PSYCHD

Carrying the torch of hope

An investigation into the experiences of shared interpersonal trauma in the therapeutic relationship

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Award date:
2023

Awarding institution:
University of Roehampton

Carrying the torch of hope: An investigation into the experiences of shared interpersonal trauma in the therapeutic relationship

By

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A thesis submitted in partial fulfilment of the requirements for the degree of PyschD

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2023

Table of Contents

1.0. ABSTRACT

Background and aims: Existing research has identified that therapists with a history of interpersonal trauma can experience both negative and positive implications from the therapeutic work with traumatised clients. The topic has predominantly been explored using quantitative research methods, highlighting an inconsistency as to whether a trauma history in

the therapist is a significant contributing factor to the positive and negative implications of the work. To date, little is known about how therapists with a history of interpersonal trauma experience this therapeutic work with their clients. This study therefore aimed to provide further insight by using a qualitative approach to investigate accounts of therapists with a history of interpersonal trauma working therapeutically with traumatised clients.

Method: Semi-structured interviews were conducted with eight qualified therapists who work therapeutically with traumatised clients in their current practice. Interview transcripts were analysed using Interpretative Phenomenological Analysis (IPA).

Results: Results: The analysis produced three master themes with nine sub-themes, (1) Navigating challenges and rewards, (2) Getting to know the self: a protective quality, and (3) "You're affected all your life": the permanent imprint of interpersonal trauma.

Conclusion: The key findings of this research study suggest that therapists who have a history of interpersonal trauma can mitigate both the negative and positive implications of their work. Three factors were identified: continuous self-awareness, obtaining training in working with trauma, and engaging in self-care practices focused on nervous system regulation. These findings could pave the way for larger scale studies seeking to identify to what extent these three factors contribute to robust working practice in this group of therapists.

2.0. ACKNOWLEDGEMENTS

I want to thank everyone who has supported me through this research process. I want to express my sincere gratitude and appreciation to the participants who generously agreed to participate in this research. Thank you to my director of studies, Dr Mark Donati and especially to my research supervisor, Dr Jasmine Childs-Fegredo, for her ongoing support, guidance, and belief in my potential, without which I would not have been able to complete

this research work. I would also like to express my gratitude to Dr Mick Cooper for his support and assistance during the recruitment process. Thank you to my family and friends for the much-needed encouragement, enthusiasm, and support over the last four years. Particular thanks go to my colleagues Zeina and Starie for their emotional support during difficult times, I couldn't have done it without you. Finally, I would also like to thank my partner for his endless support, patience, encouragement, and most importantly, for believing in me when I could not.

3.0. INTRODUCTION

Exposure to trauma, or traumatic experiences, is pervasive in societies worldwide (Magruder, McLaughlin, & Borbon, 2017). Clients with trauma histories represent nearly 80% of clients at mental health clinics and require specialised knowledge on behalf of therapists (Jones & Cureton, 2014). With such a high prevalence rate, therapists in all settings will inevitably work with clients who are survivors of trauma. Traumatic experiences are broad terms, encompassing a range of experiences that overwhelm the central nervous system and alter how memories are processed and recalled (van der Kolk, 2014). The American Psychological Association defines trauma as a) a direct personal experience of an event that

involves actual or threatened death or serious injury or other threat to one's physical integrity; witnessing or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate, b) the person's response to the event must involve intense fear, helplessness, or horror (APA, 2000; p.463).

Many have argued that various experiences can be traumatic without "threatened death or serious injury, or other threat to one's physical integrity" (Briere, 2006). The DSM-V has narrowed and clarified removed definition of trauma now incorporates experiences such as a car accident, a natural disaster, learning about a death of a loved one, and even a particularly painful divorce to be variations of traumatic experiences (Jones & Cureton, 2014). Due to the multifaceted definition of trauma and the potential confusion in using the term, researchers have stressed the importance of differentiating between traumatic experiences (Kelley, Weathers, McDevitt-Murphy, Eakin, & Flood, 2009). Traumatic experiences have been differentiated in existing literature as either interpersonal (i.e., the direct result of actions by other people) or non-interpersonal (i.e., other life-threatening events, such as severe accidents) (Hughesdon et al., 2021).

Interpersonal trauma has been found to have a variety of adverse effects on the personal and social functioning of the individual and tends to have one of the most significant adverse psychological consequences (Cunningham, 2003). Interpersonal trauma has also been associated with more severe posttraumatic stress disorder (PTSD) symptoms than non-interpersonal trauma exposure (Hughesdon et al., 2021). The reason for this is thought to be due to the intentionality of the act, in other words having to come to terms with the idea of one person deliberately inflicting harm upon the other, which can dramatically impact the person's beliefs about self, others and the world (ISTSS, 2018; Biruski, Ajdukovic, & Stanic, 2014). It has also been proposed that human-induced trauma might be more difficult for clinicians to work with clinically than naturally caused trauma precisely because this type of work exposes

the therapist to the "potential boundlessness of human evil" (Danieli, 1994; p.31, as cited in Cunningham, 2003).

3.0.1. The negative Implications of therapeutic work with traumatised clients

According to literature, the impact of trauma and traumatic events is not limited to the person who has suffered primary trauma but can also indirectly affect the person exposed to trauma (APA, 2000; Knight, 2013). Although all therapeutic work carries the potential of an adverse impact on the therapist, trauma work has been found to have additional challenges associated with indirect exposure (Bride, Radey, & Figley, 2007; Arvay, 2001).

The negative challenges accompanying indirect trauma[1] work have been conceptualised using a variety of terms, such as compassion fatigue (CF), secondary traumatic stress (STS) and vicarious trauma (VT). Although these terms are similar and often used interchangeably in literature and research (Baranowsky, 2002; Salston & Figley, 2003), they have some important distinctions.

Compassion fatigue (CF) and secondary traumatic stress (STS) have both been coined by Figley (1995), who suggests that they can be substituted for each other, which they often are. CF has been described as the empathic strain and general exhaustion resulting from dealing with people in distress over time and is mainly a term used in research with nurses and doctors (Figley, 1995). On the other hand, STS refers to trauma symptoms, such as intrusions, avoidance, and arousal (Figley, 1995), similar to post-traumatic stress disorder triggered by secondary trauma exposure (Ling, Hunter & Maple, 2014). STS has been thought to occur

[1] This term will be used to refer to the therapist's exposure to a client's trauma experience through the process of their therapeutic engagement with clients (Ling & Maple, 2014).

quickly and unexpectedly in reaction to the exposure of the therapist to the client's traumatic experience (Figley, 1995).

The term vicarious traumatisation, initially coined by McCann and Pearlman (1990), refers to the cumulative effect of empathic engagement with clients affected by trauma, which has been thought to affect the individual's experience of the self, other, and the world in a negative way (McCann & Pearlman, 1990; Pearlman & Mac Ian, 1995). The most notable difference between STS and VT is that the former focuses on the symptoms and emotional responses resulting from trauma work, while the latter implies a change in cognition over time (Aparicio et al., 2013; Mishori, Mujawar, & Ravi, 2014). The defining characteristic of VT is the cognitive changes, although it is presumed that the affected clinician will also develop symptoms consistent with PTSD.

Perhaps it is due to this significant overlap in definitions that these two terms are used interchangeably, increasing the difficulty in interpreting, and understanding specific research (Najjar, Davis, Beck-Coon, & Doebbeling, 2009; Sabin-Farrell & Turpin, 2003). Research on this topic is inconsistent, and an increased clarification of the secondary trauma construct, particularly outlining distinctions between normal and abnormal stress responses, has been identified as an area for future research (Elwood, Mott, Lohr,& Galovski, 2011). As research stands at the moment, there seems to be more evidence for the secondary traumatic stress construct rather than a change in cognition, which is increasingly being thought of as a natural consequence of trauma work (Sabin-Farrell, 2000; Diehm, 2007; Devilly, Wright & Varker, 2009;). The current study will use the term *negative implications* or *secondary trauma symptoms* to refer to the manifestation of adverse changes due to indirect exposure to the client's traumatic material[2].

[2] This term will refer to the person's memories of the trauma and the behavioural/emotional consequences of that event.

In addition, recent research has found that post-traumatic growth can occur while feeling some level of distressing emotions, which suggests that negative and positive impacts of trauma experiences are co-occurring and not mutually exclusive (Arnold, Calhoun, Tedeschi, & Cann, 2005; Linley, Joseph, Cooper, Harris, & Meyer, 2003; Ling, Hunter & Maple, 2014). Post-traumatic growth refers to an ability to transform trauma and use adversity to one's advantage (Tedeschi & Calhoun, 2004) and can also occur due to indirect trauma exposure. Linley and colleagues (2003) have proposed that positive and negative implications from trauma work should be conceptualised as unique but assessed together, as focusing only on the negative aspects of the work does not give a balanced understanding of posttraumatic reactions. These findings call for a better understanding of the spectrum of indirect trauma exposure experiences and a more prominent recognition of the positive personal and professional outcomes as a result of engaging therapeutically with trauma clients.

3.0.2. The positive implications of therapeutic work with traumatised clients

The positive implications of trauma work are less known than the negative, and research in that direction is still limited (Brooks et al., 2016). Growth from adversity has been studied using a narrow sample of survivors such as cancer, transport accidents, and military combat participants (Barakat et al., 2006; Linley & Joseph, 2004) while excluding the potential range of intentional and non-intentional adversity, which many people experience throughout their lifetime (Brooks et al., 2016). Some concepts that attempt to capture these positive aspects are compassion satisfaction (CS), vicarious resilience (VR), and vicarious post-traumatic growth VPTG). Similarly, research on the negative impacts of trauma work, positive growth research also provides inconsistency in terminology and no consensus on what to refer to the positive change that therapists experience from trauma work.

CS refers to the sum of all the positive feelings a person derives from helping others (Sacco, Ciurzynski, Harvey, & Ingersoll, 2015). It is an under-researched term with research only beginning to emerge in recent years (Brooks et al., 2016).

The concept of VR was first introduced by Hernandez, Gangsei and Engstrom (2007) as a term to describe the positive impact on and personal growth of therapists resulting from exposure to clients' resilience. Vicarious resilience combines the concepts of resilience, the ability to withstand and rebound from disruptive life challenges, and vicarious learning, the ability of the therapist to learn about coping with adversity from their clients (Walsh, 2016). It is thought to be a dynamic process as individuals display positive adjustment in their philosophy of life, goals, and perspectives, despite experiences of adversity in the past or present (Hernández, Gangsei & Engstrom, 2007)

Vicarious post-traumatic growth refers to the positive growth one can experience as a result of indirect trauma exposure (Arnold et al., 2005). It is embedded in the post-traumatic growth framework, which refers to the positive changes that can occur in the process of coping with traumatic events (Tedeschi & Calhoun, 2004). The PTG framework emphasises the capacity of people to respond to adversity in a way that promotes personal or other growth through a transformational process in a positive sense (Ling, Hunter & Maple, 2014).

Research on the positive impact of trauma work seems to primarily refer to the positive effects experienced, as either VR or VPTG. However, as different bodies of literature use these terms interchangeably with no consensus on which term best encompasses these experiences, the term *positive growth* will be used to refer to the growth that therapists with a trauma history can experience as a result of working therapeutically with traumatised clients. The positive growth therapists describe concerning trauma work is centred around how they view humanity and spirituality. Therapists have reported admiring resilience in human beings and experiencing a form of spiritual broadening (Arnold et al., 2005; Splevins, Cohen, Joseph,

Murray, & Bowley et al., 2010), growth concerning their professional identity and enhanced professional capability as a result of realising that their work is valuable and that they can make a difference (Satkunanayagam, Tunariu, & Tribe, 2010; Shamai & Ron, 2009; Splevins et al., 2010).

Although there are discrepancies in the literature regarding what to call the negative and positive impact of therapeutic involvement with traumatised clients, there is a consensus in the literature that there are undoubtedly both negative and positive impacts of trauma work with specific factors that contribute to these effects.

