

Vicarious Trauma, Vicarious Resilience and Self-Care

by David Gangsei, PhD.*

This essay examines the phenomenon of vicarious trauma, its impact on those who work with traumatized clients and the importance of self-care.

Many immigrants, refugees and asylum seekers come to a country of refuge having suffered extreme trauma – torture, persecution, rape, murder of family members, death threats, humiliations and the myriad of losses associated with war, political, ethnic or religious conflict and forced migration. Frequently in our roles as intake workers, service providers, counselors and advocates we find it important to learn about the traumas that our clients have endured. We may need this information to provide legal, medical, psychological or social services, or simply to provide support. Often we may be the first person to whom this story has been told.

One of our most important skills for providing effective service to traumatized clients is empathic listening – the capacity to be present to their experience with interest, compassion, understanding and resourcefulness. And it is precisely this empathic stance combined with our desire to help that makes us vulnerable to what the professional literature variously calls secondary traumatic stress, vicarious trauma and compassion fatigue. I'll use the term "vicarious trauma" or "VT."

Vicarious trauma is not a sign of weakness or sickness, or an indication that we've chosen the wrong profession. It's a natural and normal process whereby the helper's emotional experience and relationships are disrupted or transformed by exposure to and empathic engagement with the painful trauma experiences of others. When we open our hearts to hear someone's story of torture, loss, devastation, or betrayal, our cherished beliefs are challenged and we are changed. Furthermore, while we have a strong desire to make a positive difference in the lives of those who come to us for help, the work may be slow and overwhelming. Structural or situational barriers sometimes make positive outcomes difficult or impossible. Many helpers face a sense of frustration or failure when they hope for success and transformation. Empathic pain together with disappointingly slow or no progress can translate into vicarious trauma.

Vicarious trauma is a process, not an event. It manifests in a wide variety of symptoms, attitudes and behaviors, sometimes showing classic elements of Post Traumatic Stress Disorder. Symptoms I've experienced myself are nightmares of myself or someone else being tortured, intrusive thoughts when I'm away from work about a client's trauma story or worries about her current suffering and welfare, feelings of irritability or disconnection from friends and family, and hypersensitivity to media portrayals of violence. Exposure to trauma stories can have generalized impact on our health, well-being and view of the world. Examples are feeling that we have no time or energy for ourselves, generalized sadness, anxiety, anger or helplessness, pessimism or cynicism about human nature and the future, feeling inadequate and doubting our ability to help others, feeling unsafe, getting sick often and flashbacks or memories of our own past traumatic experiences.

Although we may call these experiences understandable and even normal responses to repeated exposure to the painful side of reality, they can definitely cause problems, leading to impairment in our quality of life and our effectiveness in our work. Some consequences are absenteeism, loss of motivation or ability to work and even disability or leaving the field.

Given these realities, self-care is a necessary and essential part of both individual and organizational approaches to the work. At both levels, it's important to follow principles we can call A – B – C, Awareness, Balance and Connection.

Awareness means recognizing that vicarious trauma is real. Simply naming it can relieve some of the impact by providing a measure of cognitive control. This requires formal recognition of the issue at the management and supervisory level, education and training for all staff and mechanisms for on-going and supportive attention to the issue. At Survivors of Torture, International in San Diego, where I served as clinical director for eight years, the clinical service staff has a monthly meeting for 90 minutes, as part of the work schedule, called VT and Self-Care. The guidelines were confidentiality, respect and conversation focused only ourselves, our VT experiences and our self-care activities.

Balance means maintaining a balance within work and between work and the rest of life. At the individual level, this means attention to healthy lifestyle including sleep, diet, exercise and monitoring for risky or harmful behaviors. Human service workers are typically highly dedicated people whose passion to help their clients can lead to overwork and neglect of other aspects of life. The endemic NGO condition of too much to do with too few resources encourages this practice. Consciously taking time for recreational, social and spiritual pursuits is essential. For me, hiking in the mountains and listening to jazz are activities that keep me consciously and intentionally connected to what is positive and beautiful in the world. Limiting exposure to violence in print and visual material, especially before bedtime, may be important. At the organizational level, balance means making sure staff members take their vacation and making that vacation as generous as possible, providing variety in work assignments, managing the size and variety of client caseloads, recognizing achievements and ensuring mechanisms for staff to contribute their ideas to the organization's program.

Contact means having specific other people with whom to share the difficult emotions of trauma-oriented work - sadness, anger, frustration, demoralization or fearfulness – and also the pleasures and satisfactions of that work. In my experience, the most helpful people in this regard are coworkers and colleagues doing similar work. They are most likely to be interested and to understand. At Survivors of Torture, International, our monthly meeting created a culture of awareness and trust in which staff members frequently approach each other informally for a “VT consult.”

A final key component of self-care is conscious recognition and celebration of the satisfactions and successes of our work. As clinical director at SURVIVORS, I noticed that some of the therapists described the work as uplifting and inspiring. This led me to

coin the term “vicarious resilience” to describe how exposure to our clients’ abilities to go forward in life after torture, tragedy and loss have a positive impact on our experience of our own lives. My investigations with colleagues have identified specific dimensions of vicarious resilience – witnessing and drawing strength from the human capacity for healing, developing a more realistic perspective on our own problems and empowerment to deal with them, enhanced appreciation for spiritual dimensions of experience, appreciation of the positive dimensions of our own lives, reaffirmation of the value of our work and a strengthened commitment to remain engaged with our profession and our clients.

One human rights worker I spoke with said she’d been told to expect to last no more than three years in the job. With proper attention to organizational stressors and vicarious trauma, we can sustain our energy and commitment even for a whole career, sharing our much needed wisdom and experience with our clients, our organizations and our movements for justice and human rights.

Resources

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