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Short Communication

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Vicarious Trauma: The Next Pandemic?

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What is Vicarious Trauma

Vicarious Trauma (VT) is ubiquitous and may be defined as the cumulative impact on the therapist of repeated exposure to traumatic client imagery and material. Therefore, VT may be viewed as a natural and inevitable consequence of working with trauma clients. Although only a relatively new area of study, findings suggest that VT effects can have a profound impact on both personal and professional domains of functioning.

Pearlman & Saakvitne refer to Vicarious Trauma as the cumulative transformative effect upon the trauma therapist of working with survivors of traumatic life events. The therapist's inner experience is negatively transformed through empathic engagement with clients' trauma material through a process [1]. According to Francoise Mathieu it is estimated that between 40% and 85% of "helping professionals" develop vicarious trauma and compassion fatigue along with high rates of traumatic symptoms. If left untreated burnout is inevitable [2]. In addition, professionals whose caseloads consist of 60% or more clients with a significant trauma history are at increased risk of experiencing secondary trauma [3].

What are the Signs of Vicarious Trauma?

Past research into Vicarious Trauma with Trauma Counsellors (TC) suggests that TC's responses to exposure to traumatic client material are predominantly affective, and includes anger, pain, frustration, sadness, shock, horror and distress. The anger is mainly directed toward the perpetrator but is sometimes expressed in global statements regarding our inhumanity. Frustration is both self and other directed. Self-directed frustration appears to be related to the TC's knowledge of their inability to change the client's situation. Other-directed frustration is towards clients, their families and societal factors. TCs report that the nature of the response depends on "who is telling me, and how they are telling me, and the content of what they are telling me". That is, the responses vary according to the nature of the trauma, age of the client, and its impact on the client's life. There is some evidence that TCs are influenced by their workload and by "... whether it triggers something personally in me, some kind of memory of myself, or some kind of connection that I make".

Vicarious Trauma causes an imbalance in the person's self-dynamic and those vulnerable to Vicarious Trauma have been found to have low occupation-personality fit [4]. An underlying assumption of Vicarious Trauma is that it causes profound disruptions in the therapist's frame of reference, including their basic sense of self, worldview, and spirituality. Summarize the impact of Vicarious Trauma as follows [1].

"Multiple aspects of the therapist and their life are affected, including their affect tolerance, fundamental psychological needs, deeply held beliefs about self and others, interpersonal relationships, internal imagery, and experience of their body and physical presence in the world". The impact has also been noted in the TC's concept of themselves and their understanding how others view them [5]. In some, the very nature and purpose of their existence comes into question but this is a question that may not necessarily relate to VT but lack of personality integration [6].

Whilst there are many rewards in working as a trauma therapist, assert that Vicarious Trauma refers specifically to the negative aspects experienced by the therapist [1]. The concept is not intended to attribute blame to clients for the therapists' reactions, rather Vicarious Trauma is considered a natural and inevitable response to spending significant amounts of time working with, or studying, trauma survivors. VT is a process that takes place over time, and across clients and therapeutic relationships.

Many of the effects experienced by the therapist parallel those of the trauma client, but at subclinical levels [1,7]. The therapist may experience general changes, such as having no time or energy for self or others, and increased feelings of cynicism, sadness, and seriousness. They may experience other strong emotions such as an-

ger, grief, or despair. The therapist may also develop an increased sensitivity to violence, for example, when watching the news on television or in the cinema [8].

Pearlman & Saakvitne state that the therapists' self-protective beliefs about safety, control, predictability, and attachment challenged through working with trauma clients. Consequently, the therapist may become anxious, and avoidant of situations they now perceive as potentially dangerous, such as being home alone, driving at night, and walking through car parks [1,9]. These and other effects, which can be disruptive and painful for the therapist, may occur as a short- term reaction to working with traumatized clients, or may persist for months or years after the completion of such work [10].

What Contributes to Vicarious Trauma?

There is no doubt that some occupations contain inherent stressors that are relatively more deleterious than others are. This means that unless there is adequate training, those professionals who have low occupation-personality fit or high personality-occupation incongruences will be vulnerable to VT when their stress tolerance levels are tested at minimal resistance [5]. The work of the first responders such as the police, ambulance officers, emergency service officers, psychiatrists, psychologists, and trauma counselors, i.e., those professionals in the "caring professions" compared to say florists, bakers, lawyers, plumbers etc. The focus here is to examine what contributes to Vicarious Trauma amongst mental health professionals.