3.0.3. Contributing factors

Factors that have been found to contribute to the development of adverse effects when working with traumatised clients include empathic engagement, caseload, being less experienced working with trauma, and having one's personal history of trauma (McCann & Pearlman, 1990; Perlman & Mac Ian, 1995).

Empathic engagement is "the psychological capacity to identify and understand another person's psychological state of being" (Rothschild, 2006; p.29). Existing findings have found that individuals who have an increased capacity for empathy tend to be more at risk of developing difficulties associated with secondary exposure to trauma (Figley, 1995; Rauvola, Vega & Lavigne, 2019). The amount of trauma clients on a therapist's caseload has also been found to be a contributing factor to the development of secondary trauma symptoms (Arnold et al., 2005). A higher caseload of trauma clients has been found to lead to more negative effects of trauma work than a balanced caseload (Cunningham, 1999; Tripanny, Wilcoxon, and Satcher, 2003). Studies have generally argued that inexperienced therapists tend to be more susceptible to secondary trauma (Ladany & Friedlander, 1995; Craig & Sprang, 2010; Figley, 1995; Sheehy Carmel & Friedlander, 2009). Other studies have identified personal trauma history to be a predisposing factor for secondary trauma symptoms (Pearman & Mc Ian, 1995;

VanDeusen & Way, 2006); however, some have found that this not to be the case (McKim & Smith-Adcock, 2013; Somoray, Shakespeare-Finch, & Armstrong, 2017). Most studies on the negative effects of trauma work highlight the importance of training, self-care, social support, and supervision in mediating the adverse effects when working with traumatised clients (Trippany, Kress, Wilcoxon, 2004; Harisson & Westwood, 2009).

Factors that contribute to the positive growth of therapists in trauma work include emphatic engagement, theoretical orientation, self-care activities, personal therapy, social support, and personal history of trauma. Empathetic engagement has been identified as an essential factor in the development of personal growth in the therapist (Brockhouse, Msetfi, Cohen, & Joseph, 2011; Linley & Joseph, 2007, Harrison & Westwood, 2009), with studies suggesting that experiencing empathy for the client spurs participants to own psychological growth (Shamai & Ron, 2009; Splevins et al., 2010). Theoretical orientation has also been identified as an essential factor relating to growth. Linley and Joseph (2007) have found that humanistic and transpersonal orientations were positively associated with growth, while cognitive-behavioural training was negatively associated. Self-care activities (Arnold et al., 2005; Barrington & Shakespeare-Finch, 2013), personal therapy (Brockhouse et al., 2011; Splevins et al., 2010) and social support, in particular supervision and peer support, have been linked with the development of personal growth (Brockhouse et al., 2011; Linley & Joseph, 2007; Satkunanayagam, Tunariu, & Tribe, 2010). Interestingly the variables self-care, social support, and supervision have been identified as protective practices against secondary trauma symptoms in indirect trauma research, which further highlights the overlap of the two concepts and thus the need to study them together. Finally, history of trauma was identified to be a facilitative factor for personal growth in one study focused on post-traumatic growth in therapists (Linley & Joseph, 2007), while another study found no difference in the level of personal growth concerning participants' with or without a personal trauma history (Benatar, 2000).

3.2. SYSTEMATIC LITERATURE REVIEW

Both empathic engagement and history of trauma are factors which have been found to contribute to both positive and negative implications of trauma work for therapists and provide valuable avenues for further research investigation. However, unlike empathic engagement, the role personal history of trauma plays in developing secondary trauma symptoms and positive growth concerning trauma work has attracted many inconsistencies. Its effects are yet to be established through further research investigation. Furthermore, studies regarding therapists' history of trauma and its relationship to the negative and positive impact on therapists are essential due to the high prevalence of trauma in society, including in therapists (Magruder, McLaughlin, & Borbon, 2017; Jung, 1951; VanDeusen & Way, 2006; Michalopoulos & Aparicio, 2012). Therefore, the question of what role the therapist's personal history of trauma plays in posttraumatic reactions seems to be an essential point for examination (Pearlman & Mac Ian, 1995; VanDeusen & Wat, 2006). A systematic literature review was carried out to investigate what literature already exists on therapists with a history of trauma working therapeutically with traumatised clients. This review will aim to systematically identify and explain the existing literature on therapists' history of trauma concerning the negative and positive implications of therapeutic engagement with traumatised clients.

Method

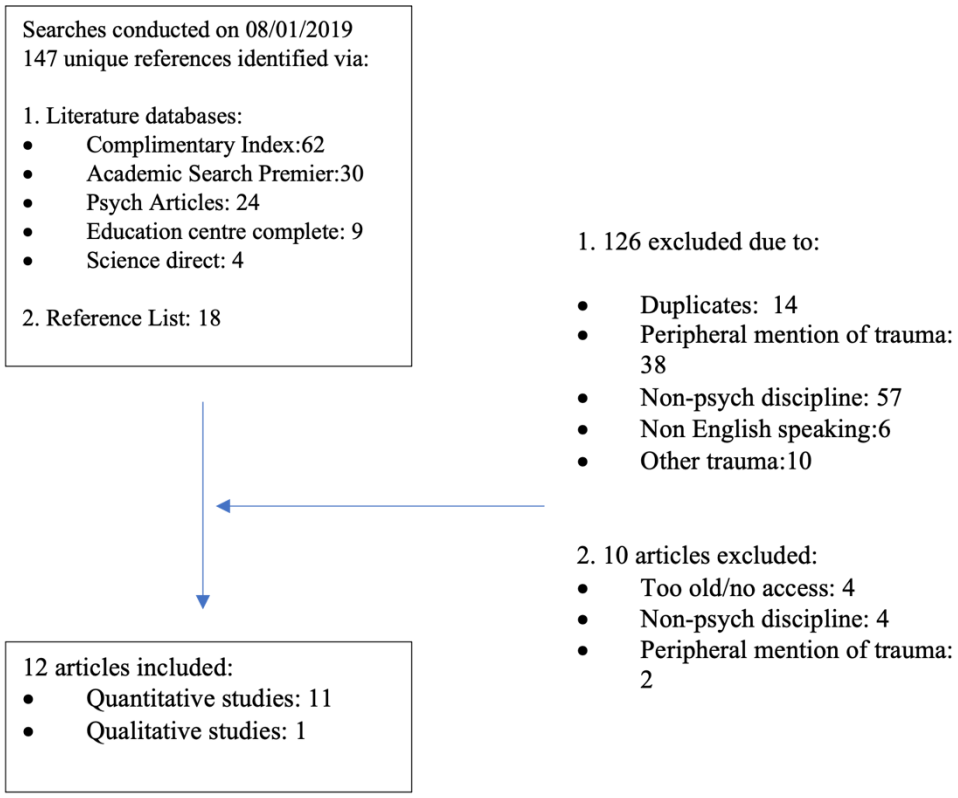
The review steps of the PRISMA guidelines were followed to enhance the quality of the research process and aid a more efficient peer review process (Liberati et al., 2009). The systematic search was conducted using a discovery search tool that searches many databases simultaneously. Databases such as "SportDiscuss with Full Text" and "ATLA Religion Database with ATLASerials" were excluded due to not being applicable to the subject field.

Search terms were chosen by referring to keywords identified by existing studies within the field and through identifying the key concepts that address the different elements of the research question. The search terms that combined the negative aspects of trauma work ("vicarious trauma" OR "vicarious traumati*" OR "secondary traumatic stress" OR “secondary trauma”), the positive aspects of trauma work ("vicarious resilience" OR "vicarious post-traumatic growth" OR “post-traumatic growth” OR "positive self-transformation"), history of trauma ("history of trauma" OR "trauma history" OR "personal trauma" OR "reported trauma history" OR "maltreatment history") and variables related to psychology and therapy ("therap*") and ("psychology" OR "counselling psychology" OR "clinical psychology" OR "psychotherapy" OR "counselling") were included. These were entered separately and in a search string, providing the same number of results. The inclusion criteria was any study on negative and/or positive impacts of therapeutic work, where the therapist’s history of trauma is either studied qualitatively or quantitatively. The exclusion criteria was: a) non-psychology disciplines, b) non-English speaking sample (to minimise differences due to cultural aspects), c) history of trauma mentioned only peripherally, and d) trauma having to do with natural disasters/crime (see Figure 1). Although the search engines screen for duplicates, the studies were imported into RefWorks and screened for duplicates once more. Initially, the abstract was assessed for relevance, and the full text was screened. The references of two literature reviews, one meta-synthesis, and one qualitative report identified by the search database were screened to identify further relevant articles. The reference lists of the other relevant articles were also screened for additional relevant articles.

Various methods are available for synthesising research findings (Snilstveit & Vojtkova, 2012). This systematic review will use a textual narrative synthesis as the area of research has many discrepancies, and this type of synthesis is used to make the heterogeneity between studies transparent (Barnett-Page & Thomas, 2009; Ryan, 2013). This will be achieved by characterising studies into multiple groupings according to common themes and

reporting study characteristics within each group by highlighting broader similarities and differences among the groups (Booth, Papaioannou & Sutton, 2012).

Figure 1. Flow chart of included studies



Results

From the systematic review, the results included 12 pieces of literature on therapists' history of trauma; these were:

- 7 quantitative studies on the negative impacts of trauma work: Makadia, Sabin-Farrell & Turpin, 2017; Jenkins & Baird, 2002; Way et al., 2004; Adams & Riggs, 2008; VanDesusen & Way, 2006; Cunningham, 2003; Dworking, Sorell & Allen, 2016.
- 5 quantitative studies on the positive impacts of trauma work: Brooks et al., 2016; McKim & Smith-Adock, 2013; Brockhouse et al, 2011; Jenkins, Mitchell, Baird, Whitfield, & Meyer, 2011; Somoray, Shakespeare-Funch & Deane, 2017.
- 1 qualitative study on the negative and positive impact of trauma work: Benatar, 2000.

Methodology Limitations

History of trauma in the therapist has primarily been studied quantitatively rather than qualitatively, with the systematic search identifying only one qualitative study on the subject. As quantitative research does not allow participants to explain their choices or explore the meaning the topic may have for them, this presents a limitation to what can be known through quantitative inquiry (Yilmaz, 2013; Galdas, 2017). This limitation may explain the lack of clarity and inconsistencies in research findings and suggests that there is something about the participant's experiences that a quantitative inquiry cannot capture.

In the quantitative studies identified through the systematic review, the variable history of trauma was entered as a demographic or control variable rather than as the main focus of the research investigation (Makadia et al., 2015). A variety of pre-existing scales were used to assess the history of trauma in therapists. Some of these scales used to collect data are over 20 years old, which raises the question of whether they need to be re-evaluated and refined or whether newer, more sophisticated measures of trauma history need to be developed. Some of the measures used, such as the Sexual Experience Survey (Koss, Bachar, & The SES

Collaborative, 2004), only assess the number of behaviourally defined instances of sexual coercion and assaults since age fourteen. This means that this scale cannot capture any abuse that may have happened before age fourteen. Other forms of abuse which are not sexual are also not represented in this survey. Two studies specified in detail the type of questions they asked participants regarding their history of trauma (Adams & Riggs, 2008; Brooks et al., 2016); others did not specify the types of questions asked (Somoray, Shakespeare-Finch, Deanne, 2017), while the rest posed one question requiring a simple yes or no answer (Brockhouse et al., 2011). Considering the variety of ways in which this information is collected, the inconsistency in research findings can be seen as an inevitable consequence.

