VICARIOUS POSTTRAUMATIC GROWTH IN PSYCHOTHERAPY

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Summary

Previous investigations of the impact of trauma-related psychotherapy on clinicians have emphasized the hazardous nature of such work. The present study is the first exploration of clinicians' perceptions of trauma work to investigate in depth the positive consequences of working with trauma survivors. A sample of 21 psychotherapists participated in a naturalistic interview exploring the impact of trauma work with a particular focus on (a) changes in memory systems and schemas about self and the world (the hallmarks of vicarious traumatization) and (b) perceived psychological growth. In addition to reporting several negative consequences, all of the clinicians in this sample described positive outcomes. These descriptions of positive sequelae are strikingly similar to reports of growth following directly experienced trauma and suggest that the potential benefits of working with trauma survivors may be significantly more powerful and far-reaching than the existing literature's scant focus on positive sequelae would indicate.

Although psychotherapy is clearly a relational, interactive process that affects clinicians and clients alike, it is hardly surprising that research on the therapeutic process has focused almost exclusively on its impact on clients; the success of psychotherapy is measured, after all, by its effect on the client's life. In recent years, however, a growing number of researchers have begun to investigate the impact of psychotherapy on therapists themselves, with particular attention directed toward understanding the effects of working with a specific subgroup of clients—those who are struggling to cope with traumatic events. In these investigations, a wide range of underlying traumatic events is represented, including childhood sexual abuse (McCann & Pearlman, 1990; Neumann & Gamble, 1995; Pearlman & Mac Ian, 1995; Smith, 1994), physical assault (Hartman, 1995; Nader, 1994; Parson, 1994), rape and domestic violence (Hartman & Jackson, 1994; Josephs, 1996), political repression and violence (Agger & Jensen, 1994; Comas-Diaz & Padilla, 1990; Kinzie, 1994; Moosa, 1992), serious illness and

disability (Gabriel, 1994; Sinason, 1991), combat (Maxwell & Sturm, 1994), and the Holocaust (Auerhahn, Laub, & Peskin, 1993; Danieli, 1994; Pines, 1986).

The specific ways in which clinicians are affected by their work with survivors vary somewhat according to the nature of the trauma, but far more similarities than differences emerge in the findings of these investigators, and they are allied in their contention that psychotherapy with trauma survivors holds special hazards for clinicians. These hazards fall into two major categories: (a) the therapist's conscious or unconscious responses to a given client during a particular therapy session—the relatively transient phenomenon known as countertransference (Herman, 1992; Lindy & Wilson, 1994; Pearlman & Saakvitne, 1995) and (b) more profound, enduring changes in the therapist that result from repeated engagement with clients' trauma material and are not specific to a particular therapist-client dyad—changes that have been described in terms of "compassion fatigue," a PTSD-like condition (Figley, 1995), and "vicarious traumatization," a sometimes debilitating transformation of the therapist's memory systems and basic schemas about self and the world (McCann & Pearlman, 1990).

At this stage in the study of the impact of trauma-related psychotherapy on clinicians, the existing literature is dominated by anecdotal reports and theoretical discussions about the ways in which therapists are negatively affected by their work. Countertransference in trauma work is generally regarded as being particularly powerful, complex, and problematic for clinicians (Agger & Jensen, 1994; Auerhahn et al., 1993; Herman, 1992; Lindy & Wilson, 1994; Maxwell & Sturm, 1994; Neumann & Gamble, 1995; Pearlman & Saakvitne, 1995; Pines, 1986; Sinason, 1991; Smith, 1994). Wilson and Lindy (1994) have proposed that the intensity of clients' affective responses to trauma and the often-horrific nature of their trauma stories tend to elicit negative countertransference reactions. These negative reactions lead to "empathic strain," which makes it difficult for therapists to provide empathy while maintaining appropriate therapeutic boundaries and objectivity. These problematic responses fall into two main categories: reactions involving withdrawal or repression of empathy (e.g., denial, detachment, avoidance, or minimization of trauma material) and reactions involving empathic enmeshment (e.g., overidentification with or overidealization of the client). Both kinds of responses may

be accompanied by feelings of self-doubt, anxiety, and insecurity about one's ability to be helpful to trauma survivors (Wilson & Lindy, 1994).

Despite important differences in focus and definition, the two major conceptualizations of trauma work's enduring impact on psychotherapists—compassion fatigue (Figley, 1995) and vicarious traumatization (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995)—tend to be focused on negative experiences. The conceptualization of compassion fatigue is essentially symptom-based. Compassion fatigue (Figley, 1995) is a state of exhaustion and impaired functioning, with specific symptoms reflecting the reexperiencing of the traumatic event (e.g., through recurrent dreams or intrusive thoughts), avoidance/numbing (e.g., efforts to avoid trauma-associated thoughts or activities, diminished affect), and persistent arousal (e.g., difficulty falling or staying asleep, irritability, hypervigilance).

