me to acknowledge that my needs would be best suited to the specialist focus of art therapy.

On reflection it is likely that my research experience of interviewing a counselor who was a trained art therapist contributed to my decision around professional development needs. While her comments in no way created my wish to train in this field, they did support my growing belief that art therapy was an appropriate match for my practice preferences.

Grumet (1989) points out that:

For centuries schooling has reinforced the separation of private thoughts from public matter. We have taught students to put their own ideas in the last paragraph of the essay, as if they had not been motivating all the paragraphs that preceded the candid conclusion. (Grumet, 1989, p. 15)

She goes further to suggest that telling our story does not necessarily constitute reflection.

Grumet, like White (1997), stresses the importance of having others hear our story. She

sees the power in sharing our narratives to increase our own knowledge of ourselves as well as to provide information beyond the self. Our thoughts and reflections should not be relegated to personal journals in the belief that this source of knowledge is just for personal growth alone. The positive experiences of fellow counselors and myself in response to the sharing of private thoughts in the form of vignettes and conversational interviews, support Grumet's contention that sharing our stories is of value to both the teller and the listener.

My experience reflects Fowler's contention that "wherever difficulty exists, there is a story behind it" (1997, p. 15). From the difficulty of vicarious traumatization, stories formed and reformed in the sharing process. In the same way that Fowler's stories of difficulty in teaching had moved me to contemplate my own stories of difficulty in counseling, the stories of VT served as a spring board for counselors to reflect on their own personal stories of difficulty with this phenomenon.

White's (1997) contention that therapists increase their sense of self worth as professionals by 'remembering' important people into their lives, seems to have been demonstrated in this narrative exploration. The development of the third vignette reflecting on those individuals in my own life that contributed to my own counseling story was personally rewarding. The very act of constructing "A Re-remembering Conversation" necessitated a remembering process which gave me a greater appreciation for those in my life who have influenced my counseling story, as well as a greater awareness of my current counseling strengths. The inclusion of additional narrative therapy approaches to problems, such as externalizing and personifying them, has helped me and the three female counselors to view vicarious trauma in unique and personally



empowering ways.

Listening to the stories of fellow female abuse counselors has enriched my own story by providing me with intercontextual realities that have both deepened my understanding and shifted some of my own negative responses to the work. In addition, the experience of giving to these women in the form of presenting a narrative vehicle for them to explore vicarious traumatization, and then some constructive approaches to addressing it, has been personally satisfying.

Through the sharing of their stories, elicited in response to mine, these women reminded me of the value of the work no matter what the restrictions are that are placed on our performing that work. They reminded me of my own struggles as well as my own personal strengths, personal values and ways of being and doing that I bring to my own work. They reminded me that while my current focus was on vicarious trauma, their focus was on their clients.

Our conversations revealed the ways these women were challenging themselves to provide the best possible service to their clients. Reflecting together on those aspects of the work that could be especially difficult was a mutually validating experience. Reflecting on the special gifts we are invited to bring to the work and also those that we receive (often from unexpected quarters) made these conversations especially powerful for me. Receiving positive feedback and thanks from these women was meaningful. It would seem that these women, who spend extended periods of time in the company of those who have been abused, were the audience I most needed to hear my voice, and whose voice I, in turn, most needed to hear. So many aspects of these women's experience reflected my own, and with them I was able to attend to this phase of my de-

storying and re-storying journey.

It has been my exploration of narrative works in education, feminism, and psychology that have guided me towards the utilization of narrative as a tool to reflect upon, and to enrich my understanding of my own experience of others performing similar work. These writings have encouraged me to find my own voice and to join it with others across disciplines.

Those works on feminism that stressed the importance of females collectively voicing their personal working experiences, have encouraged me to focus on women counselors sharing their experiences of vicarious trauma with each other. The exploration and utilization of narrative psychotherapy concepts and approaches has provided me with alternate ways of viewing and interacting with vicarious traumatization.

Of special relevance are narrative works in the field of education. The research in education that spoke of the importance of hearing the voice of teachers' personal experiences with difficulty in teaching, encouraged me to explore the voice of counselors' personal experiences with difficulty in counseling. In addition, the research in education that spoke of the value of autobiographical writings to increase self awareness as a stepping stone to self-directed professional development, encouraged me to explore vicarious trauma in my own life as a stepping stone to my own continued professional development. It was through education that I found my way of weaving several narrative threads together to form this integrated narrative exploration of vicarious traumatization.

Reflections on shifting realities

All acquisition of knowledge is fundamentally a pursuit of knowledge of the self, for all

knowledge is potentially personally transformational. Within each new awareness lie the seeds of profound change. According to Marilyn Ferguson, “Expanding our consciousness is the riskiest enterprise on earth. We endanger the status quo. We endanger our comfort. And if we do not have the nerve to resolve the ensuing conflicts, we endanger our sanity.” (1976, p. 362).

For some time now I have been sidling up to a greater awareness of the limits of psychotherapy to address all the concerns that manifest themselves in life. At this point I feel obliged to own up to a belief that psychotherapy shares a striking resemblance to religion. When I contemplate this discipline of psychotherapy I am aware that it probably emerged from that ageless quest to understand who we are and why we are. In this way it is both a religion and a philosophy rather than a science as some would have us believe.

I have some sense that I am drawn to narrative ways of knowing in therapy due to an underlying awareness that to some degree I am a minister performing ministerial duties in the religion of psychology, and, like ministers of religion, counselors entertain stories that get us through life. It seems to me that our lives are storied according to our perceived needs, and vice versa. Not unlike religion, psychotherapy often utilizes a process of identifying the perceived needs of the individual and then either attempts to match the larger system to those needs or, as is more often the case, plays a role in altering the perceived needs of the individual so that he or she can find a way to fit the system and function in the world. At the fundamental level we seek to assist clients to find a way of being in the world that makes sense, enough sense for them to want to play an active role in the world.

In the same way that an essential feature of any religion is a belief in an ultimate

'truth' in the form of some sort of spiritual deity, an essential feature of modernist psychotherapy is a belief in the concept of a core self. People have to have something to hold on to as they travel through life. They need to make meaning of their lives in some way that works for them. Ask any individual who is dealing with terminal illness. It is at times such as this that the dividing lines between religion and psychotherapy lose their sharp edges and begin to shimmer and waver in the stark light of matters of life and death. These matters are relevant with regard to the challenge of vicarious traumatization on a personal level and also with regard to offering professional development workshops on this topic.