Participants

The participant sample used in these studies varies regarding their work roles, training, and other demographic variables, which further contributes to inconsistencies in research findings. Most studies included a variety of mental health workers, such as psychologists, counsellors, mediators, and social workers (Somoray, Shakespeare-Finch, Deanne, 2017). The combination of psychologists and social workers as study participants is particularly common (Bentar, 2000; Leonard McKim & Smith-Adcock, 2013). Other studies have been more specific, using a purposeful sample of clinicians who treat sexual abuse survivors and offenders (VanDeusen & Way, 2006; Way et al., 2004). Including such a heterogeneous group of participants increases the likelihood of individual differences amongst professionals. Two of the studies have used a participant sample of trainee therapists with a history of trauma. The study carried out by Makadia, Sabin-Farrel, and Turpin (2017) is the only one that has chosen a homogenous sample of participants consisting of clinical psychology trainees.

Trauma Definitions

Further inconsistencies in secondary trauma revolve around the specification of the type of trauma in the populations studied. Five out of fourteen studies have specified the type of trauma prevalent in the client and therapist (Jenkins et al., 2011; VanDeusen & Way, 2006; Benatar, 2000; Brooks et al., 2016; Dworkin, Sorrel, Allen, 2016). Others have specified the trauma of the client but not the therapist or vice-versa (Makadia et al., 2015; Jenkins & Baird, 2002). While the rest have either included participants with a history of trauma and some without (Cunningham, 2003), or they used trauma as an elusive term without specifying the type of trauma neither in the client nor in the therapist (Somoray, Shakespeare-Finch, Deane, 2007; Brockhouse et al., 2011; McKim & Smith-Adcock, 2013; Adams and Riggs, 2009). This lack of an operational definition of the type of trauma under investigation can be a further contributing factor to the inconsistency in findings. The only type of trauma that seems to be explicitly differentiated from the rest is interpersonal trauma, specifically sexual assault, childhood sexual abuse (CSA) and domestic violence (DV). As discussed in the introduction, this could be due to the intentionality of the act and having to come to terms with the idea of one person deliberately inflicting harm upon the other.

Negative implications for therapists with a trauma history engaging therapeutically with traumatised clients

Unspecified trauma

The study by Makadia, Sabin-Farrel and Turpin (2017) explored the contribution of individual and situational factors to trauma symptoms; they found that personal trauma history was not significantly related to trauma symptoms. One potential reason for not finding a significant correlation between trauma history and trauma symptoms could be that participants had a balanced caseload of one to two trauma clients in the past six months. As a balanced caseload has been identified as a protective factor against negative implications of the work

(Cunningham, 1999; Tripanny, Wilcoxon, and Satcher, 2003), this may account for the study's findings.

Another study focused on novice therapists (Adams & Riggs, 2008) explored VT amongst clinical and counselling psychology trainees in relation to trauma history, experience level, trauma-specific training, and defence style. The study found that a history of trauma and self-sacrificing defence style, in conjunction with being a trainee therapist, may be especially problematic.

Both of these studies do not specify the type of trauma the therapist has experienced, and only one of them defines the type of trauma the participants have experienced, making it difficult to draw any firm conclusions.

Sexual assault/CSA and domestic violence traumas

The rest of the studies who have focused on a particular type of interpersonal trauma, specifically participants and/or therapists who are survivors of sexual assault/CSA and domestic abuse and as well as clients who are sexual offenders (Dworkin, Sorell, Allen, 2016; Cunningham, 2003; VanDeusen & Way, 2006; Way et al., 2004; Jenkins & Baird, 2002; Benatar, 2000). The participants in the study by Jenkins and Baird (2002) had either a sexual assault or DV. Results showed that counsellors with a history of domestic abuse and/or sexual assault scored higher on the two scales that measured PTSD-like symptoms than those not reporting such a history. Participants did not score high on other subscales, such as burnout and disrupted beliefs. The study has looked at both domestic violence and sexual assault participants as a whole. As domestic violence does not necessarily mean sexual assault; the two types of abuse are very different; thus, combining them does not allow for the difference between the two groups to emerge.

Similarly, a study by Dworkin, Sorell and Allen (2016) in rape crisis centres found similar results: staff members with a history of sexual assault evidenced more STS symptoms than staff members without such a history. Just like the literature on this topic has already suggested, experiencing symptoms similar to PTSD after working with traumatised clients is common and could be deemed as a natural consequence of the work (Robert & Regehr, 2006; Diehm, 2007). Way et al. (2004) carried out a comparative study which looked at clinicians with a trauma history who treat survivors of sexual offending and clinicians who treat sex offenders, and whether they differ in the number of secondary trauma symptoms they experience. Although they found a high prevalence of VT symptoms in both groups of clinicians, they found that a personal history of trauma does not significantly associate with VT. This finding suggests that perhaps a personal history of trauma is not a vulnerability factor as it has been previously suggested and that there may be other factors influencing the findings.

VanDeusen and Way (2006) conducted a study exploring whether providing sexual abuse treatment predicted disruption in cognitions about trust and intimacy with others. The study focused on therapists who work with sexual abuse survivors and sexual offenders. They found that clinicians with higher maltreatment histories reported more problems with trust and intimacy. A reported history of child sexual abuse was not associated with higher levels of vicarious trauma effects in this study, while other forms of childhood maltreatment were. This finding suggests that other forms of maltreatment may have more negative consequences for the therapist.

Positive implications for therapists with a trauma history engaging therapeutically with traumatised clients

Somoray et al. (2017) examined the role of personality and workplace belongingness in predicting CS, STS, and burnout in mental health professionals. They found that a personal

history of trauma was a significant predictor of compassion satisfaction and STS, highlighting co-occuring positive and negative effects from the work. Similarly, a study carried out by Jenkins et al. (2011) that examined motivations behind therapists with trauma histories working with sexual assault, and domestic violence survivors found that participants rated themselves higher on the PTSD symptom scale and described more positive rather than negative changes. The findings from these two studies fall in line with other studies that have found co-occurring negative and positive impacts of trauma work (Linley et al., 2003; Ling, Hunter & Maple, 2014). A study by McKim & Adcock (2013) found that counsellors with more personal trauma history had higher levels of compassion satisfaction than compassion fatigue. This exciting finding challenges many assumptions about a history of trauma being a vulnerability factor in trauma work (Baird & Jenkins, 2003; Pearlman & Saakvitne, 1995).

On the other hand, Brockhouse et al. (2011) examined variables that may moderate post-traumatic growth, including therapist trauma history. They found no difference in growth between those who reported trauma history and those who did not. Another study by Brooks et al. (2016) looked at event intentionality, frequency of the adversity types, and age as predictors of post-traumatic growth across three sample populations. It concluded that these objective characteristics are unrelated to growth which had previously received no empirical support. Regardless of life trajectory, people exposed to different types of adversity who employ active coping strategies (social support identified to permeate across all kinds of adversity and populations) were found to perceive more growth. This finding suggests that people with a history of trauma can experience just as much growth as clinicians without an adverse history if the right coping strategies are employed.

Negative and positive implications of therapists with a trauma history working therapeutically with traumatised clients

One qualitative study was identified as part of this systematic (Benatar, 2000), investigating both negative consequences and positive impacts of trauma work on therapists. The study explored the long-term effects of working with survivors of sexual abuse on experienced therapists who have reported a history of CSA trauma and experienced therapists who report no sexual trauma. No difference was found between practitioners with a history of trauma and those without. This study presents some limitations which are important to note. Firstly, this study mentions that it is a qualitative inquiry but fails to specify the methodology used. Benatar (2000) indicates that the research is focused on experience and exploring "what is this experience of doing therapy with CSA survivors *like* for this particular therapist" (Benatar, 2000; p.13), which suggests that Interpretative Phenomenological Analysis (IPA) may have been used. IPA focuses on ideography and the convergence and divergence within a particular group's experience of a phenomenon. As this methodology is unsuitable for comparing two distinctly different groups (Smith, Flower & Larkin, 2009), the findings of this study should be interpreted cautiously.

Furthermore, the participants in this study were divided into two groups, one with sexual assault/ CSA trauma history and one without sexual assault/ CSA trauma. However, nothing in the study was mentioned regarding whether other forms of trauma were present in the latter or whether there was a screening process to ensure that there weren't. Therefore, the no notable difference between groups could be due to the prevalence of other types of traumas in the nonsexual assault group or as a result of other individual factors.

Discussion

The systematic review has highlighted the imbalance between quantitative and qualitative studies on this topic. There also seems to be a shift in the literature from a preoccupation with the negative consequences to an interest in the positive impact of trauma work for therapists. This change in focus can be seen by the publication dates of the studies in this review, with more recent ones concentrating on the positive impacts of trauma work while the older ones have focused on adverse effects.

Overall, the studies in this review that have looked at the adverse effects of trauma work have found either STS symptoms or VT symptoms amongst therapists with a history of trauma, with only one study not finding support for secondary trauma symptomatology (Makadia et al., 2015). However, the quantitative studies elicit mixed results regarding whether a therapist's history of trauma is a contributing factor to the negative implications of trauma work.

The studies in this review focused on examining the positive implications of trauma work on the therapist indicated that therapists with trauma histories tend to experience higher levels of compassion satisfaction than negative implications from trauma work. However, similarly to those investigating the negative implications of the work, whether a history of trauma in the therapist can be considered a significant predictor for positive growth is unclear.

Furthermore, the results of this review show that studies on adverse effects of trauma work have mainly concentrated on sexual assault/CSA and domestic violence. However, by concentrating on sexual abuse traumas, other types of interpersonal traumas are neglected. This finding poses the question of whether researchers have neglected other interpersonal maltreatment histories by concentrating solely on sexual abuse traumas and therefore, an important area of research investigation.

3.3. The rationale for the study

This systematic review has found that therapists with a history of trauma experience co-occurring negative and positive implications from the therapeutic work with traumatised clients. The qualitative studies in this review presented mixed results as to whether a history of trauma is a significant predictor of these effects. As participants' voices are generally missing in quantitative research (Austin & Sutton, 2014), little is known about how participants experience the negative and positive implications of the work and what that experience is like. Understanding how participants experience the therapeutic work may provide valuable insights into the discrepancies in current research findings. As qualitative research relies on the collection of detailed information, it is thought to provide researchers with rich and deep insights into topics which cannot be well understood through quantitative methods (Merriam, 2015; Galdas, 2017). Therefore, a qualitative inquiry giving voice to the experiences of therapists with interpersonal trauma history working therapeutically with traumatised clients may provide new insights into what role the therapist's history of trauma plays in the secondary trauma construct.

Furthermore, as participants and definitions of trauma have varied, creating inconsistencies, the participants and type of trauma to be clearly defined in this study to ensure consistency. The focus of existing studies has been either on trauma in general or specifically on sexual assault/CSA and domestic violence, with research highlighting how therapists with other maltreatment histories may be more prone to negative implications from the work (VanDeusen & Way (2006). For the reasons above, this study is focused on therapists with a history of interpersonal trauma who work therapeutically with clients who also present with interpersonal trauma. Interpersonal trauma encompasses experiences such as sexual assault/CSA and domestic violence, as well as other forms of maltreatment, such as physical abuse, emotional abuse, and emotional neglect (Mauritz et al., 2013).

3.4. Aims and objectives

This research study aims to contribute to the gap within existing research in this area by adopting a qualitative approach to research inquiry. A qualitative inquiry may help identify how therapists with interpersonal trauma histories experience, manage, overcome, and address the negative and positive implications of the work, which in turn can provide insight into the inconsistencies and discrepancies in current research findings. Further aims and objectives are outlined below:

1. To understand how therapists experience working with traumatised individuals, what impact these experiences have on the therapist, and the meaning that the therapists have derived from these interactions.
2. To shed light on the complexity of terminology by understanding the first-hand accounts of therapists who have worked with traumatised clients.
3. To contribute to the understanding of therapists' self-care when working with clients who disclose traumatic material that resonates with the therapist's personal history of trauma.
4. To provide training institutions with an evidence base of how therapists can experience secondary traumatic symptoms and positive growth.

3.5. Research Questions

To align with the research, aim to provide insight into the first-hand accounts of participants working therapeutically with traumatised clients, the following research questions were developed:

1. How do therapists experience working with traumatised clients, and how do they perceive the impact on the therapeutic relationship?

