"Just amazed at how much humans can actually survive…and that I think was really quite inspiring":

A Phenomenological Perspective of Vicarious Posttraumatic Growth in Psychologists

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Abstract

Psychologists are routinely exposed to vicarious trauma through their client's narratives. While the negative impacts of trauma work are well documented, less is known about the potential for positive impacts. Vicarious posttraumatic growth (VPTG) refers to the personal and professional growth that can emerge from working with trauma and which parallels posttraumatic growth (PTG) that can be experienced by individuals who experience trauma directly. Understanding psychologists' experiences of VPTG and how to support their well-being benefits not only the therapist but also their clients and the profession and is especially relevant given the current shortage of psychologists amid unprecedented demand in Aotearoa New Zealand. This thesis aimed to gain understanding of the complexities of working therapeutically with trauma focusing on experiences of VPTG and coping strategies. Semi-structured interviews were conducted with four psychologists and Interpretative Phenomenological Analysis was used to examine their lived experiences. The analysis showed that the psychologists were profoundly impacted by their work, and it triggered existential questioning and meaning-making which influenced their personal and professional lives in both positive and negative ways. Four themes emerged 1) Empathetic engagement with clients 2) Responses to engaging in trauma work 3) Coping with the impact of trauma work and 4) Changes to schemas and behaviours. The findings contribute to a deeper understanding of the personal and professional impact of trauma work and the coping strategies that can contribute to growth, particularly within the context of Aotearoa. Further research is needed to explore how growth can be promoted at personal, professional and organisational levels for psychologists in Aotearoa, who not only work with challenging content but also often within demanding work environments.

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Abbreviations

Some key abbreviations used within this thesis.

ACC	Accident Compensation Corporation
BO	Burnout
CAMHS	Child and Adolescent Mental Health Service
CF	Compassion Fatigue
CR	Critical Realism
EMDR	Eye Movement Desensitisation and Reprocessing
PE	Prolonged Exposure
PTG	Posttraumatic Growth
PTSD	Posttraumatic Stress Disorder
STS	Secondary Traumatic Stress
VPTG	Vicarious Posttraumatic Growth
VR	Vicarious Resilience
VT	Vicarious Trauma

Chapter One: Introduction

The experience of trauma can have a profound impact on an individual and can change the way one thinks, feels, and experiences life. Understanding adversity and its aftermath is therefore of prime interest to psychologists and there is a plethora of research on the negative consequences of experiencing trauma. Secondary exposure to trauma can also negatively impact mental health workers and this has received increased attention in recent decades. In addition to negative effects, the experience of trauma has also been found to have the potential to lead to positive psychological changes, termed Posttraumatic Growth (PTG). This can also affect mental health workers. There is a small but increasing body of literature concerned with the potential for personal and professional growth from vicarious, or secondary, exposure to trauma: Vicarious Posttraumatic Growth (VPTG). The positive impacts of PTG and VPTG in no way negate or deny the devastating impact of traumatic events but rather allow for the possibility of additional positive changes and growth experiences.

This chapter begins with an overview of the construct of trauma and how it will be defined in this thesis. This is followed by a discussion on trauma within Aotearoa New Zealand (Aotearoa), the practice of psychology within Aotearoa and the role of psychology in trauma work. The negative impacts of trauma work for psychologists are outlined, followed by a discussion on VPTG. Finally, the rationale, and aims and objectives of this thesis are presented.

1.1 The Construct of Trauma

The *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association [APA], 2013) defines trauma in relation to events (i.e. death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence). Traumatic events include but are not limited to; acts of violence (e.g., war, terrorism), natural disasters (e.g., earthquakes, floods), interpersonal trauma (e.g., sexual violence or assault, domestic violence, child abuse), loss (e.g., suicide), life-threatening illness or injury and serious motor vehicle or workplace accidents. Primary trauma refers to

the direct experience of a traumatic event, while secondary trauma refers to the indirect experience of a traumatic event such as being a witness or being exposed to aversive detail (APA, 2013).

The perspective used in PTG theories takes a broad view and focuses less on the event and more on the psychological and cognitive impact. Tedeschi and Calhoun (2004) stated "it is not the event itself that defines trauma, but its effect on schemas, exposing them to reconstruction" (p. 100). From this perspective, trauma is any event or circumstance that challenges the assumptive world and core beliefs, which reflect what we know to be true based on prior experiences and that ground, secure, connect, stabilise, and orient us, and create our sense of reality (Bonanno, 2004). These events include those stated in the DSM-5, and additionally include challenging, stressful, and life-altering events which cause transformative and fundamental changes to a person and are therefore subjective to the individual and the context of their lives. These kinds of events have been referred to as 'seismic'; where an earthquake can shatter the physical world in irreversible ways, a 'seismic' psychological event can shatter the assumptive world of a person and cause permanent changes (Calhoun & Tedeschi, 1999). Taking an expansive view of trauma allows for exploration of subjective experiences and perceptions of events and their impact.

1.2 Trauma in Aotearoa New Zealand

The experience of trauma is unfortunately common in Aotearoa. Kazantzis et al., (2009) surveyed 1500 people from Aotearoa and found that 61% have experienced traumatic events in their lifetime, and 9% have experienced traumatic events in the last year. Recent national traumatic events include the Christchurch earthquakes, most notably the event on February 22, 2011, in which 185 people died and 1500-2000 were injured; the 2019 White Island eruption, in which 22 died and 25 were injured; and the 2019 Christchurch Mosque terrorist attack in which 51 people died and 40 were injured. These events have affected and traumatised individuals and their families, as well as communities, and there have been wide-ranging psychosocial impacts both locally and nationally. A survey by All Right? (a Canterbury District Health Board and Mental Health Foundation-led initiative), released in 2013, found that 80% of Cantabrians stated the Christchurch earthquakes had significantly changed their lives.

At an individual level of trauma, appallingly, Aotearoa ranks 35th out of 41 developed countries for child wellbeing outcomes, and a child dies every five weeks from family violence (United Nations Children's Fund [UNICEF], 2020). One in six women will experience sexual violence from an intimate partner in their lifetime, one in five children will experience childhood sexual abuse and one in 14 people will experience sexual assault from a non-partner (Fanslow et al., 2021). Further, compared to other OECD countries, Aotearoa has the highest rate of teen suicide, the 6th highest teen pregnancy rate and the 7th highest rate of child homicide (UNICEF, 2020).

In Aotearoa, Māori have been profoundly impacted by historical trauma. Historical trauma has been defined as "cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences" (Brave Heart & Yellow Horse, 2003, p. 7). Colonisation and forced assimilation dispossessed Māori of their land, resources, support systems, language, and cultural knowledge and practices, and created ongoing systems of oppression leading to intergenerational trauma that has impacted individuals and the collective (Russell, 2018; Wirihana & Smith, 2014). Historical and intergenerational trauma has manifested as social, economic, and health disparities and Māori are overly represented in negative health statistics (Russell, 2018). For example, compared to non-Māori, Māori have higher rates of suicide (Health New Zealand, 2024), incarceration (New Zealand Ministry of Justice, 2023) intimate partner violence (Herbert & Mackenzie, 2014) and Māori children are six times more likely to die from child abuse or neglect (Te Puni Kōkiri, 2017). Social, cultural and practical barriers can make it difficult for Māori to access mental health services. For example, from a te ao Māori perspective, wellbeing requires connection to land, culture, whakapapa, and history but this is often not adequately acknowledged in the healthcare system which reinforces trauma (Government Inquiry into Mental Health and Addiction, 2018).

1.3 Practicing Psychology in Aotearoa New Zealand

In Aotearoa, training to become a psychologist requires a minimum of seven years of university study, and 1500 hours of supervised practical experience (Psychology Workforce Task Group., 2016). Restricted spaces on training programmes and for internships, as well as limited public funding has led to a critical shortage of psychologists, long wait lists and

difficulty accessing care (Government Inquiry into Mental Health and Addiction, 2018). The New Zealand Psychologists Board 2021/22 annual report stated that there were 3795 registered psychologists who held a practicing certificate. Of these, 1984 were clinical psychologists, 1088 were psychologists (general scope), 223 were educational psychologists, 223 were intern psychologists, 178 were neuropsychologists, 163 were counselling psychologists and seven were trainee psychologists. It is of note that not all registered psychologists work full-time, and not all are in client-facing roles. While most, if not all, scopes of practice will deal with trauma in some capacity, specialised trauma work is typically associated with clinical psychology. College of Clinical Psychologists spokesperson and advisor Paul Skirrow stated there is an estimated shortage of 1000 psychologists to keep up with current demand, an increase from the estimated shortage of 359 psychologists reported in 2017 (Bradley, 2023).

In Aotearoa, the Accident Compensation Corporation (ACC) provides cover, including assessment and treatment, for mental injuries. The Accident Compensation Act 2001 defines mental injuries as "a clinically significant behavioural, cognitive, or psychological dysfunction" (s27) and are covered by ACC when they arise from sexual abuse (sensitive claims), a covered physical injury, a work-related traumatic incident, or a treatment injury. In addition to social work and whānau support, survivors of sexual abuse or assault receive 14 hours of one-to-one therapy before being assessed for cover and entitlements for ongoing support (Accident Compensation Act, 2001).

There is unprecedented demand for ACC services for sensitive claims, with the number of claims receiving Support to Wellbeing (long Term) services increasing from 784 claims in 2014/15, to 18 707 claims in 2021/22 (ACC, 2023). This is not necessarily a reflection of increased incidence of sexual assault over this time and is likely to be at least partially a reflection of the #metoo movement, increased awareness, media coverage, societal trends and changing attitudes, resulting in more people seeking help (Cardwell, 2021). While this is encouraging, it also places increased strain on already stretched resources, including the shortage of mental health workers. Spokesperson Paul Skirrow stated that due to the personal toll of their work, many psychologists choose to work part-

time, and ACC guidelines suggest that therapists spend less than 50% of their work on sensitive claims (Cardwell, 2021).

The gap between supply and demand means that people are often unable to access help, and referrals get declined due to lack of capacity, or they get placed on long waitlists, potentially compounding their distress. In 2021 The New Zealand College of Clinical Psychologists (2021) conducted a major survey of 271 clinical psychologists in private practice in Aotearoa and reported that more than 50% turned away more than 10 families every month, with some reporting they turned way more than 40 clients a month. Half had stopped offering a waitlist for practical reasons and due to the risk of leaving people on a waitlist who had significant mental health issues. Half of those who did offer a waitlist reported the wait was over three months, with some reporting the wait was more than 12 months. These challenges demonstrate the importance of ensuring the wellbeing of psychologists for the sake of the therapist, their clients, the profession and to ensure the current workforce is retained.

1.4 Trauma Support

Traumatic experiences can have long lasting psychological and physical impacts, and there are a wide range of responses and symptoms that may occur which can be subtle or overtly destructive. Posttraumatic stress symptoms include intrusion, avoidance, negative alterations in cognitions and mood, and alterations in arousal and reactivity, and when these symptoms are prolonged and have a significant impact on everyday functioning, then posttraumatic stress disorder (PTSD) may be diagnosed (APA, 2013). Other responses to trauma can include depression, aggression, relationship difficulties, identity confusion, physical illness, low self-esteem, guilt, shame, and substance abuse (Carlson & Dalenberg, 2000). The impact of trauma on individuals, families and communities can be immense, and the work of psychologists often involves providing support and intervention in the aftermath.

There are many types of therapy used for trauma and PTSD, which are typically based on cognitive behavioural therapy. These include cognitive processing therapy (Resick & Schnicke, 1992), prolonged exposure (PE; Foa et al., 2011) and acceptance and

commitment therapy (Hayes et al., 2011). Eye movement and desensitisation reprocessing (EMDR) is a non-traditional therapy that is also becoming increasingly popular in the treatment of trauma (Shapiro, 1989). Although these therapies draw on different theories and techniques, they all focus on client's memories of their trauma and how clients make meaning of these events (Ehlers et al., 2010).

Trauma therapies typically involve in-depth discussion about traumatic experiences and outcomes and require empathetic engagement with clients. For example, the theoretical basis of PE therapy considers that traumatic events lead to the development of fear structures in the brain, and stimuli related to that event become associated with fear and avoidance (Foa et al., 2011). PE therapy works to revisit traumatic memories and triggers and extinguish fear and avoidance through habituation to the memory. A core component of PE therapy is imagined exposure. Imagined exposure involves talking about the traumatic event in detail and emotionally engaging with the memory and doing this repeatedly over the course of many sessions (Ehlers et al., 2010; Foa et al., 2011). For the therapist, there are inherent challenges and risks with extensive and recurrent exposure to distressing narratives and in forming relationships with those who have been profoundly impacted by these experiences.

1.5 Negative Consequences of Vicarious Exposure to Trauma

Psychologists who work with trauma are themselves at risk for trauma responses (Newell et al., 2016). While research on work-related stress and well-being is not novel, occupational trauma-related stress has recently begun generating increased interest (Rauvola et al., 2019). Research on secondary exposure to trauma is plagued by inconsistent construct definitions and there are numerous similar, distinct, but often interchangeably used terms to describe the negative consequences of empathetic engagement with trauma survivors. These terms include compassion fatigue (CF; Figley, 2002), burnout (BO; Maslach, 1982a), secondary traumatic stress (STS; Figley, 1995); and vicarious trauma (VT; McCann & Pearlman, 1990). Rauvola et al. (2019) suggested the term empathy-based stress, as an overarching umbrella term defined as a "stressor-strain-based process of trauma at work, wherein exposure to secondary or indirect trauma, combined with empathic experience,

results in empathy-based strain and additional outcomes (i.e., other occupational health/strain outcomes; work affect, behaviours, and cognitions)" (p.299).

Empathy-based stress can result in disengagement from work and can create potential risks for therapist well-being and quality of care. Empathy-based stress can also lead to BO, which is characterised by depersonalisation, emotional exhaustion, and reduced sense of personal accomplishment (Maslach, 1982b; Rauvola et al., 2019). BO is the most well-established measure of clinician stress and distress (Bhutani et al., 2012) and is associated with reduced productivity, absenteeism, high staff turnover, interpersonal difficulties, poorer personal efficacy, somatic complaints, and increased risk of mental health difficulties such as depression and anxiety (Simionato et al., 2019; World Health Organization, 2022). Rates of BO in psychologists have been estimated to be between 20% and 67% (Morse et al., 2012; O'Connor et al., 2018). There is limited research on rates of BO within Aotearoa. One recent study that focused on psychologists' experiences in Aotearoa in 2021 during the Covid-19 pandemic found significantly higher rates of BO and STS than reported pre-pandemic, and when compared to caring professionals internationally during this time (Kercher & Gossage, 2024).

1.6 Vicarious Posttraumatic Growth

In addition to negative consequences, there can be positive psychological changes from primary exposure to trauma including coping, resilience, recovery (Bonanno, 2004), or PTG (Tedeschi & Calhoun, 1996). Similarly, there can be positive impacts from secondary exposure to trauma. These include compassion satisfaction (Stamm, 2005), vicarious resilience (VR; Engstrom et al., 2008; Hernandez-Wolfe et al., 2007), and VPTG (Arnold et al., 2005).

VPTG is a construct that describes the growth that can occur from secondary exposure to trauma that mirrors the PTG that can occur in those who have directly experienced trauma (Arnold et al., 2005). Growth is more than coping well but instead refers to a fundamental shift of the assumptive world and cognitive schemas and therefore how one understands and relates to the world. VPTG is grounded in theories of PTG but has not been extensively researched as a distinct phenomenon. There are five domains where

PTG is reported to occur: interpersonal relationships, new possibilities, personal strength, spiritual change, and appreciation of life (Tedeschi & Calhoun, 1996). Through empathetic engagement with a client's trauma narrative therapists can experience similar changes, however growth may manifest in different ways and research suggests that VPTG has some unique characteristics and challenges related to the experience of facilitating healing (Manning-Jones et al., 2015). Not every trauma therapist experiences VPTG and there is a broad range of proposed factors that facilitate growth including organisational, professional, and personal factors (Tsirimokou et al., 2023).

1.7 Rationale for This Study

Psychologists who work with trauma and bear witness to confronting experiences and narratives can be impacted by the secondary experience of trauma in varied, complex and often overlooked ways. To understand the experience of working therapeutically with trauma survivors it is crucial that research examines not only the negative impacts but also the potential for growth experiences and positive transformations. Research that contributes to understanding therapist well-being benefits the therapist, the profession and clients.

Research on VPTG is limited, and there is a paucity of studies conducted within Aotearoa. The current research aims to expand on current work and to generate rich, deep, qualitative data to investigate the lived experiences of psychologists in Aotearoa, including the impact of secondary trauma exposure and experiences of growth. This will contribute to further understanding of the impact of trauma work and how to prepare for the inherent challenges, mitigate against negative consequences and promote personal and professional growth within this profession. This could have implications for how psychologists are trained and supported and contribute to better outcomes for both the therapist and their clients.

1.8 Aims and Objectives

The aim of this research is to gain understanding of the complexities of working therapeutically with trauma by exploring the lived experiences of psychologists in Aotearoa

New Zealand, and how secondary traumatic exposure can lead to VPTG. The research questions are:

1. How do psychologists experience secondary trauma exposure?

2. How do psychologists experience any positive outcomes from working with trauma including personal and professional growth and facilitating factors such as coping mechanisms and self-care?

3. How do psychologists understand and make sense of the professional and personal implications of VPTG?

Chapter Two: Literature Review

Like the work of many helping professionals, the work of psychologists can be personally challenging and emotionally taxing. Psychologists who work with trauma are routinely exposed to distressing material and witness the impact of trauma on others as part of their everyday work. This has the potential to challenge the therapist's inner world such as their beliefs and assumptions and over time can impact on their personal and professional well-being (Janoff-Bulman, 1989; Park & Folkman, 1997). In the last three decades there has been much interest and research on the effects of vicarious exposure to trauma, with predominant focus on the negative effects. There is well-documented evidence for adverse reactions which can lead to decreased wellbeing, impaired intimate relationships, emotional distress, and poorer physical and mental health (Rizkalla & Segal, 2020; Sabin-Farrell & Turpin, 2003). This can lead to compromised service provision, and poorer therapeutic relationships and outcomes (Delgadillo et al., 2018). However, there is growing evidence that vicarious exposure to trauma can also have positive impacts (e.g. Deaton et al., 2023; Tsirimokou et al., 2023). Vicarious Posttraumatic Growth (VPTG) is the focal construct of this research and represents a transformational change due to reassessing cognitive schemas and is grounded in theories of Posttraumatic Growth (PTG; Arnold et al., 2005).

This chapter begins with an overview of PTG, as PTG lays the foundation for understanding VPTG. This is then followed by a discussion of a key premise of growth which is the shattering and rebuilding of assumptions and beliefs. The two most prominent models of PTG; Cognitive Processing Theory (Tedeschi & Calhoun, 2004) and Organismic Valuing Theory (Joseph & Linley, 2005), are covered in detail, and how growth is theorised to be experienced. The review then moves to an overview of the key negative and positive effects of vicarious exposure to trauma before a more detailed exploration of VPTG. A model of VPTG is introduced, and VPTG is discussed in relation to health professionals, particularly psychologists, with a thorough discussion of literature in this area. VPTG is then situated with the context of Aotearoa.

2.1 Posttraumatic Growth

It is a longstanding historical, religious, and cultural notion that human suffering can lead to positive transformation, for example Nietzsche's well-known aphorism, first published in 1889, "what does not destroy me, makes me stronger" (Nietzsche & Large, 1998, p. 5). Recovery and growth after trauma are embedded into our societal narrative, but only recently has research begun to consider this phenomenon (Sanki & O'Connor, 2021). Interest in the concept of positive changes after adversity started to grow in the 1990's (O'Leary & Ickovics, 1995) and literature used various terms including stress-related growth (Park et al., 1996), psychological thriving (Abraido-Lanza et al., 2010), and perceived benefits (McMillen & Fisher, 1998). The term that has been most widely accepted is PTG, first coined by Tedeschi and Calhoun (1996).

The concept of PTG has been defined as "the subjective experience of positive psychological change reported by an individual as a result of the struggle with trauma" (Zoellner & Maercker, 2006, p. 628). PTG is about the growth and transformation that occurs after a traumatic event, not in the immediate aftermath but rather long-term personal changes that occur after careful reflection (Tedeschi et al., 2018). This can be years after an event, when rather than returning to pre-trauma baseline functioning (demonstrating resilience or recovery), people instead develop new ways of thinking, feeling and behaving (Tedeschi et al., 2018).

The relationship between distress and growth is complex and nonlinear. Research suggests that distress and growth are distinct processes and therefore can co-exist, and that distress may also act as a catalyst for growth (Tedeschi & Calhoun, 2004; Tsirimokou et al., 2023; Zoellner & Maercker, 2006). Research by both Kroemeke et al. (2017) and Zięba et al. (2019) highlight that distress can also serve as a barrier to PTG, particularly in cases of prolonged or intense emotional distress that prevents individuals from processing and making meaning of their traumatic experiences. Studies have also found that while experiencing high levels of distress may initially make it difficult to process trauma effectively, over time it can lead to growth, highlighting the complexity of the relationship (Calhoun & Tedeschi, 2006; Kroemeke et al., 2017). This idea is reinforced by Zięba et al.

(2019) who notes that while distress can be an obstacle, it may also lead to the deeper reflection that is needed for growth outcomes.

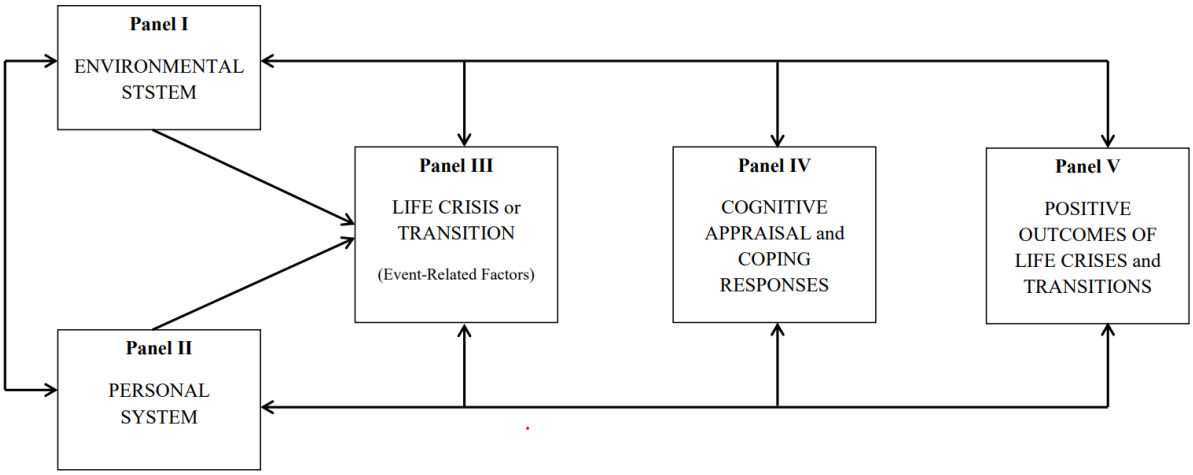
Aldwin and Levenson (2004) suggest that while distress is often the precursor to growth, individuals need to engage in cognitive and emotional processing for growth to occur. Cann et al. (2010) found that greater disruption to core beliefs correlated to higher distress, but over time, this disruption also correlated with PTG. They also found that individuals who engaged in deliberate cognitive processing and thereby actively reconstructed their worldview, were more likely to experience PTG. Zoellner and Maercker (2006) also emphasise that PTG is a longer-term process that may follow distress but requires distinct cognitive and emotional efforts, making the two phenomena conceptually separate. Although they may be separate phenomena, distress and PTG are often intertwined and whether growth occurs is dependent on several factors, for example the nature of the event and personal resources (Aldwin & Levenson, 2004). Schuler and Boals (2015) found that the impact of trauma is more significant when it becomes central to someone's life story and therefore, they recommended that therapy focuses on rebuilding the assumptive world.

Posttraumatic growth can be confused as synonymous with resilience, especially as developing resilience from a traumatic experience can be part of the experience of trauma (Elam & Taku, 2022). The relationship between resiliency and PTG is unclear, and the terms are not only used inconsistently in the literature, but as highlighted by Elam and Taku (2022), conflicting literature has shown the relationship between the two constructs to be positive (Duan et al., 2015; Yu et al., 2014), negative (Levine et al., 2009; Zerach et al., 2013), curvilinear (Kaye-Tzadok & Davidson-Arad, 2016; Li et al., 2015) and non-existent (DeViva et al., 2016; Vieselmeyer et al., 2017). A key difference between resiliency and PTG is that PTG is not about withstanding an event, and having the ability to adapt and adjust, but rather it is a process of transcendence where one is fundamentally changed through the experience of psychological struggle (Tedeschi & Calhoun, 2004).

There are numerous factors that determine response to a traumatic event. Schaefer and Moos (1998)'s conceptual model, as shown in Figure 1, is an attempt to understand the resources that engender personal growth.

Figure 1

Conceptual Model of Posttraumatic Growth



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The model posits that personal and environmental factors shape life crises and their aftermath, which in turn influences appraisal and coping strategies, and contributes to positive outcomes or PTG (Schaefer & Moos, 1998). Personal factors include sociodemographic, self-efficacy, resilience, health, and prior experiences of crises. Environmental factors include relationships, financial status, home, and community environments. These factors impact on event-related factors which include severity, duration, timing, and scope of an event as well as the coping response. The model by Schaefer and Moos (1998) suggest that coping can itself be divided into approach coping (e.g. logical analysis, positive reappraisal, seeking support and taking action) and avoidance coping (e.g. minimising the problem, deciding nothing can be done, seeking alterative rewards, venting emotions), with only approach coping being associated with positive outcomes. The specific positive outcomes proposed are enhanced social resources (e.g.

better relationships, new support networks), enhanced personal resources (e.g. increased maturity, empathy, assertiveness) and enhanced coping (e.g. support-seeking).

The model by Schaefer and Moos (1998) provides a useful way of visualising and understanding the complexities of PTG, and while it is not intended to capture the experience of VPTG, it does highlight that there are many ways to respond to trauma and many factors that influence whether growth occurs. It is also important to note that trauma can trigger increased existential awareness that can be instrumental for growth. Victor Frankl (1963), a psychiatrist, neurologist and concentration camp survivor whose memoir is titled 'Man's Search for Meaning' argued that suffering and death are an unavoidable part of life and of the human experience, and that even in the worst circumstances, meaning can be found. Trauma can destroy what makes life meaningful, but growth can occur when we search for and create meaning, which Frankl suggests is a universal motivational drive.

2.2 The Assumptive World

The widely recognised cognitive appraisal theory of shattered assumptions suggests that the experience of extreme events can change how one views themselves and the world (Janoff-Bulman, 1992). The way we perceive and interpret the world is guided by our cognitive schemas, or mental frameworks that represent our knowledge and assumptions about the world (Beck, 1967). Our basic assumptions form our 'assumptive world'. The theory of shattered assumptions holds that we have three inherent, yet unarticulated, core assumptions. These are benevolence of the world, meaningfulness of the world, and our self-worth (Janoff-Bulman, 1992). We operate according to these assumptions and use them to explain events. They provide meaning, self-esteem, a sense of being in control, and the illusion of invulnerability. When extreme events challenge, shatter, or undermine our assumptive world it can cause distress and disruption, and the process of coping involves rebuilding a congruent assumptive world.

The first inherent assumption suggested by Janoff-Bulman (1992) is benevolence of the world, which suggests that the world is safe, good events outweigh bad events, and people have good intentions and are trustworthy. This assumption leads people to underestimate the likelihood of a negative event happening to them, creating a sense of

invulnerability. The second inherent assumption is that the world is meaningful, which is guided by principles of justice, controllability and randomness and creates the belief that the world makes sense. This assumption is the belief that outcomes correspond to a person's character or behaviour (i.e. people get what they deserve and deserve what they get), the world is predictable, and events are not random. We therefore are in control and can take actions to minimise the possibility of negative outcomes and protect against our own vulnerability. The third and final assumption is that the self is worthy. This assumption reflects the belief of self as good, capable, moral, decent and deserving of good outcomes. This assumption maintains the belief that we have the power to control what happens to us.