Although vicarious traumatization may also include PTSD-like symptoms (Pearlman & Saakvitne, 1995), the conceptualization of vicarious traumatization differs from compassion fatigue in its absence of focus on observable symptoms. Vicarious traumatization need not include overt symptomatology or dysfunction. What is inevitable, according to Pearlman and Saakvitne (1995), are basic and far-reaching changes in the way that therapists view themselves and the world, including alterations in basic schemas about trust, safety, personal control, attachment, and esteem for others that can take an enormous toll on therapists' personal and professional lives. However, despite the ominous tone of the research to date, much mostly anecdotal evidence suggests that the sequelae of trauma work are not unremittingly negative. There is some suggestion that a therapist's conscious and unconscious affective responses to clients' trauma narratives can serve to facilitate healing (McCann & Colletti, 1994; Parson, 1994; Pearlman & Saakvitne, 1995), often by enabling the therapist to identify feelings that the client is unable or unwilling to verbalize (Peebles-Kleiger, 1989).

Several investigators have also reported that clinicians who work with trauma survivors sometimes perceive important work-related benefits or rewards, including gains in relationship skills, increased appreciation for the resilience of the human spirit, the satisfaction of observing clients' growth and being a part of the

healing process, personal growth, and spiritual well-being (Brady, Guy, Poelstra, & Brokaw, 1999; Herman, 1992; Pearlman & Saakvitne, 1995; Schauben & Frazier, 1995). Without exception, however, these positive consequences have been mentioned somewhat tangentially, in the context of more comprehensive explorations of the negative sequelae of trauma work. Consequently, very little is known about the nature, prevalence, and impact of these perceived benefits; still less is known about the process of psychological growth following vicarious brushes with trauma—the phenomenon of vicarious posttraumatic growth.

The much more extensive research on the psychological sequelae of the direct experience of traumatic events may provide valuable guidance to those who are interested in exploring the positive impact of trauma-related work on clinicians. In addition to a substantial body of evidence about the negative consequences of directly experienced traumatic events, a small but growing literature suggests that the struggle to cope with trauma can also result in the experience of growth for some survivors. The positive changes experienced from the struggle with major life crises can be organized into three basic categories—changes in self-perception, interpersonal relationships, and philosophy of life (Calhoun & Tedeschi, 1999). Interestingly, the anecdotal evidence of therapists' perceived growth following vicarious brushes with trauma would seem to reflect gains in these same three categories. Although far too little is currently known about vicarious posttraumatic growth to be able to compare it to growth in persons exposed to traumatic events directly, it seems likely that the more mature body of research on posttraumatic experience can provide a framework for the study of the positive impact of trauma work on psychotherapists.

The purpose of the present study was to examine the possibility of positive sequelae for clinicians working with trauma survivors. The exploratory nature of this investigation and its inherently phenomenological subject matter governed two major methodological choices: to gather data through open-ended, naturalistic interviews and to analyze it using a qualitative method—Lincoln and Guba's (1985) "constant comparison" method—that would provide a richly detailed, descriptive view of the ways in which clinicians believe that they have been affected by their work with trauma survivors. A sample of 21 psychotherapists was asked to partici-

pate in a naturalistic interview; interview questions explored clinicians' perceptions of the ways in which they have been affected by their work with trauma survivors, with a particular focus on the following two areas: (a) changes in memory systems and schemas about self and the world—the hallmarks of vicarious traumatization (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995) and (b) perceived psychological growth (Calhoun & Tedeschi, 1999).

METHOD

Participants

The participants were 21 licensed psychotherapists engaged in clinical work in and around a major southeastern city. Eight of these professionals held a Ph.D. in clinical or counseling psychology, 6 held a master's degree in psychology, 4 held an MSW, and 3 held a master's degree in counseling. Participants included 10 men and 11 women, with a mean age of 48 years and a mean of 16.9 years of experience in clinical practice. The sample was chosen for convenience and proximity to the primary researcher, and the method of "snowball" or reputational sampling (Kalton & Anderson, 1989) was used to recruit participants.

All of the participants reported that they regularly worked with clients who have experienced traumatic events (i.e., events that were disruptive enough to challenge or overwhelm clients' ability to cope, including sexual assault or abuse, physical assault or abuse, serious physical illness or disability, traumatic bereavement, traumatic divorces, witnessing violence against others, natural disasters, and military combat). The group mean estimate of the percentage of their clinical work that is trauma-related was 45% (range of 10% to 80%). Seventeen of the 21 psychotherapists interviewed reported that they themselves had experienced at least one event they regarded as traumatic; these traumatic events included the death of a parent or sibling, the death of a spouse, serious physical illness or disability, divorce, domestic violence, miscarriage, sexual abuse, coming out as a homosexual, and combat duty in Vietnam.