2. How do therapists experience the perceived impact of working with interpersonal trauma outside the therapeutic room?
3. How do therapists understand and conceptualise their experiences with traumatised clients, has that experience changed over time, and what, if anything, might have contributed to this?

3.6. Reflexivity Statement

Reflexivity is a process in which the researcher engages in ongoing critique and critical reflection of personal biases and assumptions and how these influence the research process (Mills, Durepos, & Wiebe, 2010). Reflexivity involves self-awareness, which in counselling psychology is thought to be essential, as it allows the therapist to distinguish between their material and that of the client. Qualitative research is often criticised for producing subjective knowledge, which is co-constructed and embedded in people's experiences (Smith, 2007). Thus, including a reflexivity statement minimises researcher bias as much as possible by providing an honest account of my motivations and assumptions regarding my research.

The broad topic of this research is trauma. More specifically, this study will be looking at the experiences of therapists with a history of interpersonal trauma working therapeutically with traumatised clients[3]. This is a new area of research for me as I have not researched trauma previously. I am interested in this topic due to my history of interpersonal trauma and my curiosity about what it will feel like to enter into a therapeutic relationship with a client who shares a traumatic experience of interpersonal nature. I have not worked therapeutically with a

[3] In existing literature 'traumatised clients' (Way et al. 2004; Harrisson & Westmood, 2009) and 'traumatised individuals' (Adams & Riggs, 2008) have been used to refer to individuals who have experienced a traumatic event and who experience negative consequences as a result. This study will employ the term traumatised client/s throughout.

client with an interpersonal trauma history yet, so I recognise a desire within me for this research to normalise my feelings and anxieties around trauma work.

A researcher's position regarding their research is an essential and ever-resent aspect of a research investigation (Savin-Baden & Major, 2013; Rowe, 2014). Generally, two positions are adopted by researchers: an insider, sharing the characteristic, role, or experience under study with the participants or an outsider to the commonality shared by participants. Dwyer & Buckle (2009) propose that researchers can only ever occupy "the space between" these two positions, as noting how we are different from others requires that we also note how we are similar. As this topic is close to my heart, I occupy "the space between" feeling both like an outsider and an insider in this research.

I feel like an outsider to my research as my experience of interpersonal trauma although similar it is not identical to those of my participants. On the other hand, I feel like an insider to my research due to shared childhood trauma, which inevitably has made me have strong beliefs about right and wrong. I recognise my strong stand against abuse and maltreatment of any kind and my struggle to accept the injustices of this world, which I feel mainly takes a toll on me due to my many experiences of injustice that I couldn't do anything about. I recognise my inclination to rescue and comfort people, which largely stems from my experience of not having anyone believe me and save me. Other personal experiences, such as moving to countries during childhood, adapting, and feeling like an outsider, also bring out my protective nature, which wants to shield, help, and protect people in need.

Dwyer & Buckle (2009) suggest that there is a risk of the influence of personal perspective irrespective of whether the researcher occupies insider or outsider status. They offer that instead, the key ingredient is an ability to be "open, authentic, honest, and interested in the experiences of one's research participants and committed to accurately and adequately representing their experience" (p.59). This is why I have engaged in continuous reflective

practice throughout the research process, monitoring any change in beliefs, feelings, and assumptions regarding this topic.

Lastly, it is important to note that deep down, I feel that one personal agenda of mine is to break down the stigma around people who have been abused, specifically the stigma around sexual abuse. These acts often go unacknowledged, the victims not always believed, and are usually not to be talked about. I can recognise the strong feeling I have inside me about supporting people to come forward and share their stories. I do, however, acknowledge that speaking out may not be in the best interest of everyone and that these feelings arise from my experience of living in silence about my trauma.

4.0. METHOD

4.0.1. Overview

This chapter introduces a rationale for adopting a qualitative paradigm, followed by an overview of this research's ontological and epistemological position. This chapter will then explore Interpretative Phenomenological Analysis, as the chosen methodology for this study and my reflexive position as the researcher in this study, before considering the compatibility of IPA with the values of Counselling Psychology and alternative methodology. I then detail the recruitment and data collection procedures and discuss ethical considerations. This chapter concludes with a description of the analytic process and an assessment of the quality and validity of the study.

4.1. QUALITATIVE PARADIGM

It has been proposed that adopting a research paradigm is essential in guiding the researcher's philosophical assumptions about the research and selecting participants and methods used (Denzin & Lincoln, 2000b as cited in Ponterotto, 2005). A paradigm can be defined as a "philosophical framework that delineates assumptions about ethics, reality, knowledge, and systematic inquiry" (Freshwater & Cahill, 2013; p.2).

There are two paradigms, namely quantitative and qualitative, which approach research investigation in distinctly different ways. The quantitative approach seeks to find generalisable "truths" using numbers as data (Leung, 2015). In contrast, the qualitative approach tends to accept that multiple truths depend on the person's subjective experiences and context, using words as data (Braun & Clarke, 2013). The focus of quantitative research is on explaining why participants have the experiences they do, while qualitative research focuses on understanding people's lived experiences and the meanings they ascribed to those experiences. As this research is concerned with understanding therapists' experiences with interpersonal trauma history working therapeutically with traumatised clients, a qualitative paradigm was deemed the most suitable framework for inquiry.

4.1.1. Rationale for adopting a qualitative paradigm

Morrow (2007) notes that a qualitative inquiry is the most helpful way of understanding the meanings people ascribe to their experiences. Existing literature has highlighted the need for a "thorough examination of the interaction between trauma history and doing trauma therapy for the survivor therapist" (Pearlman & Mac Ian, 1995; p.564; VanDeusen & Way, 2006). The investigation of this topic has been mainly approached through quantitative research. Results appear to be mixed regarding what role the therapist's history of trauma plays in secondary trauma research (Sabin-Farrell, Turpin & Makadia, 2015; Jenkins & Baird, 2002; Way et al., 2004; Adams & Riggs, 2008; VanDesusen & Way,

2006; Cunningham, 2003; Dworking, Sorell & Allen, 2016). As quantitative research generally employs positivist assumptions and uses generic scales to measure psychological constructs, it can be seen as generating broad but "shallow" data that can fail to capture the intricate detail that can be obtained from each participant (Braun & Clarke, 2013: p. 7). A qualitative inquiry aims to bridge the gap, as it seeks an in-depth understanding of social phenomena (Busetto, Wick & Gumbinger, 2020). This allows for a more exploratory approach, which can lead to new contributions to research in this area.

4.2. ONTOLOGICAL AND EPISTEMOLOGICAL STANCE

This research study is a qualitative inquiry, which indicates the kinds of data that will be collected but does not denote the epistemologies and ontological assumptions associated with different research frameworks (Freshwater & Cahill, 2013). Ontology and epistemology are major branches of philosophy. The former addresses the nature of reality and being, while the latter refers to the acquisition of knowledge and the relationship between the research participant and the researcher (Ponterotto, 2005).

Qualitative studies generally adopt a position concerning the philosophical anchors of ontology and epistemology as it assists the researcher in recognising their beliefs about what can be known and serves as a guide for how the research inquiry should proceed in terms of methodology and methods (Hashil, 2014). The process of arriving at an ontological and epistemological stance involves considerations towards one's philosophy about what we think can be known and how knowledge is produced, as well as consideration towards the research questions, which also dictate what can and can't be known through the research investigation. This study's ontological and epistemological position will be underpinned by the two philosophical constructs of critical realism and hermeneutic phenomenology, which are discussed in more depth as this chapter unfolds.

4.21. Critical realism

Critical realism as an ontological position is commonly adopted in qualitative research. It is thought to underpin several qualitative approaches, including interpretative phenomenological analysis (IPA; Braun & Clarke, 2013: p.27), the chosen methodology for this study.

Critical realism is a branch of philosophy which emerged between the 1970-1980s from the work of Roy Bhaskar (1987). It provides a scientific alternative to positivism and constructivism and thus positions itself in the middle of these paradigms (Archer, 2016). Bhaskar thought of it as an alternative to "the epistemic fallacy", by which he meant the positivist and constructivist stance of reducing reality (ontology) to what can be known (epistemology). It is referred to as a meta-theory with many theorists contributing to its understanding, including Archer (2016), whose stance will be drawn on in reference to the researcher's critical realist position.

The main principle of critical realism is that it distinguishes between the two realities, the 'real' world, and the 'observable' world (Gallagher, 2012). Critical realism proposes that much of reality exists and operates independently of whether we know about it or are aware of it (Archer et al., 2016). Thus, it proposes that the level of reality that can be accessed through research is one of subjectivity, such as events, human action, people's observations, and experiences of the world. By adopting a critical realist view on the nature of this research, the researcher accepts that the level of reality accessible through qualitative inquiry will be that of the participants' subjective accounts of providing therapy to traumatised clients, which also aligns with the nature of the qualitative investigation.

Furthermore, Archer suggests that critical realism posits that knowledge is always socially, culturally, and historically situated, emphasising social context, which is essential to

consider in this research, as it is taking place during the Covid-19 pandemic. Thus, the knowledge produced through this research study will be of participants' accounts of the phenomena under the circumstances of a pandemic, which is essential to note as it may influence the recruitment and experiences of participants.

Another principle of critical realism is that it accepts the existence of objective realities and agreements about those realities, much like realism, but argues that "we cannot rely on positivist reasoning to understand the world" (Archer, 2016, para.3). Therefore, it is essential to note that the topic chosen for this research is underpinned by several positivist assumptions: that participants are active agents who can access their experience, that there are such things as negative and positive implications of trauma work, and that I can to some extent capture the participants' thoughts and feelings as they exist in the world (Willig, 2013). While acknowledging realist assumptions of this study, I remain critical that it is possible to measure or directly access therapists' experiences of trauma work as these experiences will always be grounded within their social context and representative of the participants' being in the world.

4.2.2. Phenomenology

Phenomenology is a philosophical approach and is generally defined as the study of structures of consciousness as experienced from the first-person point of view (Smith, 2013). As phenomenology is a philosophical approach, it has been enriched by the contributions of many phenomenological philosophers, such as Husserl (1962) and Heidegger (1962). It has two sub-types, transcendental phenomenology, and interpretative phenomenology (Manen, 2018; Neubauer, Witkop & Varpio, 2019), which were considered when deciding what methodology to adopt for this study.

Husserl's (1962) work involved identifying essential qualities of experience proposing that the researcher can put aside, or bracket, his preconceptions, and beliefs about the world. He referred to this ability to suspend judgments about the existence and non-existence of the external world as reduction and suggested that by engaging in reduction one can reveal the essential structures of a phenomenon (Smith et al., 2009). This phenomenological approach can be seen as aligning with a positivist ontology, as it presupposes that one can discover the universal properties of a phenomenon (Neubauer, Witkop & Varpio, 2019).

On the other hand, Hermeneutic phenomenology originated from the work of Heidegger (1962), who proposed that human beings are embodied subjects enmeshed in a world of objects, relationships, language, and culture (Smith et al., 2009). As this study focuses on therapists' experience, understanding and perceptions rather than on the underlying structure of such experiences, hermeneutic phenomenology appear to be a good fit for the research questions. It also aligns well with the ontological position of this research, as they both rely on hermeneutics and description rather than on causation (Archer et al., 2016).

Heidegger thought of intersubjectivity as central, which refers to the "shared, overlapping and relational nature of our engagement in the world", and conceptualised human beings as sense-making organisms (Smith et al., 2009; p.17). Thus, in contrast to Husserl, Heidegger considered bracketing impossible due to the researcher's preconceptions being enmeshed with his being in the world, which cannot be separated or forgotten about. In this account, as a counselling psychologist in training and a person who has experienced interpersonal trauma, I consider myself an active member of this research and its co-construction. My personal belief aligns with that of Heidegger, as I also believe that my preconceptions are inevitably enmeshed with my being in the world and impossible to separate from. Especially as a therapist who has also experienced interpersonal trauma, my enmeshment can be seen as inevitable.