The theory of shattered assumptions suggests that when our assumptive world is challenged, it can lead to feeling defenceless and terrified, and having heightened awareness of one's vulnerability and mortality which can lead to symptoms characteristic of PTSD (Janoff-Bulman, 1992). Dalgleish (2004) describe that following trauma, the world can become a "meaningless, uncontrollable, and unpredictable place in which the self is vulnerable to random malevolence" (p. 229). DePrince et al. (2011) found that unresolved shattered assumptions contribute to dissociation and post-traumatic stress symptoms, reinforcing the need for meaning-making processes. The task of coping requires either modifying existing beliefs (attempting to assimilate new information into existing schemas) or creating new beliefs in order to recover from the trauma and create a viable assumptive world. Our assumptions about the world and ourselves determines how we think, feel and act, and cognitive processing is necessary to restore perspective, adjust, adapt, and cope with the circumstances (Tedeschi et al., 2018). The shattering and rebuilding of the assumptive world and cognitive schemas provides a unique opportunity for growth and is discussed in the following section from two prominent perspectives.

2.3 Two Prominent Models of Posttraumatic Growth

The following section describes PTG from the prominent theoretical perspectives of Tedeschi and Calhoun (2004) and Joseph and Linley (2005). Both perspectives draw heavily on the theory of shattered assumptions which proposes that growth is borne from the cognitive struggle of trying to resolve challenges to the assumptive world (Janoff-Bulman,

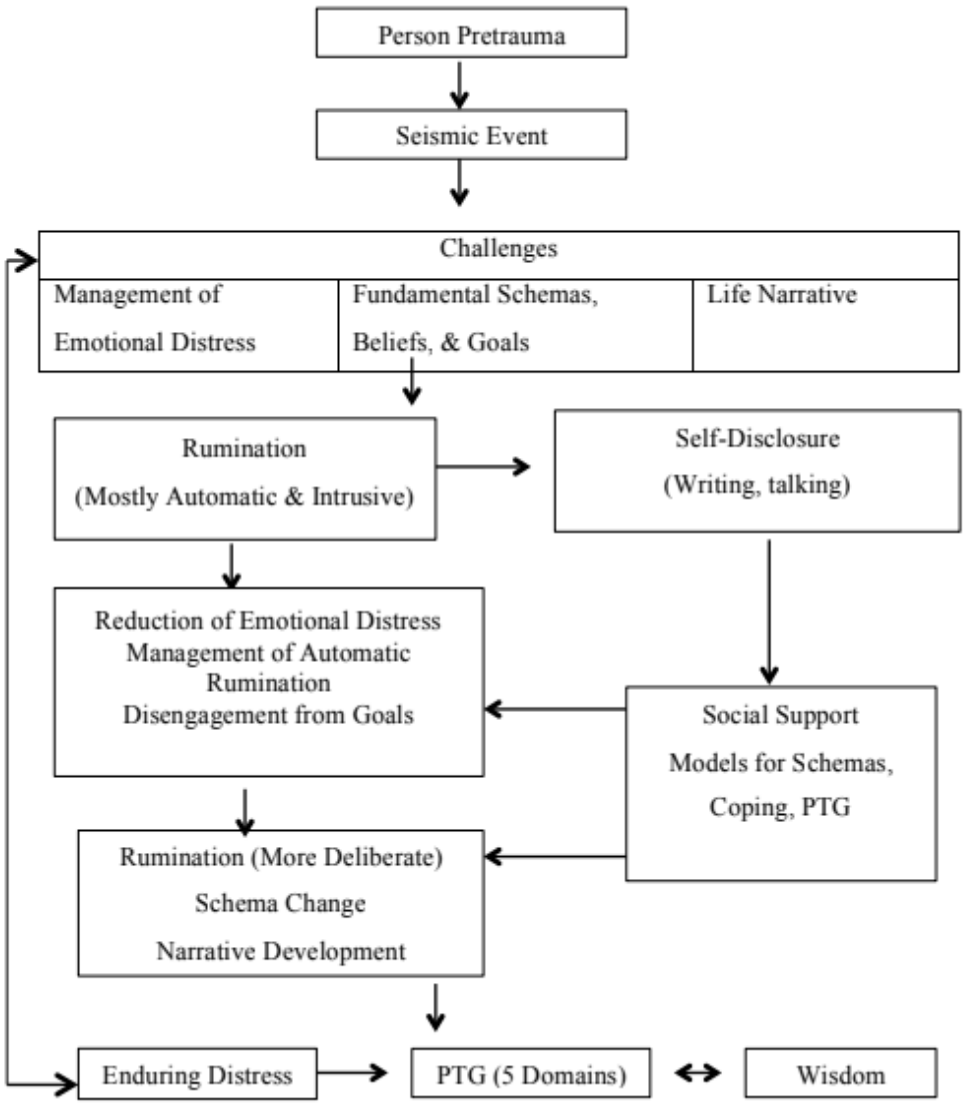
1992). This is followed by a discussion on their proposed domains of growth and a comparison of the two models.

2.3.1 Cognitive Processing Theory

While the disruption of core beliefs can lead to distress, research also indicates that it can serve as a catalyst for PTG, through the process of cognitive restructuring (Tedeschi & Calhoun, 1996). The dominant and most cited theory of PTG was developed by Tedeschi and Calhoun (2004) who proposed a cognitive model of PTG as shown in Figure 2. Tedeschi and Calhoun (2004) define PTG as "positive psychological change experienced as a result of the struggle with highly challenging life circumstances or traumatic events" (Calhoun & Tedeschi, 1999, p. 1). Their Cognitive Processing Theory posits that as a result of trauma, and subsequent emotional distress and psychological struggle, one's assumptive world is challenged and new schemas need to be developed to incorporate the traumatic event, which requires cognitive processing and can result in PTG. Initial cognitive processing of the event involves automatic and intrusive ruminative thoughts. This is consistent with PTSD re-experience and avoidance symptoms and can be distressing. If the ruminations become purposeful, deliberate and effortful through meaning-making, problem-solving, goal-setting and narrative development, then PTG can occur (Martin & Tesser, 1996; Tedeschi & Calhoun, 2004). Successful coping at the early stages requires disengaging with goals and beliefs that are no longer tenable, which facilitates successful adaptation. Self-disclosure of their trauma narrative (e.g. through writing, talking to others) is a crucial step to reduce emotional distress and develop deliberate ruminations, and change the trauma narrative and cognitive schemas (Tedeschi & Calhoun, 2004).

Figure 2

Model of Posttraumatic growth by Tedeschi and Calhoun (2004)



Note. From "Posttraumatic growth: Conceptual foundations and empirical evidence" by R.G. Tedeschi and L.G. Calhoun, 2004, *Psychological Inquiry, 15*(1), p.7. Copyright 2004 by Lawrence Erlbaum Associates. Reprinted with permission.

Social support plays an important role in the development of PTG by providing comfort, relief, opportunity to develop new post-trauma schemas and exposure to different perspectives on the event. In this conceptualisation, the outcome of PTG is positive change resulting from complex cognitive, social and emotional processes (Tedeschi & Blevins, 2015). From a cognitive perspective, the outcome of PTG is a reorganisation of beliefs and the assumptive world, and the characterisation of trauma as a turning point that provides impetus for change (Tedeschi & Calhoun, 2004). These changes are permanent, transformative and integrated into the self (Tedeschi et al., 2018). It is a process of positive reinterpretation, reframing and reconstruction of the trauma narrative (Tedeschi & Calhoun, 1996). Central to this model, and the development of PTG, is cognitive appraisal (i.e. interpretation) and processing of trauma, which is influenced by personal pre-trauma characteristics and temperamental vulnerability (e.g. optimism, trait anxiety), as well as the nature of the event (e.g. prolonged exposure) and coping processes (Loiselle et al., 2011).

Rumination is an important aspect to cognitive restructuring. Triplett et al. (2011) differentiated between intrusive and deliberate rumination, suggesting that intrusive rumination which is associated with distress, occurs in the immediate aftermath but this can lead to subsequent deliberate rumination which is associated with PTG. Challenges to the assumptive world are more likely to lead to growth when there is constructive and deliberate cognitive restructuring, and without this, intrusive rumination is likely to led to ongoing distress. A recent study by Szcześniak et al. (2022) that examined Polish cancer patients concurred, and they found that PTG was negatively associated with intrusive rumination and positively associated with deliberate rumination. These studies highlight the importance of cognitive restructuring in fostering growth after trauma.

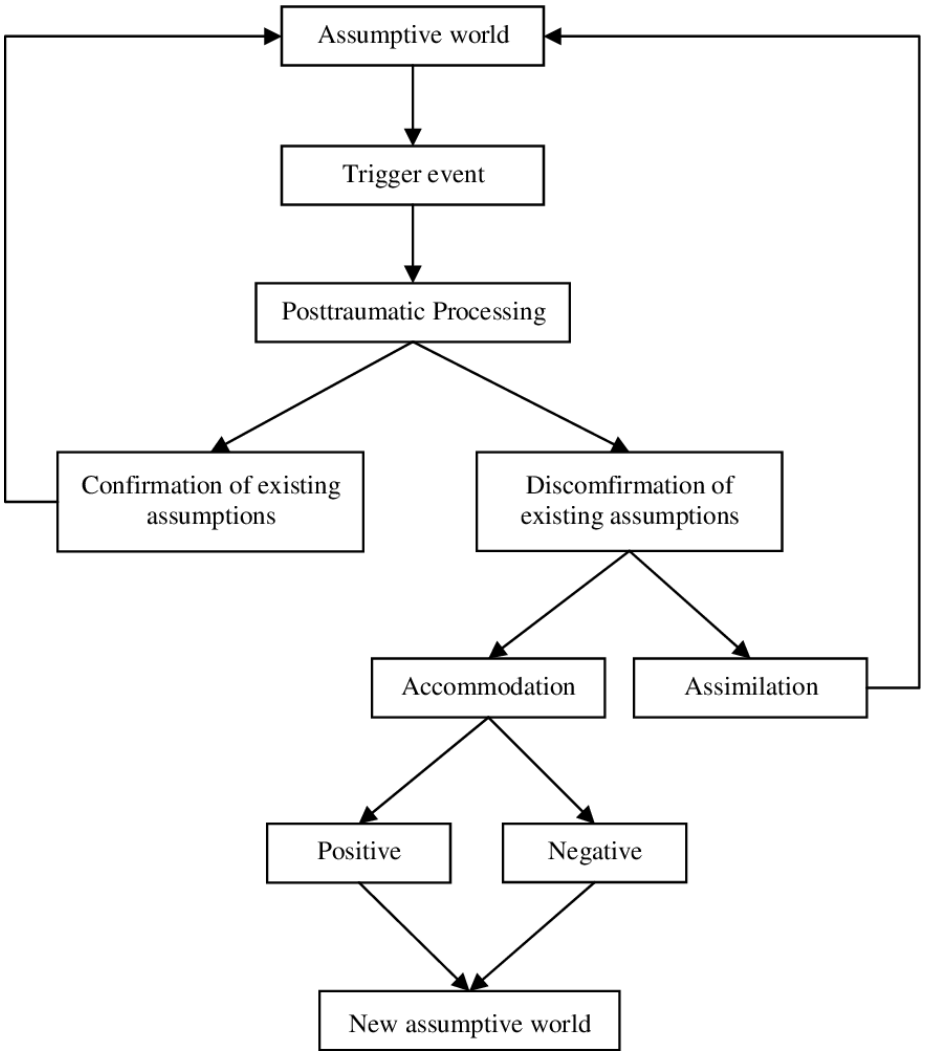
2.3.2 Organismic Valuing Theory of Growth Through Adversity

Organismic Valuing Theory (OVT), as shown in Figure 3, was developed by Linley and Joseph (2005) and holds that human beings are innately motivated for growth, enhancement of their wellbeing and higher levels of psychological functioning. This suggests that there is an innate drive to cope with traumatic events, and even to attempt to grow from them. Additionally, OVT holds that human beings evaluate their experiences and are motivated towards action when their needs are not being met. Like Cognitive Processing

Theory (Tedeschi & Calhoun, 2004), OVT posits that trauma results in shattered cognitive schemas, distress, avoidance and intrusive thoughts and additionally that self-identity is shattered. Linley and Joseph (2005) propose that when the assumptive world is shattered, there is an innate motivation to reconstruct the assumptive world to concede and incorporate the new trauma-related information. Therefore, the trauma needs to be cognitively processed, and they suggest that there are three different pathways that one can experience: assimilation, negative accommodation and positive accommodation.

Figure 3

Organismic Valuing Theory of Growth Following Adversity



Note. From "Growth following adversity: Positive psychological perspectives on posttraumatic growth" by S. Joseph, 2009, *Psychological Topics*, *18*(2), p. 339. CC by -SA

Assimilation refers to assimilating the traumatic event into existing schemas or assumptive world, despite contradicting information, and thereby returning to pre-trauma level of functioning and demonstrating resilience (Joseph, 2015). This is a common response and facilitates a quick recovery, but it can also lead to fragility and vulnerability to future PTSD. Assimilation can include avoidance of information relating to the trauma, behaviour that distracts from the trauma, or blaming themselves to preserve their worldview and existing schemas (Joseph, 2015). Assimilation is about restoring existing worldviews, rather than developing new ones.

Alternatively, trauma-related information can be accommodated within the assumptive world, or in other worlds, the trauma can change one's worldview (Linley & Joseph, 2005). Accommodation can be either negative or positive depending on many factors including the meaning that is attributed to the traumatic event. Negative accommodation refers to changing existing cognitive schemas in a destructive way that facilitates psychopathology, perceiving the world as unjust, and losing their belief in the coherency of life. This can include feelings of helplessness and hopelessness, for example "there's nothing I can do to stop bad things from happening".

Finally, positive accommodation is when new experiences are integrated with cognitive schemas in a positive way (Linley & Joseph, 2005). This process involves the search for meaning and resolving of existential issues. OVT theory posits that provided the social environment is supportive and facilitates autonomy, competence and relatedness, the natural inclination is towards positively accommodating new trauma information as this leads to greater wellbeing and more fulfilment. Positive changes can include greater appreciation of life, gratitude, greater connection with values, and feelings of authenticity (Linley & Joseph, 2005). Positive accommodation and PTG demonstrate embracing change and uncertainty to bring about greater wellbeing, and stronger psychological and social functioning (Maurer & Daukantaitė, 2020). It is important to note that response to trauma is influenced by many factors including social environment, personality, trauma history and historical processing of trauma (Joseph & Linley, 2005).

While negative accommodation can lead to depressive symptoms and negative affect (Joseph, 2015; Joseph & Linley, 2005), it can also be part of the journey towards

growth. In their study on trauma survivors, Payne et al. (2007) found that trauma shattered participants existing beliefs and created incongruence in their assumptive world. This led to assimilation in order to quickly alleviate distress by minimising or negating trauma information, but they still had 'unresolved issues' and were motivated to make-meaning of their experiences. They then went through the process of recovery, marked by peaks and troughs between assimilation and accommodation, as they came to accept the new trauma information and attempted to use it in a meaningful way. Similarly, Romeo et al. (2019) found that depression and negative accommodation following a breast cancer diagnosis was associated with greater PTG, with the suggestion that depression was a catalyst for growth and eventually positive accommodation of new experiences.

2.4 Comparison of PTG models and Proposed Domains of Growth

Tedeschi and Calhoun (2004) posit that there are three broad domains of growth: self-perception, interpersonal relationships and life philosophy, which were derived from research for the development of the Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996). Further, there are five distinct ways that growth can occur: greater appreciation of life, heightened feelings of personal strength, more intimate relationships, recognition of new possibilities and positive spiritual change (Tedeschi & Calhoun, 1996). Growth may occur within a particular domain or across multiple domains. This conceptualisation of PTG is that growth is a process as well an outcome (Tedeschi et al., 2018). The long-term outcome may be increased wisdom and greater satisfaction with life, but this emerges after the adjustment process, which paradoxically may not necessarily facilitate well-being in the short-term. For example, the experience of trauma may create spiritual turmoil, but it is this struggle which leads to positive spiritual change and new wisdom about the world. Growth as a process is ongoing and growth as an outcome of struggle may only be recognised in hindsight (Tedeschi et al., 2018).

Joseph and Linley (2005)'s model has a different perspective. Rather than considering PTG as a long-term outcome of positive adjustment regardless of whether it facilitates wellbeing in the short-term, Joseph and Linley (2005)'s model, which is grounded in theories of positive psychology and psychological wellbeing (PWB), argues that PTG is synonymous with PWB. They posit that PTG is caused by an increase in PWB and that the

five domains of PTG outlined by Tedeschi and Calhoun (2004) are equivalent to PWB outlined by Ryff (1989), specifically self-acceptance, purpose in life, environmental mastery, autonomy, and positive relations. According to Joseph and Linley (2005), trauma can lead to the ability to have more mastery of social and environmental challenges and the ability to act autonomously and in line with personal values, but they argue trauma is not the only pathway to increased wellbeing and that challenging life events can also facilitate PWB. Another key difference is that Tedeschi and Calhoun (2004) do not account for motivation towards growth which Joseph and Linley (2005) argue means it is a static model that does not account for the dynamic and active nature of growth beyond a mere return to pre-trauma state.

Both models (Joseph & Linley, 2005; Tedeschi & Calhoun, 2004) account for distal and proximate predictors of PTG and acknowledge that for PTG to occur the traumatic event must impact on cognitive schemas and therefore requires cognitive appraisal and processing which acts as a growth catalyst. The models have different processes, but both suggest that there is a progression from trauma to growth, and this requires unconscious processes to become conscious. Both models prioritise the role of social support and personality factors (e.g. openness, extraversion) in facilitating PTG. Additionally, they both argue that there are coping strategies that prohibit growth, such as denial and avoidance. Proposed growth outcomes are varied and subjective but both models support the notion that trauma shatters fundamental assumptions about self, others and the world and therefore these are the broad domains where growth occurs through cognitive appraisal and processing.

2.5 Critiques of Posttraumatic Growth

The concept of PTG, is innately appealing - people can not only recover from traumatic events but can experience a positive and life-changing transformation. PTG has been well documented in recent years, particularly the last decade, across various types of trauma including childhood cancer (Zhang et al., 2023), amputations (Stutts & Stanaland, 2016), intimate partner violence (Bryngeirsdottir et al., 2022), military veterans (Kang et al., 2024), suicide survivors (Levi-Belz et al., 2021), and breast cancer survivors (Michalczyk et al., 2022). While there is strong empirical support for PTG, there are also some conceptual and measurement concerns which have led to the critique that PTG is over-reported.

Maercker and Zoellner (2004) suggest there are two sides to self-reported PTG; genuine PTG, and illusory PTG in which a person believes they have experienced PTG by employing illusory fabrication and motivational biases as a coping mechanism and a way of making sense of trauma. Boals (2023) proposes a third construct – perceived PTG. Perceived PTG is a self-reported and retrospective perception of PTG which can be genuine, illusory or a combination as in the case of exaggerated beliefs about their genuine growth.

Measures of PTG, such as the Posttraumatic Growth inventory (Tedeschi & Calhoun, 1996), and narrative studies show remarkably high rates of PTG, even exceeding reported negative changes (Asgari & Naghavi, 2019; Wu et al., 2018). Boals (2023) argues that these results do not reflect genuine PTG, but rather perceived PTG. For example, despite the high levels of reported PTG, empirical evidence shows that traumatic events are positively associated with worse mental health outcomes (e.g. Copeland et al., 2018; Goldstein et al., 2016; McKay et al., 2021; Rickman et al., 2021) and make people more vulnerable to future PTSD from new events (Brewin et al., 2000; Gould et al., 2020), even after long periods of time, which is contrary to what would be expected following psychological growth. Boals (2023) offers five reasons for why PTG is overreported: 1) measurement flaws, 2) emotional biases, 3) appeal, 4) cultural expectations and 5) definition confusion. Multiple researchers assert that genuine PTG is real, but far less common than reported and therefore more research is needed to clarify the conceptual framework of genuine PTG and its underlying mechanisms (Boals, 2023; Jayawickreme & Blackie, 2014; Maercker & Zoellner, 2004).

2.6 Summary of Posttraumatic Growth

In summary of what has been discussed in relation to PTG, experiences of trauma are subjective and there are numerous responses that can occur in the aftermath. Two models have been discussed; Cognitive Processing Theory (Tedeschi & Calhoun, 2004) and Organismic Valuing Theory (Joseph & Linley, 2005) which show various pathways to the experience of PTG and changes in schemas about the self, others and the world. These models build on the notion that trauma shatters our assumptive world, and that growth occurs through the rebuilding of the assumptive world (Janoff-Bulman, 1992). There are numerous contextual factors that impact on how trauma is processed (e.g. Schaefer & Moos, 1998). Further, there is suggestion that not all experiences of growth are genuine

(e.g. Boals, 2023). Overall, it is evident that the cognitive processing of trauma is pivotal in determining whether traumatic experiences lead to growth or negative outcomes. The next section focuses on vicarious exposure to trauma.

2.7 Outcomes of Vicarious Exposure to Trauma

This section provides an overview of commonly experienced negative and positive outcomes of vicarious exposure to trauma. This is followed by a detailed exploration of VPTG.

2.7.1 Negative Outcomes of Vicarious Exposure to Trauma

When a person experiences trauma there are a multitude of negative effects that can occur that can have a significant and devasting impact on the person. Health professionals who work with those who have experienced trauma can also experience negative effects by their indirect encounters of trauma (Manning-Jones et al., 2016). These negative responses include vicarious traumatisation (McCann & Pearlman, 1990), secondary traumatic stress (Figley, 1995), burnout (Maslach, 1982a) and compassion fatigue (Figley, 2002).

Vicarious traumatisation represents a process of negative cumulative cognitive change, and transformation of the inner experience of the therapist, resulting from empathetic engagement with trauma survivor's material (Pearlman, 1999). This includes changes to one's sense of self (e.g. "I'm not ok"), and how one views others and the world (e.g. "the world is dangerous", "people are untrustworthy") and includes negative changes to understanding of safety, trust, control, and spiritual beliefs (Pearlman, 1997; Pearlman & MacIan, 1995; Pearlman & Saakvitne, 1995). A key tenant of VT is that secondary exposure to trauma disrupts cognitive schemas leading to affective distress (McCann & Pearlman, 1990). In this way, VT is a pervasive, inner transformation, rather than an acute experience such as those that can result from secondary traumatic stress.

Like VT, Secondary Traumatic Stress (STS) develops from indirect exposure to trauma and from engaging in an empathetic relationship with the person who has experienced trauma, however STS refers to the development of PTSD symptoms that are experienced

following this exposure (Figley, 1995). STS is included in the DSM-5 criteria for PTSD and can be considered a subtype of PTSD with the difference being that STS develops from secondary (vicarious) rather than direct exposure (APA, 2013). Symptoms mirror those of PTSD, including symptoms of intrusion such as distressing memories, flashbacks and nightmares; avoidance of both internal and external reminders of the traumatic event; negative alterations to cognition and mood such as persistent negative states; and marked alterations in arousal and reactivity such as hypervigilance (APA, 2013). STS can occur quickly and unexpectedly and can develop after exposure to single traumatic experience (Figley, 1995). A key distinction between VT and STS, is that VT is a cognitive change process, whereas STS places emphasis on outward behaviours mirroring PTSD, although this distinction is muddied by the inclusion of negative changes to cognition in the DSM-5 criteria for PTSD, implicating the inner world in PTSD. While VT and STS are separate reactions, they can also occur simultaneously (Newell & MacNeil, 2010).

Burnout has been broadly defined as a "state of physical, emotional and mental exhaustion caused by long term involvement in situations that are emotionally demanding" (Pines & Aronson, 1988, p. 9). It is characterised by emotional exhaustion, depersonalisation (or cynicism) and reduced sense of personal accomplishment that occurs progressively and cumulatively over time (Maslach, 1982b; Maslach & Jackson, 1981; Maslach & Leiter, 1997). Burnout is not exclusive to trauma work (Salston & Figley, 2003) and is multifactorial including personal factors (e.g. personality and coping styles), client population factors (e.g. difficulty understanding other people's situations) and organisational factors (e.g. heavy workload, coworker conflict) although human service work is the biggest risk factor due to associated expectations such as chronic use of empathy (Maslach, 2003; Maslach et al., 2001).

Compassion fatigue (CF) has been conceptualized in various ways throughout the literature. It is often used interchangeably with secondary traumatic stress (STS) and, at times, considered synonymous (Figley, 2002; Salston & Figley, 2003). Some researchers regard CF as an independent construct (Meadors et al., 2010; Newell et al., 2016) while others describe it as multidimensional comprised of burnout and STS (Stamm, 2010) or encompassing burnout, STS, and VT as latent clinical features (Adams et al., 2006). Figley

(1995) define CF as “a state of exhaustion and dysfunction biologically, psychologically, and socially as a result of prolonged exposure to compassion stress and all it evokes” (p. 253). Rauvola et al. (2019) suggest that CF can manifest in two ways: immediately after a traumatic exposure, similar to STS, or progressively, through desensitisation to trauma and a decline in empathy. They also note that different conceptualizations emphasise either the cumulative, progressive nature of empathy-based stress or the sudden onset of acute stress (e.g., Cragun et al., 2016). Compassion Fatigue is not limited to trauma work and occurs in other professions, such as those working in the medical field (Newell & MacNeil, 2010).

2.7.2 Positive Outcomes to Vicarious Exposure to Trauma

Vicarious exposure to trauma also holds the possibility of creating positive consequences for clinicians. There are numerous terms to describe the positive consequences of exposure to client trauma narratives including compassion satisfaction (Stamm, 2005) vicarious resilience (Engstrom et al., 2008; Hernandez-Wolfe et al., 2007), and vicarious posttraumatic growth (Arnold et al., 2005). These concepts acknowledge that in trauma-related occupations, there can be both positive and negative impacts for the clinician and these outcomes are not mutually exclusive (Rauvola et al., 2019).

Compassion satisfaction refers to the pleasure, professional fulfilment, meaning and gratification that is derived from helping others and observing their positive outcomes (Stamm, 2002). It is not the opposite of compassion fatigue, and they can occur simultaneously (Barr, 2017). Compassion satisfaction has been found to be protective against burnout and STS and may enhance resiliency and well-being in helping professionals (Burnett & Wahl, 2015; Craig & Sprang, 2009; Rossi et al., 2012).

Vicarious resilience (VR) is understood to be a parallel process of personal growth resulting from the therapist’s exposure to their clients’ resilience and bearing witness to their ability to overcome trauma (Hernandez-Wolfe, 2018). The concept of VR began from work with torture survivors and observations that psychotherapists drew strength and inspiration from their clients (Hernandez-Wolfe et al., 2007). Hernandez-Wolfe et al. (2014) posit that change occurs in seven dimensions: changes in lifegoals and perspectives, client-inspired hope, increased self-awareness and self-care practices, increased capacity for

resourcefulness, increased recognition of spirituality as a therapeutic resource, recognition of power and privilege relative to the client, and increased presence during therapy. Several of these dimensions are similar to the domains of PTG which are changes in self-perception, interpersonal relationships and philosophy of life (Tedeschi & Calhoun, 2004), however VR specifically relates to the way client resilience impacts on how the therapist approaches their work (Killian, 2018). Hernandez-Wolfe et al. (2014) note that this is not a painless experience, but an entwinement of pain, joy and hope and a professional and personal expansion of the self.