During my travels with vicarious traumatization, I have come to that open space between the modernist quest for the true self and the postmodernist certainty in uncertainty. I have played with postmodernist concepts and thoughts and have become victim to them, until they have seeped into my experience and way of seeing myself and my world, and, like the impact of first and second-hand trauma, I am forever changed by them. Postmodernism, like vicarious traumatization is cumulative, permanent, and pervasive in my life.

Finding a way to negotiate the open space has become part of my lived reality. There are times in my life and in my work when I can literally feel myself jumping the space, hovering temporarily in modernist truth in my quest to bring order to chaos, and then leaping back to the now familiar yet disconcerting multiple truths and shifting realities of postmodern questioning.

I ask myself: How I can hold space for clients grappling with the meaning of life, when I am unable to hold that space for myself, when from my postmodern perch, I am

ready to flit at a moment's notice to another 'truth' that better fits the lived reality of the moment? In what way, I ask myself, can this be reassuring to clients seeking respite from the chaos of their experience? In what way can I offer vicarious trauma workshops for fellow counselors struggling with the symptoms of loss of joy, hope and purpose in their work?

Despite these concerns I am aware that for now, I can and do still manage to hold that space for the client despite this constant forming, dissolving, and reforming underfoot. Perhaps this signifies a certain acceptance of this state of flux, a certain comfort with it that in some way serves the needs of others struggling to make sense of their own experience. What surprises me of late is that it seems as if somewhere within postmodern reality I have found a temporary home base of some sort that seems to exist at that point where reality folds in upon itself. It would seem as if, like vicarious traumatization, postmodernism is not only cumulative, permanent, and pervasive in my life, it is also transformative in ways that only time and lived experience can tell.

At this point of writing I am aware of having traveled some distance from that space I inhabited when I first set out upon this narrative journey to explore vicarious traumatization. Some of my ways of thinking about this topic and about narrative ways of knowing it have shifted. I have experienced first hand Derrida's (1992) contention that in the very telling of our stories our lives are changed. This process has transformed my own story of vicarious trauma and is its own reward.

## CHAPTER VIII – CONCLUSION

“The man bent over his guitar,  
A shearsman of sorts. The day was green.  
They said “You have a blue guitar,  
You do not play things as they are.”  
The man replied, “Things as they are  
Are changed upon the blue guitar.”

(Wallace Stevens, 1937, *The Man With The Blue Guitar*)

### A final conversation...for now:

For me the task of recording the outcome of this journey called for an approach that is in keeping with the narrative therapy format already established in this work. The narrative therapy concepts of engaging in ‘therapeutic conversations’ and ‘externalizing the problem’ are presented once again in this fourth vignette. I chose to illustrate the change in my relationship to vicarious traumatization by developing a fourth vignette consisting of a conversation between the externalized and personified problem of vicarious traumatization (VT), and Jane who is dealing with this problem. While this vignette remains very much an extension of Jane’s story it also represents the space I currently inhabit on the road I travel with VT.

### Introduction to a final conversation:

Jane is currently working as a counselor with a local counseling agency. She works part-time and has established her own private practice. At present her private practice work focuses on groups and workshops on a variety of topics that particularly inspire and excite Jane. This is work experience that is not available in her current position, and Jane finds that her private practice work provides a balance for agency work

that is sometimes particularly challenging and frustrating due to clientele issues and funding and administration limitations.

Jane has established a supervision system that works particularly well. Once a month she sees a supervisor with many years of experience working in the field of mental health. This individual is also very knowledgeable with regard to secondary trauma issues. In addition Jane meets monthly to do team supervision. The focus of this group is to explore the impact of the work and to share ideas around self-care and to provide mutual support. This is a close-knit group of well-trained and dedicated professionals and Jane is able to feel both supported and supportive in this group setting.

A few months ago Jane agreed to serve on a team to provide counseling services to a group of refugees recently settled in the area. While Jane has had trauma training and experience it has not been specific to the issues presented by these refugees. Although Jane was registered to attend additional training, budget cuts have resulted in the cancellation of that training leaving Jane scrambling somewhat to access her own research and rely heavily on her supervision support services. However Jane is also aware that few of these individuals have had experience with refugees themselves and she is also aware of the secondary trauma potential of sharing some of the more horrifying stories told her by her clients. She is torn, wanting to protect her supervision team from images that are beginning to trouble her. She is also aware that she needs to schedule more time for the processing of each day's work and needs to reduce some of her other commitments in light of the potential for the extra stressors of her work with refugees. It is in this space that Jane has the following encounter:

*A Roadside Chat*

*V.T.* Hi Jane, long time no see.

*Jane.* Yeah, I trust you won't be offended that I don't welcome you with open arms.

*V.T.* (laughs) Not in the least, Jane. I won't be staying long, but then I guess you know that, just like you knew I was in the vicinity.

*Jane.* Yeah (laughs) Yes, I will say that you and I have got to know each other pretty well over the past few years.

*V.T.* Times have certainly changed haven't they? I spend so little time with you these days and so much time elsewhere. I guess I'm glad you've allowed some space for me to have a visit, be it ever so brief? Frankly I've missed our time together.

*Jane.* (Laughs) Yeah I bet you have!

*V.T.* No I don't mean like that specifically. I don't blame you for being wary of me, who wouldn't be?! I just wanted to let you know that I've learned a lot from my encounters with you over the last while, Jane. I just wanted you to know that.

*Jane.* Well that's interesting. I never really thought of the times I traveled with you as being 'encounters', and as for you learning from me, well I have no idea what you're talking about, you'll have to enlighten me.

*V.T.* Well I used to think that my only role in life was to wreck havoc in the lives of people like you. In order for me to exist others had to be miserable. To be fearful, angry, disturbed, anxious, joyless.

*Jane.* Mmm...those feelings ring a bell...a distant bell fortunately, but a bell nonetheless.



*V.T.* Well I've been viewing my role a bit differently lately. People like you who've turned and faced me and dared to see me from other angles have forced me to take another look at myself. I guess you could say there's been this shift in **my** world view. There's been a shift in how I see myself in relation to others. (laughs) I guess the tables have turned somewhat eh? (laughs again).

*Jane.* Mmm...turning tables (smiles). So what do you see when you look at yourself now then?

*V.T.* Well, I see my role isn't quite as negative as I thought it was. Early on in this game I figured my only role was to create misery. I see now that the reason I exist is far more subtle than that, far more worthwhile.

*Jane.* In what way?