Procedure

The primary researcher conducted and audiotaped a naturalistic interview (Lincoln & Guba, 1985) with each participant. Each interview began with a neutral, open-ended question: "How have you been affected by your work with clients who have experienced traumatic events?" Although the unique interaction of the interviewer and each participant shaped the course of individual interviews, as is typical in qualitative research (Marshall & Rossman, 1999), follow-up questions regarding negative and positive consequences were asked of each participant who did not spontaneously address these issues during the course of the interview. The flow of the interviews was conversational in nature, and great care was taken to explore the richness and complexity of each participant's subjective experience.

RESULTS

A content analysis of participants' responses was conducted using Lincoln and Guba's (1985) constant-comparison qualitative method.

Written transcripts of the audiotaped interviews were "unitized," or divided into separate and complete "chunks of meaning." These units were then grouped into thematic categories by the process of constant comparison, which involves making a series of decisions about whether each successive unit of meaningful information "fits" with the first unit or is different enough to stand alone. From each thematic category a common, defining theme emerged, and rules were created to justify the inclusion of units in each category. Further consideration of these thematic categories led to the creation of smaller subcategories (or subthemes); for example, one major thematic category—therapists' transient negative responses—was further divided into four subthemes: negative emotional responses, negative physical responses, intrusive thoughts and images, and concerns about effectiveness/competence. This process yielded 11 major thematic categories and 24 subthemes.

As a check on the reliability of these categories, an independent rater who was not familiar with the study was asked to classify a

sample of approximately 15% of the total number of units into the established thematic categories and subthemes; an interrater reliability score of 0.84 was found (i.e., 84% of the independent rater's classifications of units agreed with those of the primary researcher). As an additional means of verifying the trustworthiness (i.e., "validity") of the classification of therapists' responses into thematic categories, a "member check" (Lincoln & Guba, 1985) was conducted. Six participants (29% of the sample) were mailed descriptions of each thematic category and several of their own statements that had been classified into these categories; of those contacted, 83% (5 clinicians) responded, and all of them indicated that they approved of the researcher's classification of their statements.

Qualitative analysis of the interview transcripts yielded the 11 major thematic categories and 24 subthemes presented in Table 1. The order in which they are presented reflects the order in which themes emerged during the process of constant comparison, but it is not intended to imply that certain themes or subthemes are more important or meaningful than others.

Transcripts were also examined to determine whether participants first chose to discuss a negative or positive outcome in response to the interviewer's neutral opening question about the impact of trauma work. Sixteen of the 21 clinicians in this sample (or 76%) first mentioned some sort of positive outcome; the remaining 5 clinicians (or 24%) described a negative consequence in their initial responses.

The most frequently reported sequelae of trauma work are summarized below. To convey some of the richness and complexity of the responses, direct quotes from the interview transcripts are used to describe these outcomes.

Clinicians' Descriptions of Negative Outcomes

All 21 participants (100% of the sample) reported some sort of transient negative response to trauma work. Nineteen of the 21 psychotherapists interviewed, or 90%, said that they had experienced intrusive thoughts and images of clients' trauma at some time during their careers. The participants who reported this phenomenon said that the trauma-based thoughts, images, or dreams were relatively short-lived, usually disappearing within a few days' time, and 3 therapists mentioned that they experienced

TABLE 1: Clinician Interview Themes

Thematic Category	No. of Clinicians Reporting Theme (% Total Sample)	No. of Responses Prompted by Follow-Up Question (% Responses in Category)[a]
1. Impact of trauma work on self-perception[b]	21 (100%)	—
Enduring, trait-oriented changes	18 (86%)	2 (11%)
Heightened awareness of good fortune	11 (52%)	0 (0%)
Heightened sense of personal vulnerability[b]	8 (38%)	6 (75%)
2. Impact of trauma work on general outlook on the world and other people[b]	20 (95%)	—
Changes in basic beliefs about human nature[b]	18 (86%)	8 (44%)
Changes in degree of optimism about the future[b]	11 (52%)	8 (73%)
Adoption of a different approach to life	8 (38%)	0 (0%)
3. Trauma work and spirituality	16 (76%)	—
Impact of trauma work on therapists' spirituality[b]	16 (76%)	9 (56%)
The role of spirituality in trauma work	8 (38%)	6 (75%)
4. Therapists' professional philosophy regarding trauma work	13 (62%)	—
Therapist's proper role in trauma work	11 (52%)	0 (0%)
Limitations of psychotherapy with trauma survivors	3 (14%)	0 (0%)
5. Therapists' transient negative responses to trauma work[b]	21 (100%)	—
Negative emotional responses	15 (71%)	0 (0%)
Negative physical responses	7 (33%)	2 (29%)
Intrusive thoughts and images[b]	19 (90%)	9 (47%)
Concerns about effectiveness/competence	6 (29%)	0 (0%)
6. Therapists' attention to self-care	17 (81%)	—
Confiding in colleagues and others	11 (52%)	0 (0%)
Attention to therapeutic boundaries	8 (38%)	0 (0%)
Participation in health-promoting activities	7 (33%)	0 (0%)
Caseload management	6 (29%)	0 (0%)
7. Therapists' identification of challenging client groups	10 (48%)	—
8. Clients' posttraumatic growth	19 (90%)	—
Descriptions of clients' posttraumatic growth[b]	19 (90%)	13 (68%)
Facilitation of clients' posttraumatic growth[b]	19 (90%)	16 (84%)
9. Therapists' personal experience with trauma	17 (81%)	—
Therapists' personal trauma histories[b]	17 (81%)	12 (71%)
Therapists' experience of posttraumatic growth[b]	17 (81%)	12 (71%)
10. Cumulative vs. individual impact of clients on therapists' growth/development[b]	21 (100%)	21 (100%)
11. Caveats about the difficulty of determining the impact of trauma work	9 (43%)	—
Descriptions of trauma work's global impact	3 (14%)	0 (0%)
Concerns about differentiating the impact of trauma work from that of other factors	6 (29%)	0 (0%)