Primeau (2003) notes the value of reflexivity in examining the values and interests of the researcher that may impact the research findings. Wall, Glenn, Mitchinson, and Poole (2004) suggest that using a reflexive diary helps facilitate decision-making during the research process. Therefore, I utilised my reflective journal to write down my thoughts, feelings, and perceptions to bring my subjectivity to light and allow for a consideration of its influence on the participants' accounts.

4.3. METHODOLOGY

A research methodology involves the "specific procedures or techniques used to identify, select, process, and analyse information about a topic" (Kallet, 2004; p.1229) and allows the reader to assess the study's overall quality and validity in a research paper. Having considered the ontological and epistemological assumptions of the research, the methodology of Interpretative Phenomenological Analysis (IPA) was chosen as the best fit for answering the research questions of the current study.

4.3.1. Interpretative Phenomenological Analysis

Interpretative phenomenological analysis (IPA) is a research methodology that explores lived experience and how people make sense of and derive meaning from that experience (Smith et al., 2009). IPA is a valuable methodology for the examination of topics which are "complex, ambiguous and emotionally laden" (Smith & Osborn, 2015). Its idiographic focus aims to offer insights into how a given person, in a specific context, makes sense of a particular phenomenon (Smith, 2007).

As this research aimed to understand how therapists with trauma histories experience the therapeutic work with traumatised clients, which is both a complex and emotionally laden topic, IPA was considered the best fit for this study. IPA scope for an in-depth exploration of first-hand accounts can provide valuable insight into how therapists with trauma histories experience the therapeutic work with traumatised clients. In addition, as an IPA researcher aims to uncover unique perspectives rather than verify or negate specific hypotheses (Smith & Osborn, 2015; McCormack & Katalinic, 2016), the knowledge produced through this research will account for lived experience and how this experience has come into being.

IPA recognises that the knowledge we gain from people's experiences is essentially an interpretative endeavour due to humans being sense-making organisms (Smith & Osborn, 2015). Due to its congruence to the philosophical notions of hermeneutics, IPA is compatible with a critical realist ontology as it intends to understand what a phenomenon means through studying experiential accounts of that phenomenon (Shaw, 2001). The researcher in IPA is thought to engage in a double hermeneutic, as they make sense of the participants trying to make sense of their experiences (Smith et al., 2009). Therefore, the researcher is considered a fundamental part of the research process whose subjectivity inevitably influences how the data is interpreted (Finlay, 2008). Due to this, researchers' reflexivity is identified as a critical component of IPA research, strengthening the study's rigour, and enabling the researcher to gain deeper interpretive access to the data (Smith et al., 2009; Goldspink & Engward, 2018; Primeau, 2003).

I recognise that my role in this study is that of a co-constructor, helping the participant make sense of their lived experience of providing therapy to traumatised clients. Through listening to participants' accounts of the phenomenon, I played an active role in helping the participants make sense of their experiences and the meanings derived from these experiences. I aimed to capture the unfolding of each participant's idiosyncratic narrative and provide a rich and contextualised representation of the phenomenon under investigation

through engaging in a dialogue between my way of being and the transcribed text of individual accounts (Eatough & Smith, 2008, as cited in Willig & Rogers, 2017; Smith et al., 2009). To aid this process, I engaged in ongoing reflexive practice examining my feelings, reactions, and motives alongside the participants. As it is impossible to separate the phenomena from the participant's subjectivity, as well as for me to provide an objective understanding of their experiences, the knowledge produced through this research is a co-construction between participant accounts and my sense of their experiences (Smith et al., 2009).

Smith, Flowers, and Larkin (2009) have proposed six steps to the analytic process in IPA, which will be drawn on for guidance during data analysis. In an article published as part of the special issue in the journal Qualitative Research in Psychology, Goldspink and Engward (2018) propose a new concept of "echoes" in IPA research which can be added as a valuable adjunct to step 3 of Smith, Flowers, and Larkin's (2009) six analytic steps in IPA. The concept of "echoes" encompasses the researcher's history and temporality, on a spectrum from easily detectable, such as thoughts popping into one's mind, to uncharacteristic feelings requiring clarification. This concept originated from their work, where they discovered a sudden closeness and familiarity of the experiences described by participants, which resonated with their own. Thus, the concept of 'echoes' is particularly pertinent in this research as we have a history of interpersonal trauma in common and clinical experience with traumatised clients. Therefore, an additional step referred to as 'attending to the reflexive echoes' was added to the third step of the analysis, as recommended by Goldspink and Engward (2018). Adding this step to the analytic process explicitly highlights the importance of attending to the "echoes" triggered by the data collected. As there is no practical guidance on how and when to engage in reflexivity, incorporating this step into the analytical process provides a guide on how to work with my presupposition rather than dismissing them, which also contributes to the rigour of the study (Smith et al., 2009).

Lastly, the researcher's interpretation of the interview transcripts was shaped by an ongoing discussion with the research supervisors and peer researchers, further contributing to the study's rigour. IPA posits that experience can be understood via examining the meanings which people impress upon it, which is why the knowledge produced through this IPA study is grounded within its social context and representative of the participants' being in the world (Smith et al.,2009).

4.3.2. Reflexivity in IPA

IPA emphasises the importance of the researcher's subjectivity in the research process. The researcher is thought to contribute to how the research unfolds, so it is important to be aware of my values, perspectives, experiences, beliefs, and assumptions as much as possible and reflect on their potential influence on the topic under investigation. Reflexivity involves self-awareness, which in IPA is thought to be essential, and is a practice of questioning one's taken-for-granted assumptions and their influence on the broader context (Finlay, 1998). As qualitative research is often criticised for producing subjective knowledge, co-constructed and embedded in people's experiences (Smith, 2007), including a reflexive statement, both in the introduction and the discussion chapter, minimises researcher bias as much as possible by providing an honest account of my motivations and assumptions regarding my research.

Lastly, I realise that I have been influenced by the literature I read. My feelings regarding trauma work were more negative at the beginning of my research than they are now. This is most likely because overtime I have started reading more research on the positive growth in therapists with a trauma history, which has changed my outlook. I recognise that with time, my knowledge on the subject has grown, and thus, my feelings about my topic have changed. As a counselling psychologist in training, I have aimed to

remain open to exploring all the different perspectives I encounter throughout the research process (Kasket, 2012).

4.3.3. Compatibility of IPA with Counselling Psychology

IPA is committed to the detailed exploration of individual accounts. This aligns with the values of counselling psychology and its phenomenological emphasis on the importance of understanding individual experience (Douglas, Woolfe, Strawbridge, Kasket, Galbraith, 2016). Counselling psychology sees the person in context and shows an understanding that although people have commonalities in terms of what they experience, the perception or meaning derived from that experience varies as it's dependent on the individual's past experiences, context, and environment.

Furthermore, IPA aligns with the researcher's identity as a counselling psychologist and the belief in a dyad of communication in therapy. The dyad being referred to is that of the spoken word in therapy and the unspoken, which manifests in the form of the client's body language and tone of voice. Similarly, to a qualitative researcher, a counselling psychologist makes sense of their client's narrative by engaging in a double hermeneutic between what was heard and what is observed by the therapist. Therefore, the therapist, in the same way as an IPA researcher, is an active participant who helps mould and shape the client's narrative; by providing a verbal understanding of what the client has shared and checking that understanding with the client.

Lastly, as counselling psychologists, we are encouraged to reflect on what arises within us in our work with clients. This is similar to reflexivity in IPA research, where the researcher reflects on the biases and preconceptions that arise throughout the research process (Engward & Goldspink, 2020). Not engaging in reflective practice as an IPA researcher and a counselling psychologist is unethical and can be harmful (BPS, 2017). Without reflective

practice, the researcher risks directing the study and contaminating the study's findings with his own biases. At the same time, the counselling psychologist may not act in the client's best interest with the potential of causing harm. Awareness of one's biases in clinical work and IPA research is pivotal and a sign of ethical practice (Donati, 2016; BPS, 2017).

4.3.4. Alternative methodology

When exploring other methodologies during the developmental phase of the research, Thematic Analysis (TA) was considered due to their flexibility and compatibility with the research question (Braun & Clarke, 2006). TA's main aim is to find repetitive patterns of meaning through searching across data. Although the researcher has the choice of an interpretative or deductive level or analysis, as well as whether to concentrate on the semantic (explicit and surface meanings of the data) or latent themes (underlying assumptions, meanings, ideas), it was decided against due to having to make these choices and not being able to carry out both. Furthermore, the literature suggests that TA carries multiple definitions with no explicit agreement on how to do it (Braun & Clarke, 2006). Braun and Clarke (2006) have argued that there is a way to carry out TA in a meaningful manner; however, this requires the researcher to make decisions around how to analyse the data and present their justifications around those decisions. I felt this method would be better utilised by more experienced researchers who are perhaps more knowledgeable in making these decisions. In addition, as the topic of this study is under-researched, IPA ideographic nature enables a rich case-by-case analysis. However, TA may not capture participants' experiences in as much detail.

4.4. PROCEDURE

4.4.1 Recruitment procedure

As advised by Smith et al. (2021), a purposive sampling technique was adopted to identify and select participants who have experienced interpersonal trauma in their personal lives and currently provide therapy to clients who have also experienced it. IPA calls for a homogenous sample, and the extent of homogeneity varies from study to study depending on the phenomena under investigation. Smith et al. (2009) suggest that sampling can be defined in relation to previous studies on the topic. I consulted existing research regarding helpful variables to guide the sample's homogeneity. As this study is interested in possible negative implications of the therapeutic work with traumatised clients, current literature postulates that the negative implications are more likely to be found in less experienced therapists (Baird & Jenkins, 2003; Adams & Riggs, 2008). Although experience can be defined in many different ways, most of the existing research, which is quantitative, defines an experienced therapist as someone with more than five years of clinical experience (Newman, 2016; Macewan, 2014). As a result, 3-4 years post qualification experience was deemed an appropriate number. Also, as participants will be asked to reflect on their experiences since training, this will ensure that they can easily recall their therapeutic interactions with traumatised clients in their placement work during training. Additionally, as the phenomenon under investigation is uniform, in that it looks at a very particular experience, other differences in the sample, such as practical orientation, years of experience, etc., are seen as part of its divergence.

Regarding where to recruit the participants, Smith et al. (2009) suggest that purposive sampling is done using referral, opportunity, or snowballing as the goal is to find participants who represent a particular perspective. During our trauma lecture in year two, I took the opportunity to approach the trainer to tell her about my research and enquire whether it would be possible to contact her for assistance regarding recruitment. She provided me with two contact details for the clinical manager of the charity One in Four and the charity Rape Crisis South London (RASAC).

Recruitment materials were devised and ethically approved before being used for this research. I reached out to both contacts provided to find out whether it would be possible to disseminate information about the study to the practising therapists within the organisations. They were accommodating in dissimilating the information within the charities; however, after six months, only one participant came forward. Benatar (2000), who conducted a qualitative study comparing therapists with trauma history working therapeutically with traumatised clients and those without, reported difficulty recruiting therapists with a history of trauma. She identified hesitance, fear of stigmatisation, and concern about confidentiality in her participant sample, and I wondered whether these concerns were possibly causing difficulty in recruitment for this research. Due to the challenges faced and the time limitation of this study, I broadened the criteria to include all professionally qualified counselling psychologists, clinical psychologists, psychotherapists, and counsellors.

Furthermore, other channels for advertising the study were also explored. I emailed several other charities specialising in trauma to inquiry whether it would be possible to disseminate information about the study to the practising therapists within the organisations. Unfortunately, I had no success in hearing back from them. In addition, the study was advertised on the BACP research noticeboard. An advertisement for the study was also published in the November 2020 DCoP Newsletter (Appendix 1). Two participants contacted me through these two channels.