2.8 Vicarious Posttraumatic Growth

Vicarious posttraumatic growth is a construct that describes the growth that can occur from secondary exposure to trauma that was first introduced by Arnold et al. (2005). Their seminal work involved conducting naturalistic interviews with 21 trauma psychotherapists to examine possible positive effects from their work and addressed VT (specifically changes in memory systems and cognitive schemas) as well as perceived psychological growth. They found that alongside negative changes including intrusive thoughts, emotional responses, and avoidance, all the participants identified positive personal outcomes from their trauma work. Their results showed that therapists lives were enriched in profound and significant ways, and that changes were consistent with PTG experienced by survivors (Arnold et al., 2005). A host of positive outcomes were reported including increased self-awareness, self-confidence, compassion, tolerance, empathy, resilience, spirituality and emotional expressiveness. They also found that paradoxically, growth often involved the same types of schemas that have been identified in VT. For example, a heightened sense of personal vulnerability (associated with VT) also led to therapists viewing life as precious and striving to lead fuller, richer lives.

VPTG has its origins in research on PTG, and scholars frequently compare these experiences of growth which can lead to them being erroneously considered the same rather than unique constructs. However, the experiences of therapists are contextually different, such as being inspired witnessing client growth. It is also a point of difference that therapists have cumulative vicarious exposure to trauma, from various clients, and often trauma of various natures (Abel et al., 2014). Bartoskova (2017) found that the nature of

trauma can play a role in the impact it has on the therapist, for example a male participant who worked in a sexual abuse setting found his work with victims of male abuse led to him questioning his gender identity. In comparison to direct trauma survivors, therapists are trained for trauma work and may be more able to recognise the impacts of trauma exposure and take remedial action. When they recognise symptoms of STS, this may trigger active and positive cognitive processing strategies, promoting growth (Lai et al., 2021).

A systematic literature review conducted by Manning-Jones et al. (2015) found profound similarities in the transformation that occurs in both PTG and VPTG. They also identified some subtle differences in how growth outcomes within PTG domains are experienced, and some additional growth outcomes experienced exclusively by helping professionals, suggesting that although VPTG may fall under the umbrella of PTG, PTG and VPTG are distinct constructs. Rather than a sense of increased personal strength experienced in PTG (Hefferon et al., 2009) participants who reported VPTG had a broader notion of the resiliency of mankind (Arnold et al., 2005; Splevins et al., 2010). Furthermore, rather than experiencing personal spiritual growth like direct trauma survivors (Arnold et al., 2005), the spiritual changes in VPTG were reported as a spiritual broadening, and appreciation of spirituality as a therapeutic tool. Manning-Jones et al. (2015) suggested these differences might be because VPTG is less integrated with an individual's self-concept. Other authors have suggested that professionals are able to maintain a sense of invulnerability as they were not personally impacted by the traumatic event which is the primary distinction between PTG and VPTG (Abel et al., 2014; Janoff-Bulman, 2006). Manning-Jones et al. (2015) also suggest that there are some unique dimensions to VPTG, primarily in relation to professional identity, such as recognising the value of their work and the ability to help trauma survivors and increased professional capabilities and competency that develop from trauma work. There is no validated measure of VPTG, and the majority of studies on VPTG utilise the PTGI (Tedeschi & Calhoun, 1996) which does not allow for these distinctions (Manning-Jones et al., 2015). The unique features of VPTG provides justification for research targeted at this construct as distinct from PTG.

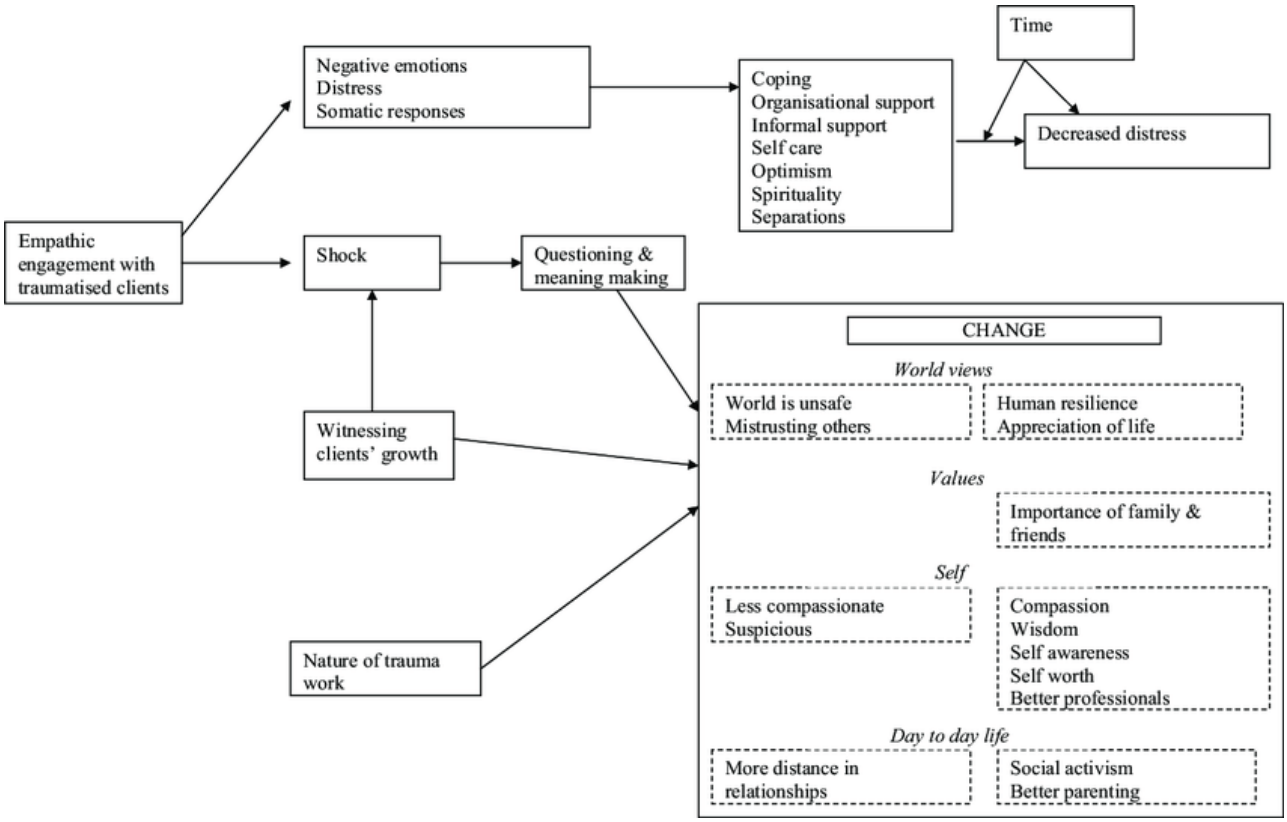
2.9 Model of Vicarious Posttraumatic Growth

As VPTG is typically considered under the framework of PTG, it is postulated to follow the same process. According to the prominent models of that have been discussed, trauma triggers cognitive processes that lead to schema changes (Joseph & Linley, 2005; Tedeschi & Calhoun, 1995, 2004). It is important to note that the self is complex and multifaceted and therefore schemas can be impacted in various ways (Cohen & Collens, 2013; Joseph & Linley, 2008). Cohen and Collens (2013) conducted a meta-synthesis to examine the process of growth in trauma workers, with the aim to produce a theoretical model of VPTG and its relationship to VT. This model is shown in Figure 4. Cohen and Collens (2013) found there were negative and positive schema changes in the domains of worldviews, perception of self and day-to-day living, and only positive schema changes in the domain of personal values. They also found that schemas were impacted by the type of trauma work, for example, the experience of mistrusting men by those who worked with victims of sexual abuse.

According to this model, both VT and VPTG stem from the therapist's empathetic engagement with clients. The client's narrative creates a feeling of shock at their trauma experiences and resilience and challenges the therapist's cognitive patterns. This leads to the questioning of assumptions about the world and attempting to make sense and meaning of what their client has experienced, and the adaptation of cognitive schemas. Positive schema changes were found to be especially triggered by vicarious exposure to client's growth, and this has implications for clinicians when the scope of their role does not easily allow for this, for example short-term interventions. Cohen and Collens (2013) suggest that VT and VPTG are two independent processes. Additionally, emotional distress and growth were not considered to be mutually exclusive, and growth could occur while still feeling some distress. This is consistent with approaches to well-being that consider growth to be about self-actualisation rather than the experience of positive emotions (Linley & Joseph, 2005). Therapists found ways to cope with their negative emotional and somatic responses that transpired from their empathetic engagement with clients, and over time this decreased their distress.

Figure 4

Vicarious Posttraumatic Growth in Trauma Workers



Note. From "The impact of trauma work on trauma workers: A metasynthesis on vicarious trauma and vicarious posttraumatic growth" by K. Cohen and P. Collens, 2013, *Psychological Trauma: Theory, Research, Practice, and Policy*, *5*(6), p. 577. Copyright 2012 by American Psychological Association. Reprinted with permission.

Cohen and Collens (2013) found that emotional distress and somatic symptoms were prominent in their reviewed studies and highlight that these have been considered symptoms of STS. Personal and organisational factors were found to be an important part of coping with this distress, with personal factors considered to be about resilience, and organisational considered to be about supporting clinicians in a systemic way to manage the impact of their work. Interesting, spirituality was found to be a coping strategy, rather than a growth outcome which contrasts with PTG domains (Tedeschi & Calhoun, 2004).

Lai et al. (2021) conducted a study on psychological counsellors who worked on hotlines during the Covid-19 pandemic and the role of empathy in the positive and negative effects of conducting trauma work. They found that empathy was positively correlated with both STS and VPTG. Empathy may lead to negative emotional reactions, feelings of overwhelm and powerlessness. However, it can also lead to new knowledge and a new perspective of themselves, of their clients and of the work they do (Arnold et al., 2005). This is consistent with other studies that have also shown that higher levels of empathy positively predict VPTG (Brockhouse et al., 2011; Ogińska-Bulik & Michalska, 2022). An interesting finding by Lai et al. (2021) was that higher levels of mindfulness were associated with increased empathy and emotional regulation, buffing against the negative impacts of STS and increasing emotional resilience. Their study emphasises the protective role of mindfulness against the negative impacts of empathic engagement with clients. This is consistent with a study by Angelos and Baggs (2023) who found that mindfulness can help in the identification and mitigation of VT. They found that clinicians who were more mindful, had increased awareness of the cognitive processes that can lead to VT, and this could help to prevent maladaptive cognitive schemas that develop from exposure to trauma narratives.

Lai et al. (2021) found that the search for meaning mediated the relationship between empathy and VPTG, which is consistent with the model by Cohen and Collens (2013) which highlights the role of meaning-making as a pathway to VPTG. This is also consistent with theories of PTG which suggest that growth occurs from challenges to our beliefs system and the reconstruction of the assumptive world with cognitive activities (Linley & Joseph, 2005; Tedeschi & Calhoun, 2004). The experience of STS has been found to be a contributing factor to VPTG (Cleary et al., 2024) and a mediator between empathy and VPTG, and it may be the impetus for seeking meaning and subsequently experiencing growth (Bercier & Maynard, 2014). This sits in contrast to the model by Cohen and Collens (2013)'s where distress and negative responses follow a separate pathway, that is addressed by coping strategies, rather than being an impetus for growth.

2.10 Vicarious Posttraumatic Growth Amongst Mental Health Professionals

There are very few studies that have investigated VPTG in mental health professionals. Research on the impact of trauma work on professionals has been dominated

by investigations on adversarial effects and until recently there has been little heed paid to the potential for positive effects. Two recent systematic reviews on VPTG have been conducted by Deaton et al. (2023) and Tsirimokou et al. (2023). Tsirimokou et al. (2023) reviewed quantitative and qualitative research and focused specifically on VPTG in mental health professionals and internal and external facilitating factors, while Deaton et al. (2023) included only qualitative research that compared experiences of VPTG across various professions. It was impossible to determine exactly how many of the studies reviewed included psychologists due to ambiguous terminology such as 'counsellors' and 'clinical staff' with only one study, by Sui and Padmanabhanunni (2016), focused exclusively on the work of psychologists.

Findings from both reviews found that experiencing adversity is a requirement of experiencing growth, and levels of VT were predictive of VPTG (Deaton et al., 2023; Tsirimokou et al., 2023). This is consistent with theories of PTG which suggest that traumatisation and the collapse of the assumptive world is integral to growth (Linley & Joseph, 2005; Tedeschi & Calhoun, 2004). Studies also showed a curvilinear relationship with higher exposure to VT linked to less growth (O'Sullivan & Whelan, 2011; Zerach & Shalev, 2015), and the highest levels of growth have been associated with moderate levels of VT (Dar & Iqbal, 2020). Interestingly Wheeler and McElvaney (2017) found that participants had difficulty describing their positive experiences before they had described their negative experiences, highlighting the co-occurrence of VT and VPTG. This is supported by findings from an earlier meta-synthesis by Cohen and Collens (2013) who found that changes can be both positive and negative, and distress does not necessarily preclude growth.

Tsirimokou et al. (2023) found that for professionals with diverse areas of work, there was a positive relationship between years of experience and levels of growth. Conversely, for professionals who conducted specialist work there were increased levels of growth earlier on in their careers, but this declined over time. They concluded diverse work provided new learning opportunities and promoted growth and development, while continuously being exposed to one type of trauma may hinder growth and increase fatigue and burnout. For example, Ben-Porat (2015) found that domestic violence therapists had

lower levels of VPTG than therapists who worked for the social service department at violence prevention centres and women's shelters. They posited that this was due to increased work diversity, for example the social services work involved interventions with diverse populations and involved additional tasks such advocacy and mediation, rather than being solely focused on direct intervention with a specific population. This has major implications for professionals who do specialised work within a narrow scope, for example psychologists who only work under ACC contracts for sensitive claims.

Deaton et al. (2023)'s review found negative affective responses across disciplines was a major theme. Tsirimokou et al. (2023) conceptualised similar findings into the theme of 'distress into growth'. Psychotherapists described intrusive thoughts and images, and negative emotional and physical responses (Arnold et al., 2005). Other studies described experiences of VT including somatic symptoms, intrusive images, reactivity and experiencing strong emotional reactions (Barrington & Shakespeare-Finch, 2013; Sui & Padmanabhanunni, 2016). Deaton et al. (2023)'s review highlighted that interpreters who were also refugees themselves were triggered by trauma narratives (Splevins et al., 2010) and nurses experienced loss of confidence and feelings of insecurity (Baxter, 2012). Splevins et al. (2010) described how interpreters had intense emotional reactions that mirrored the client's experiences including rage, fear, anxiety, hopelessness and sadness. Zhengjia et al. (2018) developed an explorative model that proposed three stages – existential shattering, (emptiness, burnout, loneliness, uncertainty, self-doubt, secondary trauma), existential learning (authenticity, mindfulness, acceptance) and existential integrity (strengthening professional identity, broadening spirituality, developing resilience), and suggested that growth requires first experiencing suffering. Theories of VT and VPTG both postulate that distress is inevitable (Barrington & Shakespeare-Finch, 2013) and in the case of VPTG, trauma is the impetus for purposeful meaning-making and subsequent positive change and growth (Joseph & Linley, 2005; Tedeschi & Calhoun, 2004).

In terms of what VPTG looks like, Tsirimokou et al. (2023)'s review found that VPTG occurs in the same domains as those proposed by Tedeschi and Calhoun (1995), which are self-perception, life philosophy and interpersonal relationships. Deaton et al. (2023) had similar findings and identified that VPTG occurs in the domains of meaning-making (which is

connected to self-perception), changes in worldview, and changes in interpersonal relationships.

Changes in self-perception included changes to professional and personal identities, increased confidence and resilience and feelings of pride in their work. They posited that when professionals felt empowered by witnessing client's growth, this helps to counteract negative impacts of trauma work and contributes to an increased sense of purpose. This concurred with the review by Deaton et al. (2023) who found client's progress impacted on professionals' own growth. Witnessing growth has been found to bring hope to mental health professional's (Sui & Padmanabhanunni, 2016) and they were able to learn from their client's resiliency (Wheeler & McElvaney, 2017). This aligns with vicarious resilience whereby the professional experiences increased resilience from witnessing client's resilience and recovery (Killian, 2018) as well as compassion satisfaction from their ability to affect positive change in their client's lives. Deaton et al. (2023)'s review linked changes in self-perception to the search for meaning. Meaning-making was described in various studies at both a global level and personal level, such as feeling that their work served humanity (e.g. Arnold et al., 2005) or that it made a difference to individuals (e.g. Bartoskova, 2015). This is consistent with the review by Cohen and Collens (2013) who found that existential questioning and attempting to make sense and meaning of their vicarious experiences, was a precursor to schema changes including self-perception. Changes in spiritualty could also be considered as a change in self-perception, although this has cross-over with changes in life philosophy. While some described feeling more connected with their religion, others described re-evaluating their faith and belief in God, but these were both experienced as growth (Barrington & Shakespeare-Finch, 2013; Zhengjia et al., 2018). There were also descriptions of becoming more intolerant of social injustice due to their client's experiences (Splevins et al., 2010).

Changes to life philosophy included greater appreciation for their own life (Hernandez-Wolfe et al., 2014) and for things previously taken for granted (Hyatt-Burkhart, 2014). This is in line with theories of PTG (e.g. Joseph & Linley, 2005; Tedeschi & Calhoun, 2004) which suggest that transformation can occur from increased recognition of the vulnerability of humans and our lack of immunity to trauma, which in turn can increase

appreciation for what one has and a desire to live life fully (Tsirimokou et al., 2023). Arnold et al. (2005) showed that trauma work changed how psychotherapists approached life, including a heightened awareness of positionality, privilege and personal vulnerability. Similarly, Sui and Padmanabhanunni (2016)'s study on trauma psychologists in South Africa found that alongside positive experiences such as those that come from witnessing client's growth, there were changes in their views of safety and increased awareness of personal vulnerability. They found that this was particularly pronounced in female therapists who worked with rape survivors, who reported increased mistrust of men and safety concerns for themselves and significant others. Splevins et al. (2010) research on interpreters found that the awareness and realisation of what people are capable of and what atrocities can occur gave way to the realisation that people can survive and flourish, leaving them amazed and hopeful about the durability human spirit. Studies have also shown an increased ability to overcome life's challenges and adversities (Hyatt-Burkhart, 2014; Zhengjia et al., 2018), which is illustrative of VR (Hernandez-Wolfe et al., 2014).

Changes in interpersonal relationships is consistently described as an important indicator of growth (Arnold et al., 2005; Bartoskova, 2017). These changes were described as an improvement in their relationships (Sui & Padmanabhanunni, 2016), placing more attention and value on relationships, increased recognition of loving and fulfilling relationships (Hyatt-Burkhart, 2014; Splevins et al., 2010), and developing more emotional availability (Bartoskova, 2017). Deaton et al. (2023) found that across studies there were descriptions of shielding their children, being more protective, and increased engagement with loved ones. Earlier studies on trauma workers have shown conflicting findings, such as more difficulties in family life due to being less attentive and emotionally available, and more protective and hyper-vigilant (Ben-Porat & Itzhaky, 2009; Clemans, 2004; Pistorius et al., 2008), as well as improved communication with children and feeling like a better parent (Clemans, 2004; Pistorius et al., 2008). Splevins et al. (2010) found that trauma workers described being more compassionate, altruistic, respectful, open and intimate and less materialistic and judgemental. Conversely, Pistorius et al. (2008) found that some participants were less compassionate, and Steed and Downing (1998) found that for some the experience of having an increased sense of vulnerability led to suspiciousness and mistrust of others. Tsirimokou et al. (2023) note that there is also evidence that

professionals who show growth in their interpersonal relationships may have achieved this by applying their therapeutic skills to their own lives (Ben-Porat, 2015; Silveira & Boyer, 2014). In addition to reports of improved relationships, studies also show that professionals may limit their social circles to those that are most meaningful and to whom they feel the most connection or change their circle of friends (Barrington & Shakespeare-Finch, 2013; Splevins et al., 2010). A study by Benatar (2000) on therapists who themselves have a history of childhood sexual abuse and work with other survivors, found that some participants felt that their friends did not really understand their work, and therefore they experienced feelings of social isolation.

2.11 Factors Facilitating Vicarious Posttraumatic Growth

From a multi-disciplinary perspective, factors that have been identified as facilitating VPTG include self-care, coherence, social support, empathy (Brockhouse et al., 2011; Linley & Joseph, 2007; Mairean, 2015), social interest, and meaning-making (Linley & Joseph, 2007). A systematic literature review of 28 articles by Manning-Jones et al. (2015) categorised facilitating factors into cognitive and psychological, behavioural, interpersonal and external variables.

Cognitive and psychological facilitating factors included empathetic engagement (Linley & Joseph, 2007), optimism, positive affect (Shiri et al., 2008) and negative affect (Linley & Joseph, 2005). The seeming contradiction of the latter two variables is suggested to reflect the fact that negative psychological effects from secondary exposure to trauma precedes growth experiences (Davis & Macdonald, 2004). Empathetic engagement was found to be facilitative as it allows the therapist to metaphorically apply the client's experience to their own life (Linley & Joseph, 2007; Shamai & Ron, 2008; Splevins et al., 2010). Being empathetic and psychologically attuned with the client by having flexible schemas may also enhance the ability to challenge personal schemas and therefore experience growth (Brockhouse et al., 2011). Manning-Jones et al. (2015) suggested that being optimistic and having positive affect leads to the identification of positive outcomes. A sense of satisfaction, competence, and value were found to contribute to VPTG (Carmel, 1997; Stamm, 2005; Taubman–Ben-Ari & Weintroub, 2008) and these are areas of growth unique to VPTG. Interestingly, theoretical orientation was found to be an important factor.

Specifically, humanistic and transpersonal orientations were positively associated while there was a negative association for those practicing CBT (Linley & Joseph, 2007). It was suggested that this is a reflection that humanistic and transpersonal philosophies acknowledge suffering can lead to growth, and that CBT may be used with more severe client populations which could possibly restrict growth opportunities. Finally, there were inconsistent findings regarding the role of resiliency as a facilitating factor (Shiri et al., 2010; Taku, 2014), again highlighting the complexity of the relationship between resiliency and VPTG.

Behavioural factors that were found to facilitate VPTG include self-care and personal therapy (Manning-Jones et al., 2015). The most cited self-care activities include exercise, healthy eating, hobbies, prayer, and spiritual activities (Arnold et al., 2005; Barrington & Shakespeare-Finch, 2013; Satkunanayagam et al., 2010; Splevins et al., 2010; Tehrani, 2007). There is an argument presented by Splevins et al. (2010) that self-care activities are part of conscious coping. Self-care can be beneficial to managing emotional responses to vicarious exposure to trauma (Lawson, 2007; Smith et al., 2007) and can foster meaning-making which helps to facilitate VPTG. Greater levels of VPTG have been found in those who sought therapy for themselves (Brockhouse et al., 2011; Linley & Joseph, 2007). This has been posited to be reflective of the ability of therapy to reduce stress and facilitate growth (Linley & Joseph, 2007) and as an opportunity to process and make meaning of experiences (Manning-Jones et al., 2015).

Interpersonal variables include social support (Brockhouse et al., 2011; Linley & Joseph, 2005, 2007; Satkunanayagam et al., 2010; Tehrani, 2007) and witnessing growth in direct trauma survivors (Arnold et al., 2005; Barrington & Shakespeare-Finch, 2013; Guhan & Liebling-Kalifani, 2011; Splevins et al., 2010). Just as social support is important for direct trauma survivors (Tedeschi & Calhoun, 1996), social support can also enable VPTG (de Boer et al., 2014; Linley & Joseph, 2007), which is consistent with PTG models which suggest social support helps with coping, adaptation, social resources, and in reducing isolation and loneliness (Schaefer & Moos, 1998; Tedeschi & Calhoun, 2004). Supervision and peer support were found to be the most beneficial social support to enhance VPTG (Manning-Jones et al., 2015).

Finally, Manning-Jones et al. (2015) identified time as an external facilitating factor (Manning-Jones et al., 2015). Over time, the distress caused by working with trauma victims decreased and those working with trauma survivors were able to experience meaning-making and growth (Barrington & Shakespeare-Finch, 2013; Shamai & Ron, 2008; Splevins et al., 2010). This is consistent with models of PTG which have a temporal sequence moving from distress through to transformative positive change (e.g. Joseph & Linley, 2005; Tedeschi & Calhoun, 2004). This temporal process is one reason why the current research specified that participants must be experienced in trauma work.

2.12 Aotearoa New Zealand Research

Only one study on VPTG in Aotearoa has been identified. Manning-Jones et al. (2016) conducted a quantitative study on STS, VPTG and coping strategies among health professionals. They found that the professions that were most at risk of STS also experienced more growth outcomes. They also found that compared to social workers, nurses, counsellors and medical doctors, psychologists were less likely to experience either STS or VPTG. Psychologists and counsellors were more likely to utilise coping strategies. Three positive coping strategies were investigated and all three were found to reduce the likelihood of STS and increase the likelihood of VPTG, these were social support (from friends, family and peers), humour, and self-care (Manning-Jones et al., 2016). Appropriately for the methodology used, Manning-Jones et al. (2016)'s research did not attempt to explore how vicarious traumatisation or growth is experienced. Additionally, it was a comparative study between five groups of health professionals and therefore did not allow for an in-depth analysis of personal and professional growth specifically among psychologists. The current research goes some way to addressing the gap in research specifically focusing on psychologists.

2.13 Summary

Working with those who have experienced trauma holds inherent risk for the well-being of the therapist but there can also be potential benefits. There is a growing body of literature exploring the experience of trauma showing the potential for growth. Two prominent models of PTG concur that in the aftermath of trauma, growth can manifest

across the broad domains of self-perception, interpersonal relationships and life philosophy (Linley & Joseph, 2005; Tedeschi & Calhoun, 2004). The way that trauma is processed determines whether this leads to psychopathology and distress or growth outcomes.

Regardless of whether the trauma experience is direct or vicarious, research has shown that this experience challenges an individual's inner assumptive world, and therefore in the aftermath of trauma the assumptive world needs to be adapted or rebuilt. The prevailing view in the literature is that for the most part VPTG emulates the PTG process but there are some unique characteristics specific to the process of helping. There is evidence that some factors may facilitate growth including cognitive and psychological, behavioural, interpersonal, external and organisational factors (Manning-Jones et al., 2015; Tsirimokou et al., 2023). Additionally, there is evidence that the relationship between trauma and growth is curvilinear, with moderate levels of secondary trauma exposure associated with higher levels of VPTG (Dar & Iqbal, 2020; O'Sullivan & Whelan, 2011; Tsirimokou et al., 2023; Zerach & Shalev, 2015).

Very few studies have explored VPTG in psychologists and within Aotearoa literature is near non-existent. There is a shortage of psychologists in Aotearoa and unprecedented demand; research that may improve therapist well-being is crucial for therapists and their clients. Over the last few decades there has been an influx of research on the negative consequences of working in empathy-based professions, but it is necessary to also consider how trauma work can lead to personal and professional growth and how this is experienced. There is some suggestion that we are not as advanced in our understanding and knowledge of PTG (and conceivably even less so in the case of VPTG) as has been previously thought, despite the growing popularity of the concept (Boals, 2023). Therefore, it is essential that exploratory research is conducted to better understand this phenomenon and how it may manifest, specifically within Aotearoa.

Chapter Three: Methodology

3.1 Research Design

The aim of this research was to explore lived experiences of VPTG in psychologists who work with trauma. The methodology used was Interpretative Phenomenological Analysis (IPA). IPA was developed in the mid-1990's specifically for psychological research (Smith et al., 2022). There is increasing recognition of the value of qualitative research both within psychology and across other disciplines, and IPA is one of the most widely used qualitative approaches (Reid et al., 2005; Smith et al., 2022; Smith & Nizza, 2022). IPA has been described as a study of lived experience and how people make sense of their experiences within the context of their personal and social contexts (Smith et al., 2022). IPA has three key theoretical underpinnings; phenomenology, hermeneutics, and ideography (Reid et al., 2005; Smith et al., 2022; Smith & Nizza, 2022).