a. Some clinicians spontaneously addressed the content of follow-up questions (i.e., follow-up questions were unnecessary because the content was introduced by the clinicians); the percentage given in this column reflects the proportion of responses in a given thematic category that were prompted by follow-up questions rather than spontaneously introduced.

b. Clinicians were asked a specific follow-up question addressing this category.

intrusive thoughts and images with greater frequency early in their careers. For example, 1 therapist said,

> There was one woman in particular, and I used to sit there and cringe when she would tell me the story of her abuse. . . . And I used to dream about the stuff she used to tell me. . . . I mean, I had chills, and I dreamed about that more than once.

Another clinician reported,

> I would see [one client] at the end of the day, and it was always my last appointment, and I would carry that suffering around with me, and it would take me awhile to shake that when I would get home.

Fifteen of the 21 psychotherapists interviewed, or 71%, said that they had experienced negative emotional responses (e.g., sadness, anger, anxiety, shock, fear, helplessness, and frustration) during and/or after sessions with trauma survivors. For example, 1 clinician described his negative emotional response to trauma work in this way:

> You get that stuff on you. It's—you know, part of what we do is try and empathize, and if you walk a mile in somebody's shoes, it gets on you. . . . I get frustrated, I get angry, I get depressed.

Another clinician noted an element of avoidance in his emotional response to a particular client:

> I would dread seeing [a certain client] because his pain was so enormous and his fear. And he would sit in my office and just yell out his pain and fear. It was horrible, and I knew he needed to do that, but his cries were of such enormous suffering, it was really so hard to hear those.

Four therapists (or 27% of the 15 clinicians who described negative emotional responses) said that they found it essential to share their clients' pain. For example, 1 therapist said,

> You've got to feel [clients' pain]. . . . And I never, ever, ever, ever, ever want to get to a place where it doesn't have an impact on me. I never want to get to a place where I can witness somebody suffering and say, "Oh, well."

Three therapists (or 20% of the 15 clinicians who reported negative emotional responses) advocated a more detached, emotionally neutral therapeutic stance. For example, 1 therapist said,

> One of my clinical supervisors said to me once, "There are sprinters and there are long-distance runners, and if you're going to be a long-distance runner in this business—that is, stay in it for your career—you probably have to have a certain amount of callousness."

Seven of the 21 psychotherapists interviewed, or 33%, described negative physical responses such as weariness, exhaustion, or pain. For example, 1 clinician said,

> And then there are those times when I'm just tired, you know?—just really, really tired. I feel sort of the—it's not the weight of the world, but it feels like that a little bit sometimes at the end of the day.

Another therapist reported that her own weariness sometimes made it difficult for her to empathize with clients:

> [Sometimes] by Friday I'm tired, and it's more of a struggle, more of an effort to [be empathic], because I think the tendency is to want to push it all away, to want to not have to be confronted with all that pain all the time.

Six of the therapists interviewed, or 29%, said that working with trauma survivors had occasionally led to transient doubts about their effectiveness as clinicians. For example, 1 clinician said,

> So [with certain trauma survivors] there's a sense of doing a lot, giving a lot, but not always seeing a lot of change. And as a therapist, that's hard, because my intent is to help people, and if that's not happening, it's hard to feel good about the work. So then countertransference can creep in and make you wonder whether you're an incompetent fool.

Clinicians' Descriptions of Positive Outcomes

All 21 participants also reported some sort of positive response to trauma work. The most frequently reported positive consequence was the experience of observing and encouraging clients' posttraumatic growth (19 therapists, or 90% of the sample). For example, 1 therapist described the experience of working with a

client who found meaning through volunteer work after she became disabled and was no longer able to pursue her career:

> She's working with some women who are addicted, and she said, "This is the most meaningful thing I have ever done in my life." So for [clients] to find meaning after trauma, more meaning than they had ever had in their whole life, is just exciting—it makes the hair on my head stand up, it's just exciting to be a part of that.