Furthermore, the study was also advertised on the CREST website, LinkedIn, and Facebook. Due to having heard from only three interested participants at that point, I shared my concern regarding recruitment in one of my research lectures. My tutor, Mick Cooper, offered to advertise the study on his personal Facebook and Twitter accounts. This proved to be very fruitful, and I was shortly contacted by five participants who expressed interest in being interviewed for the research.

4.4.2 Inclusion Criteria

• Be currently working in the UK.

• Perceived to have experienced interpersonal trauma[4] before starting their psychology training.

• Be currently seeing clients who have experienced interpersonal trauma[1].

• Be a professionally qualified counselling psychologist, clinical psychologist, psychotherapist, or counsellor registered or accredited with BPS, HCPC, BACP and UKCP

• Be available for an interview, which will last approximately 60-90 mins.

• Consent to their interview being recorded, transcribed, and anonymised for use within the study.

• Be willing to provide written, signed consent confirming willingness to participate.

• To be comfortable being interviewed remotely via Zoom due to the covid-19 pandemic.

4.4.3 Sample

Smith et al. (2009) note that there is no correct answer to the question of sample size. As guidance for a doctoral piece of research, he recommends several interviews of between four and ten. Initially, nine participants were recruited; however, one participant interview was omitted from the data analysis due to the poor quality of the audio recording. It is

[4] Interpersonal trauma refers to any of the following traumatic experiences: emotional abuse and/or neglect, physical abuse and/or neglect, and/or sexual abuse in childhood and/or adulthood (Mauritz, Goossens, Draijer, & Achterberg, 2013).

important to note that although this participant interview was omitted, meeting them, and having that interview was not only excellent practice, but I believe it informed how I approached the research. Therefore, the final number of participants and interviews in this study was eight, which falls within the recommendations set out by Smith et al. (2009) and Clarke (2010). The collection of demographic information is not mandatory in qualitative research (Connelly, 2013). As I wanted to immerse myself in the qualitative design, particularly in the idiographic focus of IPA, it felt counter-intuitive to purposefully gather demographic data from the participants that can be quantified.

Having said that, some information about the participants emerged organically from our correspondence and the interviews (see Table 1). There were seven female participants and one male participant. Participants had varying degrees of experience, ranging from 1-year post qualification experience to 20 years plus. Four participants referred to their practice as person-centred, and four identified as integrative practitioners.

Participant pseudonym	**Therapeutic orientation**	**Years of experience**	**Gender**
Rachael	Person centred practitioner	14 years +	F
Ruth	Person centred practitioner	5 years +	F
Anna	Integrative therapist-eclectic practice	10 years +	F
Susan	Integrative practitioner; currently on the doctoral training in counselling psychology	10 years +	F
Rebecca	Integrative practitioner	20 years +	F

Cynthia	Person centred practitioner	1 year +	F
David	Integrative practice; foundation person-centred	10 years +	M
Beth	Person-centred practitioner	1 year +	F

Table 1: Participant information

4.5. ETHICS

4.5.1 Informed consent

Due to the covid-19 pandemic, and the government implementation of a nationwide lockdown, the recruitment and data collection took place online. Ethical approval for the study was sought and obtained from the University of Roehampton's ethics committee. Following ethical approval (Appendix 2), I disseminated the recruitment poster, which instructed interested participants to get in touch if they would like to participate in the study (Appendix 3). After participants reached out to express their interest, I sent them the participant information sheet, which included information about the study, how data will be used, and steps taken to maintain confidentiality (Appendix 4). I also sent them the University of Roehampton's data protection notice for transparency, which provided them with further information on how the data will be stored and when it will be disposed of. The participants who were happy to participate in the study were sent the consent form to sign before the interview and were given the opportunity to ask questions both before and after the interview (Appendix 5). Participants were also informed about the interviews taking place remotely via the secure online platform Zoom and that the recording will be done through this platform.

4.5.2. Confidentiality

The online platform Zoom was chosen due to its end-to-end encryption, ensuring that only the participants who have the Zoom link can access the meeting. In addition, it also has a feature which allows the host to lock the meeting, which provides added security. Zoom's privacy notice states, "when the meeting is recorded, it is, at the host's choice, stored either locally on the host's machine or in our Zoom cloud" (Zoom, 2020). I chose to store the recording locally on my laptop before uploading them onto the University of Roehampton's one drive and then deleting it from my computer. This process occurred as soon as the recording was obtained to ensure that confidential data was stored according to GDPR and the universities data protection policy (Council of the European Union, 2016; University of Roehampton, 2018). As Zoom records both audio and video, the video recording was deleted immediately after the interviews concluded. During transcription, all names and identifying details from the interviews were changed. Once the required retention period has elapsed, both recordings and transcripts will be destroyed (University of Roehampton, 2018; p.12).

4.5.3 Potential distress

The research was conducted in line with the BPS Code of Ethics and Conduct (2014) to reduce any potential distress that can compromise the participants' and the researcher's wellbeing. As participants were asked to reflect on their therapeutic practice with traumatised clients and how interpersonal trauma has affected them, emotional distress was considered a potential risk and strategies were put in place to minimise this as much as possible. Participants were given information about the study and encouraged to ask questions and raise concerns. In addition, if participants exhibited signs of distress or fatigue, the strategy would be to move on to the next question, terminating the interview or postponing the interview, depending on their wishes. Participants were also encouraged to share their

interview experiences at the end and whether any questions or concerns had arisen during the interview process. They were sent a debrief form after the interview concluded, which included the contact details of the Director of Studies and Head of Department at the University of Roehampton in case participants had any questions or concerns about how the study was conducted (Appendix 6).

Furthermore, consideration was given to emotional distress as a potential consequence for me as the researcher. This was due to my personal history of trauma and the potential of having to manage the anxieties that arose in the participants during the interviews, as well as my own. The strategies that were put in place to address any distress brought up in me were to keep in regular contact with my supervisor, engage in self-care practices, and continue with weekly personal therapy throughout the research process.

4.6. DATA COLLECTION

4.6.1 Semi-structured interviews

A semi-structured interview was adopted to obtain data as it is considered effective in eliciting rich, in-depth participant accounts (Smith et al., 2009). The interview aimed to access the participants' subjective experiences of the phenomenon under study, which aligns with IPA's idiographic focus. Furthermore, as semi-structured interviews lead with open-ended questions and adopt minimal prompts, they allow the participant to reflect and speak openly and in-depth. The participant interviews lasted between 45 min and 80 min.

4.6.2 Interview Schedule

After designing the interview schedule, I conducted a mock interview with my supervisor to boost my confidence as a novice IPA researcher. After completing the first

participant interview, I wrote my reflections on how the interview had gone in my reflexive journal. Through reflection, I identified that the order of my questions wasn't quite right as the interview didn't seem to flow very well and felt patchy. I discussed this with my supervisor and subsequently decided to revise the interview schedule and change the order of the interview questions (Appendix 7). The following interviews felt easier, and the transition between questions felt smoother. I am unsure whether this was a direct result of changing the order of the questions, whether I felt more at ease carrying out the rest of the interviews due to having had the practice, or potentially both.

4.6.3 Interview procedure

In line with the British Psychological Society's code of human research ethics (BPS, 2014), participants were asked to provide informed consent by signing the consent form before the interview. The consent form consisted of a brief description of the research project, details on confidentiality, and information on the withdrawal process if they changed their mind. Participants were asked before the recording started if they had any questions and if they were happy to proceed to be recorded. I followed the order of the questions on the interview schedule, using the prompts and additional open questions to expand their reflections, and the answers were deemed appropriate. As the research took place during the Covid-19 pandemic, the final question in the interview schedule asked participants to reflect on their experience of working remotely with traumatised clients. This question was asked to cover the entirety of their clinical experiences, and as the pandemic affected us all, it felt like an important question. Before turning off the audio recording, I asked participants if they wanted to add anything to their responses. After switching off the recording, I dedicated time and space for participants to ask questions, express concerns, and provide feedback on how they found the interview process. I also informed them that I would send them a debrief form

and told them to get in touch if they have any questions or change their minds and want to withdraw from the study. The debrief form was sent to them immediately after the interview. I also informed them that they would be notified when the research was complete and would be sent a copy for their records.

4.6.4 Transcription process

I used the software Temi (2022) to aid the transcription process. Before using this software, I consulted with my supervisors and Roehampton's ethics research board about whether this decision required ethical approval. Due to Tumi being a transcription software requiring no third-party involvement, no ethical approval was needed as confidentiality was maintained. The software could pick up on most of the participants' words. However, as this was not sufficient, I also reviewed all the transcripts while listening to the audio recording to ensure that what the participants said was reflected accurately in the transcript. Bailey (2008) argues that "the meanings of utterances are profoundly shaped by how something is said in addition to what is said" (p.128) and that these elements can be crucial in the interpretation of data. Therefore, I attempted to account for as much detail as possible, including pauses, mishearing, and verbal and non-verbal utterances (laughter, bodily motions, hesitations, and use of breath), which were recorded in brackets. This was done to capture the participant accounts as accurately as possible. The transcripts were line-numbered, and two margins were created on each side of the transcript to provide space for analysis (Smith et al., 2009). During this process, participants' audio recordings and confidentiality forms were stored on the encrypted university OneDrive and deleted from my laptop. The transcript was anonymised, removing any identifiable information to maintain confidentiality. Each consent form and audio file were assigned an ID number to represent each participant. The anonymised transcripts were also labelled with the participants' ID numbers. The transcripts

were stored separately from the audio files in an encrypted and password-protected file on my personal computer.

4.7. DATA ANALYSIS

In his most recent review of IPA, Smith, Flowers & Larkin (2021) introduced changes and updates to the analytic process, such as new terminology and more detailed guidance. Smith et al. (2021) urged all those in their early stages of IPA analysis to refer to the new terminology; however, they stated that those who have started their analysis before the publication of the new guidance may use the old terminology or change to the new one if deemed appropriate. As the analytic process of this research was way underway before the new guidance was proposed, to avoid confusion and ensure consistency, I will continue to refer to the terminology and analysis steps outlined by Smith et al. (2009).

4.7.1 Reading and re-reading

As outlined by Smith, Flowers & Larkin (2009), the six-step strategy for data analysis was used for guidance on the analytic process. The first analysis stage involved reading each transcript and listening to the audio recordings to immerse me in the data and write down my first impressions and observations (Smith et al., 2009).

4.7.2 Initial noting

The second step of analysis involved re-reading the transcript while making detailed notes and comments on the right-hand side margin of the transcript document. In line with Smith et al.'s (2009) suggestion, I focused on making a detailed set of notes and comments at this stage. My focus was four-fold:

1. I made descriptive comments by focusing on the content of what participants said, with particular focus on what felt important to the participant to communicate.
2. I made notes on their specific choice of language to explore the possible meaning behind their use of repetition, pauses, laughter, and tone of voice.
3. I made conceptual comments to elucidate the participant's overarching understanding of the phenomena, which consisted of an interpretative account of my pre-understandings and the newly emerging understanding of the participant's words (Smith et al., 2021).
4. I also attended to the "echoes" in the data (Goldspink & Engward, 2019). I made reflexive notes in the right column of the document when the participants accounts resonated with my own experiences. This was done to illuminate my assumptions and subjectivity, as they are seen as valuable guides in the research process (Neubauer, Witkop & Varpio, 2019)

4.7.3 Individual case analysis

The third analysis step involved re-reading the transcript and noting any emerging themes in the left-hand column (Appendix 8). I found this part tricky as the comments in the right-hand column summarised the theme more successfully than the 'theme' in the left-side column. I felt that by reducing the material into an emerging theme, a lot of the particularities of the participants' experiences were lost, and the theme became rather abstract. Therefore, I found myself engaging in a hermeneutic circle consciously throughout this process. This involved reading the participant transcript to come up with an emerging theme which captures the understanding/ meaning within a particular section of the transcript, while at the same time keeping in mind how this relates to the participant's experience as a whole. To ensure validity and reduce bias, I noted evidence within the raw data that confirmed the

themes to ensure that they are grounded in the data and reflect the participant's experiences of the phenomenon.

