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The Experience of Vicarious Posttraumatic Growth in Mental Health Workers

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In order to add to the body of research that examines the phenomenon of vicarious posttraumatic growth, this study sought to illuminate the lived experiences of mental health professionals who work on a day-to-day basis with multiply traumatized children and adolescents and, as a result, experience measurably high levels of vicarious trauma and compassion satisfaction. The findings from this qualitative study support positive vicarious experiences derived from trauma work and expose the pathologically focused nature of the profession.

KEYWORDS   vicarious posttraumatic growth, trauma, salutogenic

Due to cognizance that trauma care comes at a price for those who provide it, there has been a growing interest in the psychological consequences of caring for individuals who have been exposed to traumatic circumstances (Figley, 1999; McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995). Substantial evidence exists to support the proposition that the conditions of burnout (Maslach, 1982), compassion fatigue (Figley, 1999), and vicarious trauma (Pearlman & Saakvitne, 1995) can manifest in individuals employed in the mental health field.

It is also true that workers can experience significant positive symptoms (e.g., a greater appreciation of life and a drive to live every day to the fullest) from their experience, just as those who directly experience trauma find benefit. Researchers have examined a number of professions in an effort to

elucidate the phenomenon of benefit from vicarious exposure to trauma. Proffitt, Cann, Calhoun, and Tedeschi (2007) explored vicarious exposure to bereavement and found that this exposure can lead to vicarious posttraumatic growth (VPTG). Research psychologists (Radeke & Mahoney, 2000), funeral directors (Linley & Joseph, 2005), disaster response workers (Linley & Joseph, 2006), and therapists (Arnold, Calhoun, Tedeschi, & Cann, 2005) have all been the subject of investigations into a salutogenic view of vicarious traumatization. This study sought to elucidate the experiences of mental health workers who find psychological benefit in working with traumatized children.

REVIEW OF THE RELEVANT LITERATURE

Central to this study is the concept of personal growth following traumatic exposure, which lays the foundation for understanding the correlated, vicarious process. There has long been an acceptance that following a traumatic event, some people experience personal growth and positive change. In the psychological literature, these changes have borne many labels, such as stress-related growth (Park, Cohen, & Murch, 1996) and adversarial growth (Joseph & Linley, 2005). Recently, the concept of positive personal change resulting from a traumatic exposure has been termed posttraumatic growth (PTG) (Tedeschi & Calhoun, 1996). The concept of PTG does not discount the negative psychological experience of traumatic exposure but emphasizes that, in addition to negatives, the experience can lead to an enhanced sense of meaning and purpose in life that promotes personal change and growth (Smith & Cook, 2004). Empirical evidence suggests that those who endorse PTG experience that growth within five broad domains: strength, new possibilities, human relationships, appreciation for life, and spirituality (Tedeschi & Calhoun, 1995).

A burgeoning body of literature suggests that vicarious exposure can also lead to growth. But a search of the major psychological databases revealed only three articles specifically dedicated to the concept of VPTG (Arnold et al., 2005; Cohen & Collens, 2012, Splevens, Cohen, Joseph, Murray, & Bowley, 2010). In their meta-synthesis of vicarious trauma and VPTG, Cohen and Collens (2012) focused upon the lack of a theoretical model explaining how the phenomenon occurs and sought to refine the understanding of the relationship between trauma and growth.

In their 2005 qualitative investigation, Arnold et al. found that 100% of their participants endorsed personal positive outcomes as a result of their work with trauma survivors. The clinicians in the study presented themes of gains in sensitivity, compassion, insight, tolerance, empathy, and interpersonal relationships. As with posttraumatic growth, the small body of available research suggests that VPTG in helpers reflects gains in the same three

broad categories that Calhoun and Tedeschi (1999) identified with respect to those who experience direct exposure (Arnold et al., 2005). These categories are changes in self-perception, interpersonal relationships, and philosophy of life (Calhoun & Tedeschi, 1999).