*V.T.* What I see is that I am, among other things, an early warning system. I sound the alarm, and if it isn't responded to the first time I sound it again louder and longer. By doing this I give you guys the opportunity to look at your lives and your work differently. I give you the excuse to take time and fashion it to fit your own needs. I give you the opportunity to develop and practice self-care; to appreciate your life, your resiliency and the lives and resiliencies of your clients. I force you to be self-reflective; to do your own personal work. I challenge you to change your world view and transform it in ways other than those I offer up.

*Jane.* Meaning what exactly?

*V.T.* Well take you for example. I issued you an invitation to wear cynicism like a heavy metal protective cloak. Yet you choose to 'cast' it off and refashion it into something lighter, something fine and gossamer that let's the sun shine in. I see it

warms you, Jane. Instead of weighing you down its open weave protects you in a way my heavy solid cloak never did. You chose to rework cynicism by surrounding yourself with exceptions to cynicism's rules. Through these actions you have avoided developing a story full of generalizations and assumptions about the clients you serve and the system you work in.

*Jane.* Very observant of you, V.T. So are you saying that without your invitation I wouldn't have had the opportunity to refashion that cloak? If I had not experienced the discomfort of your presence in my life I would not have this precious cloak that warms me with its sophisticated filtering system?

*V.T.* (A big grin) My point exactly! I see now what I didn't see before. I 'ain't all bad. Nothing is **all** bad. Everything has the potential to be reworked and transformed in some way.

*Jane.* You mean 'lemons to lemonade' or 'what doesn't kill us makes us stronger'?!

*V.T.* Ah, so you still entertain sarcasm then, Jane?!

*Jane.* (laughs)

*V.T.* Why do people feel pain Jane? For what purpose does it exist?

*Jane.* That's obvious – it's God's cruel sense of humour. (laughs). Sorry I'm just pulling your chain, V.T. The way I see it is that it's there to warn us that something is wrong. Like when we touch a hot burner we pull our hand back quickly. If we didn't our flesh would burn.

*V.T.* Exactly my point! The same goes for psychological pain. It warns us of something not healthy. Something that is compromising a fully lived life. That's how I'm seeing myself these days Jane.

*Jane.* You mean as a necessary evil? (laughing).

*V.T.* Oh quite the jester eh?

*Jane.* (Smiles) well I can afford to be now, after all I have the cloak (laughs) and I won't forget the past, courtesy of my extended stay in your company (bows head forward in salute). It would seem that spending time with you always provides opportunity for reflection and re-connection, V.T., and I trust you'll excuse my style of humour while in your company – I can see this toying with you is a bit of a 'pay back'!

*V.T.* Understandable, Jane. (Nods).

*Jane.* I guess meeting you under these circumstances brings to mind **my** old story. I am reminded of the old fears I entertained about the potential for long term injuries working in this field. I am reminded of how angry I was on first learning of your existence, especially when I realized that you were hanging out with me! Me – Jane, the level-headed, the reasonable, the insightful. On the one hand it was a relief to learn my symptoms had a cause; on the other, it was hard to continue to be immersed in the work knowing that the changes needed around self-care and work place practices could not all be immediately realized. Then I remember how I began to resent the low salary I was receiving after I learned more about how and why you and I were keeping company.

*V.T.* What do you mean?

*Jane.* Trauma work with abused women has a grass roots history, and as such is not well paid. It is also very demanding work V.T. as you surely know?

*V.T.* Well, I know I keep company with quite a few people who work in women's shelters and agencies that deal predominantly with abused women. I see that most of

these workers are themselves women, and I see that there's never a shortage of clientele seeking service and always a shortage of funding available to provide that service.

*Jane.* Well, there you are then! When I first started counseling I looked at my work as something of a calling. Don't get me wrong, I didn't hear any disembodied voice uttering "go forth Jane and counsel" or anything like that. However I did feel suited to this sort of work. At that time the low pay was not an issue for me. I was fortunate for I didn't have to rely solely on my salary to exist. I could, literally, afford to do the work I loved at a lesser rate of pay than most of my contemporaries in the field. After I learned of workplace practices that exacerbated vicarious traumatization I began to resent my low salary. I began to compare the demands of my work with what I perceived were the demands of the work of others who were receiving larger salaries. Now that I look back at the space I inhabited then I see that my issue with salary was also an issue with you.

*V.T.* So does that mean low salaries for this work are now O.K. in your book?

*Jane.* So now **you** jest with **me**, V.T.! Of course not. I'm still saddened by the evidence of the devaluation of women through the devaluation of their work and their abuse experiences. Let's just say that I have a different perspective which has given me a different focus now.

*V.T.* So why this changed perspective?

*Jane.* I suspect it is partly because in voicing my experience and joining that voice with other women I have moved from the 'stuck' place, where I was seeing too many signs of your presence in my life. Somehow I've found a way to put you in perspective and to focus elsewhere.

*V.T.* Like, where?

*Jane.* My focus has shifted from being angry frustrated and fearful, to being content to continue to do the work in a way that no longer compromises my sense of integrity.

*V.T.* What does that mean?

*Jane.* Well I'm no longer on a crusade against you V.T. I accept you for what you are. My focus is on my work and performing it in ways that are meaningful for me. I know what I need to do to take care of myself as an individual and as a professional in the field.

*V.T.* So right now an example would be really helpful.

*Jane.* Well, I do volunteer work that has personal meaning, and my professional development these days is satisfying because I feel I am learning and growing in ways that are philosophically in tune with who I am right now.

What I realize is that looking back it seems my early travels with you were with a stranger. Now there exists this familiarity. I hear, see and sense your presence so much earlier than I did. I hear those early warning signals you send me that remind me it is time to stop and take stock. I know now what I need to do to keep my perspective, to take care of myself.

I look at you today, V.T., and I do not see the sinister trickster of my past. I guess we've both become strong at some of those broken places and found new ways of interpreting the old stories we formed about ourselves and others.

*V.T.* So that's why you invited me here Jane, to allow for some time to reflect on where you and I are at these days?

*Jane.* Perhaps. Now no offense, old stick, but I'm off to reconnect with some good friends.

*V.T.* Who are they?

*Jane.* Joy and Laughter...I'm watching a 'Vicar of Dibley' marathon this weekend. It's my favorite comedy sitcom.

*V.T.* (Laughs) O.K. I know when to take a hint! (Exits).