Another clinician said that his clients' triumphs over trauma and movement toward strength and self-reliance helped him to recognize his own growth and development: "You know, if I can see their movement, I can also see my own." Another therapist described the impact of working with a particular subgroup of his clients—those who eventually died as a result of AIDS:

> There are a number of people who died from AIDS that really—they taught me more about, in the midst of all this trauma and suffering and uncertainty—of remaining true to who you are, and what love can really be about in those moments. And there are three or four of those that really stand out very strongly, whose lives were very different but who were kind of my teachers.

When asked to estimate the prevalence of posttraumatic growth among their trauma survivor clients, the 19 therapists who said that they had witnessed such growth had a mean response of 59%.

Many clinicians (18 therapists, or 86% of the sample) said that they believed that working with trauma survivors had led to enduring, trait-oriented changes in the self, such as increased levels of sensitivity, compassion, insight, tolerance, and empathy. For example, 1 therapist reported, "I'm just more tolerant. . . . I feel my tolerance for human frailty has increased. . . . I just think my compassion has grown a lot from doing this work." Another clinician said, "I think I am more knowledgeable, more sensitive, more tolerant of differences in people and differences in situations."

Sixteen of the 21 clinicians interviewed, or 76%, said that working with trauma survivors had had an impact on their spirituality. One therapist said that the existential questions inherent in trauma work had led him to look beyond the answers in the religious tradition in which he was raised:

> I don't think you can have a simple God-controls-all-things-and-everything-happens-to-me-for-a-reason kind of spirituality and do

this kind of work. Because you see horrible things happen to people, and you come up against all those old questions about how could God let this happen, and what does this mean, or is somebody being punished? ... If you're going to deal with [trauma], you can't have simple answers, you can't have quick fixes. .... I practice a faith right now that I hope doesn't try to find the one true thing but that realizes that people find God in many forms.

Several therapists said that their appreciation for different spiritual paths had grown as a result of working with trauma survivors—a change that broadened their own spiritual perspective. For example, 1 clinician reported,

[Trauma work] has broadened my own spirituality—it's made me much more accepting. I think I grew up with some narrow perspectives that my life has not allowed me to keep, so the more I've done this work, the more I've felt like it's been a broadening experience. Each person's different; they do things differently.

Other therapists reported that their faith had deepened as a result of working with trauma survivors. For example, 1 clinician said,

Grace does happen, and sometimes it can look really shitty when it comes—that kind of trauma, those kinds of places that you get to, and you just think that you're sinking, but if you can see it for what it is, it can be a really powerful moment in a spiritual journey. I've learned to look at those valleys of the shadow in my own life that way by being with people when they walk through theirs, and it deepens me spiritually.

Another therapist said,

People who are healing after some kind of trauma know very, very well that there's a God or some sort of higher power. And the more they work through it, the closer they get to whatever that spiritual part of themselves is, and you can't sit there in the room with a person who is getting in touch with that and not know that there's some similar kind of thing going on with yourself.

Eleven of the 21 psychotherapists interviewed, or 52%, reported that they had gained a heightened awareness of their own relatively good fortune as a result of working with trauma survivors. Several therapists alluded to the randomness of traumatic events and said that they were grateful to have been spared some of the traumatic events their clients had endured. For example, 1 clini-

cian said, "It's one more thing that I feel lucky not to have experienced. . . . We all have our limits—anyone can be traumatized, and I'm just lucky that that's never happened to me." Another clinician said, "I guess I could put it succinctly by saying I go home and count my blessings—it's affected me that way. . . . By the time I get home, I realize I've got a lot to be thankful for."

Ten clinicians, or 48% of the sample, reported that working with trauma survivors had deepened their appreciation of the strength and resilience of the human spirit. For example, 1 therapist said, "I think the thing that I know, that I understand, is that the human spirit is very resilient. And we rebound, and we come back." Another therapist observed,

> One of the things that has just been a gift of this work for me is that I have gained such enormous respect for just the human spirit, the resiliency of the human spirit. I've seen that people can go through just horrific things . . . and in many, many cases, are just coping really, really well.

Clinicians' Descriptions of Outcomes Defying Easy Categorization

Other responses defied easy categorization as negative or positive outcomes. For example, 8 therapists (38% of the sample) reported that trauma work had increased their sense of personal vulnerability; however, 5 of these therapists went on to say that this shift in self-perception had led them to change their fundamental approach to life in positive ways (e.g., living life more fully, treating others with greater kindness and appreciation, and becoming more emotionally expressive with loved ones). One therapist who reported that trauma work had increased his sense of the "fragility of life" described this change as a catalyst for his decision to live life more fully: "Life as I know it could change dramatically overnight, so I have an obligation to live my life more fully because it's not guaranteed that life will continue the way it has." Another therapist said,

> I think it's very important for me to remember how often people suffer terrible things, to keep that in the forefront of my mind so that I remember to let people know how important they are to me, what they mean to me . . . to be more vulnerable myself.