RESEARCH METHOD AND DESIGN

As there is a lack of exploratory studies that address the concept of the positive effects of vicarious traumatic exposure, the topic was ripe for qualitative inquiry. Employing a phenomenologically based case study design, this investigation relied upon methods, instruments, and data explication that are traditional to qualitative inquiry.

This study used a purposeful sampling design with the intent to find individuals who had experience related to the phenomenon to be researched (Kruger, 1988). A sample of willing participants was drawn from the population of mental health workers at a residential treatment facility in central western Pennsylvania. This facility was chosen as a result of its practice of "trauma informed care" and its focus on working with multiply traumatized children and adolescents. Participants were carefully selected in order to maximize the probability that the desired phenomenon was experienced.

The Professional Quality of Life Scale (ProQOL) (Stamm, 2005), which assesses constructs pertinent to this study, had been previously administered to staff at this institution as part of its quality improvement plan. These archival data were accessed and used as a screening mechanism. In order to harvest appropriate study participants, individuals who were experiencing high levels of vicarious trauma and compassion satisfaction from their work were sought. According to psychometric data regarding the distribution of ProQOL scores, very few individuals display this pattern, and those who do are likely to be experiencing the phenomenon of interest. Only 20 of the approximately 100 individuals employed by the institution met the criteria for inclusion. Twelve responded to the request for participation. Although the sample was small, it represented 60% of the workers who met the criteria for inclusion in the study. The demographic information for the participants is provided in Table 1.

Interviews and focus groups using a semistructured interview format were conducted to elicit the greatest response from the participants. There were three semistructured questions asked of each participant and each focus group: How would you describe your job as a mental health worker? How have you been affected by your work with children who have experienced traumatic events? and What sustains you in your work in this field?

When the transcription process and review of the interview sessions were completed, the data were explicated through the lens of Van Manen's (1990) four lived existentials of lived space, body, time, and human relation.

TABLE 1 Demographic Characteristics of the Participants

	Age	Gender	Years employed	Years in mental health field	Degree	Personal trauma history endorsed
Participant 1	24	Male	2	2	BA, psychology	No
Participant 2	30	Male	6	6	Associate, criminal justice	No
Participant 3	35	Female	5	5	MSW	Yes
Participant 4	63	Female	17	18	MA, clinical psychology	Yes
Participant 5	23	Female	0.4	1	BA, education	No
Participant 6	51	Male	8	8	Associate, business	No
Participant 7	23	Male	2	2	High school	No
Participant 8	25	Male	3	3	BS, sociology	No
Participant 9	32	Male	3	3	BA, journalism	No
Participant 10	43	Male	8	8	Associate, accounting	Yes
Participant 11	24	Female	2	2	BA, graphic design	Yes
Participant 12	28	Female	5	6	BA, art therapy	Yes
Mean	33.4		5.2	5.3		

The significant themes that were uncovered could be organized into six general categories related to the research questions: lived existential (body, time, relationship, and space), the perceived role of the residential treatment worker, the experience of exposure to traumatic stories, negative consequences of exposure to children's trauma (vicarious trauma), protective factors against the negative effects of exposure to children's trauma histories, and positive results from the work. Of specific interest was this last category, which spoke to the theme of benefit finding and positive personal growth as a result of vicarious exposure to trauma (VPTG).

RESULTS

Empirical evidence suggests that those who experience trauma and endorse PTG experience that growth within five domains: strength, new possibilities, relationships, spirituality, and appreciation for life (Tedeschi & Calhoun, 1995). The body of available research suggests that vicarious posttraumatic growth is a parallel process to that growth and reflects gains in three broader categories. These categories are positive changes in self-perception, interpersonal relationships, and philosophy of life (Calhoun & Tedeschi, 1999).