“We shall not cease from exploration  
And the end of all our exploring  
Will be to arrive where we started  
And know the place for the first time.”  
(T.S.Eliot, *The Four Quartets*)

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Human Subject Research Introduction Package  
Letter of Introduction

Date  
Name  
Address

Dear \_\_\_\_\_:

As a counselor working in the field of trauma and abuse for several years I have become interested in researching the impact of this work on those who perform it.

At present I am completing a thesis with the University of Lethbridge entitled: *Travels With V.T. A Narrative Exploration of vicarious traumatization*  
In this work it is my intent to reflect on the power of narrative as a tool for exploring the impact of our work on our lives. It is also my hope that the results of the research will suggest that a narrative focus in future workshops would prove beneficial.

I am seeking participants in this research who would be available to respond to V.T. narratives that have been developed from my own lens. Each participant will be interviewed for approximately one hour and given an opportunity to reflect on their own stories in response to the narrative "Travels with V.T."

From my own personal experience I know addressing this topic can have a powerful impact. I have therefore given much thought to establishing an approach to working with participants that respects this. To this end each participant will be given a copy of "Travels with V.T." and the interview questions ahead of time so that each may have plenty of opportunity for personal reflection. Each participant will be scheduled for interview at such time and in such a setting that feels safe and allows time for debriefing afterwards should the need arise. In addition each participant will receive a VT self-care package compiled from my previous research, development and implementation of workshops on this topic.

All personally identifying information will of course be kept confidential throughout the research process and within the body of the completed thesis work.

I enclose the names and contact numbers of those individuals at the University who act in a supervisory capacity with regard to this study. Please feel free to contact them or myself should you have any questions or concerns.

Many thanks for your time and interest in this 'restorying' process.

Jean Thomas-Mitton

Consent to Participate

Travels with V.T.  
A Narrative Exploration of vicarious traumatization

*I agree to participate in this study on the following conditions:*

*That my identity be kept confidential at all times and in all circumstances.*

*That I have the right to withdraw from this study at any time I choose.*

*That I will be provided with a self-care package as part of my agreement to participate in this study.*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## Conversational Interview Package

### *Vicarious Traumatization Vignettes*

This package contains three vignettes that together represent a story of vicarious traumatization in action in the life of Jane, who is a counselor working in the field of trauma and abuse. This story has been developed by the researcher as part of the implementation of a narrative approach to exploring vicarious traumatization. Each vignette looks at this phenomenon from a slightly different perspective and provides the reader with an opportunity to reflect on VT in a variety of ways. A question sheet is provided following each vignette. These are designed as conversational prompts to encourage the reader to reflect on this phenomenon in their own lives and to engage in conversation about those reflections.

### Contents

**Vignette #1: The hostage taking**

**Vignette #2: Just another client**

**Vignette #3: A 're-remembering' conversation**

© Jean Thomas-Mitton, January, 2000.

### **The Hostage Taking**

**J. This is Jean Thomas-Mitton on site at the latest hostage taking by vicarious trauma, where we bring you an exclusive interview with Vic.**

**Now V.T....may I call you V.T. by the way or do you prefer Vic?**

**V. Hey lady call me what you like, I answer to many handles - V.T., Vic, Victoria, S.T.S., Sid,....whatever.**

**J. Sid?**

**V. Yeah...Sid...you know Sid...for insidious.**

**J. Thanks, V.T. Could you tell the viewers who this latest hostage is and why you selected this particular individual?**

**V. Sure. Her name's Jane and she's one of the walking wounded. She's been counseling trauma victims for more years than either of us care to remember!**

**J. Why specifically did you select her then?**

**V. Well she self-selected lady - it was just a matter of time. It's not like I chose her - I mean I'm drawn like a magnet to the Jane's of this world. That's something people need to know about me.**

**J. Now what exactly do you mean 'drawn like a magnet'?**

**V. Well people like Jane spend practically all their waking lives exposing themselves to other people's trauma. She listens to story after story of abuse. Hey it's like I say, it was only a matter of time before I managed to steal into her scene.**

**J. Are you saying that Jane didn't keep good care of herself then, that she allowed this to happen?**



**V. (laughs) Well that's what most people would like to think isn't it? If you lot blame Jane then you can convince yourselves that you'll never be in danger of being taken hostage by me! (laughs)**

**J. What are you saying exactly?**

**V. What I'm saying exactly.....what's your name?**

**J. Jean**

**V. What I'm saying exactly Jean, is that I'm hanging out in more people's lives than they care to admit. I creep in unannounced. I creep in gradual like. I'm out there, everywhere! The truth is I'm an under appreciated, unrecognized 'event' lady!**

**J. O.K. O.K. So what was Jane's first indicator of your arrival then?**

**V. Well I've been trying to get her attention for ages. I've been getting into her space for nearly a year at night time. Difficulty dropping off to sleep, waking at odd hrs, the odd client related dream, that sort of thing.**

**Then a couple a weeks back she had a series of violent dreams in which either herself or various family members were being attacked - lots of blood and stuff. I reckon that got her attention. Sure slowed her down anyway. I noticed her avoiding some of her more challenging clients and having a nip at the wine bottle after work.**

**Then there's been her change in attitude towards work. My good buddy cynicism and I hang out with Jane pretty constantly these days! We've got her avoiding some of her more challenging clients and pulling away from her usual support staff. She's begining to loose that old sense she used to have that the work makes any difference in the scheme of things.**

**J. (Seems lost in thought for a moment, then blinks and shakes). Sounds like you've got this 'break and entry' lark finely tuned?**

**V. (Getting indignant) Hey NOT SO lady! I don't HAVE to break and enter. I can go anywhere I please, unannounced. No locks on any doors you see?!**

**Of course it's not as easy taking hostages these days.**

**J. Why is that then?**

**V. Well some people are recognizing my presence early. Then they start to alter their lives to minimize me. Still I'm not like other burglars. I don't need to break down doors. I'm still hard to detect....Then there's the old denial card - I like to play that one a lot.**

**J. Denial card?**

**V. Yeah - you'd be amazed at how many people feel me in their lives and refuse to see they've been taken hostage. They concoct all sorts of stories, all sorts of excuses - like "oh I'm a little stressed and under the weather right now because I've been working too hard."**

**J. Well, isn't working too hard one of the symptoms of you being in the vicinity?**

**V. Not necessarily; keeping company with stress ain't as dangerous as keeping company with me! Though keeping company with stress when people are in Jane's line of work sure makes it easier for me to arrive on the scene - it's like swinging the door wide open and inviting me in!**