This chapter begins by outlining the ontological and epistemological positioning of this research, before a discussion of the theoretical underpinnings and how each of these informs the use of IPA. The rationale for the use of IPA is provided, explaining why it is the most appropriate methodology to address the aims of this research. This chapter also provides an account of the data collection process, including recruitment, participant selection, the interview process, reflexivity, and the rationale for the decisions that were made. There is a discussion of the key ethical considerations and processes. Data analysis is outlined in detail, explaining how IPA was used to generate the themes. Finally, there is an examination of the quality and validity of this study.

3.2 Philosophical underpinnings

IPA is an inductive, exploratory, and experiential methodology that considers the participants as experiential experts (Smith & Nizza, 2022); the central objective is to understand what personal social experiences mean to those who experience them (Shaw, 2019). Experience can be considered as both something we encounter and a process we are active in. From this perspective, and for this research, the ontological position is critical

realism (CR), with a focus on the phenomenon of VPTG and how it is experienced (Shaw, 2019).

CR acknowledges an external objective reality while acknowledging human beings are active in constructing their own meanings and understandings in response (Peter & Park, 2018). CR positions itself between positivism and constructivism and integrates "ontological realism and epistemological constructivism or interpretivism" (Maxwell, 2012, p. 6), creating a perspective that acknowledges the existence of a reality that is "not dependent on observation" and "exists independent of our thoughts about it" (Haigh et al., 2019, p. 3). Importantly, it also recognises the role of interpretation and meaning-making which is essential to IPA (Danermark et al., 2019). CR acknowledges that although events may 'actually exist' we can only ever have partial access to this reality and people acquire knowledge in different ways (Stutchbury, 2021). Experience is also temporal and occurs within social, cultural, political, and economic contexts. IPA aims to understand experience from another's perspective, even if our ability to do this is limited, but also goes beyond what was said to make critical analytical interpretations of both the experience and the person having the experience (Shaw, 2019).

3.3 Theoretical Framework

The primary objective of IPA research is to investigate how individuals make sense of their experiences as 'self-interpreting beings' (Pietkiewicz & Smith, 2014; Taylor, 2006). There are three major theoretical underpinnings of IPA: phenomenology, hermeneutics, and ideography. These are discussed in more detail below.

3.3.1 Phenomenology

Phenomenology was developed by Edmund Husserl as an attempt to understand phenomena as they "appear to individuals in experience" (Pietkiewicz & Smith, 2014, p. 2). It is an eidetic and reductionist approach, which aims to examine experience on its own terms to understand the essential components of a phenomena and "go back to the things themselves" (Husserl, 2001, p. 168). Phenomenological research attempts to let phenomena speak for themselves without using predetermined criteria or theoretical categories, and

therefore researchers must 'bracket' their preconceptions and assumptions as these can obscure the true nature of a phenomena (Smith & Nizza, 2022). Husserl's phenomenology has been described as transcendental phenomenology, in other words, transcending the contextual and personal to reveal the phenomena (Moustakas, 1994).

Husserl's ideas were extended by his student Martin Heidigger, who introduced the concept of Dasein, or being-in-the-world. He advocated that human beings are imbedded in, and inseparable from, the world (Heidegger, 1962). From this perspective, there is no separation between subject and object; the individual and their experience are co-constitutional and only exist in the context of the other (Laverty, 2003). Our reality is perspectival and relational, and is determined by our pre-understandings (e.g. knowledge, prejudices, assumptions) which shape how we experience and understand the world (Palmer et al., 2010). This branch of phenomenology is referred to as hermeneutics, or interpretative.

3.3.2 Hermeneutics

The principle of hermeneutics is the theory of interpretation of experience (Smith & Nizza, 2022). Descriptive (transcendental) phenomenology emphasises experience of a phenomena, and involves exploration, investigation, and detailed description without attempting to ascribe meaning (Charlick et al., 2016). Interpretative (hermeneutic) phenomenology takes this approach further and attempts to interpret the phenomena and embedded meanings of life experiences with the assumption that the researcher and the participants are co-creators in the interpretive process (Wojnar & Swanson, 2007). IPA utilises both phenomenological traditions. It is descriptive as it focuses on how things present themselves and allows them to be understood in their own terms, and interpretative because it acknowledges that no phenomenon can be entirely free from interpretation (Pietkiewicz & Smith, 2014).

Given the perspective that we are all in Dasein, rather than attempting to 'bracket out' or remove biases, personal contexts, preconceived ideas, and presuppositions from the research, it is acknowledged that all research is prejudiced, and IPA necessitates that our prejudices are made explicit even if our ability to do this is somewhat limited (Callary et al.,

2015). Eatough and Smith (2017) suggest that often our assumptions come to the fore during the process of research as we question our interpretations. This is also a dynamic process of repeatedly discovering our assumptions and understandings and examining and re-examining these against new insights (Fischer, 2009).

In IPA, the participants interpret and make sense of their own experiences, and the researcher makes sense of and interprets the participant's sense-making in a dynamic process referred to as double hermeneutics (Eatough & Smith, 2017; Smith & Nizza, 2022). The researcher needs to uncover subjective experiences and engage closely with participant's stories to understand their experience of a phenomenon and the meaning that it holds. Researcher transparency is essential to producing trustworthy and rigorous research and allows the reader to understand the double hermeneutic process and the validity of the findings.

3.3.3 Ideography

The principle of ideography is concerned with understanding "the concrete, the particular and the unique" (Smith & Eatough, 2012, p. 197). This is done by focusing on and analysing individual cases in detail and within their context rather than population level analysis (Eatough & Smith, 2017; Smith & Nizza, 2022). IPA always begins with the particular before any attempt is made for generalisations with the understanding that intensive examinations of individual cases is the logical genesis for universal laws and structures (Smith & Eatough, 2012). Researchers can extract the meaning inherent to each participant's experience of a phenomenon by generating rich, deep, data of each case, before considering comparisons between cases (Eatough & Smith, 2017). Due to thorough and detailed examination of individual cases, sample sizes in IPA are generally small and homogenous to allow for a sensible exploration of a specific phenomenon and the ways experiences converge and diverge within and across participants (Allan & Eatough, 2016; Pietkiewicz & Smith, 2014; Smith et al., 2022). This is also dependent on the level of human resource available to analyse data, as the principle of ideography can be maintained with larger sample sizes if there is a larger group of researchers.

3.4 Rationale for Using IPA

IPA aims to get as close as possible to the lived experience of individuals, and to examine these experiences in detail (Smith & Nizza, 2022). This is strongly aligned with the aim of this research which was to understand of the complexities of working therapeutically with trauma by exploring the lived experiences of psychologists in Aotearoa, and how vicarious traumatic exposure can lead to VPTG. IPA researchers aspire to understand the participant's point of view, to 'walk in their shoes', elicit rich descriptions, capture emotions, and gain insight into how that experience is understood and interpreted, and privileges personal meanings associated with lived experience (Smith & Nizza, 2022). IPA considers it important to understand how experiences influence worldviews and relationships and can illuminate ambiguity and tensions in how individuals react to experiences (Smith & Nizza, 2022). This is highly relevant to the theory of shattered assumptions which posits that growth is borne out of the demise of our previously held knowledge and assumptions of the world, ourselves and others (Janoff-Bulman, 1992). Therefore, IPA is appropriate in understanding how secondary trauma influences cognitive schemas and growth experiences. VPTG holds inherent tension and may even be perceived as slightly controversial when we consider that there may be personal benefit from other's traumatic experiences. IPA was appropriate to explore these tensions and how psychologists make sense of their personal and professional growth. IPA places an emphasis on the convergence and divergence of experiences (Smith et al., 2022), and this research attempted to capture this. By exploring and comparing growth experiences, it was hoped that there would be increased understanding of what factors may facilitate or hinder growth and the various ways that individuals make sense of their experiences of growth.

There is a paucity of research on VPTG, particularly within Aotearoa, and therefore an exploratory qualitative study is appropriate. Smith and Nizza (2022) highlight the utility of IPA in illuminating prior quantitative studies by providing "rich and nuanced analysis of constructs of interest" (p. 4). This was relevant for this study, as there are various models that conceptualise growth, but the research objective was to understand this phenomenon as lived experience. I used semi-structured interview questions however these questions

were only a starting point, and I was guided by the participants stories, delving into topics of importance, to capture their lived experiences.

3.5 Recruitment

Participants were recruited through snowball sampling which can be particularly useful for recruiting participants who work in a specialised area of practice (e.g. trauma work) and who can be hard to access (Raifman et al., 2022). I utilised my personal networks, including a psychologist who approached colleagues who she felt may have been amenable, and I also approached numerous practices throughout the country using the ACC database. Purposive sampling was used ensure a small and homogenous sample, as appropriate for IPA's commitment to ideography (Smith & Osborn, 2008). Using a homogenous sample also allowed for deep exploration of a specific phenomenon and how experiences converge and diverge (Smith & Nizza, 2022). Therefore, it is important to make inclusion/exclusion criteria as specific and narrowly defined as possible. However, I was also aware that recruiting participants may prove difficult, so while I initially considered adding more specific criteria (e.g. by specifying a particular type of trauma work, private/public work only, or a particular characteristic) it was decided to not narrow the scope further. The aim of this research to explore and understand their lived experiences of psychologists within their contexts, not to discover the universal truth about VPTG or to reach a consensus on any aspect, thus the sampling method was appropriate.

Due to the detailed and nuanced level of in-depth analysis in IPA to ensure ideography, as well as pragmatic restrictions such as limited human resources, projects usually use very small sample groups (Smith & Eatough, 2012). It has been suggested that five participants is an appropriate sample size for a Master's research project (Smith et al., 2022). I initially aimed to interview between 6-8 participants to allow for attrition, but I soon realised this was overly ambitious. Recruiting was difficult, presumably because of the demands on psychologist's time and energy, and after an expression of interest was made finding a suitable interview time was a lengthy process. After I had conducted four interviews, I found I had enough quality data and decided to cease recruiting, particularly given time constraints. Using a small sample group allowed me to focus on each

participant's experience, and allowed for in-depth exploration of their interpretations, which is crucial for IPA research.

3.6 Participants

All participants met the inclusion criteria which was:

- Psychologists must regularly work with trauma, and have at least 2 years of experience
- Psychologists must have experienced self-identified growth from their work
- Participants must reside in Aotearoa New Zealand
- Participants must be proficient in English

Four women from three different locations around Aotearoa participated in the study. They ranged in age between 33 and 48 years old. Three of them worked primarily (or solely) doing ACC sensitive claims. One participant had recently changed roles and was now working primarily for the Child and Adolescent Mental Health Service (CAMHS) but was doing ACC sensitive claims prior to her new role and still saw some of these clients. Two other participants had previously worked for CAMHS. Three of the participants worked (or had worked until recently) 20-25 hours of trauma work a week. One participant stated she conducted 40+ hours of trauma work weekly, but this is likely to be inclusive of administration time rather than direct therapy time. Their years of experience doing trauma work ranged from two and a half years to 15 years. A summary of the participant information is presented in Table 1. Some information was collected but has been withheld as it was considered too identifying, (i.e. age and exact location, and ethnicity in the case of one participant).

Table 1

Participant Information

Participant	Ethnicity	Years of Trauma Work Experience	Weekly Hours Doing Trauma work	Area/s of practice	Location
Ava	Withheld (European)	7 years	20-25	ACC sensitive claims, plus small number of private pay	South Island
Chloe	New Zealand European	2.5 specifically in sexual trauma, 10 years of clinical practice	25	ACC sensitive claims, plus small number of private pay	North Island
Kate	New Zealand European	10+	Previously 20, with new role now 5	Previously ACC sensitive clams, and now primarily CAMHS plus small number of private pay	North Island
Mārama	Māori	15 years	40+	ACC sensitive claims	North Island

3.7 Interview Process

IPA typically employs semi-structured interviews due to the assumption that knowledge is co-constructed between people (Smith et al., 2022). I used semi-structured interviews that were participant-led, responsive and flexible which is in line with IPA and allows for in-depth exploration of a phenomena. The semi-structured interviews were approximately 60 minutes in duration. It was initially thought that two interviews may be needed, the first being the primary interview and the second for further clarification if required. I was acutely aware that psychologists typically have a heavy workload and are time poor, and I found that one interview was sufficient. Focusing on one interview also kept the conversation focused and was logistically easier than arranging a second interview.

An interview guide (see Appendix A) was developed using guidelines provided by Smith and Osborn (2008) recommending open-ended, neutral and jargon free questions. The interview guide contained ten questions, which covered general discussion about their background, work history and the impact of trauma work, as well as specific questions on their experiences of growth, changes in their worldviews, coping strategies and what sustains them in their work. Some of the questions included the five domains of PTG. While IPA questions are typically not guided by theory, upon discussion with my supervisor this was considered appropriate as it is likely that participants would find it difficult to identify areas of growth without prompts and these were specific areas of interest. Questions also allowed for participants to explore other areas where they had experienced change and growth. I discussed the interview schedule with a psychologist prior to the interviews to check the appropriateness and flow of the interview questions and to gauge if they were suitable, easy to understand and elicited the desired information. This also provided valuable insight as we discussed her experiences of working with trauma and the impact it has had on her life. In this way, it also served as a pilot interview. General questions were used first so that participants would feel comfortable. Questions also started broadly and became more focused (Smith & Osborn, 2008). It was important that the interviews felt conversational, and that participants felt able to speak freely or expand as they desired. This is important for IPA as participants need to be free to express their experiences and sense-

making, discuss what is important to them and to provide context and understanding of their lifeworld's.

When participants expressed an interest in taking part in the research, they were sent the information sheet (see Appendix B) and the consent form (see Appendix C). I also offered to meet online to answer any questions and to review the documentation, and this was also an opportunity to build rapport. This meeting was obligation-free and was offered so that participants were fully informed about going forth. All participants declined this opportunity. If participants indicated they wanted to proceed or returned a signed consent form, they were also sent a copy of the planned interview questions. Interview times and locations were arranged that were convenient and comfortable for each participant. It was important that these were quiet, safe and not likely to have interruptions. All participants chose to have interviews over Zoom. Each interview started with a general chat which helped to set the tone, settle any nerves and build connections.

Each interview was dual recorded using Zoom and an application called Otter.ai. This was to ensure recording quality and to provide back up if a recording failed. Interviews were also transcribed using Otter.ai. Permission was granted from each participant to allow for recording and transcription of their interview. Participants were emailed their transcript and given the opportunity to amend or clarify any points and asked to sign the Authority for Release of Transcripts form (see Appendix D). During the interview I also wrote down any observations I made and noted topics I wanted to delve into further.

3.8 Reflexivity

In qualitative research it is widely acknowledged that a researcher's positionality influences all parts of the research process, including the research questions, methodology, data collection and analysis (Wilson et al., 2022). This research project involved interviewing participants and building a relationship while attempting to understand and make sense of their experiences and sense-making. This dialectic and interpretative process meant that I was highly implicated in the research, and therefore it was essential that I understood and disclosed how my identity, standpoint and positionality influenced the research, even if my ability to do so will only ever be partial (Yip, 2024). IPA also necessitates that researchers

examine themselves with the understanding that meaning is co-constructed, and both the researcher and the participants are experiencing human beings (Shaw, 2010).

Reflexivity is a process of self-reflection that has been described as an "awareness of how I as a researcher am influencing my research participant's perceptions and a simultaneous and interdependent awareness of how they are influencing me" (Warin, 2011, p. 811). It helps to ensure trustworthiness of the findings as it accounts for the influence of the researcher's values, beliefs and biases (Buckner, 2005; Yip, 2024). I was able to practice reflexivity by using a reflexive diary and through regular meetings with my supervisor. This helped me to consider and reflect on what my assumptions were, and how my personality, knowledge and history was influencing the data and the analysis. For example, reflecting on how my limited interview experience and nervousness might influence how participants feel about disclosing uncomfortable experiences.

It is also important to consider insider/outsider positionality, with the recognition that these positions are fluid rather than binary and change depending on the situation (Milligan, 2016; Yip, 2024). In some regards I was an outsider for this research. I am not a psychologist; I do not do trauma work, and I have no experience of secondary traumatisation or VPTG. In other ways, I could be considered an insider. I have done postgraduate psychology study and am interested in pursuing a career as a psychologist, I have a vested interest in understanding the influence trauma work has on psychologists, I was the same gender and similar age as all of the participants, and we had common values, interests and experiences such as the participants having conducted research themselves (a requirement of being a psychologist). Positionality as an insider or outsider can affect access to participants. Participants may be more willing to openly share information when they consider that the researcher is sympathetic and knowledgeable about the topic, thereby enhancing trust (Merriam et al., 2001; Yip, 2024). It was important for me to build strong rapport and find commonalties due to the sensitive nature of the conversations. However, being an outsider can also be helpful to reduce bias and ensure that your own understandings and experiences do not cloud the data collection and analysis, and the ability to understand other perspectives (Berger, 2015).

Positionally can also be influenced by power relations (Dhillon & Thomas, 2019). While there is an inherent power that comes with being the researcher, I also felt vulnerable. I held 'power' by being the one who asked questions and who had control over how the data was analysed and interpreted but the participants held the knowledge and experience. As a psychology student, I was less knowledgeable about therapy, trauma, trauma models and theories, and experiences of growth. I was being educated as I conducted the research and at times, I had to tell the participants that I did not fully understand what they were saying or ask them to explain a concept to me. There was also strength in this as revealing the gaps in my understanding helped participants to feel comfortable and knowledgeable and it also ensured that understandings were made explicit (rather than assumed) and helped to deepen the conversations.

3.9 Ethical Considerations

This research involved conversations with psychologists that centred around their everyday work. It was anticipated that although confronting topics would be discussed, psychologists who work with trauma would be comfortable and experienced with the nature and content of these conversations. Additionally, it is required that clinical psychologists have professional supervision and therefore they could access support if they experienced distress. For these reasons, a low-risk ethical approval was obtained through Massey University, reference number 4000028714. This research was underpinned by the Massey University's Code of Ethical Conduct for Research, Teaching and Evaluations Involving Human Participants (Massey University, 2017) and the Tiriti o Waitangi key principles of partnership, participation, and protection.

3.9.1 Protecting Rights, Dignity, Confidentiality and Privacy

Every effort was made to protect participants rights, dignity, and privacy. Participants were fully informed about the nature and purpose of the study, the risks and benefits, and that their participation was voluntary. It was paramount that confidentiality was never breached. Participants who indicated that they would like to be part of the study were emailed a copy of the rough interview schedule (see Appendix A), the information sheet (see Appendix B), the consent form (see Appendix C), the research advertisement (see

Appendix E), and a demographic information sheet (see Appendix F). I considered it important participants were fully aware of what the project was about, and what was involved, to ensure they were comfortable with the nature of the research and what sort of questions would be asked. This helped to ensure that distress was minimised and reduced any alarm that might otherwise have been felt at the nature of the questions. Having access to the interview schedule also allowed the participants to consider their experiences and answers beforehand which I considered important due to the complexity of VPTG and the likelihood that participants may not have deeply reflected on these experiences previously.

Prior to the first interview, written consent was obtained from each participant to be part of the research and for their interview to be recorded. Consent was again confirmed at the beginning of each interview. Participants were offered a pre-interview meeting, or could email me, to discuss any concerns and to answer any questions. Participants were aware they retained the ability to withdraw from the research up to two weeks after the transcripts had been returned to me. Interview times and locations were arranged that were convenient to each participant. A koha of a $50 eGift card was offered to each participant as a token of appreciation.

All information and forms provided by participants were kept confidential and only accessible by me. Interview recordings and transcripts were stored on password protected encrypted devices. All electronic and written data will be stored for five years and then destroyed. Interview recordings were destroyed once transcripts were completed. Participants were made aware of these processes. Anonymity and confidentiality were protected by not using revealing or identifying information in the data collection, analysis and reporting of findings. Pseudonyms were used and I was the only person who held the master list matching participants pseudonyms with their interview recordings and transcripts. Privacy and confidentiality were also protected by allowing participants to choose the place and time of their interviews. All participants chose to have Zoom interviews and only the participants had the meeting details that were sent via email.

Interviews were transcribed using voice recognition software (Otter ai.) and were inserted into Microsoft Word. Transcriptions were emailed to participants with the Authority for Release of Transcripts form (See Appendix D) and participants were given the

opportunity to amend or clarify their transcripts as desired. When participants were satisfied with their transcripts, they returned them to me along with the completed form. All participants were offered a summary of the findings to be provided at the completion of the research.

3.9.2 Minimising Harm to Participants

Sharing personal information creates vulnerability, additionally, discussing trauma has the potential to be uncomfortable and distressing and therefore the interview needed to be approached with care. It was imperative that participants felt safe and able to share and I needed to be aware of body language and ask questions in a manner that was empathetic, caring, curious and judgment-free. It was considered that the risk of distress was minimised due to the participants being psychologists who work with trauma and are experienced with this subject matter. To help alleviate any initial discomfort and to build rapport, each interview started with an informal chat to build the relationship and the potential for distress was acknowledged. Participants were aware that they could decline to answer questions, take a break, ask for more information, or stop the interview at any point. Due to the nature of their profession, it was inappropriate to detail support services, although participants were encouraged to seek supervision after their interview if they had any concerns about their wellbeing. The interviews were emotionally charged at times but none of the participants became distressed. I used a reflective journal to record my personal thoughts and emotions with regards to the interview process and content and checked in with my supervisor when I need support or to discuss concerns.

3.9.3 Cultural Considerations

This research strove to recognise and uphold Te Tiriti o Waitangi principles of protection, participation, and partnership. The research did not specifically target Māori psychologists but was open to all registered psychologists in Aotearoa New Zealand who work in trauma. All participants were asked if they had any cultural preferences prior to the interview. Consultation was sought with academic and cultural supervisors and a guide was created for working with Māori participants, recognising the diversity of Māori and to ensure awareness of potential cultural needs. I was aware of the importance of being

culturally sensitive and responsive and using practices such as taking time for whakawhanaungatanga, inviting support people to be present, offering kai (in face-to-face interviews), recognising Māori perspectives of health and wellbeing, opening and closing with karakia, and offering a koha. I was also aware that Māori are not a homogeneous population, and there are diverse ways of understanding and expressing Māori cultural identity (Durie, 1997). Therefore, cultural preferences were checked prior to the interview.

3.10 Data Analysis

I analysed the data using IPA and utilising a framework described by Smith et al. (2022). The steps that followed each interview and subsequent transcription are outlined below.

1. **Reading and Re-reading**

I immersed myself in the data, beginning with an individual case, by reading their transcript several times, listening to their audio recording and reading the observational notes I made during the interview. This helped me to get close to their lived experience and helped me to engage in their world. I was careful to be aware of my initial biases and preconceptions, and those that arose through the rest of the process.

2. **Exploratory Notes**

I highlighted key passages of the transcripts and used the comments feature to make exploratory notes (see Appendix G). This included anything that was of interest or apparent importance as well as my initial reactions. I attempted to stay close to the narratives and look beyond my own expectations and reflect without jumping to conclusions (Nizza et al., 2021). To help me think deeply about the transcripts, I focused on three types of notes as outlined by Smith et al. (2022): descriptive, linguistic and conceptual. Descriptive notes included face value descriptions that were of importance to the participants such as events, experiences, locations and processes. This helped to ensure I understood the basics of what was occurring, and elements that structured participants thoughts and experiences (Smith & Nizza, 2022). Linguistic notes explored the actual words that were used as well as interesting linguistic aspects such as the use of pronouns, verb tenses, pauses, laughter and tone, as

these are important for the interpretive process (Smith & Nizza, 2022). Finally, conceptual notes considered and reflected on what was being said, and how I made sense of it, and tentative ideas based in curiosity (Smith & Nizza, 2022). This often took the form of questions e.g. “why did she find that particularly upsetting?”.

3. Formulating Experiential Statements

Based on the exploratory notes, I began to formulate experimental statements and noted these in the left-hand margin (see Appendix G). The aim was to succinctly capture the meaning of the experiences, and this was done for each portion of the transcript. These statements were grounded in the data but aimed to be conceptual and capture the substance of the text, as outlined by Smith and Nizza (2022). This is a process of condensing the participant’s experiences and their meaning. This interpretative process was ongoing and required deep engagement with the data.

4. Finding Connections Across Experiential Statements

I printed the quotes with their accompanying experiential statement. I lay these on the floor and found statements that fitted together or that had similarities and clustered these together. The purpose was to review and refine experiential statements and find the most appropriate groupings.

5. Naming and Consolidating Personal Experiential Themes

Each cluster of experiential statements was converted into a table of personal experiential themes (PETs) and given an appropriate title that demonstrated the convergence of experiential statements (see Appendix H). Each cluster contained the experiential statements, with quotes and page numbers. This is part of the audit trail and ensures that the process can be tracked (Smith et al., 2022).

6. Moving to the Next Case

The process was continued with the next case. To ensure the integrity of the ideographic principle of IPA, it is important to consider each case in detail and on its own

terms (Smith & Nizza, 2022). Therefore, each case was considered without reference to other cases, and it was important to attempt to bracket previous findings. The process was continued with each case, resulting in a set of individual PET's for each participant.

7. Analysis Across Cases

Once each case had been analysed, it was important to check and ensure that the quotes and experiential statements were a good fit and relevant to the research question. This involved the reorganisation of some data and renaming of some themes. Following this, I looked for patterns across the PET's and experimental statements. The PET's and experiential statements were cut up spread across the floor to be reorganised, moved, and occasionally re-named to produce Group Experiential Themes (GET's). These were then converted into a table (see Appendix I).

3.11 Methodological Rigor

There is complexity and debate surrounding how to determine the quality of qualitative research (Frost & Bailey-Rodriguez, 2019). There are various guidelines, and it is essential that researchers demonstrate how their research has been caried out and with what standards. Frost and Bailey-Rodriguez (2019) suggest that there are some criteria that are relevant to most qualitative research: reflexivity, transparency, coherence, value/contribution, and rigour.

Reflexivity is integral to qualitative research, which considers the researcher as the main research instrument and implicated in each part of the research process (Frost & Bailey-Rodriguez, 2019). I attempted to be aware of, and bring awareness to, how I influenced the research. I was as explicit as possible about my presence in the research, writing in the first person and discussing how my subjectivity shaped the process. I also kept a research journal to help illuminate my thoughts, feelings, understandings, reactions, and experiences. Transparency is required for research integrity and improves the value and impact of the work. I ensured transparency by explicitly outlining the different steps and processes of my study, including decisions about research design, theoretical orientation, data collection and analysis, and by keeping records such as notes and mind maps that I

used throughout my research. I ensured my research was coherent by outlining IPA and its theoretical underpinnings, and making sure the theoretical approach, research questions, methodology and analysis were consistent and based on strong a rationale (Yardley, 2017). This study was considered to add value to understanding the wellbeing of psychologists and how growth can be promoted, which is important given the high rates of burnout and the shortage of psychologists in Aotearoa. Finally, rigour was ensured by being systematic, clear, and justifying my approach and the decisions that were made. Providing in-depth explanations allows readers to judge for themselves the trustworthiness of my study.

In addition to the more general guidelines discussed above, there are also guidelines specific to IPA. The four guidelines proposed by Nizza et al. (2021) are: constructing a compelling unfolding narrative, developing a vigorous experiential and/or existential account, close analytic reading of participants' words and attending to convergence and divergence. In practice, I attempted to tell a coherent 'story' using carefully selected quotes that demonstrated the part and the whole, and that moved within and between themes (Smith, 2007). I tried to focus on the experimental and existential meaning of the stories I was told, particularly of how participants made sense of the experiences of VPTG. I stayed close to the details of the narratives, as well as considering the wider context, and analysed quotes to explore their significance, the fuller meaning of the data and how participants made sense of their experiences. Closely attending to narratives also ensures that the interpretative process is transparent and illuminates the double hermeneutic process which contributes to trustworthiness. Finally, I paid attention to the patterns in the data. By comparing narratives, I could see where there was similarity, and where there was variability and how individual accounts differed.

Chapter Four: Findings

The objective of this research project was to gain understanding of lived experiences of VPTG amongst psychologists in Aotearoa. The findings presented in this chapter are divided into four subsections as shown in Table 2.