The participants in this study all endorsed experiencing some level of personal growth as a result of participating in and being exposed to the posttraumatic growth of children. It is of note that this topic was only addressed by the participants after they were directly asked about benefit. When asked to discuss personal gains as a result of the work, the participants easily provided examples, but this theme did not readily come to the fore of the discussion.

Within the category of self-perception, participants identified becoming more open-minded, more tolerant, and more flexible. Several of the workers stated that they were more patient. The participants were quite clear that these changes happened in their "outside" lives as well as within the work milieu. They described themselves as being more adaptable and less likely to be perturbed by the "small stuff" or having a reduced tendency to get "worked up," which reflected changes in the category of philosophy of life.

The participants presented a changed philosophy of life by reflecting upon the experience of comparison. A number of the study participants talked about looking at their lives through a lens colored by a new awareness of what the world is like. The workers talked about comparing their own lives to those of the children and their families. One participant stated, "My life is easy. I have a good life. I have everything I need, most everything I want. Look at these kids. They are working so hard just to get over the crap!" Other voices echoed this perception. Participants in the focus groups talked about how they view their own lives as being easier as a result of exposure to the children's histories. They used phrases such as "piece of

cake" and "could be a hell of a lot worse" to illustrate this change in the way they look at their own life experience.

The participants also discussed growth in the domain of appreciation for life. This was illustrated by quotes such as "How lucky we are not to have kids that have gone through the shit these kids have gone through." The workers all expressed finding value in their lives as a result of the work. They were able to identify desirable elements of their existence that the children are missing, as well as negatives that the children have experienced that the workers have been fortunate to avoid. One worker directly expressed, "We appreciate what we have more." The workers reported looking at the simple facets of their life with a deeper appreciation. They identified having warm homes, plenty to eat, safety, and security as things that are no longer taken for granted as a result of their work. This notion of "having" did not relate solely to material possessions, but also referred to their appreciation for their own stable homes and positive relationships.

A perceived positive shift in relationships is the most consistently reported change that results from traumatic exposure (Tedeschi & Calhoun, 1996). A review of the literature reveals that these changes include a deeper appreciation for family and friends; closer, more meaningful relationships; and an enhanced sense of value (Janoff-Bulman, 2006; Park, Aldwin, Fenster, & Snyder, 2008). This was reflected in the vicarious experience of the study participants. They reported that the awareness that the children often had not experienced appropriate, loving relationships made them consider their own experiences. Further, they related that watching and participating in the children's discovering how to have meaningful relationships spurred them on to pay more attention to their interpersonal relationships.

The participants also identified a change in their sense of possibilities. Although this domain is generally characterized by the notion of a "second chance," the workers in this study spoke of developing a sense of increased possibilities for human resilience and change. They talked about those children who had suffered horrendous trauma, exhibited significant impairment, and had positive dispositions. The workers classified these experiences as those that made them realize that what they used to believe was impossible was not. They expressed a general sense that their observation of the extent of the resilience and growth of the children with whom they worked enhanced their own ability to explore new possibilities and expect positive outcomes.

IMPLICATIONS

Despite the small number of participants and the case-study design of the project, the findings of this study demonstrated that these mental health workers identify personal positive psychological and emotional growth that

has occurred as a result of their work with traumatized children. They delineated changes that are in concert with those described in the literature related to posttraumatic growth in the domains of self-perception, interpersonal relationships, and philosophy of life (Tedeschi & Calhoun, 1995). While perhaps not broadly generalizable, interesting implications were gleaned from this study.

Of note is that the theme of personal growth as a result of participants' vicarious exposure to trauma was the last to emerge in the discussions. When asked to describe their experience of the trauma of the children with whom they work, the participants all initially focused on the negative effect this exposure has had upon their lives. The participants did not need time to think about or consider their responses, but were all able to readily produce a number of deleterious effects that they have suffered from their work. They easily related specific stories and cases to their negative experiences and could have filled the entire interview with the negatives of their experience. The workers had to be prompted to talk about the positives they found in their work. In several cases, their initial response was to sit quietly and think about the question. Two of the participants actually expressed that they had never thought about that question before. It is curious that the workers are negatively focused and that such a focus seems indicative of work in the helping professions.