**J. So apart from Cynicism, who else do you count as your partners in crime?**

**V. Hopelessness, Hypervigilance, and of course my best mate in the world....Disconnect.**

**J. Who is this Disconnect?**

**V. That would be Disconnect, alias Disintegrate, alias Dissociate. Well if you're exposed to trauma long enough eventually your body will just kick in with ways of blocking it. It's a natural response. Trouble is that it ain't that healthy cos it blocks everything. It also plays havoc with the way you remember things. Yep - when you see Disconnect you KNOW I'm on the scene!**

**J. So what's your purpose in this hostage taking V.T.? What do you hope to gain?**

**V. Survival lady! I need hostages - I can't survive without them.**

**J. So who, or what would you say are your friends V.T. that help you survive?**

**V. That's easy. I'd say my friends are:  
repeated exposure to trauma stories  
hopelessness and helplessness in clients, which eventually  
shows up in my hostages.  
low pay and long working hours  
not much support or supervision at work  
insufficient training**

**There's lots really, that's just the tip of the iceberg.**

**J. mmm.....So then who or what would you say are your enemies? Do you have any enemies?**

**V. Oh yeah... Knowledge is my biggest threat right now. That's why its so risky doing this interview! Dangerous thing knowledge - leads to all sorts of self care practices and job site changes that threaten my very existence!**

**J. So why did you agree to this interview V.T.?**

**V. Well it's a bit of a 'catch 22' situation really. I mean I'm damned if I do, damned if I don't.**

**J. What do you mean by that?**

**V. Well I see the writing on the wall. I see things changing and frankly I'm sick of working in the shadows.  
I mean I'm notorious for God's sake, and no one knows!**

**J. I guess that's the trouble with being such an insidious sort of chap?**

**V. Too right lady! I guess I'd like people to know of my notoriety before this new wave of therapists cut me down to size.**

**J. So are you in danger of extinction V.T.?**

**V. Well, I don't reckon so (starts getting up off chair) but I can't talk any more, I see Jane has just taken five extra clients onto her caseload. Looks like I've got work to do!**

**J. Well this has been Jean Thomas-Mitton reporting on location with V.T. Thanks V.T.**

**V. (Is turning to leave)Your welcome Jean. (Turns) By the way I hear you are planning to do a thesis on me is that right?**

**J. Well yes I am, why do you ask?**

**V. In that case I'll be seeing you...maybe sooner than you think! (winks and takes it's leave).**

*Just Another Client*

**She gazed out of her office window towards the hills rising out of the valley. The beauty was present as it always was, but today she was not aware of it - unable to tap into it as a calming ever present reality. Today she felt the tension building inside. The faint unease that had begun the first time she had glanced at the clock on her office desk was moving inexorably from the pit of her stomach towards her midsection. Time for a little self-monitoring - a little self-talk, she mused. So she was late - hey it's not the first time she's been late is it? Remember how she was always guaranteed to be at least fifteen minutes late in the early days - the days before you knew her situation. There were many times she never even turned up - it was always a hit and miss thing with her anyway. Still that was in the early days. The days before we had connected. The days before you became aware of the reality of her life, and now you know you are not so complacent when she is late are you? Who could be? (Sigh)**

**Well you know the rules Jane - don't be going down any roads springing to any conclusions you don't need to. She's late and it gives you an opportunity to write up the case notes from your session with Sarah. What's wrong with a little free time you're always complaining you've never enough time for paperwork - never enough time to attend meetings, prepare properly for clients, have a life - whoops let's not go there sister that's not helping!**

**She spends a few minutes completing her reflections on her previous session and places the folder in the file cabinet. Glancing up at the wall clock above the filing cabinet she sees it's now 20 minutes after the hour and for a brief moment entertains the hope that she will not come; that she'll phone the office and reschedule and that will allow some spare time to veg out a little before the Thompsons arrive.**

**Mmm the Thompsons - my angry, argumentative couple who just seem to want to stay stuck. Why is it so exhausting with some people? Why do they seem to suck the energy from me? They walk in with bright**

surface smiles giving me stories of how well things are going, how each of them has put into place the suggestions from the previous session - yet I'm not fooled - 'not by a long shot' as my dad used to say. I see how they sit apart from each other, close enough to give a good initial impression, yet far enough to be out of physical striking distance when the insults start flying. Before the arguing and accusing. I know it won't be long before they begin to drag each other down and me along with them (another sigh).

So what if she doesn't come, and doesn't phone, and doesn't get someone to leave you a message that she's alright, she's still alive? What are you going to do then Jane? How are you going to hold that? You've always known that's a possibility; she's even told you herself. How can she be so aware of the issues - so clear as to the dangerous nature of her life with him and yet still need to be with him? God how I hate this; how I hate giving her the choice over who and what she chooses. How I hate that despite a whole year of coming to see me she remains in so much need of him in her life. O.K. I know what the theory says about this stuff, I know that there is no magic wand and that this isn't about me and how good or bad a therapist I feel I am - but Jesus Christ I want so much to get this guy out of her life! (sigh)

If only I didn't know him so well. Hey I've never met him face to face but boy do I know him! Every thing she has shared the last few months tells me who he is and how much he needs her to give his life meaning. Tells me how intelligent and manipulative he is - that's the scary thing - his intelligence and the way he uses it to build stories that make it hard for her to see that the abuse is not her fault. The way he manages to take what she tells him about our sessions and turn the meaning around. And still after a whole year his words have more power than mine (sigh).

Dam it - it's bad enough he's got fear hanging out in her life - what really busts my butt is that he has it hanging out in mine as well! Sometimes I fantasize about having a local police officer threaten the shit out of him so that he leaves. Shit with him out of the way I could get somewhere with her I'm sure of it. Without him there with his crazy making we could get down to some real work. Without her constantly on edge, trying to protect herself physically and psychologically we could get through to the place of change and hope. Boy what would I

**give to see him out of her life! (sigh)**

**So this is the real world Jane and it's 25 minutes after the hour and the chances are that you will not see her today and that she will not contact you and that you cannot contact her because she has given you strict instructions never to do that and you will have to find a way to hold that until she does contact you. So who has the power and control now Jane? Ha!**

**The feeling of unease has moved from her midsection to her chest and she can feel the familiar tightening sensation reminding her that anger is hovering close. She notes that her energy level is really low and it is early afternoon and there are still three clients before she can leave this space and the concerns she addresses here. Three more sessions and another bloody meeting about stupid, unimportant issues - who the hell cares about the state of the washrooms, who makes the coffee and whether or not we should give Beth a book or a pen and pencil set as a leaving gift!**