Four clinicians (19% of the sample) reported that their work with trauma survivors had led them to become better acquainted with the dark side of human nature. For example, 1 therapist said,

> I do think that when you spend a lot of your time dealing with violence, trauma, whatever, that you do tend to be a little more focused on the violent nature or sometimes the evil that people are capable of. So, yeah, I do think that I'm very aware of the potential for people to really be—I don't want to say "evil," that's not the word I'm looking for—but to be uncivilized, let's put it that way.

Three of the 4 therapists who noted a heightened awareness of humanity's dark side went on to say that they believed that their understanding of the entire spectrum of human behavior had become deeper, more nuanced, and, in some cases, more empathic. For example, 1 therapist said,

> I guess [my view of human nature] is a lot grayer than it used to be, a lot grayer, especially in the sense of recognizing that—I don't think that most people are born with violent or abusive tendencies, that gets created within them. So if I can have empathy, then I have to be willing to look at the perpetrator and see what their victimization issues are. . . . I don't think people hurt people who they have relationships with because they're bad or they're evil. I think they do it because they're wounded themselves.

Another clinician said,

> I know parents who have abused their children, and I know that they can love their children and abuse them at the same time—and that can happen with physical abuse and with sexual abuse. I think I used to think, prior to doing this work, that they were kind of monstrous people, and that's just not true. They're people who have distorted thoughts, people who have very damaged egos and damaged senses of self, and people who have very poor impulse control, and all those things.

Eleven of the 21 psychotherapists interviewed, or 52%, said that working with trauma survivors had affected the extent to which they felt optimistic about the future. Eight of these therapists, or 73% of those who reported changes in their degree of optimism, said that trauma work had either reinforced their initially high level of optimism or had caused them to become more optimistic. For example, 1 clinician said,

> I'm more optimistic in being able to see what some people are able to cope with and struggle with and survive and also recover from, not just survive. . . . So I think I am more optimistic as a result of doing this work—being able to see what some people are able to deal with.

The remaining 3 therapists, or 27% of the 11 therapists who reported changes in their level of optimism, said that working with trauma survivors had led them to become less optimistic. For example, 1 clinician said, "I hear so much and I work with so many people who have been traumatized that it's sort of shaded my view of life—I've lost my rose-colored glasses, so to speak."

Positive Outcomes of Clinicians' Direct Experience of Trauma

Seventeen of the 21 psychotherapists interviewed, or 81%, reported having experienced at least one event that they regarded as traumatic. All 17 clinicians said that their own struggles with trauma had yielded positive consequences, including gains in self-confidence, independence, resilience, emotional expressiveness, sensitivity, compassion, and deepened spirituality. For example, 1 therapist reported that the depth of her pain following her father's death led to personal growth and a change in her interactions with others:

> I became a lot more willing to risk saying things to people, and to risk sharing my feelings, than I had ever been. I think it freed me up and led to growth—personally and professionally, too. . . . It made me more willing to be much more open with other people.

Another clinician described the positive impact of her struggle to cope with a life-threatening illness: "[That illness] was probably the most life-altering trauma I've had—that's where I discovered my resilience, my determination, and my spirituality. I became determined to live more fully, with more pleasure."

Clinicians' Caveats About the Difficulty of Determining the Impact of Trauma Work

Nine of the 21 psychotherapists interviewed, or 43%, mentioned concerns about their ability to accurately assess the impact of trauma work in their lives. Several therapists reported that trauma work had had such a global impact on their lives that it was

difficult to identify the specific ways in which they had been affected. For example, 1 clinician said, "The impact [of trauma work] on me is just so enormous . . . it's just huge. I think it impacts my entire way of being in the world." Other therapists said that they were unsure about their ability to differentiate the impact of trauma work from that of other factors (e.g., non-trauma-related clinical work and their own direct experience with trauma). For example, 1 clinician noted that it was difficult to distinguish the impact of working with physically disabled clients from the effects of her own struggle to cope with a chronic illness. Another therapist who had suffered a series of traumatic losses early in life had difficulty attributing her enhanced appreciation for life to trauma work alone:

> I don't take things for granted, and I don't know how much of that is working with—some of that is working with people who've been through trauma, and some of it is my own background, but I think that combo has been a big force in my life.

DISCUSSION

Available data clearly indicate that therapists working with trauma survivors face special challenges and hazards. The results of the present investigation confirm the existence of many negative sequelae; all of the 21 clinicians interviewed for this study said that they had experienced some sort of negative response to trauma-related work, including intrusive thoughts and images of clients' trauma; emotional responses such as sadness, anger, fear, and countertransferential avoidance; physical exhaustion or pain; and concerns about their effectiveness as therapists. These reports are far from surprising, given the findings from available research, and they align well with descriptions of negative sequelae in the literature on compassion fatigue (Figley, 1995) and vicarious traumatization (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995). Several clinicians in this sample also discussed responses that seem to reflect a struggle with the "empathic strain" identified by Wilson and Lindy (1994).