The mental health professions are, for the most part, pathologically focused. We use the *Diagnostic and Statistical Manual of Mental Disorders* to diagnose individuals based on their pattern of pathological or negative symptoms. Mental health is viewed as the absence of negative symptoms (Seligman, Rashid, & Parks, 2006). Positive emotions are rarely the focus of therapeutic interventions and, when they are mentioned, they are generally cited as evidence of progress or improvement (Stalikas & Fitzpatrick, 2008). Much of the literature regarding positive psychology points to an understanding that psychotherapy was born out of a need to assist individuals who are in distress and psychological pain (Stalikas & Fitzpatrick, 2008). This focus on the negatives of the clients with whom we work has influenced our perception of the mental health field and, indeed, how we perceive the work itself.

The findings of this study show that the workers experience a great deal of satisfaction and personal growth from the experience of watching the children in the facility triumph over their trauma histories, yet they needed to be coached to discuss these positives. In a related finding, the participants were also more likely to talk about the negative behaviors they observed in the children than the positive behaviors. This focus on the negatives of the work and the negatives of the clients translates into a deficit-based approach to the work. When we expect clients to have negative behaviors, we are generally rewarded with finding those behaviors. How often do the workers expect the children to exhibit positive behaviors? The findings of the study

suggest that, although the workers attempt to be open-minded regarding the children's potential, they expect that their behavior will be aggressive and out of the norm.

The workers are also conditioned to expect harmful effects from the work. Research on helping has been primarily focused on the multiple deleterious conditions that can arise, and the participants seemed well versed in this approach. They knew the terms burnout and vicarious trauma. Research confirms the need for educating helpers about these potentially injurious conditions (Harrison & Westwood, 2009; Pearlman & Saakvitne, 1995), but no research was found that discusses the need to encourage a positive perspective on the work of psychotraumatology.

The movements of positive psychology and salutogenic approaches to the work of trauma care have been growing over the last decade. The notions of adversarial growth (Linley & Joseph, 2004), resilience (Bonanno, 2005), and posttraumatic growth (Tedeschi & Calhoun, 1995) seem to be gaining a foothold in the professional literature regarding methodology. Lagging behind is the concept of positive vicarious exposure to trauma. It seems that individuals who can find meaning and growth in the experience of psychotraumatology are more able to tolerate the work. Consciously educating workers on the potential for growth and finding ways to recognize and foster that growth should only serve to enhance the emotional well-being of individuals who perform such work.

A number of areas for further research were derived from this study. The participants identified characteristics that they found in themselves that led to increased satisfaction with the work and thereby to longevity within the facility. It would be beneficial to ascertain if, indeed, these characteristics are those that contribute to length of employment and job satisfaction. In general, we can assume that a well-trained, seasoned staff enhances the treatment provided. An awareness of what characteristics increase the likelihood that staff will remain in the field could prove to be extremely helpful to the retention of quality staff.

The participants in this study also spoke of their ability to accept the trauma histories of the children within the facility and not allow those histories and the negative effects of "knowing" to impede their performance. They addressed specific attitudes, such as normalizing behaviors and not personalizing the work, as protective against debilitating vicarious trauma. It was not apparent as to how this viewpoint developed or what fostered it. It would be beneficial to study how this perception develops and how it could be maintained.

Finally, and most importantly, further study of the benefits of a salutogenic approach to working with individuals with trauma needs to be conducted. Assessing the benefits of a positive approach to trauma with clients and a positive approach to looking at the experience of working with trauma can only serve to enhance the field of psychotraumatology. What

would happen if we operated from a positive perspective instead of a pathologic, deficit-based orientation? Would we get more positive outcomes because that would be what we expected? Would we have emotionally healthy workers employed in the field? There are a great many unanswered questions that future research can address.

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