Step four consisted of searching for connections between the emerging themes noted in the left-side column. To do this, I copied and pasted the emerging themes onto a new document, printed it out, and began looking for patterns and connections between them. I referred to Smith et al.'s (2009) guidance on looking for patterns and connections to aid this process and utilised strategies such as abstraction, subsumption, polarisation, contextualisation, and numeration to cluster themes together and develop overarching themes (Appendix 9). This process was repeated for each participant's transcript. To the best of my ability, I attempted to attend to each transcript fully before moving on to the next case, which aligns with IPA's idiographic focus (Smith et al., 2009).

Each transcript was approached with the awareness that reflections from the previous analyses may have influenced the researcher's current perspective (Smith et al., 2009). I utilised supervision to address this as well as my reflective journal. I noted down my reflections on any crossovers that reminded me of previous interviews in my reflective journal to give transparency to these potential biases and add to the study's rigour. Due to the richness of the data, I kept my research questions in mind to keep the themes focused and eliminated the emerging themes which were not supportive of the focus of the research. I found this to be a difficult task, as this included omitting interesting observations and recognised a desire in me to capture it all, which I also realised was not possible.

4.7.4 Cross-case analysis

The final step of analysis requires an exploration of patterns across cases. For this step, I printed out the emerging themes for each participant interview on different coloured paper and laid them out on a large surface. I used adhesive dots of different colours to trace

recurrent patterns across cases and began to form an idea of the key emergent theme for the group (Appendix 10). When doing this, attention was paid not only to similarities between the cases but also to differences. This involved a continuous negotiation between convergence and divergence, as it required identifying commonalities between participants' experiences while at the same time preserving the participant's individuality. At this stage, I returned to the participants' transcripts and comments from stage two of the analysis to ensure the participants' experiences were accurately reflected and captured. I aimed to retain the idiographic focus on the individual participant while simultaneously creating a joint narrative between participants' experiences. For a theme to be classed as "recurrent", it needed to be present in all or at least half of the participant interviews, as outlined by Smith et al. (2009). The bar was set at a minimum of four participants for each subtheme in a sample of eight participants. For larger samples, such as those of eight participants or more, Smith et al. (2009) suggest that the same strategies used in stage four, such as sublimation and abstraction, can be employed at this stage too. Therefore, I drew on these strategies to cluster the recurrent themes and form the master themes and sub-themes for the group. A master table of themes for the group was compiled to illustrate how each participant's experience is nested within the master themes and sub-themes for the group (Appendix 11).

During the write-up of the analysis, I drew on all material accumulated through the analytic process, such as initial notes, themes, and reflections when writing about the participant's individual experience as part of the whole. When selecting which extracts to support the theme, a minimum of three extracts from each participant were chosen to illustrate the convergence and divergence within the theme (Smith, 2009). Extracts were selected based on what was deemed most representative of the theme and on having a rich interpretative capacity to highlight the depth of their experience and the importance of the theme.

It is important to note that despite following the steps for analysis outlined by Smith et al. (2009) for guidance, IPA analysis is considered a dynamic interpretative process, which requires a degree of innovation, creativity, and intuition regarding the analytic process. Three superordinate themes across cases were identified, which were present within the whole sample.

4.8. ASSESSING QUALITY AND VALIDITY

The findings of IPA research are seen as a co-construction between participants and the researcher, as both influence what is being discussed and how it is being discussed (Finlay, 2009; Smith et al., 2009). The participants and researcher's perspectives are considered an essential and inevitable part of qualitative research as they add extra dimensions and enrich the findings (Leung, 2015). To address issues of quality and validity in this research, the guidance set forward by Yardley (2008; 2016) as recommended by Smith et al. (2009) was drawn on to evaluate the quality of the research process.

4.8.1 Sensitivity to context

It is important to ensure that the qualitative analysis can demonstrate sensitivity to context and consider how it may have shaped the report that participants provided and how it is interpreted by the researcher (Yardley, 2008). Sensitivity to context was established by engaging extensively with theoretical and empirical literature connected to the research area and relevant texts on methodology (Larkin & Thompson, 2012). Whilst this is thought to influence the interpretation of data, this was mitigated through transparent and thorough evidence of the analytic process, demonstrating how the findings emerge from the data provided by the participants (Yardley, 2016). Preconceived ideas and assumptions were explored in the reflexive journal throughout the research process and by sharing quotations

and analysis examples with my supervisor and peers. In addition, Yardly (2008) notes the importance of reflecting on the social context of the researcher's relationship with the participant, particularly concerning power differentials. As the research focuses on interpersonal trauma, power differentials were significant to consider as power imbalance typifies abusive relationships. Care was taken to help participants feel at ease before the interview by having an informal chat at the beginning and encouraging them to ask questions. During the interview, I was very aware of my non-verbal communication and ensured that I adapted open body language, a warm expression, and a soft tone of voice. When I felt discomfort or resistance in the participants' responses, I moved on to the next question.

4.8.2 Commitment and rigour

Yardley (2008) noted that commitment and rigour are demonstrated through thorough engagement with the research topic, including comprehensive data collection, in-depth analysis, and skill in collecting the data. Commitment and rigour were addressed through a detailed study of the methodological guidance on conducting an IPA study and following pre-existing guidance for IPA analysis put forward by Smith et al. (2009). In addition, a pilot interview was conducted with my supervisor to enhance my understanding of conducting an IPA interview and ensure the collection of rich, in-depth data for analysis. Throughout the research process, I intended to attend to each participant interview fully to ensure that the interpretations and themes identified were reflective of the participant's experience of the phenomena. This involved reverting to the participant transcripts and notes on the interview to ensure that the emerging themes were grounded in their accounts.

Furthermore, Smith et al. (2009) suggest that commitment and rigour can also be demonstrated through one's engagement with participants during the data collection and the analytic process, such as sharing the emerging themes with the participants and requesting

feedback. However, this seems to be aligned with a positivist epistemology, as the intention is to gain validation of the findings, which suggests that there is an 'objective truth' that can be discovered through sharing the results with the participant (Finlay, 2009; p17). Instead, what was deemed more appropriate and in line with the interpretative epistemological position of this research was using different sources of feedback to improve the quality and richness of the analysis (Morse, 2015). With this in mind, every step of data collection and analysis was discussed with my research supervisor to receive support, keep my assumptions in check and investigate the credibility of the findings. In addition, the sub-ordinate themes, and sub-themes, together with the extracts from each participant, were given to an independent researcher who played no part in the research project to query my interpretations and ensure a comprehensive understanding of the phenomena. The material was reviewed to ensure a logical path through the chain of evidence provided and that the results are plausible and credible. Furthermore, I also attended the University of Roehampton's research module groups, where the primary focus was on sharing the research process and progress, which involved peer review. Lastly, it is acknowledged that I am a novice IPA researcher, and there will inevitably be areas to enhance the rigour of the research.

4.8.3 Transparency and coherence

To ensure transparency and coherence of the research findings, I attempted to clearly describe the sampling strategy, the interview schedule and procedure, and the steps followed in the analytic process (Yardley, 2008; 2016). Quotes from each participant's interviews were used to highlight and evidence each theme demonstrating that the findings are reflective of the participants' responses rather than a product of the researcher's agenda, motivations, interests, or perspectives (Lincoln & Guba, 1985, as cited in Riggs, 2015). In addition, Smith et al. (2009) suggest that an ‘'audit trail’' may enhance the transparency of analysis and

contribute to its credibility. Appendices have been included to illustrate the data collection and analysis process, which allows the reader to follow the chain of evidence. Furthermore, a reflexive journal was used throughout the research process, comprised of subjective and intersubjective reflections on the research process, to contribute to the transparency and coherence of the analysis. A sample from the reflexive journal is included in Appendix 12.

4.8.4 Impact and importance

The relevance and usefulness of this research were considered at the start of the project, particularly during the systemic review of existing literature when establishing a gap within existing research on the topic. Consideration was given to the importance of carrying out this research to ensure that it offers something of interest to the reader and the impact the findings will have (Yardley, 2008). Galdas (2017) highlights that the impact and importance of qualitative research are in its ability to gather in-depth insights on topics that cannot be well understood through quantitative methods. Impact and importance are further discussed within the discussion section of this study.

5.0. FINDINGS CHAPTER

5.0.1. Overview

This chapter presents the research findings on how therapists with interpersonal trauma history experience therapeutic work with traumatised clients. The interpretative phenomenal analysis (IPA) of the eight interviews resulted in the identification of three master themes. This section of the thesis is based on an exploration of these master themes and associated sub-themes (see Table 2). The current IPA offers one account of the experience of working therapeutically with traumatised clients for this group of therapists with trauma histories. As a wealth of latent phenomena emerged during the first phase of

analysis, it is necessary to point out that the analysis does not cover all aspects of the participants' accounts. Instead, it focuses on material relevant to the research questions, aims, and objectives of this research.

The three master themes aim to answer the three research questions outlined at the beginning of the thesis. The first master theme addresses how therapists experience working with traumatised clients and how they perceive the impact on the therapeutic relationship. The second master answers the research question of how therapists understand and conceptualise their experiences with traumatised clients, how the experience has changed over time and what has contributed to this. Lastly, the third master theme speaks to how therapists experience the perceived impact of working with interceptional trauma outside of the therapeutic room.

Verbatim quotes are included to illustrate the themes, giving a sense of the lived experience of the participants and, in places, allowing the data to speak for itself. Minor amendments have been made to some of the quotes used for ease of reading. Deleted words are indicated by dotted lines between brackets (...). Dots before or after an extract indicate that the participant was talking before or after the quoted extract. Italics are used in text to highlight the words or phrases that participants have used and to draw a distinguishment between their accounts and my interpretations. All identifying information has been anonymised.

Table 2: Master themes and Sub-themes

Master Themes		
NAGIVATING CHALLENGES AND REWARDS	**GETTING TO KNOW THE SELF: A PROTECTIVE QUALITY**	**"YOU'RE AFFECTED ALL YOUR LIFE: THE PERMANENT IMPRINT OF TRAUMA**
Sub-themes		

Difficulties with managing feelings of fear and overwhelm during training	Valuing self-awareness in ethical practice	The impact of interpersonal trauma on the self
Difficulties with "keeping yourself separate"	Presence through the body	
Personal history of trauma as an asset		"It doesn't leave you": facing ongoing challenges
A bidirectional process: the positive implications from the therapeutic work with traumatised clients	Valuing trauma-informed support	

5.1. Navigating challenges and rewards in the therapeutic relationship

Participants spoke of both challenges and rewards in their therapeutic work with traumatised clients. Seven participants described difficulties managing feelings of fear and overwhelm when working with trauma during their training, which they attributed to not having a good understanding of trauma, both theoretically and practically. When reflecting on their current practice, all participants expressed difficulties with keeping their subjective experiences separate from those of the client in sessions. In addition, all participants described viewing their history of trauma as an asset in terms of understanding and empathising with the client in greater depth. Seven participants also described experiencing positive implications from their therapeutic work with traumatised clients in their current practice and how these positive implications are experienced by both client and therapist.