**I'm supposed to sit and show interest in that shit when my client could be in hospital or dead or God knows what?!**

**I had a dream about her last night - well it wasn't about her it was about me but it was about her really. I woke feeling like I hadn't slept a wink. God it must be so exhausting being so on edge all the time - that adrenalin pumping out constantly. Is that what it feels like for her, like it felt in the dream? No wonder she is exhausted and unable to work at any job - she has no physical or emotional resources. Where the bloody hell is she!**

**Jane phones the front desk.**

**"Any sign of her yet?"**

**'No.'**

**"Mmm - she hasn't called or left a message or anything?"**

**"No."**

**"O.K."**

**She places the phone heavily on the receiver and sighs again as she sees it's thirty minutes after the hour. She's rarely this late - sometimes she's this late - sometimes he leaves for work late and she has to wait until he's gone because he's forbidden her to leave the house. (sigh)**

Jane knows she should get on with things - she can see her file folder for recording her monthly program statistics on her desk under her client file. Overdue as usual. Well that's at least one thing that I can rely on. I'll always be late getting those bloody program statistics in on time she thinks to herself as a sardonic smile plays briefly across her face.

She leans over pulling the pile of files towards her. There on top is her client's file. She reaches forward to place it to one side, then hesitates, eyes fixed on the faint image of two hearts drawn interlaced in the corner. She recalls the session when she had doodled this image which she had attempted to erase some time after.

She was in session listening to the retelling of a violent incident followed by a time of passionate lovemaking. She recalled the way her hand jolted in the formation of the second heart when she heard how he had told her what he would do to her rather than ever lose her. That he could say such things while in the act of making-love, at the point of her orgasm, the injustice and the injury, and she recalls how her own insides did a flip with the hearing of it. She could see the heavy lines through the heart where no amount of erasure could remove the image from the file or from her mind.

If she turns up now shall I see her? I mean it's too late for a proper session. Maybe I should take a leaf from Bill's book - he refuses to see clients if they're more than 10 minutes late - reckons it's too hard on the schedule - one can't do a decent session in less than 40 minutes he reckons. Part of me admires Bill's resolve - the way he's got his work so neatly planned out - everything fits and there is always excellent rationale behind everything he implements. Such order. He always arrives early and always leaves on time. Just once I'd like to see him late for a meeting - just once! Instead I am invariably the one who is rushing in apologizing right left and center. I hate this image of me - I want a little of Bill's image! Still I also don't really want to be like Bill - that would never have worked for this client - we already have to fit ourselves around 'his' life, 'his' rules. Still it would be nice to feel competent for a change! Less stressed and exhausted and more in control of things.

I flip open the file and begin scanning the entries. There is so much not written - every entry is so sparse, in keeping with recording guidelines.



**If I had written what she had told we would have several files by now! If I had written what she had told and she were to read it what impact would that have on her I wonder? Would it help to open her eyes to the perpetual and pervasive nature of the abuse? Or would she convince herself that she and I had elaborated and misinterpreted innocent acts and comments? Would she fear that she had disobeyed and betrayed him by sharing so much? No need to ponder that question the answer is self-evident in the entries (sigh).**

**The phone rings, it'll be the front desk to let me know she's arrived. As Jane leans over to answer it she is aware of the uneasy tension flowing from her body. Her energy returning she resolves she will see her, even if only to check in with her and schedule another appointment. Maybe she can slip her in after work and just before the meeting. Maybe she could miss the meeting this time round and say it was a client emergency.**

**She picks up the phone**

**"Hi Jane, the Thompson's are here for their appointment."**

**Jane looks across the valley, her view clouded by the uneasy tension that appears to be moving back and taking up permanent residency in the pit of her stomach.**

### A 're-membering' conversation

#### **Background to the conversation:**

Jane returns from a stress leave to discover that the funders have made monies available for all counselors performing trauma work in the province to access regular supervision. She settles on a supervisor recommended to her by someone at the narrative therapy conference she attended the year before. The following conversation is part of a session that Jane has with this supervisor. This session focuses on how Jane views herself in relation to her work and what informs that view.

Supervisor: *“Jane, what aspects of your work and training have recruited you into self-surveillance and self-judgment?”*

Jane: “ Well my training always focused on how we were always supposed to look inward, to keep monitoring ourselves to protect our clients. After a while it felt like the assumption was that we were a bunch of loose canons...that inevitably somewhere along the line our damaged pasts were going to be a danger to our clients. (pause) Training seemed to be focused on identifying and focusing on our weaknesses, and in that process I think I recruited myself into a story that was deficit...a story that didn't really include my strengths, and certainly none of the personal history behind those strengths...The only strengths I was encouraged to 'member in' were the knowledge and experience I got in my training.”

Supervisor: *“So who or what informs your story as a competent therapist apart from your training and experience?”*

Jane: “Well immediately you asked that question an image of my Dad came to mind, and then also an image of a friend and colleague who has always believed in

me...in my work...in ways I haven't believed in myself... I think I value her judgment over others because she's got ten years extensive training and knowledge, she's smart and has worked with me. We've done groups together and some joint family sessions and stuff, so she's really in a position to know what she's talking about. She also honest enough...I know she's not just humoring me or pleasing me because I'm her friend."

(Some additional discussion about the ways in which Jane's colleague supports a story of her as competent as well as some discussion about another colleague who Jane sees as supporting an alternate story that is not as helpful).

Supervisor: *"A little earlier you mentioned your Dad?"*

Jane: "Yes my Dad...wow it's hard to talk about him without getting emotional."

Supervisor: *"Some powerful feelings when you think of him then?"*

Jane: "Yeah...he taught me so much that I bring into my work and my life in general. He was a good man, a wise man, a fair man. He was also poorly treated in the class system and society I grew up in...He was very much his own person and he paid for this because he didn't conform and lost power and privilege as a result...Yet despite this he wasn't a bitter man. He had a great sense of humor and the only thing he really insisted on with us kids was that we didn't make the mistake of thinking we were any better than the next person...or any worse for that matter!"

Supervisor: *"Sounds like you have a strong sense of his influence in your life generally. I'm wondering if you've always had a sense of his role in who you are as a therapist or if this is a newer awareness?"*

Jane: "I'd have to say it's more of a newer awareness...(laughs)... yeah... (nods head)... strange that because I see that I've been keeping my counselor self quite separate in many ways from my 'other' self...or selves!... It's like I inhabit a special place when I take on the therapist role and I don't bring much of my personal history - those people who have been really important in my life - I don't bring them

into the therapist picture too often.