Table 2

Summary of Group Experiential Themes and Sub-themes

Theme	Subtheme
Empathetic Engagement with Clients	Building the Therapeutic Relationship
	Connection and Empathy
Reponses to Engaging in Trauma Work	Emotional Responses
	Somatic Responses
Coping with the Impact	Organisational Factors and Managing the Workload
	Formal and Informal Support
	Self-care
Changes to Schemas and Behaviours	Worldviews
	Recognising our Vulnerability
	Gratitude and Appreciation
	Resiliency and Resourcefulness of Humankind
	Values
	Self
	Appreciation of Spirituality
	Self-development
	Hypervigilance
	Change in Interpersonal Relationships
	Professional Satisfaction and Sense of Purpose

4.1 Empathetic Engagement with Clients

"I guess I just feel very privileged in a way to be able to have these deep connections with people and witness something really beautiful" (Kate)

The processes of VT and VPTG both stem from empathetic engagement with clients and the therapeutic relationship. This theme captures the privileged and unique nature of the relationship the therapists had with their clients who have experienced trauma. It was apparent participants held these fought-for relationships in high regard and felt immense empathy for, and connection with, their clients.

4.1.1 Building the Therapeutic Relationship

All the participants described the privilege they felt at being invited into their client's most private inner worlds and bearing witness to their most painful stories. The participants felt this privilege keenly because they recognised that for people who have experienced trauma, building relationships and trust can be especially difficult:

> *"Some of it can be slow, building that trust and getting to a place where you're kind of getting past the different defence mechanisms" (Ava)*

Ava highlights that establishing trust takes a long time and clients have protective strategies, and therefore the process of creating an environment where clients are willing and able to share can be challenging. The relationship can initially be difficult for both the client and the therapist, and work needs to be done by both parties before healing and growth can occur.

> *"You can see how hard it is for them to build trust, and the therapeutic process takes a lot longer […] It's really hard when you don't get that progress and when the kind of trauma and attachment plays out in the relationship, of them like avoiding you, or not telling you things, or getting really angry at you. That's really difficult" (Chloe)*

Chloe reinforces that after traumatic experiences establishing trust with others, including therapists, is difficult. The therapeutic journey requires commitment and patience.

Chloe speaks to the frustration she feels when clients are not progressing because their trauma is creating barriers to establishing connection and trust, leading to challenging relational dynamics that can make the therapeutic journey difficult.

The nature of therapeutic relationships in trauma work is complex and starts from the first meeting. Kate provided more detail as to what goes into building a therapeutic relationship, and what the early stages of therapy can consist of:

> *"Early on…it's really just building a relationship and really trying to understand who they are and what their triggers are and feeling a really good trust. So, some will be at early stages of therapy and that can be quite hard work because you don't really understand them yet. So, you are kind of working quite hard trying to figure out, who are they and what makes them tick? And what happens when I do this versus when I do this? How easy is it to repair with them? How much can I push the accelerator on their emotions? And what happens, can they feel their feelings?" (Kate)*

Kate describes the intense process of getting to know a client and acknowledges this will not always go smoothly. She emphasises the importance of understanding her clients as unique individuals, and the difficult process of discovering emotional triggers and psychological patterns. Building a strong trusting relationship takes time and Chloe described how it can take a long time to even find out what has happened to their client:

> *"I think with most of my clients, the incident they told me about when we first started and what their claim is based on, like a year or two later, they tell me a lot more and about other incidents. But it's taken them that long to trust me, and to build up the courage to talk about it" (Chloe)*

Chloe emphasises the time and security needed for clients to feel comfortable disclosing. Courage might refer to having the strength to tell their therapist what has happened, but also the client's ability and willingness to confront their own experiences and emotions, reinforcing the benefits of long-term therapy.

The way all participants described their relationships with their clients was sacred, this was partly due to the time and trust needed to develop a strong relationship. There was

also an element of feeling privileged to hear their stories, as well as admiration for their client's bravery:

> *"I feel like very privileged and honored when they trust me with information and they open up and I know how hard it is, and that often, I'm the only one they've ever shared this with" (Chloe)*

> *"Yeah, just a lot of admiration for their bravery and being at a place where they're talking about it and seeking support is so cool" (Ava)*

Chloe highlights the deep bond that can occur, and the privilege, honour, and responsibility that comes with being privy to the private and painful experiences of her clients. Chloe and Ava both acknowledge how hard seeking support is, with Ava expressing it as admiration for their bravery. Witnessing the drive and motivation to overcome trauma appears to be inspirational and may act as a catalyst for their own growth.

Alongside feelings of privilege, the therapists had strong personal reactions to their clients. 'Awe' was a word frequently used:

> *"The first thing really is just absolute awe, and a lot of gratitude that people feel safe enough to share some of that stuff" (Ava)*

> *"But I'm always sitting in a position of probably, awe, because they are still here" (Mārama)*

Ava's description suggests a deep respect for her client's willingness to engage in therapy and to trust her in that process. Mārama's expression of awe focuses more on recognising that her clients are exceptional in their strength and resilience.

4.1.2 Connection and Empathy

Despite, or perhaps partly because of, the slow process of building therapeutic relationships, therapists appeared to find it easy to feel a lot of empathy for their clients. Chloe in particular spoke of this often:

"When I was working in CAMHS, and I had teenagers who were really dysregulated or anxious or depressed, but it was the parents wanting them to come and they weren't really that motivated for therapy. Sometimes it was quite hard to build empathy with them or their situation, where I've never had that issue with these [sensitive claim] clients […] When I'm hearing those stories, it's very, very easy to be genuine and authentic, and to just have that very human empathy, like it's so genuine when I say I'm so sorry that this happened. And it's really what these clients, you know, it's not their fault. So, it's really kind of easy to take that empathetic stance with them. […] I feel like it's very easy to feel compassion and empathy with my clients and often they are very motivated to overcome these difficulties" (Chloe)

Chloe's strong, genuine empathy and compassion for her sensitive claims clients seemed to stem from their motivation to seek help, as well as the fact that they are victims. In contrast, when she worked with clients who were unmotivated for therapy or who did not initiate therapy themselves, she found it harder to access empathy or to find connection. Her strong emotional reaction perhaps allowed for a deeper connection.

Connection was a thread that ran through all the therapist's accounts of their relationships with their clients who have experienced trauma, for example:

"When you're doing that long term therapy work with ACC, you get that really deep connection with someone and watching them grow and change over the year or two that you're working with them" (Kate)

This description highlights the deep therapeutic bond that occurs from long-term engagement and the opportunity it presents to witness growth and transformation. Kate goes on to describe this connection as humbling as well as a thing of beauty:

"I guess I just feel very privileged in a way to be able to have these deep connections with people and witness something really beautiful, something really amazing happening for them in their life. But that doesn't always happen, that's the other thing. You have these clients in your life who can be really, really powerful and you go with them on a real journey, and other people you meet along the way, it's not the

right fit, or they're not ready. So, it's not always like that. But when it happens, you feel a real sense of connection and purpose and beauty. I feel quite humbled by that experience" (Kate)

Kate talks about the connection as something that is not a given, but when it occurs it is powerful, purposeful, beautiful and humbling. This description demonstrates the emotional and existential responses that she experiences. Kate goes into more detail describing her connection with her clients and the dynamic and unpredictable nature of the therapeutic relationship:

"It's not necessarily been like you would expect, I think that's the other thing, is that you kind of never really know what direction it's going to go. Like, there has to be an element of a willingness to let it unfold […] I was never really the kind of person that put myself in the expert role, but I think even more so, this acknowledgment that, I don't know what recovery is going to look like for this person. I have some kind of tools and some resources and if they're willing to invite me in then I can support them but there's a mutual level of growth and curiosity. […] I think probably, when I first started, you talk lots about boundaries and you know, keeping yourself separate from the client. But actually, it's a bit like parenting, how you are is going to affect how your client is, and how good you can be as a therapist" (Kate)

Kate's descriptions highlight her openness to allow therapy and the therapeutic relationship to evolve naturally, and for recovery to be individual and driven by her client. She removes herself from being the *"expert"* and embraces vulnerability, which may also allow for her own experiences of growth to occur alongside her clients.

The connection that therapists had with their trauma clients was considered unique by all the participants. Chloe says:

"I have a lot deeper, like my rapport, and my connection with them, is a lot deeper than with some of my other clients" (Chloe)

Mārama also spoke of the uniqueness of these connections:

"…and they've survived all of that. So, I can remove myself from that while also going, all of this has happened but look how amazing she/he is. They often can't see it themselves. So, I like to be able to point that out to them. […] I get all the good people because they're the ones that have been trodden on and they believe there is a better way. They just haven't had that space. And I'm able to tell them, no, we need you. And this is how we should view the world and be treat people better…I get to see that every day, not necessarily what other people call successful. But I think they are, good people. And strong people" (Mārama)

Mārama finds her client's hopefulness inspiring because they have experienced a dark side of humanity but still believe in the capacity for change, healing and growth. This likely has the potential to inspire her own growth. She also highlights the role she plays in helping her clients to see themselves in a different way, and this likely contributes to a sense of fulfilment from her work.

The therapists all felt deeply connected to their clients and described a level of empathy and compassion that seemed to surpass a typical client-therapist relationship. The deep connection that the therapist feels potentially acts a catalyst for VPTG.

4.2 Responses to Engaging in Trauma Work

"It would be quite easy to carry a lot of that in your body" (Ava)

Therapists described emotional and somatic responses that they experienced from engaging in trauma work, both in the session and afterwards. These were both positive and negative experiences and reflect the immense personal impact that this work has on therapists which is important to note when considering VPTG.

4.2.1 Emotional Responses

Chloe described how during a session with a client, her focus is on them, but her own feelings emerge later:

"So, I'm not really, in those moments, like super in tune with how I'm feeling. I'm very much focused in the moment with the client…and making sure they're okay, particularly before they leave the session, and that their distress is down…It's not until after I've finished, that I get to reflect and often feel like, wow, that was really sad or feel the feelings of like…but like that shock, and that horror, and just sadness for the client is more after the session…And I feel really kind of like mad for them on their behalf" (Chloe)

Chloe describes the emotional detachment that she experiences during therapy sessions by focusing on her client and not her own feelings. This is perhaps a coping mechanism and a way to maintain professionalism by delaying her own emotional responses. However, she describes that following the sessions she is impacted emotionally, which could be perceived as a form of VT. For example, feeling mad might indicate that she has internalised her client's distress. Feelings of shock and horror emphasise the emotional impact of her work and some research (e.g. Cohen & Collens, 2013) consider that the experience of shock is critical to the process of existential questioning, meaning-making and VPTG.

Kate also described having emotional reactions, which she perceived to be a positive indication that change is occurring:

"Well, I think when you're feeling it, that's a good sign. That's what I would say, that you know if you're feeling it, then the clients feeling it, then you know that we are doing work. Generally, after quite an intense processing session where I feel like something shifted, I can feel that, and I can feel quite trembly. But in a way I don't view that negatively, that feels like, interesting and I'm curious about how the client found it and what changes they might present with next week, because generally it's just a sign that it's working well" (Kate)

Kate's description highlights the interplay between professionalism and managing emotional responses. For Kate, feeling something in therapy was a positive sign, rather than something to be avoided. Her description shows the co-regulation that occurs in therapy and highlights the emotional engagement that is required of the therapist. For example,

feeling *"quite trembly"* shows the emotional (and somatic) toll of the work and the absorption of client's distress. The emotional processing that is required of her is likely to be part of the growth process. Kate also described how she has learned to trust her feelings:

> *"Not traumatised, but disturbed. I don't ruminate on it, but it might come into my mind, like maybe an image or a thought. I've got to that place where if a client intrudes into my subconscious outside of work hours, then it's generally a sign that I'm worried about them, or there's something going on…I've got quite good at trusting my intuition about stuff" (Kate)*

Kate suggests that she has learned how to process her client's stories in a way that still disturbs her but does not leave her traumatised. She has also developed strong intuition and insight into what her emotions are communicating to her about her client. This is a powerful skill that has been honed with difficult emotional labour. Kate also reflected on how taxing her work is on her emotionally:

> *"There's this growing kind of, fuck, I work bloody hard, and I should have been an accountant, because I'd have a completely different situation where I would be earning good money but my job wouldn't cost so much of me personally... Because I've definitely noticed, I keep it at bay, but a little bit of resentment that it's so exhausting to do this job. And my kids probably miss out a little bit because I have less emotionally to give to them" (Kate)*

Kate's description highlights the emotional toll, labour and exhaustion of her work and what it demands of herself and her family. She expresses a half-hearted sentiment that she should have chosen a less emotionally draining career. While Kate is predominantly expressing frustration and exhaustion, elsewhere she describes a clear passion and love for her work whilst also acknowledging that her work comes at a personal cost.

For Mārama, there was a question of becoming desensitised to the feelings that emerge from client's stories:

"I'm possibly desensitised. But then I think, I can't be because I still feel for them. And I fight for them. I love trauma work. I love working with women in this space. […] It's not so shocking anymore. Like, there's not a lot I haven't heard now" (Mārama)

Mārama's description suggests that she is not truly desensitised or experiencing compassion fatigue as she is still deeply invested and empathetic, but rather she is no longer shocked by client's stories. Her questioning of herself suggests that she is mindful of the potential to become desensitised, or emotionally numb and detached.

All the therapists highlighted the emotional labour that their work requires of them and the emotional impact it has on them during the session, after the session and in their personal lives. There was inherent tension in their descriptions, for example balancing their emotional responses with professional responsibilities, and altruistic motivations with the personal toll and sacrifices required for their work.

4.2.2 Somatic Responses

The therapists all denied having experienced secondary traumatisation from their work, for example:

"I've never experienced, like nightmares, or like trauma symptoms, in terms of, you know, intrusive thoughts myself about the experiences" (Chloe)

However, they all described somatic responses, for example:

"I wouldn't come out of sessions or out of the week, like feeling like really upset or feeling like shaken or anything like that. It's more for me, kind of fatigue" (Ava)

Ava's description suggests a nuanced and subtle somatic response from doing trauma work. While she might not feel *"shaken"* after a session, her experience of fatigue suggests an impact that goes beyond acute emotional distress or overt symptoms of secondary traumatisation. Even if Ava is not consciously aware of the full extent of it, there is a somatic toll to her work which is manifesting as physical exhaustion.

Kate echoes these sentiments and her feelings of exhaustion and overwhelm are compounded by the emotional demands of family life:

> *"I think I find this new [CAMHS] job so draining, because I do lots of EMDR processing […] and feeling like, tomorrow [sensitive claims], I have to be really present and sometimes I'm just feeling quite exhausted. And I've got three kids as well and their emotional demands…" (Kate)*

Ava, Kate and Mārama all described the embodied nature of engaging in trauma work:

> *"I suppose working with trauma, I feel like it would be quite easy to carry a lot of that in your body as well and I'm conscious of that" (Ava)*

Ava showed an awareness of the ability to absorb her client's trauma. Her awareness of this is likely to be protective, as she can take action to mitigate the impacts on her body.

Kate was also aware of the embodiment of her work:

> *"It is pretty intense for your own physiology, like sitting with other people's trauma and helping regulate them because it's a lot of co-regulation when you're processing trauma" (Kate)*

Kate highlighted that her body is part of the healing process as her body absorbs the stress and physical burden of working through other people's trauma and co-regulating their emotional and physiological states alongside them. She describes this as an intense experience.

Mārama describes the impact of this somatic strain:

> *"But we were talking about how unhealthy this work is for our own health and the impact it has on our physical health" (Mārama)*

Márama is experiencing negative health consequences and believes that her work is impacting on her physical body and creating ill-health. For Ava there were concerns about the cumulative and long-term impact her work may have on her body:

> *"The one worry I would have is that I'm still relatively new to the area. And I wonder if there is a kind of cumulative effect where 10 or 15 years down the line, does it get too much? Is it kind of a build up over time? I hope not" (Ava)*

Ava was feeling uncertain and perhaps even anticipating negative consequences from her work. Ava's concerns were reinforced by Márama when describing how she believed some of her recent health concerns were caused by her work:

> *"[…] constantly exposed to other people's trauma, the stress of it and then the nature of this work and being exposed to it for so long" (Márama*)

Márama highlights that an occupational demand of trauma work is being constantly exposed to emotional pain and distress and which over time can lead to negative somatic outcomes.

These reflections by Ava, Kate and Márama are powerful. They suggest that the therapist's body and physiology can be invaded by trauma stories, and that they *"carry"* their client's trauma within them. While they may not experience symptoms of STS (i.e. PTSD from secondary trauma), they all described the physical impacts of trauma work. They were reluctant to describe their experiences as being traumatised. This was perhaps a coping mechanism or a way to distance themselves from acknowledging the immense toll of their work, but their descriptions suggest that in some way they were internalising their client's trauma, and that this was manifesting somatically.

4.3 Coping with the Impact of Trauma Work

"I'm really careful of how I plan my day and even how I plan my clients within a day" (Chloe)

The therapists used a range of coping strategies to help mitigate the negative impacts of their work and promote growth. These included organisational factors and managing the workload, formal and informal support, and self-care.

4.3.1 Organisational Factors and Managing the Workload

All the therapists identified organisational aspects that contributed to or mitigated against the challenges of doing trauma work. This section details the organisational factors that shaped therapist's experiences including the strategies they used to manage their heavy and complex caseloads. In context of VPTG, their reflections suggest that personal coping strategies are often not enough to mitigate against organisational stressors and that feeling aligned with your work is crucial to thriving and experiences of growth.

Ava and Chloe, who had both worked for CAMHS and in private practice, reflected on how working for CAMHS impacted the satisfaction they got from their work:

> *"I felt a lot more maybe weighed down by everyone's difficulties when I was working in CAMHS. It was a great team, super supportive team. I just felt like, I think it was the system and the way it was set up and the pressure, and the sheer volume of work you're expected to do and not great working conditions. That felt a lot heavier than the work now, even though now I'm probably doing more intensive therapy, and doing more therapy hours. I feel like it's because it feels aligned. […] I loved working with some of the kids and the teens. But the parents and the families sometimes, it was just so tricky […] they're often the ones that need the most support. Like if only I could work with them and not the kid because this is where the issue is coming from" (Ava)*

> *"But because of the 18-year-old cut off, I never actually really got to do the specific trauma work. So, I often heard about the trauma and was very aware of it and could see the effects on these kids but couldn't actually treat it directly" (Chloe)*

Ava and Chloe highlight how systemic pressures, frustrations and constraints created negative experiences, and Ava notes when she feels aligned with her work it mitigates against the heavy and demanding nature of the work. Ava and Chloe's inability to work

holistically or to address the root of the problem seemed to hinder their growth and professional satisfaction. Kate had also worked at CAMHS and described how the work at CAMHS is crisis-oriented, likely due to limited funding and high demand, and therapists provide intervention to children who are not necessarily motivated for change.

In addition to the challenges of CAMHS work, Chloe highlights other issues that affect the provision of optimal care:

> *"I definitely see a lot of clients where the system has let them down. People didn't believe them, and services had chances to intervene at points in their childhood, and they didn't, and they didn't believe that child and that's really sad. Even mental health services, their experiences with these agencies that are there to support and help, they've had really terrible experiences with them. I guess I'm more aware of the reality of these things" (Chloe)*

> *"[…] I really shouldn't have been holding that [a highly suicidal client] in private, but community wouldn't take her. So, you end up holding things that you really shouldn't be holding in private. That's really hard […] It's so understaffed and the resources, even of the community mental health services. It's so hard for anyone to get help and that spills over a lot into private therapy" (Chloe)*

Chloe reflected on the challenge of working effectively within a system that is under-resourced and the emotional burden of working with people who have been consistently let down. This highlights the difficulties of working in the private system where therapists are sometimes filling the gaps of public health care. Chloe's awareness of her client's struggles due to systemic failures, creates additional professional and emotional challenges for her and impacts on her wellbeing. However, these challenges could also increase her empathy and awareness of social and political issues which could contribute to growth.

One strategy that Ava and Chloe have found useful to cope with the demands of their work, is to have a balance of complexity and intensity:

> *"[…] that's nice to have that balance because the ACC work tends to be a lot more… there's probably like added complexity and risk maybe at times and a lot of heavier*

trauma stuff. So, it's nice to have some of those private pay clients where it's more in the mild to moderate range" (Ava)

"Clients are at different stages of therapy…It's not until kind of a lot later in therapy, we will do specific trauma work. So not every day is hearing about the trauma, I guess […] "I'm really careful of how I plan my day and even how I plan my clients within a day of like not having all prolonged exposure sessions in one day, or having clients that are really stable and doing really well maybe after a session like that" (Chloe)

Ava and Chloe's reflections suggest that variety and pacing help reduce the emotional load of their work, leading to more balance and sustainable work patterns. Additionally for Chloe working in private practice helped her to achieve balance and increased autonomy:

"I made the move into private practice, really just to get more autonomy over work hours, and flexibility, and caseload. And I got really lucky actually working within a practice where we are all independent and we're all private, but we all work under the ACC contract" (Chloe)

Chloe's desire for increased autonomy, flexibility and control over her caseload, suggests that she found it challenging to work within the constraints of the public system. Private practice offered her a better work-life balance. Having the freedom to work in alignment with personal and professional needs is likely to be beneficial by alleviating some of the stressors of doing trauma work.

Working under ACC contracts also had specific benefits:

"I've got [small number of] private clients, but the rest of my clients are all ACC. I love that they don't have to pay, but then I get the benefits of private" (Chloe)

"[…] and you have ACC with that longer term therapy piece as well, where you can just get really into it without the pressure of necessarily having to like, finish it after 10 sessions" (Ava)

Chloe and Ava were grateful that ACC funding reduced barriers for clients and allowed them to focus on therapy rather than the ongoing financial aspect or therapy timeframes. These reflections highlight the benefit of work that supports professional needs.

There was a constant tension for all the therapists between balancing the desire to help and maintaining their own wellbeing.

> *"I'm quite lucky that I work under a supplier, so they deal with a lot of the intake and the triaging. But she's constantly saying no to people […] I always have the urge, particularly if someone does get hold of you and they tell you their story, to kind of like, that I could maybe squeeze them in or, but I know that that's, I've been there before with burnout, and that actually doesn't help them in the long run […] They [previous employer] really encouraged over- time and self-care wasn't really a thing and caseloads weren't really realistic, and that environment was not good. But I learned from that. I've been really clear on what my boundaries are and how many clients my limit is" (Chloe)*

Chloe found it protective to have a triage manager, effectively creating a boundary between herself and the stories of the clients that otherwise led to taking on too much work. This illustrates the benefit of structural supports to prevent overwhelm and burnout. Chloe's previous job which had a culture of unsustainable work patterns, taught Chloe the necessity of establishing boundaries.

Establishing boundaries was also an important coping strategy utilised by the other therapists:

> *"I think I have better boundaries now…I'm definitely more mindful of my limits and my capacity, and maybe not overextending myself as much as I used to" (Ava)*

> *"In terms of what it does to me, certainly I learnt that I couldn't see more than five clients a day. And in fact, four was better. I could see more than that, but what I would notice is that I couldn't maintain that level of intensity […] But just observation really, observing where you're at and then figuring out what you need. That's*

definitely been a key part of being able to do the work, is accepting where you're at, and knowing what you need. And responding to that by, you know, reducing workload or reducing the kind of client" (Kate)

Ava and Kate both emphasised the importance of self-awareness and monitoring their limits and boundaries. The recognised the importance of detecting and responding to overwhelm, which is likely to support their resilience, growth and enjoyment of the work. These reflections show the importance of having workplace environments where therapists can have flexibility over their workload.

Kate also reflected on other ways to make her work more sustainable:

"How I need to restructure my job so that I can experience the enjoyment of the work a bit more. So that's kind of my own personal project. But I think that's pretty natural, like 16 years, I think there is an element of like, it's like a builder, isn't it? How long are you on the tools? And what other aspects can you bring into your role? So that you can offer your experience or still continue to contribute to the profession, but maybe not so much in a direct way?" (Kate)

Kate is considering adapting her role and responsibilities to make her work more sustainable. This could be considered a natural progression after 16 years, or an indication of the toll of trauma work. She has the self-awareness to recognise that she still wants to contribute meaningfully but needs new experiences or elements to her work to keep the enjoyment. At an organisational level this suggests that allowing for careers to evolve and for therapists to diversify their roles is likely to be of benefit for therapists' well-being and to create sustainability in the profession.

4.3.2 Formal and Informal Support

All the therapists described the benefits of having support. This included formal supervision, organisational support as well as informal support networks such as friends, family, and colleagues.

The therapists gained a lot of strength from supervision and their relationships with their supervisors. It helped to mitigate against the often-lonely aspects of the work, provided a way to work through their responses to their work, and provided inspiration and new perspectives.

> *"I probably have too much supervision. I have like three different supervisors for different things. And I'm just really conscious of making sure I always have that […] One of my supervisors in particular, through [workplace], I have really good relationship with her, and she has just been invaluable and she loves her trauma therapy work and that has been really infectious as well" (Ava)*

Ava's reflection shows how essential she finds supervision to sustain her in her role. She mentions one supervisory relationship that she particularly values, likely because her supervisor is passionate and enthusiastic about trauma work and can serve as a source of inspiration and strength as well as offer comradery and understanding. Ava's description that her supervisor's love of trauma work is infectious shows how transformative the validation, encouragement and emotional connection from supervisors can be.

Ava elucidates on how her supervision helps her to process her work:

> *"A lot of my work is sensitive claims, unfortunately, it's women who have been assaulted by men predominantly. So, I do notice that, and I kind of have to talk about it a lot in supervision, it could be easy to get into a space where you become kind of like anti-men, in a certain way, like to feel a lot of anger about some of the horrific things that have happened. And even though those people themselves have probably been traumatised, it's something I'm aware of" (Ava)*

Ava provides insight into the importance of having someone who can help her to process the *"horrific things"* that are discussed in therapy, and the feelings that arise such as anger, or an attitude of being *"anti-men".* She describes the balance of being empathetic while avoiding spiralling into negative emotional spaces that may affect her personally or affect her professional judgment. Supervision likely also allows Ava's to explore and process her complex feelings about perpetrators often being victims themselves.

Chloe also found supervision helpful in processing her feelings:

"I find supervision incredibly helpful. And I have a really good therapist [supervisor] who also does this type of work. So, I always talk about if I've done exposure sessions, we always talk about it, even if I think it's fine, we always go there" (Chloe)

Like Ava, Chloe appreciated having a supervisor who was involved in similar work and therefore had expertise, experience and understanding of what it is like to handle sensitive claims. Chloe's statement that *"even if I think its fine, we always go there"* highlights that her supervisor ensures that Chloe processes her thoughts and feelings, rather than avoiding them. This is likely to enhance growth and help her to manage the impact of her work and promote emotional wellbeing.

For Ava, supervision was protective against her isolating work environment:

"Especially in private practice, being a little bit more isolated and not having that team around you… [workplace] do like regular peer supervision online, or they'll do like education events. You kind of feel like you're part of a team in that sense, having access to those supports, but it's all online so you don't really have the in-person support" (Ava)

Ava highlights that in private practice, isolation can be more prevalent. While online support is valuable to her, working in the same environment as other therapists is likely to offer opportunities that she is missing out on and that could help to support her personal and professional growth.