In addition to describing negative consequences, however, all of the clinicians in this sample reported that their work with trauma survivors had led to the experience of positive outcomes. A clear majority of these clinicians (16 of the 21 therapists, or 76% of the

sample) spontaneously mentioned some sort of positive consequence in their responses to the interviewer's neutral, open-ended lead question about how they had been affected by their work with trauma survivors.

Although the existing literature on the effects of trauma work includes anecdotal and tangential reports that clinicians sometimes perceive important work-related benefits or rewards (Herman, 1992; McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995; Schauben & Frazier, 1995), this investigation is the first to examine in-depth the positive sequelae of working with trauma survivors. The results of this exploratory study include unusually detailed descriptions of the ways in which clinicians' lives have been enriched by trauma work. Many therapists reported that their work with trauma survivors had changed their lives in profound and positive ways, a finding that suggests that the potential benefits of trauma work—vicarious posttraumatic growth, if you will—may be significantly more powerful and far-reaching than the existing literature's scant focus on potential benefits would suggest.

It is important to recognize, however, that this sample of clinicians—therapists with diverse caseloads who do not work exclusively with trauma survivors—may be less at risk for the enduring negative effects of trauma work than the full-time trauma therapists whose experiences led to the conceptualization of compassion fatigue (Figley, 1995) and vicarious traumatization (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995). In addition, several clinicians who were interviewed for this study noted that it was difficult for them to differentiate the impact of trauma work from the effects of non-trauma-related clinical work and their own personal experience with traumatic events. It is possible, then, that some of the positive consequences described by this sample may not be solely attributable to trauma work; instead, they may also reflect the benefits of clinical work in general and therapists' own posttraumatic growth. The influence of this last factor could well be considerable, as all 17 of the 21 therapists (81% of the sample) who said that they had experienced traumatic events also reported that struggling to cope with these events had benefited them in some way.

What is clear, however, is that the clinicians in this sample view psychotherapy with trauma survivors—a subset of clinical work that has heretofore been regarded primarily as hazardous and

draining—as an enterprise that has yielded significant and often profound personal growth. These perceptions of growth following therapists' vicarious brushes with clients' trauma are remarkably similar in content to those described by individuals who have experienced trauma directly; in fact, all three major categories of posttraumatic growth outcomes—positive changes in self-perception, interpersonal relationships, and philosophy of life (Tedeschi & Calhoun, 1995; Tedeschi, Park, & Calhoun, 1998)— were reported by the clinicians who were interviewed for this study.

For example, 18 of the 21 clinicians interviewed for this study (86% of the sample) said that their work with trauma survivors had led to gains in such desirable personality traits as sensitivity, compassion, insight, tolerance, and empathy—traits that reflect positive changes in their ability to understand, accept, and connect with others. Similarly, increased levels of compassion and empathy—and related improvements in interpersonal relationships— have been described as an important component of posttraumatic growth (Calhoun & Tedeschi, 1999). Several therapists also reported that working with trauma survivors deepened their appreciation for the resilience of the human spirit. Given the enhanced sense of self-efficacy that trauma survivors often report, it makes sense that the opportunity to work with survivors might lead therapists to marvel at the strength of the human spirit. This enhanced appreciation for human resilience was mentioned as an important factor by many of the clinicians who said that their work with trauma survivors had either reinforced their innate optimism or made them become more optimistic about the future—a change reported by 8 therapists, or 38% of the sample. This finding is especially interesting in view of the cynicism and hopelessness that have been cited as important elements of vicarious traumatization (Pearlman & Saakvitne, 1995).

Indeed, the benefits of trauma work often appear to involve the same types of schemas about self and the world that have been identified as the hallmarks of vicarious traumatization (Pearlman & Saakvitne, 1995). For example, several clinicians reported that trauma work had heightened their sense of personal vulnerability but then went on to say that this change in self-perception had made life seem more precious and inspired them to live fuller, richer lives. Other therapists noted a heightened awareness of humanity's dark side—a negative consequence of trauma work

that has been described as a "deep existential sense of shame" at what our species is capable of (Danieli, 1994)—but observed that this awareness had led them to develop a deeper, more nuanced understanding of the entire spectrum of human behavior and to regard perpetrators of abuse and violence, whom they had come to view as wounded rather than evil, with more compassion. This same kind of paradoxical understanding of threatening realizations has been identified in the literature on posttraumatic growth, and there is some suggestion that the integrative thinking and appreciation of paradox that directly experienced trauma sometimes inspires may reflect gains in wisdom (Calhoun & Tedeschi, 1998).