Supervisor: *“So in light of what we’ve talked about here do you see yourself as wanting to change that in any way?”*

Jane: **“Well yes, and I think it’s already changed just by becoming more aware of it. Part of the reason I took on this work is because I seemed to have a natural propensity for it - well of course that has to have come from past experiences and contacts. I mean I always knew that, in fact I took it for granted and sort of dismissed it as a result of taking it for granted I think.”** *(tearful).*

Supervisor: *(nodding).*

Jane: **“My big regret is that my dad is dead and I grieve that I wasn’t in a space to be able to tell him about this stuff when he was alive. I’d like him to have known how much he rubbed off on me.”***(laughs briefly).*

Supervisor: *“I’m wondering... if it was possible to find a way of doing it...what could you do that would tell him how important a role he has played in you being good at your work?”*

Jane: **“You mean symbolically, like writing him a letter or something like that?”**

Supervisor: *“Yeah, some sort of ritual that would honor how you feel about his influence, his importance to you.”*

Jane goes on to indicate that she’d like to think about this and then write a letter to her dad. She later reports that she wrote the letter and sent a copy of it to her mother in Australia asking her to place it on her dad’s grave the next time she visits his resting place. Jane keeps the original letter, handwritten on green paper (which is a power color for her) on the reverse side of a photo of her father and herself. This photo occupies permanent residence on her office desk where she can ‘remember’ her father’s subtle presence into her working world.

## Appendix B

## Conversational Prompts

Vignette #1: The Hostage Taking

- Q. What thoughts and feelings surfaced during ‘the hostage taking’?
- Q. What aspects of your own experience are you able to identify with as a result of this story?
- Q. In what way does this personified portrayal of V.T. affect how you view vicarious traumatization?
- Q. How successful was this story in informing you of the nature of vicarious traumatization? Please share any additional thoughts that come to mind.

Vignette #2: Just Another Client

- Q. What impacted you most about Jane’s thoughts in this story?
- Q. Do you think Jane being a woman has any special impact on the way vicarious trauma exposes itself in Jane’s thoughts?
- Q. How successful was this story in informing you of the nature of VT? Please share any additional thoughts that come to mind.

Vignette #3: A Re-remembering Conversation

- Q. What are some of your thoughts about the remembering conversation?
- Q. Jane talks about her experiences of being recruited into two opposing images of herself. One as a good therapist, and the other as a not so good therapist. Is there some way this ‘recruitment’ story plays itself out for you personally?
- Q. Are there people in your own life that could be ‘re-remembered’ into your own story of yourself as a counselor?
- Q. In what ways has your relationship with VT changed over the course of your work?

- Q. In what way has reading the three narratives been helpful for you as a way of looking at V.T.?
- Q. Do you feel this narrative approach is more, less, or just as effective a way of looking at this topic? Could you comment further on this?

Please share any additional thoughts that come to mind at this time.

**SELF-CARE RESOURCE PACKAGE****\*\*\***

This self-care package has been prepared for the participants in the research segment of the following thesis:

**Travels with VT:**  
**An intergrated narrative exploration of vicarious traumatization**

***Please feel free to connect with me at the following location if you have any questions or concerns arising from the interview or the self-care material enclosed in this package:***

***Jean Thomas-Mitton***  
***Address***  
***Phone***

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### **Vicarious Traumatization: Points to Ponder**

- ❖ **Take vicarious traumatization seriously.**
- ❖ **Accept its role in the work and commit yourself to identifying and addressing its impact on you personally.**
- ❖ **Set time aside regularly to address vicarious traumatization.**
- ❖ **Avoid isolation in your work. Meet with others regularly.**
- ❖ **Make sure that your training and knowledge is sufficient for the work you perform.**
- ❖ **Commit to personal therapy when you identify personal issues being triggered by the work.**
- ❖ **Balance your professional and private life and avoid work that demands too much exposure to VT.**
- ❖ **Get involved in community work that is different in nature to your professional work. Make sure this work is personally meaningful and satisfying.**
- ❖ **Commit to 'mindfulness' in everyday living. Meditation – being in the 'moment'.**
- ❖ **Remind yourself of the value of your work and recall examples of times you or someone else in the field did something that made a difference.**
- ❖ **Be clear about setting healthy boundaries and limits and stick to them.**
- ❖ **Develop a daily schedule that includes frequent short breaks and one long midday break.**
- ❖ **Try to schedule your more 'challenging' clientele on different days to reduce the potential to move into 'overwhelm'.**
- ❖ **Attend appropriate supervision regularly.**
- ❖ **Ensure that the nature of supervision is as follows:**



- **Has a mentorship style rather than punitive approach.**
- **The supervisor is knowledgeable with regard to the issues and clientele you work with.**
- **Is well versed with regard to the phenomenon of vicarious trauma.**
  
- ❖ **Avoid over exposure to trauma stories by adopting workplace strategies that limit debriefing to specifically scheduled times and persons.**
  
- ❖ **Keep coffee and lunch breaks free of work related discussion as much as possible.**
  
- ❖ **Engage in activities that promote HOPE and combat cynicism and indifference. See handout.**
  
- ❖ **Don't judge yourself as weak because you experience VT. Remember that it is a natural human response to repeated exposure to trauma stories.**

## **Ways of handling traumatic imagery**

### **Suggestion #1**

**Identify your own psychological need areas by paying attention to the need themes embedded in the traumatic imagery in dreams or flashbacks.**

**Work on your own personal issues that are represented in these themes by attending personal therapy or addressing them in trauma related consultation sessions.**

**Example: For imagery that contains repeated themes of danger and vulnerability such as being attacked the need theme is SAFETY. Explore with your own counselor or therapist your own personal history around safety needs.**

### **Suggestion #2**

**Detoxify the imagery by using a combination of visualization and art techniques.**

**Example: Visualize the original intrusive scene and then introduce others into the scene that will change the outcome and increase feelings of power and control over and within the imagery.**

**Use art:**

**Draw the intrusive image**

**Draw a preferred outcome**

**Put closure on work by destroying the original intrusive image.**

### ***Suggestion #3***

**Unload the traumatic material by writing about it; drawing about it; talking about it using the appropriate debriefing approach.**

**Remember that the power of the imagery comes partly from the fact that *we hold it alone*. In the same way that our clients experience relief when they tell of their trauma, so also do we when we ‘unload’ it regularly and safely.**

Adapted from Pearlman and Saakvitne (1995) by Jean Thomas-Mitton for thesis research January 2000.