Kate, Mārama and Chloe described their experiences of working in an environment with other therapists:

"There's only one other person who works here and she's obviously very busy. We literally are just seeing clients, and we don't really have many opportunities to kind of check in with each other and we do try" (Kate)

“In this work, you don't really get a lot of peer support because you're on your own. We have a cool team, but we don't see each other much and when we do its real fast talk, there’s so much to get out. But that still helps too” (Mārama)

“So, any kind of supervision or therapy, having a really supportive team around me as well, even just where I'm working, I'm working with other psychologists. So just having little debriefs can be really helpful” (Chloe)

These reflections from Kate, Mārama and Chloe illustrate that they value peer support, but opportunities are extremely limited for regular, meaningful interactions due to heavy caseloads and time constraints. Finding connection and collegial support may be especially important when therapists feel they are unable to share their work with other people in their lives. For Ava, this was about confidentiality:

“It's hard because sometimes I feel so passionate about it that I want to kind of talk about stuff, then obviously with confidentiality you can't really get into get into things. So sometimes it feels a little bit like this secret job that you go into your therapy room, and you meet with your clients, and then you step out into the real world. If people only knew what we're actually talking about in there, it's crazy” (Ava)

Ava implies that her work makes her feel cut off from the *“real world”.* Her family and friends do not really understand, she cannot speak about it too much, and nobody really knows or witnesses what she does each day. Kate had attempted to share her work with loved ones, but this was not a positive experience:

“I wanted to share with people and then that didn't really go very well. They would be really shocked or horrified, or they would offer me something that didn't feel sincere, like admiration or something, you are so amazing that you do that or blah, blah, blah. And that didn't really sit quite right” (Kate)

Kate describes the experience of seeking connection or understanding and receiving responses that did not feel supportive or authentic and which were incongruent with her needs. This reflection shows the importance of finding avenues for genuine support that

offers validation, empathy and connection to support growth. However, informal support can also be beneficial:

> *"I've got a couple of really good self-aware friends who are also healers, so we get to talk a bit. My husband is not a psychologist or anything of the sort, but he's very grounding" (Mārama)*

Mārama found benefit from self-aware friends and from her husband, highlighting that informal and varied support systems can contribute to emotional wellbeing and growth. It is pertinent that she says, *"self-aware friends who are also healers"*, suggesting that their similar backgrounds allowed for meaningful conversations that fostered growth and the ability to openly discuss and process experiences. Her husband's grounding presence offers support in different way. For Mārama, these relationships are vital forms of support and illustrate that growth can be supported by relationships that offer connection, empathy, validation, understanding and balance.

These reflections show that formal and informal support systems are vital to foster growth. They allow therapists to explore complex feelings and process their work, leading to greater self-awareness and stronger emotional resilience. There can be barriers to openly sharing their work and experiences with friends and family, highlighting the importance of skilled supervisors and collaborative work environments to mitigate against isolation and to offer validation and connection.

4.3.3 Self-Care

Therapists shared how their self-care behaviours helped them to regulate their emotions and stress levels. Numerous self-care activities were discussed including exercise, nature, sleep, mindfulness, eating healthily, managing stress and prioritising fun and adventure. There was also a conscious effort to engage in pleasurable activities:

> *"If it's been a really heavy week, I just know, okay, I need to go home and just decompress and like, do some nice things. Do some self-care […] all the self-care stuff, sleep, managing stress, making sure I'm moving my body, taking holidays […] "It's probably mostly like nature-based stuff and reminding myself in terms of eating*

well, making sure I go to my own therapy or having regular supervision […] "And making sure I'm getting like good sleep. I couldn't really imagine going in and trying to do this work on hardly any sleep" (Ava)

For Ava, self-care is non-negotiable and needs to be particularly prioritised following a hard week. She describes elements of maintaining a healthy lifestyle as well as habits she has formed to sustain her in her work and to enhance her resilience and growth, such as seeking her own therapy. Ava also mentions that she finds *"nature-based stuff"* useful. She elaborates further on her desire to be outside to help her process the impact of her work:

"I go for walks. And I find that that's really helpful because I'll be thinking things through, but I feel like I'm kind of processing it. And movement. I suppose working with trauma, I feel like it would be quite easy to carry a lot of that in your body as well and I'm conscious of that. I can get quite like hunched up and I'm like, okay, I need to move, I need to do yoga, I need to get outside, I need to process and stuff. […] I love yoga. Yoga is a big one for me. I love being outside. I can't actually swim, but I like being in water in the ocean, so I like paddle around I journal as well. Sometimes if there is something really tricky happening, I would probably write it out" (Ava)

Ava seems very self-aware in her approach to self-care. She uses movement and nature to not only process her work cognitively and emotionally but also for physical and psychological release. She is aware that trauma can manifest physically and uses movement to move the trauma out of her body rather than carry it within her. Her emphasis on yoga and nature might also suggest that she prioritises holistic practices, or self-care activities that incorporate mind, body and spirit.

Kate echoed Ava's sentiments of using movement to move energy:

"So definitely there is a physiological impact, and you have to work quite hard. I have to work quite hard at regulating myself as well and moving through the energy that kind of comes up in therapeutic spaces so doing quite a lot of exercise and maybe doing some active relaxation or listening to grounding stuff between sessions. […]

Because of the nature of having to sit with quite a lot of emotional dysregulation, you really learn how to regulate, and you gravitate to those activities that give you a sense of connection and oneness, like yoga and mindfulness and mountain biking. Just anything that kind of makes you feel connected and present" (Kate)

Kate uses very similar strategies to Ava such as exercise, active relaxation, grounding activities, yoga, mindfulness, and nature. Kate appears to choose these activities to help manage physiological and emotional responses, and to help her feel connected and present. Kate highlights the emotional labour required by her work reinforcing the importance of self-care.

Chloe made an intentional effort to separate between work and personal life:

"So, there's the kind of going there, letting myself feel and think. And then things like…I love cooking and baking and exercise…So things where it's kind of like switching off from that as well, where it's not thinking about it and it's just like hanging out with, or I do dancing with some of my friends at night times two nights a week which I find a really nice switch off where you can't think about any work" (Chloe)

Chloe's reflection highlights what she considers to be two important parts of self-care: actively engaging with her emotions and finding ways to intentionally detach. These strategies help her to manage the emotional load of her job and protects her well-being and professional effectiveness. Chloe also described how when she plans her day, she always makes sure she has a non-contact hour before she picks her child up from daycare to ensure that she has processed her day and to maintain boundaries between work and her personal life:

"I kind of want to just go and walk or just process what I've heard, or talk to a colleague, or use that hour in whatever way I might need" (Chloe)

Kate and Ava described how their prioritisation of self-care has evolved:

"I've definitely got had to get really aggressive with my own self-care and my own self-management" (Kate)

"I've definitely gotten better at making sure if I feel sick, or I'm not 100%, I think in the past, I really would have pushed myself to have gone into work. Whereas now I'll take a sick day more easily" (Ava)

While Mārama described her on-going struggle with implementing self-care:

"I do make a point of being active. All the self-care stuff, try and find new adventures, especially with my kids. They sort of keep us a bit younger but feeling older. And so those are there, and I pursue it because of this work. But then in the same regard, probably in comparison to someone who doesn't have this kind of work. I don't think I get to do it [self-care] as much. Like, we do weekend stuff with the kids. And I might do a little exercise in the week, but I wish I could do more and more regularly" (Mārama)

Mārama also described that the challenges of the system are bigger than what one can mitigate personally:

"The problem with this kind of work is there's not enough of us. So, you are always going to be set up to be overworked. Because we talk about managing better, yeah yeah, yeah, I think I'm pretty good at doing that, too. But it's still big work [..] It's a big job. And you can have self-care, and I've been really good at that, too. But the juggle is really very real. So, you're always against the clock, rushing…" (Mārama)

Mārama describes a paradox of pursuing self-care but also feeling that her work stops her from being able to do as much as she would like. Despite her best intentions, there's an element of her work that means she will always feel overworked and that she does not have enough time. She described it as *"not a part-time job"* which has implications for her stress levels and for the decisions that she makes, for example, despite a preference for working part-time she found this was not practical and made her work life harder.

For Ava and Kate, part of coping with their work involved actively avoiding heavy content and particular sorts of relationships in their personal lives. Ava's described how she avoided dark or heavy media:

> *"I actively don't watch or listen to a lot of heavy stuff outside of work. So, I tend to watch comedies, really like that kind of stuff, rather than watching any gory, gruesome, violent content inside of work. I think I've been doing that for a while. I don't read any books that might be pretty dark, and I've probably started doing that to kind of help manage everything that you're listening to during the week" (Ava)*

Ava describes how she chooses to avoid heavy or dark content to counterbalance the emotionally intense experiences she has at work. She also worried that this choice could lead to ignorance of world affairs:

> *"I definitely notice that in terms of what I watch, and like media and stuff, it's hard because you don't want to be ignorant and like, not learn and be aware of like what's going on in the world. But I'm also like, I don't think I have capacity to fully immerse myself in all of that and be like, a social activist […] But yeah, it is a bit of an internal battle sometimes" (Ava)*

What Ava is describing could be a strategy to avoid compassion fatigue, or the emotional exhaustion that comes from constantly helping others. Her relationships with her clients bring empathy-based stress, and she does not have capacity for this to be part of her personal life as well, for example, by engaging in social activism.

Kate also described her lack of capacity for heaviness in her personal life:

> *"I just don't have as much capacity, so I've really pursued friendships of people that make me laugh, but kind of inappropriate kind of friendships, that kind of thing. I'm less interested in serious and intense friendships, and I'm much more interested in friends that are fun" (Kate)*

The shift towards valuing humour and lightness for Kate appears to be related to personal growth as she has redefined what is important to her and understands what she needs to protect her well-being and joy. Kate even extended this to her choice of partner:

> *"He's a very kind of emotionally available man. And the relationship I had before him, he was a [profession]. So, I chose completely the opposite. So lucky in that way. Because I met him when I was doing my training, I really loved his lightness, he's very kind of humorous and light" (Kate)*

Ava and Kate have made a conscious effort to seek lightness as a way of self-care. Their intentionality suggests they are aware of what they need to sustain their well-being, their joy and their empathy and to mitigate against the emotional burden of their work. Their self-care has evolved, and their decisions suggest a desire for growth.

All the therapists were aware of the importance of self-care and used a variety of strategies to look after themselves, and to help them process their work and their emotional and somatic responses to it. A variety of approaches were described with a focus on the mind-body-spirit connection. It was also apparent that implementing self-care required prioritisation that was not always easy or practical.

4.4 Changes to Schemas and Behaviours

"I would say that my worldview has been challenged quite a lot. And I guess I'm a little bit more… I wouldn't say I'm cynical, I would just say I'm more realistic and I listen more" (Kate)

This section details the ways that working with trauma changed therapists' internal schemas and external behaviours. Their work triggered existential meaning-making and caused them to question themselves, their lives, the world and their place within it. These changes were in three main areas - worldviews, values and self.

4.5 Worldviews

The therapists described how their work triggered cognitive processes that resulted in schema changes including increased recognition of personal vulnerability, gratitude and appreciation for life in view of what others have endured, and an increased awareness of the resiliency and resourcefulness of humankind.

4.5.1 Recognising our Vulnerability

Kate described how her worldviews had shifted, and her perspective had become more grounded in the way things really are:

> *"I think I can be quite naïve and so sitting with people who have been traumatised, there is an element of realisation of the amount of evil that humans are capable of. And I have some clients who have really questioned me directly about it as well, who believe that all humans are monsters and it's just the opportunity for that monster to show themselves, and I find it really, really hard to argue with that with her. I can see why she has that view, based on her experiences, but it's not a healthy worldview but I can't really challenge it to be honest, all I can do is validate it, because what does that mean about her? And what does that mean about me? That we're all monsters. And I think there is an element of we're all capable of really bad shit, aren't we? So, I would say that my worldview has been challenged quite a lot" (Kate)*

This is a powerful insight from Kate and is an acknowledgment of human vulnerability and humanity's capacity for both good and evil. Her work has challenged her beliefs about human nature and the potential we all hold to be *"capable of really bad shit"*. Her client's perspective that *"all humans are monsters"* is shaped by trauma and Kate acknowledges it is not a healthy worldview, but her exposure to these worldviews and to trauma forces her to reassess her own schemas and beliefs about humanity and consider her own monster within.

Chloe's talked her realisation that much of what happens to us often comes down to luck:

"I kind of see myself as more lucky that hadn't happened to me growing up. […] I kind of grew up with parents that used to say, you know, like good karma, and if you're good, and if you're kind to people, people are going to be kind to you. Where now I totally don't believe that. Actually, really shitty things happen to really good people. […] Even if you do all the right things, and you ask for help, you might not get what you should have got" (Chloe)

Chloe's upbringing was shaped by a worldview of moral justice, which brings a sense of control and security, but she no longer believes that being a good person is protective. Chloe's realisation that bad things can happen to anyone, and that help is not always offered or available, brings a recognition of vulnerability and of the fragility of life. Chloe feels this most keenly with regard to her children:

"Definitely as a parent, I think it affects me most. It's not actually so much the worry of that happening to myself but being a parent..." (Chloe)

In contrast, Kate spoke about how she does not worry about her children "*I have lots of anxiety about other things, but I don't have anxiety about bad things happening to my children"* but she does worry about when they become teenagers. This is perhaps a reflection of her own teenage years and the things her and her friends did, without necessarily recognising all the dangers:

"That's at a point [teenage years] where your child is going to be doing what they're supposed to be doing, which is testing boundaries and there's so much luck. I've realised, there's so much luck involved in all this stuff. Fortune, good fortune or bad fortune" (Kate)

Kate felt lucky that she escaped the things she did when she was a teenager despite her self-identified naivety. In hindsight, she recognises how vulnerable and lucky she was during her teenage escapades and her worldview has shifted from believing that *"it will all be okay"*. She described the tension between knowing her children will test boundaries and that this is appropriate but recognising that this comes with danger which she now understands as an adult and as an experienced therapist. She also recognises that she does

not have a lot of control over what happens to her children as they become more independent.

Lack of control was something that also seemed to really affect Chloe when it came to her children:

> *"In terms of worldviews, from doing this work, it feels like now it can actually happen to anybody. Even kids that are in really stable homes with two parents who are mentally well, who are securely attached, who are really responsible, that it can still happen to those kids. And I guess that, as a parent, is quite scary. How much* ***control*** *do you have over stopping this? […] you also see this other side where actually that could happen to anybody and that there was kind of* ***nothing the parents could have done*** *to prevent that. That's quite hard as a parent, I guess, seeing those stories. […] I have discussions really openly with [son] around appropriate touch and who should be like, you know, we talk about it a lot. And that's really from this work that I do and of knowing that I don't have a lot of* ***control,*** *and I need to equip him with knowing what's right or wrong and being able to tell me if something happens"* (emphasis added).

These quotes from Chloe reflect her evolving worldview and how her sense of control has changed as she acknowledges the unpredictability and randomness of trauma. Chloe and Kate both describe a powerlessness and a realisation that the ability to control what happens to us, and even more so to our children, is very limited.

Another aspect to recognising one's vulnerability is the impact on clinical work. Mārama described her struggles in dealing a male client who she considered to have questionable motivations for seeking therapy:

> *"I would have been able to kind of push through, and I do, and I give him therapy. But I'm not sitting there feeling very genuine, because I'm not happy to see him. And he often pisses me off with his way of looking at the world. Then I have to swallow that and try and steer him through it […] It's quite confusing, because I understand the trauma. I have all the compassion in the world for that. But then there's these other*

behaviours that are also part of his trauma. But then I'm no longer comfortable with that anymore" (Mārama)

Mārama describes a tension between her professional responsibilities and personal discomfort. Mārama talked about how she no longer enjoyed working with male clients and her explanation of this focused on specific situations where she questioned their motivations, for example "*I've had… some really dodgy men clients. They may have initially been here for therapy, but all sorts of other things have occurred".* Mārama's constant exposure to male violence towards women was perhaps contributing to a distrust of men. This was something that also concerned Ava when she spoke of how easy it could be to become *"anti-men".*

The therapists all described ways in which their sense of personal vulnerability had shifted and influenced their view of the world personally and professionally. While there were some negative changes due to the nature of sensitive claims work, these could also be considered precursors to positive changes, such as greater appreciation for good fortune.

4.5.2 Gratitude and Appreciation

All the therapists spoke about how they had experienced greater appreciation and gratitude for their own lives from bearing witness to their client's experiences. Witnessing what others have gone through contributed to a change in worldview.

Mārama, Ava and Chloe spoke about how grateful they are when they compare their lives to their clients:

"Like when you're listening to this every day, it makes you really grateful for what you've got. Even the shitty past we've all got somewhere, is nothing in comparison to what comes into my office" (Mārama)

"And feeling grateful for the life that I do have, compared to some of the stuff that other people have experienced" (Ava)

"I definitely find myself invalidating my experiences when you see such severe things. Like your problems aren't, compared to this, you really have such a good life, and I have to be careful not to invalidate myself as well around it, that it's still valid to feel… But it is helpful. I think, having that perspective of, yes, this is hard, but I still will have this support and security and yeah, other clients don't" (Chloe)

The experience of comparing their lives to others had the impact of reframing how they saw their own problems, challenges, and ability to cope. Mārama and Ava expressed how their work enhanced their gratitude for their lives, while Chloe adds an element of feeling compelled to view her life as good, while conscious that there is a risk of invalidating or minimising her own feelings and problems. There was also a sense that their gratitude was somewhat tempered (i.e. it was recognition of their comparative privilege, and they were grateful when they compared their lives to the severe events that others have experienced).

Kate and Chloe both used the word privilege to describe how they felt about their own lives:

*"It's definitely made me very aware of my own **privilege**, and just appreciate all those things that I just took for granted with my upbringing" (Chloe)*

*"[…] and also, appreciation of your own **privilege** and the realisation that if you were in their shoes, you wouldn't be doing half as well as them. I think that's actually more beautiful for me, is the appreciation of them, their strengths, and being able to see that and authentically believe that. Because if you can see it, then I think over time, they can potentially start to see that too" (Kate)*

Chloe's reflections show how her perspective has changed. Kate was reserved and circumspect about expressing that her work had increased appreciation for her own life. She also expressed that her feelings of gratitude, appreciation and clarity are fleeting, which was particularly evident on the day of her interview as she was not feeling particularly positive:

"[…] it's always temporary. You have a moment of gratitude definitely, and appreciation, and clarity. But these things are always like… it's probably not great to

have this interview today, because I'm probably not feeling the greatest about my work" (Kate)

Kate seemed to feel ambivalent about feeling gratitude and appreciation, framing these feelings as fleeting. Theories of PTG suggest that changes are permanent and a result of fundamental perspective shifts. This might suggest that Kate's experience does not represent true (but perhaps emerging) VPTG in this area, or just that she was in a temporary state of *"not feeling the greatest [today] about my work".* It is also possible that Kate was simultaneously experiencing growth as well as some negative consequences of her work. This highlights the complex nature of growth, and that it can co-exist with other experiences such as self-doubt and insecurity.

4.5.3 Resiliency and Resourcefulness of Humankind

The therapists had strong emotional responses to bearing witness to the strength, resiliency and resourcefulness of their clients, their desire to improve their lives and their ability to cope:

"[…] how unbelievably resilient and resourceful people are, like some of the stories I am like, God, how has this person survived and managed to adapt, and built all these incredible ways of coping? Like I have no idea how you've been able to do that, and you're here looking for support and you want to make your life better? Like it's kind of incredible" Ava

"And just amazed at how much humans can actually survive as well. The strength of humans, and that I think was really quite inspiring, of just how amazing humans are" (Chloe)

"All of this has happened but look how amazing she/he is" (Mārama)

Therapists did not focus on how witnessing their client's resilience increased their own personal resilience, but rather portrayed a feeling of being amazed, and hopeful for others.

Chloe talked about one client's resiliency:

"She's… in terms of how many events and how many different types of traumas, like her whole life. It's just kind of like, it was mind blowing when I was doing her assessment of how many traumatic experiences she went through […] And even when I saw her, like, she still had PTSD and huge social anxiety, it was really impacting her as a mom and her ability to function, but she was still very high functioning. And that actually blew my mind […] We do see the other side where you can see the damage of trauma and how it affects people, but I was just amazed at how, like I could have met her at a park and had no idea and just kind of like being friends with this person" (Chloe)

Chloe reflects on her client's immense inner strength and ability to cope, highlighting the unseen resourcefulness and resiliency of trauma survivors. When speaking about resiliency, Ava put it simply: *"people are pretty incredible".* Chloe's testimony is a tribute to hope and the notion that people can overcome, or at least find a way to cope with, the worst experiences of their lives.

Kate provided a particularly eloquent and inspiring message of hope and resiliency:

"I think the other thing that I've realised too is that there's a lot of scare mongering around this is the worst thing that could ever happen. And I'm not going to diminish it, you know, like sexual abuse is horrific and awful but I think in a way that really reduces hope and resilience of survivors. Because really, that's not my experience. And I guess, that people can recover from this kind of trauma, so I think there's a lot of catastrophising that happens in all sorts of ways. You know, teen pregnancy, oh wouldn't it be terrible, whereas I guess you actually see that actually people get better, regardless of the awfulness of these situations. So, I think that's a benefit, that you don't feel that it's awful or doomed for somebody if this kind of thing happened. I mean, obviously, there's variations within this. For some people the level of trauma is so horrific that, you know, there is an element of like, they're never going to be functioning in a completely normal or average way. But there's still recovery, within that" (Kate)

Like Chloe, Kate did not diminish the horrors that her clients have endured and was under no illusion that everyone makes a full recovery. Despite this, both Chloe and Kate's sense-making of their client's stories was that there is always hope and there should be an expectation that people can survive, overcome, grow and thrive. This does not negate the devastating impacts of trauma, as both Chloe and Kate pointed out, but allows for possibilities other than ruin, and is testament to the innate drive towards growth and motivation for action, which is fundamental to Organismic Valuing Theory (Linley & Joseph, 2005).

4.6 Values

Therapists expressed how their work had changed or enhanced their values. Their work helped to put their lives into perspective and brought what they truly considered to be important into greater focus. For example:

> *"Like appreciating my own wellness and kind of prioritising that above most other things. And the people in my life, like prioritising their health and the connections with the people I do care about. […] It's kind of like, that's really the most important thing, that everyone's well, and healthy and everything else is secondary. Definitely that gratitude… and really appreciating quiet time. I feel like on a Friday evening, my head is so full of stories and I'm really looking forward to just going and chilling and doing some lovely things" (Ava)*

Ava talks about how her values have been influenced by her work and she has come to highly prioritise the health and wellness of herself and her loved ones, as well as her relationships. Ava has come to realise that seemingly simple things hold a lot of value, and she appreciates and is grateful for the peace she finds outside of work. This reflection demonstrates how Ava's work has helped her to reassess and reprioritise her values, and enhanced what she finds fulfilling such as health, wellness, connection, gratitude, and self-care. Ava described how her social world and lifestyle had changed due to her changing values:

"In my 20s, I absolutely loved partying, going out and drinking and all that. And now I know that I just, there's no way, just would not be able to do that, like have late nights or even be super sociable at the weekends. I think that's probably changed a lot over the last few years in particular […] but I'm very conscious of how I spend my time at the weekends. Like if there is a lot of social stuff on, I almost get a little bit anxious, because I really need time where I'm just by myself or with my partner and not really doing a whole lot. So, my lifestyle has probably changed quite a bit in the last few years" (Ava)

Ava describes a lifestyle shift from socialising and late nights to the prioritising of self-care, introspection and connection with herself and her partner. This again shows careful consideration of her values and what matters most in her life. She is more conscious of how she spends her time and energy and craves quiet time, suggesting a new appreciation for peaceful and mindful activities, and genuine connection, rather than a lifestyle focused on excitement or superficial social interactions.

Mārama also described how her values have been enhanced by her work:

"Because I do appreciate life more. But I was thinking, maybe, and I think it's a good thing, and me and my family live that way. But we often have difficulties. I like to keep it simple and just be kind and be good people and appreciate the value of love. But that's not necessarily how people around us are. So, we often are too sensitive, and in this place, its full of arseholes, and really aggressive. And their ways, and I'm not OK with that and thanks to generational trauma there's still a lot of crap like that around […] And it's not my fight, so I can't be bothered so I just stay away. I see it as a positive thing. And I know it's good, to be good, and just kind and just keep things simple. But it's not necessarily easy to be like that, when you're out in the world" (Mārama)

Mārama describes a more pronounced appreciation for her core values. Consequently, there is tension between recognising what matters to her such as goodness, kindness, simplicity and love, and living in a world that does not always embrace the same values. Mārama's reflection also highlights the complexity of growth experiences, and the

struggle between inner growth and external environments and realities. While what she values and appreciates most may have evolved, navigating social worlds that hold different values can be isolating.

Their work led the therapists to reassess their lives and reevaluate their values. They prized kindness, goodness, love, connection, wellness and meaningful relationships. There was also a tension between their inner growth and their social environments which did not always align and led to challenges with socialisation, demonstrating the complexity of growth experiences.

4.7 Self

Therapists described how their work changed their professional and personal qualities and attitudes. These changes included feeling a deeper appreciation for spirituality, self-development, hypervigilance, changes in interpersonal relationships, and professional satisfaction and sense of purpose.

4.7.1 Appreciation of Spirituality

Mārama, Kate and Chloe all felt that their appreciation of spirituality had been impacted by their work.

Kate experienced a lot of inner conflict with wanting to embrace spirituality, but being aware of the damage that can occur in these spaces:

> *"I quite liked the idea of going to church when we were raising our family, and I am happy to kind of support that. And there is some benefit I get from that, it's just that mindfulness thing isn't it, that you turn up at the same place every week, it's the same as yoga class, and you see a reflection of yourself, like how you are week to week. But with the Catholic Church and the whole abuse of power I felt really conflicted […] Like you just think, oh, these churches do so much damage. But then, at the same time, there's a role isn't there, and there's not a lot of other opportunities. I mean, there's so many conflicts in the world. Like social justice, I guess the role of social justice has become really apparent in my work, the more that you sit with*

survivors or victims, you think a lot more about ethics and social justice. Churches are actually operating in those spaces and lots of churches are problematic in those spaces" (Kate)

This reflection from Kate shows a complex and evolving relationship with spirituality. She felt there was benefit in going to church and equated it with a mindfulness or yoga practice as a way of regularly checking in with yourself, highlighting that she values the introspective nature of these practices. However, trauma work had given her a heightened sense of social justice and a lack of willingness to tolerate acts of injustice, and she seemed to be searching for an unproblematic spiritual practice because she believed spirituality was important:

"I definitely think spirituality has a role to play in human wellbeing so I'm really supportive of people who have spiritual beliefs, because I see the benefit of those, and I'll definitely enhance those benefits in therapy. […] I feel a lot of awe and beauty when I sit with a client, and I observe their spiritual connections. And I can benefit from that vicariously, like I observe that, and I notice the physical changes in them. Awe is something I've become more conscious of and try and facilitate in my life, however that looks. Whether that's on the marae or watching my kids" (Kate)

Kate was keenly aware of the benefits of spirituality, and her description of noticing physical changes in her clients demonstrates awareness of the mind-body-spirit connection. She not only describes enhancing spiritual benefits in her practice but also describes that she can vicariously benefit from her clients' spiritual connections. Her description of feeling awe and beauty shows an emotional response to her clients' spirituality, which is not only beneficial professionally but resonates with her personally, transcending her role as a therapist.

Mārama, Kate and Chloe all experienced a strong link between culture, specifically Māori culture, and their spiritual journeys.

"And also, I'm in a lot of Māori spaces. So, my kid are in [school unit] which is like a bilingual unit, and we're often going down to the marae and I have good

relationships with [Kaupapa Māori wellness unit]. So those are spaces where you experience a lot of awe and wonder, and they're less questioning of it, that's the other thing I find. I find that European cultures, it has to be so black and white. Whereas other cultures are just like, well that's just the way it is. Spirituality is just part of the human condition. So, I'm definitely leaning towards that, but I don't know what that looks like, for me personally yet" (Kate)

Māori values and practices helped Kate to embrace spirituality in a more holistic way, as opposed to the dualistic approaches that dominate Western spirituality and religion.