Spiritual introspection was also a major area of growth described by the clinicians in this study, with 76% of the sample (16 of the 21 clinicians interviewed) reporting that their work with trauma survivors had had an impact on their spirituality. Increased contact with sexual abuse survivors has been linked to higher levels of spiritual well-being for some therapists (Brady et al., 1999); the reports of this sample suggest that work with survivors of many kinds of crises can also prompt spiritual introspection and growth. Several therapists in this sample reported that their faith had grown deeper as a result of trauma work—a benefit that Pearlman and Saakvitne (1995) have identified as an outcome of their own work with trauma survivors. One therapist in this sample likened the struggle with trauma to a "spiritual journey" and said that accompanying clients on such journeys had made him see the dark times in his own life as opportunities for spiritual growth. Another clinician declared it impossible to be in the presence of someone struggling to cope with trauma and not be affected spiritually:

> The more [clients] work through [trauma], the closer they get to whatever that spiritual part of themselves is, and you can't sit there in the room with a person who is getting in touch with that and not know that there's a similar kind of thing going on with yourself.

Other clinicians noted that the experience of observing clients' spiritual/existential growth "broadened" their views on spirituality and made them more accepting of spiritual paths unlike their own.

It is interesting to note that clinicians' descriptions of their own spiritual development were often linked to the experience of

witnessing clients' spiritual growth. Almost all of the therapists in this sample—19 of the 21 participants, or 90%—reported that they had worked with clients who experienced some kind of posttraumatic growth; in addition to spiritual growth, these outcomes included increased recognition of personal strength; gains in self-confidence, sensitivity, and compassion; improved personal relationships; and an enhanced appreciation for what is important in life. Indeed, the most frequently reported positive consequence of doing trauma work was the experience of observing and encouraging clients' posttraumatic growth. One clinician spoke movingly about the impact of working with clients who experienced personal growth as a result of their struggle with AIDS:

> They taught me more about, in the midst of all this trauma and suffering and uncertainty—of remaining true to who you are, and what love can be about in those moments. And there are three or four of those that really stand out very strongly, whose lives were very different but who were kind of my teachers.

Although it would be inappropriate to extrapolate the experience of the clinicians interviewed in this study beyond this sample, the results of this exploratory study, which is the first to directly investigate the potential positive consequences of trauma work, suggest that the rewards of working with trauma survivors may have been vastly underestimated. These clinicians' impassioned descriptions of the ways in which their lives have been enriched bolster existing reports of the benefits of trauma work (Brady et al., 1999; Herman, 1992; Kinzie, 1994; McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995; Schauben & Frazier, 1995) and suggest that scholars should routinely expand future explorations of the impact of trauma work to acknowledge its potential for generating vicarious posttraumatic growth as well as vicarious traumatization.

Given the many similarities that appear to exist between the phenomena of posttraumatic and vicarious posttraumatic growth, the much more extensive research on the positive psychological sequelae of struggle with directly experienced trauma would appear to be an invaluable heuristic for future investigations of vicarious posttraumatic growth. It will also be important, however, to explore the ways in which growth following directly and vicariously experienced trauma may be different. The results of this study suggest subtle differences in outcomes (e.g., trauma thera-

pists' more abstract appreciation for human resilience vs. trauma survivors' enhanced sense of personal strength and self-efficacy) and process (e.g., the greater appreciation of life that appears to be prompted by trauma survivors' gratitude for having been granted a second chance at life and therapists' recognition that their own first chance could be fleeting). In addition, certain kinds of vicarious posttraumatic growth—for example, the spiritually broadening effects of accompanying clients on spiritual paths radically different from one's own—would seem to be uniquely linked to the therapeutic role. Clearly, at this stage in the study of the impact of trauma work on therapists, many important questions remain unanswered. It seems likely, however, that simply acknowledging the possibility of vicarious posttraumatic growth could have important consequences for psychotherapists and their clients. Adopting a more inclusive, less pathologizing conceptualization (Greening, 2001; King, 2001) of trauma work—as an endeavor that holds the promise of life-affirming benefits as well as sadness and pain—might help clinicians to view themselves, their clients, and their work in new and empowering ways.

In a workbook written to help clinicians understand and address the often-debilitating effects of vicarious traumatization, Saakvitne and Pearlman (1996) quoted a workshop participant's letter of thanks: "Your reframing of our tears as natural and healthy expressions of the grief we must inevitably feel as a result of bearing witness to the pain of others has moved us to a deeper, personal understanding of this process" (p. 71). Although this normalization of the vicarious suffering of clinicians can undoubtedly be helpful, an explicit recognition of trauma work's potential for positive outcomes might well encourage clinicians to adopt the perspective underlying so many of the reports of this sample of clinicians—that the tears they shed on behalf of their clients represent an extraordinary opportunity for personal growth.

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