#### **Taking Care of Business**

##### ***Dream-catcher ritual:***

***Construct a net (based on the Ojibway dream-catcher legend) that will assist you in filtering out the feelings of your client from your own. Use the following induction along with the constructed dream-catcher to separate client related traumatic material from your own feelings.***

***Note: Tape in your own 'healing' voice and play daily prior to leaving place of work.***

***"Now it is your turn to take some time for yourself to review today from a safe place. A place where you can comfortably distance yourself from others. A place where you can let go of all that does not belong to you. A place where you can give yourself permission to claim that which is rightfully yours.***

***Take this time now especially for you.....create a dream-catcher using materials that best suit you. Or, if you have already created the dream-catcher you can focus on the image in front of you knowing that you have tailored this catcher of dreams to fit your own needs. This catcher of dreams allows you to capture that which is hopeful and trustful and good and draw it back towards yourself. It allows you to filter out gradually the rage, anguish, melancholy, pain and despair of others that you have kept company with today. As you leave the despairing images and thoughts and feelings brought into this space today to be trapped in the web, you are reminded that they will evaporate with the first rays of the light of dawn. You are reminded that when you next enter this space it will be fresh and clean and ready for the special sharing that takes place here, that helps healing and moves others to places of hope and renewal. As you leave this space taking that which is rightfully yours, take the time you need, in whatever way you choose, to respond to your own needs".***

***Note: You can devise any variation on this ritual, such as placing trauma material into a bowl of water and then emptying it at the end of each day. Many people change their clothes when they leave the office or remove some special item of jewelry that they regularly wear while in session. Choose whatever suits your lifestyle and belief system the best.***

Adapted from "Reclaiming Her Story" by Cheryl Bell-Gadsby and Anne Siegenberg, 1996.  
Jean Thomas-Mitton

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## Debriefing

Any type of trauma related work necessitates employees engaging in a debriefing process of one sort or another when troubling situations are encountered. Following are some things to consider about debriefing practices that minimize secondary-impact spillover onto fellow workers:

- The time lapse between the event and the debriefing. It should occur as soon as possible rather than later.
- Who do you debrief with? Ensure you have made arrangements for someone in particular ahead of time. Have a backup.
- How much detail do you share? Balance your need to share the more difficult details with an awareness of their potential impact. Journaling and /or drawing can be just as powerful an alternative.
- Where do you debrief? Select a location that is neutral and quiet. Avoid staff rooms and situations where other staff may be caught off guard hearing trauma stories they have not prepared themselves for. Never use regularly scheduled relaxation breaks for debriefing!
- Preparing the debriefer. Determine the comfort level, amount of time that can be devoted, and stick to the limits established.
- Let your listener know what you need from him or her. A listening ear, problem-solving, support.

## Clinical Supervision

According to research literature, McCann and Pearlman (1990), Pearlman and Saakvitne (1995), Stamm and Stamm (1997), clinical supervision is an important consideration in minimizing vicarious traumatization in the counseling arena. Having regular access to a knowledgeable supervisor provides an opportunity for the counselor to address client's issues, and the counselor's own response to them.

The following supervision characteristics can best support counselors needs:

- A supervisor with a sound knowledge of the following:  
     countertransference  
     stress and burnout  
     vicarious trauma  
     client issues
- A supervision style that is mentoring rather than punitive. One that allows the counselor to acknowledge when he or she makes mistakes without fear of retribution. One that focuses on validation and case management rather than evaluation.
- Supervision that can be accessed on a regular and frequent basis.
- Supervision sessions that integrate both individual and group experiences when useful.
- Access to peer consultation.

Burnout:

Workplace conditions that can negatively impact counselors involve the counselor's perception of the amount of control he or she has over the following:

- Caseload numbers
- Client population and chronicity of presenting problems
- Amount of repeated exposure to client trauma
- Whether there are resources available to meet the needs of clients

Some signs and symptoms of inner peace

*An unmistakable ability to enjoy each moment.*

*A loss of interest in judging people.*

*A loss of interest in judging the self.*

*A loss of interest in interpreting the actions of others.*

*A loss of interest in conflict.*

*A lack of ability to worry (a very serious symptom)*

*Frequent, overwhelming episodes of appreciation.*

*Frequent feelings of connectedness with others and with nature.*

*Frequent attacks of smiling.*

*An increasing tendency to let things happen, rather than making them happen.*

*An increased susceptibility to the love extended by others as well as the uncontrollable urge to extend it.*

**Resources that address human resiliency; adaptation;  
meditation and spirituality:**

*er er er er er er er er*

**The Protean Self: Human resilience in an age of fragmentation.**

**Author: Robert Jay Lifton**

**The Aquarian Conspiracy: Social transformation in our time.**

**Author: Marilyn Ferguson**

**Intimacy and Solitude: Balancing closeness and independence.**

**Author: Stephanie Dowrick**

**Ageless Body, Timeless Mind**

**Author: Deepak Chopra**

**When Helping You is Hurting Me**

**Author: Carmen Renee Berry**

**Mindfulness Meditation in Everyday Life:**

**Author: Jon Kabat-Zinn**

**The Web of Life**

**Author: Fritjof Capra**

**Mindfulness**

**Author: Ellen J. Langer**

**The Intuitive Way: A guide to living from inner wisdom**

**Author: Penny Pierce**

**Anatomy of the Spirit**

**Author: Carolyn Myss**

**Life's Companion: Journal writing as a spiritual quest**

**Author: Christine Baldwin**

Prepared by Jean Thomas-Mitton

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Appendix D

Respondent Thank you Letter

**Date:.....**

**Dear:.....**

**I am reconnecting with you concerning our conversational interview in January. I want to let you know how much I appreciated your participation in my thesis research. Your willingness to share your time and your personal experiences has enriched my thesis work and also my personal relationship to vicarious traumatization.**

**Your contributions have helped me to view VT from yet another angle and to get to know it's many faces. In addition, our conversation provided support and validation for my own experiences as well as a reminder of the gifts to be found in the trauma work we undertake.**

**May your personal counseling story continue to consist of many chapters of rewarding opportunities and experiences, and may your encounters with V.T. be few!**

**Regards,**

**Jean Thomas-Mitton**