Chloe's workplace had access to Māori healers, and her clients often asked Chloe to accompany them to these sessions. Chloe described some of her experiences:

"A lot of my clients have stomach issues and digestive problems and after the sessions, it's gone. They've even picked up that a few of my clients have had abortions, which I've never told them about, and they can see the child in another life, and they can call in ancestors who are looking over them. […] They find trauma in people's bodies, which I found really amazing. […] Where the trauma is held in their body […] They don't have to talk, their body does the talking. […] That's definitely made me a lot more spiritual and a lot more aware of the connection with the body and the mind. Often in the intake when I'm hearing about physical complaints and symptoms, I often have that in mind now of, it could be trauma related" (Chloe)

For Chloe, her work had made her more spiritually aware and more open to new ways of understanding trauma and had deepened her appreciation for the mind-body-spirit connection.

In contrast, Mārama felt she had always been a deeply spiritual person, and her work provided her with an avenue to use her spiritual understandings to help others in a unique alignment of personal and professional identity:

"[that's] why I'm not a clinical psychologist because I always thought if I go in there, they'll tell me I'm crazy. I did everything around the sides, so that I knew enough to

help people like me, because I'm very spiritual. And I grew up being able to see too much and hear too much. And hence why I have a lot of friends who are healers because they could too, and they do that work. DBT, ACT and books like the body keeps score, all of this kind of trauma work just made me even more of a believer, because the two go so well together. You see so much more shifts and progress in people's healing journey" (Mārama)

Mārama's reflections suggest that she notices the benefits of incorporating and integrating spirituality into therapy, which is not only a personal belief but a therapeutic approach that she has taken. Mārama's spiritual practices also offered "protection" for herself and benefited her clients:

"I can protect myself with my spirituality, I can clear it and leave it here using spiritual and psychological strategies […] I like the combination of the psych with the spiritual stuff […] as a psychologist and a light worker […] I can do a lot of energy work with them, so they leave feeling a bit lighter" (Mārama)

For Mārama, spirituality is foundational to her identity and her approach to her work. She also highlights how she integrates spiritual and psychological practices, which likely enhances her resilience and facilitates healing for her clients. Her perception of herself as a "light worker" may also contribute to the sense of fulfilment she gets from her work, as her work aligns with her personal beliefs.

4.7.2 Self-Development

There were some specific ways that therapists experienced changes in their personal qualities and attitudes, including a new perspective and wisdom about their lives, and an awareness of their inner strength and ability to cope.

"It puts so much of like the day-to-day worries that you might have into perspective. That's been huge. I don't feel minimise things for myself or anything, but if stuff comes up, it's just so much easier to put it into perspective and be like in the grand scheme of things I'll get through this, this is fine. I'll manage; I can cope" (Ava)

Ava describes that because of her work, she had experienced a shift in perspective and now has a better understanding of the world and perceives her problems within the *"grand scheme"* of how life can be for others. By having the ability to compare her life and struggles to her clients, and witnessing their ability to cope, she realised that her struggles were manageable.

Mārama also experienced a shift in perspective from comparing her life to her clients:

"Nothing, no problem in my life ever compares to what they're dealing with. So yeah, humbles me and if something is stressful in my life, I'm able to sort of deescalate and regulate myself. And knowing that I can figure this out, it's nothing. Come on. you are doing all these other things with people who have got bigger problems" (Mārama)

Like Ava, Mārama describes a shift in perception and increased emotional resilience from witnessing her client's journeys. She perceives her problems as manageable and has a humbling understanding of her own life. Interestingly, Ava pointed out that she does not minimise her own problems while Mārama said of her problems *"it's nothing".* This perhaps suggests that even if therapists understand the importance of not minimising their emotions, this can be difficult because they are constantly able to compare their problems to more severe situations.

Alongside a new perception of her problems, Ava described how she uses therapeutic techniques to promote her own self-development:

> *"And particularly with the schema therapy, I find like going deeper in that journey and using that with clients and seeing how transformative it is. And then using those concepts on myself as well, has been really cool, like, definitely a lot more compassionate towards myself than I would have been like a few years ago" (Ava)*

Ava describes growing self-compassion because of her work, suggesting that helping others to be more compassionate with themselves has taught her to be more compassionate with herself. Ava also links her increased self-compassion with an increase in personal strength:

"I do feel like my personal strength has probably grown over the years. And probably that compassion, that self-compassion piece has definitely developed, and I think that's made me feel a lot stronger, and kind of grounded as a result" (Ava)

Ava describes feeling more grounded, indicating that her work has had a stabilising impact on her own life, and perhaps increased her emotional resilience.

Mārama echoes Ava's sentiments of feeling stronger:

"I know I'm mentally strong because of my work and because I always sort of think, if I am struggling with something, I'll think of some of my clients that have the worst trauma backgrounds. And they're still going, and they are still trying to beat the situation and so I will use that to fuel myself like, come on, you can figure this out and it does help me in that way" (Mārama)

Mārama describes that seeing her client's strength has empowered her to be stronger. Their ability to keep going motivates and inspires Mārama to keep herself going in hard times too, demonstrating personal development, and increased self-awareness and resilience that comes from therapeutic relationships.

Kate also described her growing self-awareness and intuition when she spoke about her relationship with an old work colleague:

"And I really dismissed a lot of his problematic behaviour, not dismissed but kind of justified it, oh, he's trying his best or he's just not very organised, or it's just this or he's just that… really trying to see the best in him. When I look back at the crumbs and all my notes, I'm just like, no that there were so many signs, and I just chose to ignore. So yeah, just trusting and listening to myself a bit more and doing less rationalising. Sometimes you need to sit with the feeling about it and not overly rationalise what you think is going on because I think in some ways you can then dismiss and downplay stuff. I definitely think I've become more attuned with emotion and attuned with intuition as I've got older" (Kate)

Kate described having come to value her experiential knowledge and emotional intelligence and becoming more confident in how she perceives people and situations. Her increased self-awareness likely signifies personal growth.

Therapists described feeling less perturbed by the daily hardships and developing better coping mechanisms to manage the challenges in their lives through their sensitive claims work. They described developing strength, resiliency, self-awareness, greater intuition and feeling more grounded and self-compassionate from witnessing their client's strength.

4.7.3 Hypervigilance

Mārama and Chloe described their efforts to shield and protect their children:

"That's quite hard as a parent, I guess, seeing those stories. I think I'm a lot more, compared to like my friends with kids or even my husband, very careful of who I would let care for my child or even if he has a sleepover" (Chloe)

"And then having kids… like I always used to think it doesn't affect me. But since having kids, it's probably made me more aware of the fact that, yes, it does affect you. And you do look at the world differently. […] I'm way more aware and much safer in how I interact and how my kids interact too" (Mārama)

These reflections show the profound impacts of their work and how working with trauma shapes their parenting, socialising and perceptions of what is safe. Their day-to-day lives include a heightened sense of vigilance, caution and responsibility that others in their life (e.g. friends and partners) did not experience.

For Ava, who did not have children, her increased vigilance was about her own personal safety:

"I'm a little bit more conscious of my safety and being in situations where maybe my initial thought might be, if I'm surrounded by lots of men, oh, is this safe? It has kind

of made me think more like that. Whereas I wouldn't have so much previously, prior to getting really into the sensitive claims work." (Ava)

Ava's behaviours have been subtly changed by a heightened awareness of her personal safety, and she has increased efforts to protect herself. She was particularly impacted by a random attack on her client, which is a situation which also impacted Chloe:

"I would say I have become probably more hyper-vigilant to what could happen, maybe more so than my friends or my husband. I had a client who was sexually assaulted by just a stranger who climbed through her window at nighttime. And after that, I remember thinking, oh, should we have our windows open? Like, is that safe? So, I guess kind of questioning what is safe and being more hyper-vigilant to the risks." (Chloe)

The therapists described how their day-to-day lives are impacted and shaped by the experiences of their clients, illustrating the way they can be vicariously impacted beyond the therapeutic environment. Their worldviews, perceptions and schemas around safety have changed, and they are more aware, cautious and attentive to dangers they may not have considered before. As a result, they have made changes to their lives and routines to protect themselves and their children.

4.7.4 Changes in Interpersonal Relationships

For all the therapists, the complex interplay between their professional and personal boundaries was evident. Therapists described significant changes in their relationships, and how they related to the people in their lives. Chloe was the only person to explicitly describe the ways in which her relationships had improved:

"[I have more] compassion, and empathy which helps just in all my relationships […] I think I definitely search for understanding a lot more. Like if I'm having a conflict or there's a difficulty with someone in my family, I'm not so quick to judge […] But I think I have compassion for what others are going through" (Chloe)

Chloe suggests that her patience and empathy across all the relationships in her life has changed. She extended the skill of finding empathy with her clients to her family. She suggests that her work has led to a shift in the way she connects with others, and that empathy infiltrates her everyday life and relationships.

In contrast, rather than always trying to understand others and the way they behave, Kate described having less tolerance for poor behaviour:

> *"I've had to get more boundaries and say; it doesn't matter what's happened to that person that that's not okay. And even more boundaries with my clients, when they've engaged in certain behaviour, I've probably haven't called them out on it for fear of rupturing the relationship. But as you get older, you're like, well, if I don't say something… I'm one of the people that they maybe respect, that's a social justice thing because if you're not saying anything then are you condoning that behaviour. [...] […] I've definitely moved towards relationships of people who've known me a long time and don't treat me as [name] the psychologist, and people who I've really selected to be like fun and outgoing and adventurous" (Kate)*

Kate describes how her work has changed her personal and professional relationships. She equates having better boundaries with social justice and believes people need to be accountable for their actions and therefore she will not condone poor behaviour by being silent about it.

Like Kate, Mārama described how she has less tolerance and stronger boundaries. This in turn had reduced her socialisation:

> *"[people] who don't have that appreciation and, I guess they think they do, but they're perpetuating bullying, and all that kind of language, you know that behaviour. And they talk like, well she deserved it, she used to always sleep around and now she's accusing him of rape. I don't even, I'm not even hanging around. […] So, we pretty much stick in our bubble at home in our family. I don't just stand there and let it go anymore, [I have] better boundaries now" (Mārama)*

Mārama reduced her social circles and only wanted to be with people who had similar values such as empathy, respect, compassion and understanding, and she distances herself from those who do not embody these values. There was a sense that Mārama found it difficult to cope with the juxtaposition between her work life which involved empowering victims, and the people she interacted with her personal life who she felt *"perpetuated bullying"* with their ignorance and lack of compassion, which had become difficult for Mārama to tolerate.

Ava and Chloe described not being able to share their work because of client confidentiality leading to a disconnection in some relationships:

> *"I think it is funny because I don't really think they [friends and family] understand what I do and with confidentiality, you don't really talk about it" (Chloe)*

> *"My partner is really interested in this kind of stuff so I think to a certain extent, he is probably the person that gets it the most, apart from my other friends who work in mental health. But my family, I don't think [that they know much about my work" (Ava)*

These experiences may have led to deeper connection with particular people but also disconnection from others, which may impact their sense of social belonging and create feelings of isolation.

Chloe, Kate, Mārama and Ava all described that their work has changed them and impacted on their interpersonal relationships. Chloe felt greater empathy and compassion, while others described how their social circles had reduced and changed. Therapists reported understanding themselves and others better which at times led to social isolation. They also knew what they were looking for in their interpersonal relationships and were prepared to enforce stronger boundaries and put aside relationships that did not feel good or right, or that demanded too much of them.

4.7.5 Professional Satisfaction and Sense of Purpose

Therapists expressed immense professional satisfaction and a sense of purpose gained from their work. Ava's quote captures the other participants experiences well:

> *"I really love trauma work so mainly, I think it's positive stuff that I feel, even when the stories are pretty harrowing […] I was kind of worried that I would be weighed down by a lot of it, and become a little bit like, hopeless, but I haven't found that at all. If anything, I feel being in a job and working with kind of clients that I want to work with, mitigates any of that. So, I feel such a sense of purpose or satisfaction with the work that it kind of buffers against any of the negative stuff really. [...]. "Sometimes I do look back on a week, and I'm like, God, that was a big week, and I feel okay. Kind of like, pride sometimes when I look back and think I'm in the right space and doing the right kind of work and that feels really good" (Ava)*

Ava's pride is predominantly about feeling that she is getting more comfortable with her work, for example feeling ok after a heavy week, and feeling good about her work, but she also expressed pride from facilitating growth in others.

Part of the professional satisfaction the therapists felt derived from knowing they were making a difference. Chloe found it incredibly rewarding to play a role in helping people to overcome challenges:

> *"You can empower someone, someone who's believed that it's their fault. And there's all this shame and guilt and self-blame for these things that happened to them. And getting them to shift that and see that they had done nothing wrong and help them kind of get control back of their life and independence and overcome these symptoms. It's so rewarding. It's very rewarding work" (Chloe)*

Both Ava and Chloe recognised they contribute to the well-being and growth of others, which gave them increased confidence and pride in their abilities to facilitate change. By empowering others, the therapists likely also felt empowered as they could see the effectiveness and value of their work.

Kate described her growing competency as *"trauma mastery".* Kate had recently returned to CAMHS work and this appeared to be part of a journey towards growing and strengthening her professional identity. She gained experience and skills and wanted to experience the professional fulfilment of returning to a job that had once overwhelmed her:

> *"[…] now I'm such an experienced psychologist, I'm so much better at this. I think a bit of coming back into it was trauma mastery. I was so overwhelmed in this role as a new grad and there was something about wanting to come back as an experienced clinician and feeling some mastery over it" (Kate)*

Kate spoke of the personal cost of her work and the experience of burnout, and how this had at times led her to question why she chose this demanding career. However, she became tearful when speaking about what keeps her going. Kate spoke about how she finds praise of her role empty, *"and it felt uncomfortable because I didn't feel like it was admirable what I was doing, it felt necessary or something"* and it was clear that she felt called to this work, and that journeying with clients and providing hope to them, also gave her life more meaning:

> *"I love being like, a pillar of hope, in people's darkest hours, that's what sustains me. I can sit with people, and I can honestly say hand-on-heart, that this will get better. Because I've watched so many people in their situation, and I've seen them come out of it so I think giving people hope is really important to me. And walking alongside… holding the hope for them when they can't hold the hope for themselves, I think that's really beautiful. I feel quite emotional about it, but that's like service, that's an act of service. That's probably as close as I get to being religious, I guess, is this view of wanting your life to be meaningful" (Kate)*

Mārama also had a clear passion and calling for her work for example:

> *"All psych work is hard, and I have a passion for this one […] here, I feel I've found my place. [...] I love empowering women, and journeying with them to find themselves. I still have that passion" (Mārama)*

Mārama's passion for trauma work and for working with women, stemmed from her own personal history and was multi-faceted. She considered that becoming a psychologist validated the way she saw the world:

> *"I've always viewed the world differently. Becoming a psychologist almost validated how I was before in the way that it gave me license to be able to say what I wanted to say and have justification and rationale for what I could see. [...] I specialised in domestic violence and sexual trauma because I grew up in a town where it was so normal, no one did anything about it and that's still my drive and it's still my passion. […] I also take it really seriously that I'm a Māori psychologist, we are rare gems. I'm hoping I can get to families and share another way of working with this stuff as opposed to… Because it's all the generational trauma. People don't know what they don't know… You wouldn't have been abused if your parents were taking care of you because they knew how to take care of you" (Mārama)*

Mārama seemed to feel a duty of care. She had experiences and understandings of the world that made her qualified in ways that not many people are, and particularly as a Māori psychologist *"we are rare gems".* She felt called to make changes for Māori, for women, and for those experiencing violence and trauma. Her calling for the work was emphasised when she said, "*if I had won that $50 million, I'd still be doing this job".*

There was a sense that the therapists had done a lot of reflective work and questioned why they continued to do this work despite the many challenges. The therapists spoke of how they were fulfilled by helping others and the sense of purpose they gained by empowering victims, by fighting for people and by offering hope. The therapists gained something from this work and the meaningfulness of their work was an integral part of the meaningfulness of their lives, and how they made sense of their own professional and personal journeys.

Chapter Five: Discussion

This study aimed to explore experiences of vicarious posttraumatic growth in psychologists in Aotearoa by conducting semi-structured interviews and using interpretive phenomenological analysis. For the four participants, working with trauma impacted and transformed their lives in profound ways. This chapter begins with a summary of the key findings which are then discussed in relation to the existing literature including theories of growth. Practical implications are highlighted. Finally, consideration is given to the limitations of this study, and recommendations are made for future research before the conclusion is presented.

5.1 Summary of Findings

The first theme was summarised as empathetic engagement with clients. Participants described building therapeutic relationships as difficult at times, especially when trust and safety were not yet established. Consequently, the relationships that developed were special and participants experienced deep empathy and connection with their clients. The participants were all humbled by the privilege they felt at bearing witness to other's painful accounts. There was also a sense that they felt inspired and moved by their client's survival and willingness to engage in therapy and seek healing.

The second theme revolved around responses to trauma work. The participants described various responses to their client's narratives, including emotional reactions such as sadness, shock, horror and anger, and somatic reactions of fatigue, exhaustion, trembling and physical illness. These reactions were mostly perceived negatively but not always. One participant felt that emotionally charged sessions can signify therapy is being effective and a shift is occurring. The emotional and somatic reactions of the participants and the cumulative impact of trauma work did highlight the significant toll their work takes on their mental and physical health and the sacrifices that are often involved for them and their loved ones.

The third theme focused on coping with trauma work. Various strategies were used to cope with the emotional and somatic impact and to process the confronting nature of

their work. Coping strategies to manage the negative impacts of their work were complicated by organisational factors. Participants described the toll and frustration of working in environments where systemic pressures and constraints negatively impacted both quality of care and professional effectiveness and fulfilment. Working in private helped reduce some of these challenges by increasing autonomy in ways that suited them personally and professionally, for example by independent caseload management. Finding a balance of complexity and intensity also made their work more sustainable and enjoyable. The participants all sought formal support, typically through professional supervision, and informal support from family, friends and colleagues. Support was invaluable in providing perspective and space to process their work, but participants also described feeling isolated when their support networks did not understand their work and could not validate their experiences. Finally, self-care was a powerful tool that all the participants utilised and included exercise, nutrition, rest, meditation, nature-based activities, yoga and seeking fun and adventure.

The final theme addressed how their work changed their schemas and behaviours. This included changes in worldview, values, and concept of self. Participants described how their work made them more aware of the reality of the world and less naïve about events that can occur. Consequently, they recognised their own vulnerability and lack of control over what happens to themselves and their loved ones. They were more grateful for the positive aspects of their lives which they were less likely to take for granted, even as they grappled with their own personal challenges. They also witnessed the resiliency and resourcefulness of their clients, which gave them hope and inspiration. Seeing the challenges of others changed or enhanced what they valued and prioritised in their own lives, such as appreciating simple pleasures and connection with others. Changes to self were experienced as both positive and negative changes, for example growth created tension and distance in their interpersonal relationships, and awareness of potential adverse events led to hypervigilant behaviours. However, they also described experiencing spiritual expansion, feeling more able to cope with life's challenges and deep personal satisfaction and a sense of purpose from their work.

5.2 Vicarious Trauma and the Process of Growth

The findings of this study show how engagement with client's trauma narratives deconstructed and reorganised participant's core schemas. Consequently, trauma work impacted not only on the participants professionally but also shaped their perspective and understanding of themselves, others, and the world, and therefore their internal and external realities. Cognitive processing was found to be an integral part of the growth process as participants integrated their client's experiences and narratives with their own. The findings build on the model of VPTG by Cohen and Collens (2013) and highlight the interconnectedness of cognitive, emotional, somatic and existential domains in the process of growth. Schema changes were evident in both positive and negative directions, suggesting that they can co-exist or that distress/traumatisation may be a precursor to growth. The findings also emphasise the role coping strategies can play, not only to mitigate negative impacts, but also as catalysts for growth.

For the participants, working with trauma survivors and having deep empathetic relationships with them had both negative and positive impacts. This aligns with literature that suggests that empathetic engagement renders therapists simultaneously vulnerable to vicarious distress, as well as positioned for vicarious growth. For example, Cleary et al. (2024) found that trauma therapists with more empathy were more likely to experience both STS and VPTG. Similarly, Hernandez-Wolfe et al. (2014) found that empathy was a predictor of VT and VPTG in substance abuse treatment providers.

While all participants denied traumatisation from their work or symptoms that arise from STS such as intrusive thoughts, they did describe several negative emotional and somatic responses that suggest a degree of distress. While this could be unrecognised vicarious traumatisation, theories of PTG (Linley & Joseph, 2005; Tedeschi & Calhoun, 2004) suggest that a degree of distress is inevitable due to the challenge to fundamental schemas that trauma work presents. Manning-Jones et al. (2016) found that STS is not a predictor of VPTG and therefore growth can occur without being traumatised. This aligns with the experiences of the participants in the current study who described negative emotional and somatic responses (i.e. distress) and VPTG, but not traumatisation. In their study of health professionals, Manning-Jones et al. (2016) found that psychologists were the least likely to

experience either STS or VPTG and were also more likely (alongside counsellors) to employ coping strategies. This may be because psychologists and counsellors are more likely to be aware of distress and to take protective action.

Participants in this study described negative impacts from their work but they did not find these were beyond their ability to cope with. At times negative emotional and somatic reactions were welcomed by participants because it was indicative of being emotionally attuned with their clients, and that progress was being made in therapy. Only one participant specifically mentioned experiencing shock. Thus, in contrast to Cohen and Collens (2013)'s proposed model of VPTG, shock at client's trauma experiences was not considered to be a pivotal experience or emotion for the participants, but rather one of many emotions that needed to be processed. An alternative explanation is that the participants were very experienced in trauma work and there was a sense that nothing shocked them anymore, for example, one participant questioned whether she was desensitised to the content of therapy. Therefore, while they may no longer experience shock, this may still have been a part of their growth process that has dulled over time.

5.3 Intentional Cognitive Processing

Cognitive processing is pivotal to experiencing VPTG by enabling psychologists to make sense of the traumatic narratives that they encounter in their work, and to reinterpret and integrate these experiences in a way that leads to personal and professional transformation (Linley & Joseph, 2005; Tedeschi & Calhoun, 2004). Cognitive processing is not specifically part of the VPTG model by Cohen and Collens (2013) but could conceivably be addressed by their reference to questioning and meaning-making. In the current study, participants described the process whereby they positively accommodated new information and changed their existing schemas. For example, they described increased awareness of their vulnerability and lack of immunity to trauma. This was initially distressing, and there could have been attempts to assimilate this information to maintain existing schemas. However, they described this new awareness of their vulnerability led to reassessing their lives and what matters most to them, appreciating the privilege of not having experienced traumatic events that their clients have, and therefore increasing gratitude in their own lives. There was also evidence of negative accommodation, such as becoming hypervigilant

about safety and more mistrustful of others. Interestingly, these examples of negative accommodation are also related to vulnerability and illustrate that schemas within the same broad category can be affected differently. It was difficult at times to discern negative schema changes from positive schema changes, for example participant's descriptions of being less naïve about the world were perceived by the participants as increased wisdom and growth, even when it resulted in increased social isolation. It was evident that the cognitive processing of trauma information determined the ways participants were transformed.

Finding ways to reflect on and process their work, allowed participants to positively reframe and make meaning of themselves, their relationships, and their place in the world. They could positively integrate the trauma they encountered in their work into a coherent narrative, that aligned with their professional and personal identities. This aligns with the research by Deaton et al. (2023) who highlight that cognitive restructuring and social support fosters the foundation for growth. Similarly, Linley and Joseph (2007) emphasise that cognitive and emotional integration Is integral for resilience and long-term well-being. Cohen and Collens (2013)'s proposed model suggests trauma work creates short- and long-term distress and that various coping strategies that can be implemented at both a personal and organisational level to manage the distress. While the findings of the current study are aligned with this, it was also evident that cognitive processing was integrated with coping strategies. In other words, participants used coping strategies that allowed them to consciously reflect on their client's trauma narratives and this fostered meaning-making and resulted in psychological shifts that appeared to lead to and foster VPTG.

The models of PTG by Tedeschi and Calhoun (2004) and Linley and Joseph (2005) both necessitate that for growth to occur, unconscious responses must become conscious, so they can be appropriately examined and processed. For those who work with trauma, not consciously reflecting on their experiences creates a risk of negative beliefs taking root, for example, an occupational hazard of working with those who have experienced violence from male partners is the belief that all men are violent (Molnar et al., 2017). In the current study, coping strategies such as mindfulness, self-reflection and supervision, allowed participants to process the traumatic narratives they encountered, which was not only

protective against the risks of vicarious traumatisation but also created opportunities for growth. Participants used coping strategies that helped to regulate their negative emotional reactions and challenge negative responses such as becoming distrustful. This went someway to reframing their worldview and increased their sense of connection to themselves, others and the world.

5.4 Adaptive Coping Strategies and Seeking Connection

Participants described various strategies they used to connect with themselves and how this helped them to not only cope with their work but also cultivated resilience and growth. It is likely that by finding ways to increase awareness of inner experiences, and their emotional, spiritual and physical needs, participants could more readily identify their distress, emotional triggers and negative reactions and take remedial action. Tsirimokou et al. (2023) highlight that greater self-awareness allows therapists to process their emotional responses constructively. Self-compassion was mentioned several times by one participant as an example of how she has grown, but this is also a crucial coping strategy. Neff (2003) stated that self-compassion comprises of three components 1) self-kindness, 2) common humanity and 3) mindfulness, and that overall, it is an emotionally positive self-attitude that is protective against self-judgment, isolation and negative rumination. By seeking connection with self and turning compassion inwards, participants gained greater clarity about their values and were more able to view themselves and their work with kindness and a nonjudgemental attitude. Self-compassion in therapists has also been shown to be protective against burnout (Richardson et al., 2020) and greater self-compassion in therapists has been reported to be experienced as emotional attunement by clients and promotes their own self-compassion (Miller & Kelly, 2020).

Connection with self has also been shown to be associated with an increased appreciation for spirituality (Tsirimokou et al., 2023). Tedeschi and Calhoun (2004) consider that spirituality is a domain of growth, whereas Cohen and Collens (2013) consider it to be a coping strategy. In this study, both were evident. For one participant in particular, spirituality was considered protective and offered a vital wellbeing resource for both her clients and for herself. Other participants described growth experiences including spiritual expansion, a new appreciation for spiritual encounters, increased awareness of the mind-

body-spirit connection, and more willingness to incorporate spirituality into their practice as well as seek it out in their personal lives.

Participants described a deep respect for spirituality as a core part of human wellbeing. They grappled with how to embrace this both personally and professionally, especially when considering that religious institutions have historically also been sources of trauma. Participants had their own concepts of spirituality, including the notion of awe, and this appeared to support their well-being. Unique to this study was the finding that participants embraced and cherished Māori cultural understandings of trauma and healing. Māori models of health, such as Te Whare Tapa Whā (Durie, 1985) and the Meihana model (Pitama et al., 2007) consider that wellbeing encompasses physical, mental, spiritual and social aspects. In the current study, embracing holistic notions of wellbeing and the mind-body-spirit connection not only offered participants coping strategies but also allowed for new ways of understanding their work and the experiences of their clients. Interestingly, the participant who identified as Māori felt that she had to be covert about spirituality and had opted not to do clinical psychology because she believed that her cultural beliefs would ostracise her. Perhaps as an indicator of a societal shift in recent years, the two Pākehā participants (who were clinical psychologists) also adopted holistic principles and te ao Māori views of wellbeing into their practice. Te ao Māori understandings and frameworks of wellbeing may offer an opportunity for psychologists to integrate spirituality into their practice in a non-threatening and non-denominational way. This may make it more accessible for clients and potentially provide unique ways to consider trauma, healing and growth.

Spirituality has been shown to offer comfort and meaning to therapists and enhances the ability to frame their work within a context of purpose, hope and interconnectedness (Harrison & Westwood, 2009). A recent study on medical students found that high spirituality was associated with greater resilience and empathy (Moura et al., 2024). Duggal and Sriram (2021) found that spirituality offered psychologists a buffer against the impact of trauma exposure and promoted resilience and opportunities for self-care. Further, this was found to be protective against compassion fatigue and burnout and allowed for more compassionate engagement with their clients. They suggested that the

psychologist's own spiritual journey interfaces with their therapeutic practice and professional growth trajectory. In the current study, spirituality was seen to support resilience, and offered a source of inspiration, motivation and existential grounding. By cultivating connection to self, including through spirituality, participants were able to process their experiences and transform the challenges of their work into opportunities for growth.