Pearlman & Saakvitne identify two major factors that contribute to Vicarious Trauma: aspects of the work, and aspects intrinsic to the personality of the individual therapist [1]. Aspects of the work include the nature of the clientele, facts of the traumatic event, organizational contextual factors and social/cultural issues. Therapist characteristics include personality, personal history, current personal circumstances affecting their health, family, relationships, profession, education, finances and self-life-domains and specifically, their level of professional development. Vicarious Trauma evolves from a complex interaction between these multiple influences and thus its effects are unique to each therapist.

McCann & Pearlman suggest that Vicarious Trauma intrudes on four major areas of the therapist's functioning: cognitive schemata, psychological needs, the memory system, and frame of reference [10]. They assert that schemata are cognitive manifestations of psychological needs such as trust, safety, power, esteem, intimacy, independence and frame of reference, all of which are fundamental to trauma adaptation. These needs are sensitive to disruption by Vicarious Trauma, which can therefore cause subtle and/or acute effects, depending upon the degree of discrepancy between the client's traumatic memories and the therapist's existing schemas. Alterations to schemata based on trauma adaptation needs are reflected in the perspectives that therapists may develop. Dutton notes that therapists may develop some of the following perspectives: there is never a safe place in the world (safety); the therapist is helpless to take care of the self or to help others (power); one's personal freedom is limited (independence); or working with victims sets one apart from others (intimacy) [11].

McCann & Pearlman also argue that these and other cognitive shifts that result from exposure to traumatic client material may create emotional distress in therapists, including anger, guilt, fear, grief, shame, irritability, and inability to contain intense emotions [10]. In addition, Dutton asserts that the cognitive shifts may interfere with effective functioning in the therapeutic role [11].

In addition to disturbances in cognitive schemata, McCann & Pearlman assert that therapists who listen to accounts of victimization may internalize their clients' memories, and may consequently have their own memory systems altered [10]. Disruptions in their imagery system of memory are most frequent and thus the therapist experiences flashbacks, dreams, or intrusive thoughts; symptoms constituting one of the primary diagnostic criteria of [12,13]. As with cognitive shifts, disruptions in the imagery system of memory are frequently associated with powerful affective states [12]. Therapists have reported various uncomfortable emotions resulting from their work with trauma survivors, including sadness, anxiety, or anger [10]. It should be kept in mind that what is traumatizing is the person's actual experience. However, what is traumatic to one person may not be so to another [7].

McCann & Pearlman also assert that Vicarious Trauma affects the therapist's frame of reference, which incorporates their worldview, sense of self, and spirituality [10]. Given that individuals view, experience, and interpret their world through this frame of reference, any disruption to it is inherently disorienting and stressful [1]. In looking at the contributing factors to Vicarious Trauma, it is important to note that there is no study to date that has used methodology to obtain baseline data to obtain subsequent comparisons. In addition, very few studies acknowledge the need to distinguish between the impact of Vicarious Trauma, PTSD and the chronic effects of unresolved personal life and developmental issues. Given the extensive trauma due to famine, natural and manufactured disasters, war, COVID-19, economic mismanagement, political ineptitude and willful corruption and countless other scourges beset on humanity. This area needs extensive and urgent investigation.

How to Address Vicarious Trauma?

- Thinking about, planning or doing something each day to improve seven life domains: health, family, relationships, profession, education, finances and self-life domains [4,5,14]. Self-Empowerment Therapy has been demonstrated to reduce anxiety and depression associated with PTSD [15].
- Triggers of vicarious trauma can be everywhere: in experiences, the media, from patients and in our own personal lives. Therefore, there needs to be an active intentional attempt to restructure a lifestyle that is satisfactory in all life domains (health, family, relationships, profession, education, finances

and self-life domains) and it is important to find unique strategies that works best for each individual.
- Awareness of the need to be proactive in maintaining healthy eating, sleeping and exercise habits as well as recognizing the need for self-care and involvement in core activities outside of professional responsibilities.
- Avoidance of negative coping strategies such as consumption of too much coffee, alcohol and other stimulants. Avoidance of risk taking behaviors such as speeding, gambling, self-destructive behaviors and social isolation, including withdrawal from family and friends.
- Awareness of the need to create a balance between private and professional life and endeavoring to keep these spheres separate.
- Ongoing professional education, training and development [16-25].

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