Connection to others also serves as a coping strategy for participants and supported their cognitive processing (Tedeschi & Calhoun, 2004). Through therapeutic relationships with their clients, as well as through seeking formal and informal support networks, participants found opportunities to process their emotional responses and positively accommodate their client's trauma narratives, as conceptualised by Joseph and Linley (2005). Therapeutic relationships, empathetic engagement, and the process of witnessing growth, resilience and strength in their clients, offered unique opportunities for the participants to engage in meaning-making in their own lives and to question their beliefs and worldviews. Participants spoke of the journey that they went on with their clients, presenting growth as a reciprocal experience.

Formal support, particularly with their supervisors, was a vital resource that provided participants with emotional validation, feedback, and opportunities for cognitive reframing in a way that facilitated their growth and resilience. A common challenge that participants encountered was a sense of isolation due to the nature of their work and the struggle to find social support from people who could understand and relate to their experiences. Supervision was therefore particularly valued, as they could explore their emotional responses in a way that validated and normalised their reactions, reduced emotional isolation and supported growth. Supervision has been found to be beneficial in challenging unhelpful cognitive patterns including hopelessness or self-doubt, and in encouraging constructive reframing (Bernard & Goodyear, 2019). Supervision can also help with the evolution of professional identity, and in creating a deeper sense of competency and resilience (Harrison & Westwood, 2009).

Informal support networks provided additional opportunities for cognitive processing of their work. Given the nature of their work, participants were highly selective

of their support networks. Research highlights the importance of emotional validation in reducing isolation and promoting shared understanding and support (Figley, 1995; Linley & Joseph, 2007), and participants in the current study experienced adverse effects from sharing their work with people who could not offer validation or understanding. For this reason, colleagues were helpful to foster camaraderie, offer new insights and perspectives and normalise emotional reactions. Tsirimokou et al. (2023) found that organisational support and supportive work peers can help therapists to externalise and examine their responses, facilitating cognitive restructuring and the process of meaning-making and subsequent growth, and in the current study this was very evident.

5.5 Growth Outcomes

Through cognitive processing of their client's narratives, participants experienced transformative changes in their worldviews. They described shifts in their fundamental beliefs about self, others and the world. This is congruent with literature on PTG that shows growth from trauma occurs in the domains of self-perception, interpersonal relationships and life philosophy (Tedeschi & Calhoun, 1995). Despite alignment with theories of PTG, the way growth manifested for participants in the current study was unique to the experience of vicarious rather that direct exposure, and from the experience of facilitating healing. These changes reflect the accommodation of new perspectives they have gained from exposure to their client's trauma, as well as exposure to their client's growth. This resonates with Cohen and Collens' (2013) model of VPTG, which emphasises the transformative potential of meaning-making, schema reconstruction and the impact of witnessing growth. Participant's experiences of growth are now considered by using the domains of self-perception, life philosophy and interpersonal relationships.

Participants reported significant shifts in their self-perception from exposure to client's trauma and recovery. By witnessing their client's ability to overcome, they became more aware of their own personal strength and ability to cope with their own challenges. This aligns with literature that suggests that increased self-awareness can enhance therapist's resilience and capacity to cope with adversity (Tsirimokou et al., 2023). Additionally, Hyatt-Burkhart (2014) found that therapists become more adept at dealing with their own challenges and were less likely to get perturbed by things that arose in their

personal and professional lives. Participants in the current study described feeling empowered by their work and their ability to impact the lives of others, and this contributed to a strong sense of purpose that helped protect against the negative impacts. This aligns with findings by Splevins et al. (2010) who found that being of value to others was an experience of growth and impacted on therapist's sense of purpose and gave meaning to their lives. Similarly, Puvimanasinghe et al. (2015) and Engstrom et al. (2008) both described how witnessing trauma survivors increasing independence and confidence was found to be personally satisfying for the therapist. In the current study, participants perceived their work as deeply meaningful and as an act of service, and this was a strong motivation for continuing in this line of work. This is supported by literature that suggests finding meaning in trauma work enhances tolerance for the work and leads to increased emotional wellbeing of mental health workers (Hyatt-Burkhart, 2014).

In the domain of life philosophy, participants described having a greater appreciation for the privileges they had, both as children and now as adults and psychologists, that may have been overlooked (even while acknowledging their own life challenges) and inspired a desire to live a life with purpose and meaning. This also came with a reassessment of values and prioritisation of relationships and activities that contributed to their joy and peace. It was also apparent that appreciation of their own lives came with a heavy appreciation of the unfairness of life, and strong acknowledgement of the awe and respect that they had for their client's ability to survive, cope, and seek help. Hyatt-Burkhart (2014) found the experience of comparison led to a greater appreciation for what an individual has, and for the simple facets of life that have been previously overlooked, including safety, security and positive relationships. This is in alignment with the findings of this study in which an increased awareness of vulnerability and the reassessment of previously unchallenged beliefs, for example that outcomes correspond to a person's character or behaviour, gave rise to new life philosophies. The findings also align with Joseph and Linley (2005)'s Organismic Valuing Theory which suggests that growth can come from recognising vulnerability and lack of immunity to traumatic events. It is well established that that professionals can develop greater adaptability, resilience and ability to overcome adversity from exposure to trauma survivors (Hyatt-Burkhart, 2014; Zhengjia et al., 2018) as well as enhanced emotional regulation and a sense of purpose and ability to cope (Killian, 2018;

Pearlman & Caringi, 2009). Participants in the current study developed vicarious resilience through witnessing the resilience and recovery of trauma survivors. Participants expressed that their work gave them a new perspective of their life and a realisation that they could work through their problems and overcome challenges.

Participants also reported changes in their interpersonal relationships. Their relationships with their clients and bearing witness to their experiences of trauma reshaped how they perceived others. One participant experienced a more compassionate and empathetic perspective of others, more willingness to try to understand, and a slowness to be judgemental of others behaviour. This aligns with findings from Splevins et al. (2010) who found that therapists became more open, intimate, respectful and held less judgment of others due to their work. Silveira and Boyer (2014) described how growth in interpersonal relationships can result from applying therapeutic skills to their own relationships. Similarly, Ben-Porat and Itzhaky (2009) found that therapists who worked in family violence developed better anger management and communication skills and became more assertive and responsive to their family's needs.

In this study, interpersonal relationships were also impacted in more complex ways. Participants perceived themselves as less naïve and more able to see people's true motives, and witnessing the ramifications of trauma made them more aware of social justice issues and less tolerant of ignorance or prejudice in their personal relationships. This had the impact of reducing their social circles and aligns with findings from Barrington and Shakespeare-Finch (2013) who found that professionals had less desire to socialise with those they did not have a deep connection with. One participant described how she sought out fun and adventure in her relationships, rather than relationships that required her to give more of herself emotionally that she felt comfortable with, possibly as a result of compassion fatigue, and also because she felt that emotional support was not always reciprocated. Participants who had children reported specific changes to their relationships, including becoming more protective and hypervigilant, borne from an awareness that traumatic events can arise in apparently innocuous settings. This is concordant with findings by Deaton et al. (2023) that professionals who work with trauma may attempt to shield their children and become more protective. In the current study, the participants

unanimously described their schemas regarding their interpersonal relationships as having changed. They had a deeper appreciation and understanding of relational dynamics and how they perceived others, and their relationships with others were changed because of their work. The participants all perceived the changes in their interpersonal relationships as growth, even if it created a sense of isolation, because it was grounded in a sense of increased wisdom and a more accurate perception of reality and the nature of people.

5.6 Practical Implications

It is evident from this study and the existing literature that psychologists are professionally and personally impacted by their work, with potential for both positive and negative sequelae. The way their work is processed can influence the impact, and supervision is vital for psychologists to have the opportunity to reflect on their work, their reactions to it and the way it is impacting their worldview. In Aotearoa, it is a professional requirement that psychologists receive a minimum of two hours of supervision per month, with annual continuing competence plans developed with supervisors and audited regularly (New Zealand Psychologists Board, 2021). It is likely that the psychologists in this research often exceeded the minimum requirements, for example one participant reported having three different supervisors. Supervision was highly valued by participants and was crucial to growth, particularly when given by supervisors who themselves conducted trauma work. Supervisors are uniquely placed to normalise discussions about confronting content, and to provide balance and support professional development. It is also necessary to recognise somatic responses to trauma work, and how to support psychologists to identify and manage physical impacts. Additionally, there needs to be recognition of the emphasis on the challenges of schema change and how to support psychologists to process their work in a way that supports positive adaptation, reliance and reduces the risk of traumatisation.

At an organisational level, support systems need to be enhanced to promote self-care and professional growth. There needs to be structured opportunity for peer support, connection and access to resources that support the wellbeing of psychologists. Safeguards need to be put in place to prevent over-work and to ensure that psychologists can structure their workday in a sustainable way that ensures they can manage the cognitive and emotional demands of their work. Policies that prioritise wellbeing and self-care are likely to

enhance growth, benefitting therapists and their clients. At a national level, there is urgent need for a larger workforce of psychologists to manage current demand and to protect the wellbeing of psychologists in Aotearoa, and this likely requires changes to funding and training programmes.

5.7 Future Research and Limitations

While this study provides valuable insights into the experience of VPTG, several limitations must be acknowledged. The small sample size and relatively homogenous sample group, while appropriate for IPA, does limit the generalisability of the findings. Additionally, the study relied on self-report which has some inherent biases. For example, social desirability bias (Edwards, 1957) whereby participants feel compelled to answer in a socially acceptable way. Additionally, participants were aware that the study was about growth and may have felt limited in divulging their negative experiences or inclined to share what they thought was good data for the study's objectives. Recruitment also relied on participants identifying that they had experienced VPTG, rather than through using a standardised assessment or a screening process.

There are several suggestions for future research. While the sample group was relatively homogeneous, cultural differences were evident particularly with regards to spiritual beliefs and the intersection of psychological practice/culture/spirituality. Future research should look at the relationship between VPTG and cultural and contextual factors, for example, background, ethnicity and location to examine more closely how lived experiences of growth are shaped by environmental and contextual factors. While research on growth in Aotearoa is extremely limited, exploring experiences of Māori psychologists, and using Indigenous methodologies, would offer new perspectives and enhance understanding of the interplay between experiences of growth and culture, and deepen insight into the complexities involved.

Future research should explore the longitudinal trajectory of growth, and how the process evolves and changes over time and with increased experience. This could involve examining how schemas evolve over time. There is also a need for more research into the impact of specific types of trauma as well as the traits of the psychologists themselves and

how this influences their experiences. More understanding is needed of how negative emotional and somatic responses influence schema change, and how negative and positive schema changes can occur simultaneously. Similarly, while it is well-established that coping strategies are beneficial to manage distress, less is known about the role of coping strategies to enhance growth. Research is also needed into how organisational factors can be managed to enhance growth, particularly within the current environment of under-resourcing and immense workload pressure for psychologists. Theories and models of VPTG are still very limited, largely relying on literature on PTG. This study utilised the proposed model by Cohen and Collens (2013) and future research could use this model to test its theoretical relevance and applicability across different therapeutic contexts and populations.

5.8 Conclusion

This study examined experiences of VPTG amongst psychologists in Aotearoa. VPTG offers a unique perspective for professionals who work with trauma clients, facilitating potential positive changes such as deeper empathy, understanding, gratitude, and connection. This research highlights the dynamic, and at times distressing and painful, process that therapists navigate, from emotional engagement with their clients through to emotional and somatic responses, adaptive coping strategies and transformative outcomes. Participants had schema changes in both positive and negative directions in the domains of self-perception, life philosophy, and interpersonal relationships that arose from therapeutic engagement with clients who have experienced trauma. This study provides unique insight into the experience of growth for psychologists while exploring understandings of VPTG and offering practical recommendations. Future research is needed to further understand the process and experience of growth, its intersection with traumatisation, and individual and systemic influences.

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Appendices

Appendix A: Interview Guide

Interview Questions

1. **Can you please tell me a bit about yourself and your work?**
   Prompts: Can you tell me a bit about your background? How long have you been a psychologist? What areas do you practice in? What sorts of trauma have your clients experienced?

2. **How have you been affected by your work with trauma survivors?**
   Prompts: Can you tell me about what it is like for you to listen to your client's stories? What goes through your mind? How does it affect the therapeutic interaction? How does it make you feel? Can you describe a specific situation that affected you?

3. **Can you tell me about any specific situations where you have experienced personal or professional growth following secondary trauma exposure?**
   Prompts: How does your life change? How did that feel for you? Are there particular situations that promote or inhibit your growth? What goes on in your mind?

4. **Can you describe any shifts in your worldview or beliefs that have resulted from your trauma work?**
   Prompts: Do you view the world differently from years of listening to the worst parts of humanity? Can you describe a situation that occurred when you realised you saw the world differently?

5. **Are you aware of the concept of vicarious posttraumatic growth?**
   Prompt: Are there any thoughts about it that you would like to share?

6. **There are 5 areas of potential growth that have been shown in the literature; can you please describe any experiences with change in:**

- appreciation of life (e.g. change in priorities, appreciating the value of your life)

- personal strength (e.g. self-determination, self-reliance, mental strength)

- interpersonal relationships (e.g. reliance on others, increased compassion, sharing your emotions, increased appreciation for others)

- recognition of new possibilities (e.g. new interests, improving your life, new opportunities, making necessary life changes).

- spiritual change (e.g. a change in religious or spiritual beliefs)

7. **Can you describe how the growth process unfolds for you and how you make sense of this?**
   Prompts: Can you identify growth that has occurred from a particular situation or is it cumulative? Does it follow traumatisation? Does it depend on the client's growth experience?

8. **What sustains you in your work as a trauma therapist?**
   Prompts: Why do you do this challenging work? What are the benefits for you from doing this work?

9. **What coping strategies or resources do you use?**
   Prompts: supervision, collegial support, work environment, self-care, work-life boundaries

10. **Do you have any other insights you would like to share about the impact of trauma work on your professional or personal life or any observations you have made?**

Appendix B: Information Sheet

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INFORMATION SHEET

An Exploration of Experiences of Well-being of Psychologists who Work with Trauma

Thank you for your interest in this research project. My name is Andrea Fischer, and I am a student completing my Master of Arts (Psychology) qualification under the supervision of Dr. Kathryn McGuigan from the School of Psychology at Massey University.

Project Description:

The aim of this research is to gain understanding of the complexities of working therapeutically with trauma clients by exploring the lived experience of psychologists. Research on the professional and personal growth of psychologists working with trauma is lacking, particularly within Aotearoa New Zealand. This research aims to talk with psychologists about their experiences of vicarious posttraumatic growth. If you chose to participate, you will be invited to attend an interview (either face-to-face or online). Please take some time to carefully read the information below.

Participant Identification and Recruitment

I am aiming to recruit between 6-8 participants to gather a range of perspectives and experiences for the study. I will be recruiting via Facebook pages, advertising in private practices, and word-of-mouth. Interviews will be conducted in English.

About You:

I am inviting participants to take part in this study who:

- Are registered psychologists who regularly work with trauma and who have experienced personal or professional growth as a result of their work
- Have over two years of experience as a psychologist working with trauma
- Reside in Aotearoa New Zealand
- Are proficient in English

The Benefits and Risks of this Research:

It is hoped that understanding more about the experiences of psychologists who do trauma work, and the factors that facilitate personal and professional growth, could help lead to positive changes in the way psychologists are trained and supported, Research on vicarious posttraumatic growth is insufficient and almost non-existent within the context of Aotearoa New Zealand, and it is hoped that this research will raise more awareness and understanding and create interest for further research projects. As a show of appreciation for your time and contribution to the research, you will be offered a koha of a $50 eGift card. You can also request a summary of the findings.

While it is not anticipated that any distress will arise, discussing your experiences of working with trauma could potentially be upsetting. However, you will be provided with the interview questions prior to the interview so you can consider what you are comfortable with sharing and whether you are prepared to participate. Should any discomfort arise during the interview, you are welcome to stop or pause the interview, or decline to answer a question. You also have the right to terminate participation in the research up until TWO (2) weeks after the interview has concluded.

Project Procedures:

Prior to the interview I will ask you to provide some simple demographic information and to inform me of any cultural preferences. I will send you a copy of the questions to review and will be available to discuss any questions you may have. The interview will be over Zoom (or face-to-face if you prefer and reside in Waikato) at a time that works for you. If in person, we will meet in a private, quiet location, such as your home, office, or in a public area where privacy is ensured. I welcome anything that makes you more comfortable including whānau members, or a support person. I anticipate the interview will take 60-90 minutes. You may be asked for a second, short interview (i.e. 15-20 minutes) if there are any points that need clarification, but you are not obligated to agree to this. You will be sent your transcript for approval and to edit if desired. A summary of the project findings will be sent to you after the thesis has been completed if requested.

Data Management:

Your confidentiality and privacy (and those of your work) are important and all names and identifying information will be removed from the transcripts, data, and write up of the research. I will record our conversations so that they can be transcribed it into a written document but all identifying data will be removed during this process. I will use pseudonyms when I am writing up the data. Your transcripts will be stored on a password-protected computer. Once transcription is complete, I will provide you with a copy of the transcript and you will be given the opportunity to review and edit the transcripts if you wish. Once you have approved the transcript, the audio files will be deleted. All deidentified data collected will be stored on a password protected computer and only my supervisor and I will have access to this data. This data will be erased five years after the study has been completed. Deidentified data may be disseminated in journal articles and conference presentations.

Participant's Rights

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- *decline to answer any particular question;*
- *withdraw from the study up to two weeks after your interview;*
- *ask any questions about the study at any time during participation;*
- *ask for the recorder to be turned off at any time during the interview;*
- *provide information on the understanding that your name will not be used;*
- *be given access to a summary of the project findings when it is concluded.*

Contact Details

My research supervisor is Dr. Kathryn McGuigan, Senior Lecturer at Massey University.

If you have any questions about the study, please contact me or my supervisor.

Researcher: Andrea Fischer **Ph:** [redacted] **Email:** andrea.fischer.2@uni.massey.ac.nz	**Supervisor: Dr. Kathryn McGuigan** **Ph:** 09 414 0800, ext. 43115 **Email:** k.mcguigan@massey.ac.nz

Support Information

If you find the interview distressing, please use your existing support services as well as professional supervision. It can also be useful to talk with your GP or other medical professionals. I can provide the contact details for free support lines and resources if requested.

Committee Approval Statement

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact the Director, Research Ethics, email humanethics@massey.ac.nz".

Appendix C: Consent Form

School of Psychology
Massey University
PO Box 756
Wellington 6140
+64 4 801 5799 extn 85071

PARTICIPANT CONSENT FORM

An Exploration of Experiences of Well-being of Psychologists who Work with Trauma

I have read, or have had read to me in my first language, and I understand the Information Sheet attached as Appendix I. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time.

1. I agree/do not agree to the interview being digitally audio-recorded
2. I understand that I can ask for the audio-recorder to be turned off at any point in the interview
3. I understand that the audio-recording will be destroyed once my interview has been transcribed
4. I understand that all information I give will be treated confidentially
5. I understand that I can read, discuss, and make edits to the transcript of my interview if I choose
6. I understand I will have access to a summary of the research at its completion
7. I understand and am happy to participate in the research under the conditions described in the Information Sheet provided.

Declaration by Participant:

I _____ [print full name] hereby consent to take part in this study.

Signature: _____ Date: _____

Appendix D: Authority for the Release of Transcripts

School of Psychology
Massey University
PO Box 756
Wellington 6140

+64 4 801 5799 extn 85071

AUTHORITY FOR THE RELEASE OF TRANSCRIPTS

An Exploration of Experiences of Well-being of Psychologists who Work with Trauma

I confirm that I have had the opportunity to read and amend the transcript of the interview(s) conducted with me.

I agree that the edited transcript and extracts from this may be used in reports and publications arising from the research.

Signature: ..... **Date:** .....

Full Name - printed .....

Appendix E: Research Advertisement

Seeking Trauma Psychologists

Are you a registered psychologist who regularly helps others to navigate trauma and has over 2 years of experience? Have you experienced personal or professional growth from conducting trauma work?

If so, I would love to talk to you as part of my research project on the phenomenon of Vicarious Posttraumatic Growth among psychologists in Aotearoa New Zealand.

Why Participate?

Your contribution will lead to further understanding of how to promote the mental health of psychologists and may also help in your own reflections of your experiences.

If you take part, you will receive a $50 eGift card as an acknowledgement of your time and contribution to this study.

About the Study:

My research aims to explore the experiences of psychologists who regularly work with trauma. I am interested in understanding how vicarious exposure to trauma can lead to professional and personal growth.

Participation involves a 60–90 minute interview, either face-to-face or via Zoom, at a time and location convenient for you. Information will be kept confidential, and data will be anonymised.

If you are interested and would like more information, please contact me for a chat, or for more detailed information via the project information sheet.

Andrea Fischer:

+64 [redacted] or

andrea.fischer.2@uni.massey.ac.nz

Appendix F: Demographic Information

School of Psychology
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Demographic Information

An Exploration of Experiences of Well-being of Psychologists who Work with Trauma

Age	
Gender	
Ethnicity	
Years of trauma work experience	
Number of hours worked weekly in trauma work	
Area/s of practice	

Appendix G: Exploratory Notes and Experiential Statements

In head, not feeling p.3 Client is focus p.3 Easy to feel positive towards client p.3 Helping victims – Called to the work p.3 Focused on client p.3 Feelings come later p.3 Finding ways to manage workload and stress p.3	very, very focused on what's going on for the client. Are they dissociating? Are they needing me to do some grounding? Do we need to pause? Are they avoiding some areas? Do I need to get more information? So, I'm not really, in those moments, like super in tune with how I'm feeling. I'm very much focused in the moment with the client. When I'm hearing those stories, it's very, very easy to be genuine and authentic, and to just have that very human empathy, like it's so genuine when I say I'm so sorry that this happened. And it's really what these clients, you know, it's not their fault. So, it's really kind of easy to take that empathetic stance with them. But I'm very, in the moment focused on them, and making sure they're okay, particularly before they leave the session, and that their distress is down. So, we might do plans around how they're going to manage these thoughts coming up after the session. It's not until after I've finished, that I get to reflect and often feel like, wow, that was really sad or feel the feelings of like…I remember one recent story a client was telling me and I remember leaning in, and I'm thinking I hope this doesn't happen, but the story is going there. But like that shock, and that horror, and just sadness for the client is more after the session. But I've become quite aware that that will happen. I'm really careful of how I plan my day and even how I plan my clients within a day of like not having all prolonged exposure sessions in one day, or having clients that are really stable and doing really well maybe after a session like that. Or having those sessions where I can anticipate that it might be quite hard at the start, and then I have a bit of space to process it before my next client, or I kind of

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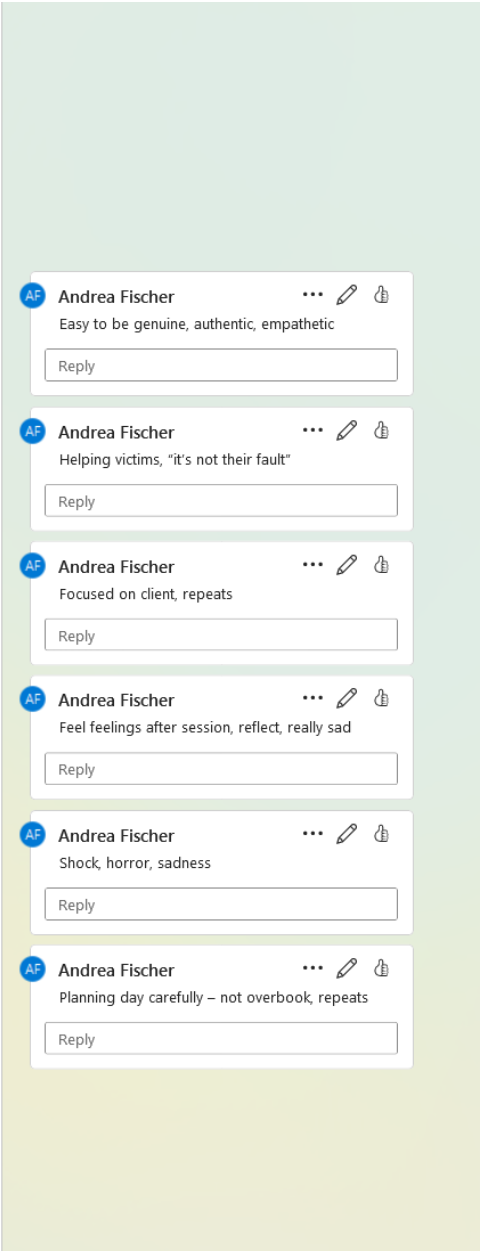

Appendix H: Personal Experiential Themes

PETS	Experiential Statements	Quotes
Worldview Changes	Just lucky	"I definitely think more about the adolescent stuff. And more about my own… I think shit, you know, like people drinking and I think far out I was lucky, or my friends were lucky" p. 5/6 "But I think about stuff that teenagers do and being at parties. So yeah, I think I probably am more disturbed by that stuff because actually, that's at a point where your child is going to be doing what they're supposed to be doing, which is testing boundaries and there's so much luck. I've realised, there's so much luck involved in all this stuff. Fortune, good fortune or bad fortune" p. 6 "And that's what I mean about the teenage years… because back then I probably had this faith that it will all be okay. And, you know, hitchhiking in [country], and I think there is an element of naivety to that, I think I was lucky, that I was fortunate" p. 15
	Feeling hopeful	"I think the other thing that I've realised too is that there's a lot of scare mongering around this is the worst thing that could ever happen. And I'm not going to diminish it, you know, like sexual abuse is horrific and awful but I think in a way that really reduces hope and resilience of survivors. Because really, that's not my experience. And I guess, that people can recover from this kind of trauma, so I think there's a lot of catastrophising that happens in all sorts of ways. You know, teen pregnancy, oh wouldn't it be terrible, whereas I guess you actually see that actually people get better, regardless of the awfulness of these situations. So, I think that's a benefit, that you don't feel that it's awful or doomed for somebody if this kind of thing happened. I mean, obviously, there's variations within this. For some people the level of trauma is so horrific that, you know, there is an element of like, they're never going to be functioning in a completely normal or average way. But there's still recovery, within that" p. 6

Appendix I: Group Experiential Themes

Ava= Orange Kate = Blue Chloe = Green Mārama = Red		
Group Experiential Theme	**Subtheme**	**Quotes**
Resiliency and Resourcefulness of Humankind		"how unbelievably resilient and resourceful people are, like some of the stories I am like, God, how has this person survived and managed to adapt, and built all these incredible ways of coping? Like I have no idea how you've been able to do that, and you're here looking for support and you want to make your life better? Like it's kind of incredible" p. 5 "She's… in terms of how many events and how many different types of traumas, like her whole life. It's just kind of like, it was mind blowing when I was doing her assessment of how many traumatic experiences she went through" p. 10 "And even when I saw her, like, she still had PTSD and huge social anxiety, it was really impacting her as a mom and her ability to function, but she was still very high functioning. And that actually blew my mind" p. 10 "We do see the other side where you can see the damage of trauma and how it affects people but I was just amazed at how, like I could have met her at a park and had no idea and just kind of like being friends with this person. And just amazed at how much humans can actually survive as well. The strength of humans, and that I think was really quite inspiring, of just how amazing humans are" p. 11 "I think the other thing that I've realised too is that there's a lot of scare mongering around this is the worst thing that could ever happen. And I'm not going to diminish it, you know, like sexual abuse is horrific and awful but I think in a way that really reduces hope and resilience of survivors. Because really, that's not my experience. And I guess, that people can recover from this kind of trauma, so I think there's a lot of catastrophising that happens in all sorts of ways. You know, teen pregnancy, oh wouldn't it be terrible, whereas I guess you actually see that actually people