5.1.1. Difficulties with managing feelings of fear and overwhelm during training

Participants described experiencing fear and being overwhelmed when working with trauma during their training, expressing difficulty managing and processing these experiences

in sessions and after sessions. All participants attributed their challenges during training to not having a strong enough understanding of how trauma has impacted them and not having the theoretical knowledge and practical skills to feel confident in working with traumatised clients. Rebecca noted the difficulty of not having been able to recognise trauma at the beginning of her training:

> *"…I think when I first started, I didn't really recognise trauma so much like the nuances and the clues (….) whereas now I think I can pick it up like a sniff, you know…so I think it's that really just not being trauma-informed but not many training courses set up therapists to be trauma-informed." [482-498]*

There is a sense of her approaching sessions with clients blindly, which gives the impression of this having been an overwhelming experience. The extract reflects trauma becoming a part of normality, suggesting it takes knowledge of trauma to identify and understand its impact. She refers to *nuances* of trauma, which suggests that some experiences are easier to identify as being traumatic than others. While Rebecca described difficulty in recognising trauma, Ruth, in contrast, attested to being very much aware of her clients' traumatic disclosures in sessions:

> *"…a bit more scared of it initially, so a bit more overwhelmed sometimes by the detail of stuff that people had gone through, you know, the violence that people had gone through, that that was- Yeah, I was very much aware of the power of the stuff that they were saying initially.*" [226-230]

This extract conveys the power that trauma carries, and the difficulty associated with listening to details of a client's traumatic disclosures, which seems particularly pertinent at the outset of training. It seems the most difficult and overwhelming thing for her was hearing the details of violent acts that people had experienced. The nuanced way trauma manifests itself can potentially explain why Ruth was aware of the trauma that people had experienced,

and Rebecca was not. While Rebecca referred to more subtle traumatic disclosures, where the traumatic experience may not be as clearly identifiable, Ruth refers to hearing disclosures of *violence* which, in contrast, are very clear indications of trauma. In addition, there is a sense of Ruth experiencing her clients' disclosures as a violent act, as she refers to feeling scared and being very much aware of the *power* of the disclosures.

In a similar vein, Anna described the difficulty she had in listening to horrific disclosures of trauma when working with a client who had suffered ritual abuse, and the impact this had on her:

> *"...I was doing my garden and I was picking some dog pooh up, because I have dogs, and I had a horrible, horrible- I was nearly vomiting. But I knew it wasn't my stuff. It was her stuff. Now that never happened to me as a child, but (...) Oh, it was really unpleasant. Really unpleasant (...) I stopped doing what I was doing, and I contacted my supervisor immediately because it was quite a horrific feeling for me." [259-276]*

This extract highlights the horror of her experience at the time. The repetition of words like *horrific* and *unpleasant* reflect the sense of being overwhelmed she experienced as a result of hearing the client's traumatic lived experiences. The negative impact of this encounter is also reflected in the urgency of contacting her supervisor *immediately*, suggesting that she could not bear to wait and needed immediate support. Reaching out to her supervisor straight away can also be seen as an empowering act and a way to regain control over the distress she felt.

Susan also described an overwhelming experience during her training when working within a drug and alcohol unit. She attributed this to the severe problems and *harrowing stuff* that the clients had been through, as well as the feeling of powerlessness in terms of being able to make any changes. However, unlike Anna, who did not report any long-lasting negative implications, Susan described a cumulative negative impact:

> *"…there were definitely periods when I just couldn't sleep at night, they were insomnia after, uhm, certain sessions. I definitely felt (…) I just couldn't get out of bed ended up calling in sick (…) I just mentally felt absolutely exhausted (…) and quite a lot of the trauma was also sort of in the transference, a lot of them were very, very, angry with the trauma they've had or angry with their parents, angry with the system or whatever (…) and that can really trigger my own trauma." [498-513]*

This extract highlights the debilitating impact working with traumatised clients had on Susan during her training. The repetition of words such as "very" and "angry" convey the intensity of the client's distress and reflects the difficulty she had in managing it. Anna highlights an added layer of difficulty in her experience, which contrasts with those of Rebecca and Ruth, resulting from her primary trauma being triggered in conjunction with managing the impact of her clients' harrowing stories.

Indeed, two other participants attributed the fear and feeling of overwhelm they experienced to their traumatic material surfacing during client sessions. Rachael said:

> *"I can still remember the feeling in the room (…) I felt like I have to be so careful and gentle with her (…) all through my training, a lot of the abuse stuff that had happened to me came up for me again. It was like, "Oh, we're in this." So, there was part of me that was in it. The wounded part of me was there too." [443-456]*

This extract reflects how working with trauma during her training had a significant impact, particularly highlighted by the ease with which she recalled the *intensity* of how it felt for her back then. In addition, she refers to her and the client as being *in this* together, which suggests an identification with the client's pain leading to enmeshment. This also conveys a lack of clarity as to whether her perception of needing to be *gentle* with the client reflects the need of the client, her own need, or both. The way in which she describes her trauma

surfacing during sessions gives a sense that she may have had an inkling or expectation that her trauma may come to the surface, suggesting a form of mental preparation.

In contrast, Beth described feeling shocked and confused when her primary trauma was triggered in a session:

> *"…at that point, what I was actually doing was giving her words back and it was like "ping" (…) something was happening in me it was a really deep feeling, but it was more physical too. I felt so overwhelmed when she left, I'm glad she was my last client. And I remember sitting, I couldn't speak, and I couldn't write, and I didn't know what that was what. Well, what was happening was I think I was just trying to unpick hers and mine, it was like I went through my experience again with her experience, so I was feeling her thing (...) like it just, it totally knocked us off our feet for a little while it did." [38-61]*

She described the session's impact as all-encompassing, which was reflected in her inability to *speak*, *write*, or make sense of things. The feeling of being overwhelmed that she describes seems to indicate a momentary annihilation of connection to her own reality. In addition, the *ping* she referred to when reflecting the words back to the client suggests that they resonated with her own experience, which led to enmeshment with the client and a need to *unpick* them from one another.

Finally, Cynthia distinguished between working with trauma using different therapeutic modalities, describing finding the experience of working with trauma within a psychodynamic framework to be unbearably overwhelming, causing her to drop out and change course:

> *"I think it felt like it was a power imbalance (…) it sort of almost felt like I had been the one to push the person over the edge, and I then needed to jump in after them and then it felt as though you were in quite a dark place and with an awful lot to try and*

deal with at the one-time (…) it felt more as though I was doing something to someone else, rather than it being that sort of relational thing." [467-489]

This extract conveys strong visual imagery to illustrate the overwhelming feelings Cynthia experienced. There is a sense of doing harm to the client by pushing them *over the edge*, and this extends to Cynthia too. In addition, the *dark place* she describes, as well as having an awful lot to deal with, point to a feeling of responsibility and being overwhelmed in managing her own feelings, as well as those of the client. The feeling of causing harm is further conveyed in Cynthia's feeling of *doing something to someone else*, which resembles the dynamics of an abusive relationship and accounts for the discomfort she felt at her perception of occupying this role.

5.1.2. Difficulties in keeping "yourself separate"

Each participant stated, to varying degrees, the difficulty associated with keeping their subjective experiences separate from their clients in the therapeutic relationship. Unlike during their training, this difficulty seems to be accompanied by a sense of exhaustion and professional responsibility toward their clients. Anna described the exhaustion related to keeping herself separate from the client, saying it feels like "*multitasking all the time in sessions*" [197]. She elaborated by saying:

"…really listening to myself. Really being aware of myself. If anything is triggered, it's like, "Ah. That was my stuff. Just pop that there," and we are back." [198-200]

Anna conveys a sense of intensity and responsibility in her narrative, which is elucidated by the repetition of the word "really". The words "and we are back" reflect the difficulty of remaining present with the client's experience when her own is triggered. In addition, the words "pop that there and we are back" illustrates a need for a form of bracketing of her own experience in order for her to stay with the client's experience. Similarly, Beth described the

exhaustion of keeping her subjective experiences separate, referring to this as managing a parallel process:

> *"...I remember in that moment I thought where's that passion? Where's that, where's that coming from? And it was my need when I needed help, nobody was there to help. And so, I think sometimes it's that parallel process in doing it at the same time that can be exhausting. " [322-329]*

Here, Beth describes the exhausting *parallel process* of managing the client's need for help alongside the triggered traumatic memory of needing help as a child and no one being there to help her. Beth's questioning of where her *passion* is coming from suggests a lack of awareness at the time and a need to reflect and make sense of her process, as well as that of the client.

In a similar yet different fashion, Rachael refers to a different parallel process, this time between her and her client, thus highlighting the challenge of keeping oneself separate when the client and therapist are experiencing the same struggles at the same time:

> *"I was suffering with work-related stress at the time (...) I was getting burnt out (...) I'd been working with this woman for three years, and it felt like we hadn't got any further. We'd tried loads of different things (...) and maybe I found her level of anxiety was too much really (...) I was glad for that to end because I think I felt probably some transference really, or countertransference that I probably felt quite hopeless too..." [250-273]*

This extract conveys the difficulty Beth had in keeping her subjective experience separate from that of the client in order to remain present with the client's experience, with the difficulty seemingly caused by her struggle with having similar feelings to the client at the same time. Beth's exhaustion is reflected in her words, "I was glad for it to end". There is

also a sense that her being burned out and stressed made her more susceptible to feeling the client's transference of hopelessness.

In contrast, for three participants, the difficulty of keeping things separate seemed to be exacerbated by having experienced the same type of trauma as their clients. David described working with a client with whom he shared difficult life circumstances, as well as traumatic experiences, describing the impact in the following way:

> *"…this theme of unfairness really blindsided me, and I needed (…) to smoke 40 cigarettes and really take like a beat for that week (…) I need to detangle this for myself before I go back into the room and sit with this man, because you know he – the role he needs from me I will not be able to meet that expectation if I am still like you know unpicking it, or if it's still quite raw for me,, not that you ever stop unpicking it…" [97-108]*

This extract suggests it may not necessarily be the description of the client's traumatic experience that is difficult to stay with, but rather the feelings that his experience evokes in the therapist. Referring to being *blindsided* in terms of the impact of the trigger can be seen as a reflection of the vulnerable state in which David found himself at that moment in time, as well as not having been aware of this theme being a possible trigger for him. His choice of words "taking the beat for the week" can be seen as indicative of how being triggered is a painful experience he views as being equivalent to being physically beaten. The need to *detangle* and *unpick* highlights the difficulty David had in separating his personal experiences and feelings from those of the client and suggests that this is a time-consuming cognitive activity.

For Cynthia the challenge of keeping things separate seems to be an embodied activity. When describing her work with a client who had flashbacks in sessions related to

domestic violence which were similar to things she had witnessed or experienced herself, she said:

> *"…it's the bodily impact, I find there's a lot of embodied feelings that I have. So, outwardly I'm certainly able to be calm and supportive in that moment, it's the managing the internal feelings. It's not that suddenly something pops into my head, "Oh, that's exactly like that situation that I experienced'. It's more that my body recognises it, it's more that it's like the sort of, whoosh of feelings from your stomach. Sometimes it just takes a moment to settle and keep in check." [61-73]*

The difficulty for Cynthia appears to centre around managing the embodied reminders of her Traumatic material, which became triggered due to the similarities between hers and the client's traumatic experience. There is a sense of the embodiment feeling resembling a form of flooding, reflected in the word *woosh*. In addition, her experience reflects a sense of exhaustion, with Cynthia referring to a need to keep herself *in check* while at the same time being present and supportive towards her client.

In contrast, two participants identified a difficulty in keeping their subjective experiences separate when the client's communication style reminds them of the perpetrator of their trauma. For Susan, it seemed to be particularly difficult to keep her subjective reactions separate when the client communicates in an angry or aggressive manner:

> *"…one of the things that was quite traumatic for me growing up was my mum was kind of always shouting at me and raging at me and (…) those situations can really trigger my trauma (…) on a rational level, I knew that it wasn't directed at me, it's obviously transference and I'm just an object for them to release their anger, but it's still difficult I think to be on the receiving end of it…" [514-521]*

There is a sense of her grappling with separation, which is evident from her need to reassure herself that it is not her with whom they are angry. Her comments reflect a disconnect

between her rational mind and her felt experience, as well as difficulty integrating the two. Similarly, Rebecca describes a struggle in keeping her subjective experiences separate when she perceives the client's communication style as manipulative:

> *"…clients who've been abused have been really, manipulated. So, it was a communication style that they learn will be one of manipulation. And I think that I have quite a sort of a boundary around being manipulated (…) but personally just felt one of them, I felt I couldn't bear, which I know was a transference because she couldn't bear herself (…) and then sort of recognizing that I wanted to repel her, but not repelling her because I was aware of the countertransference." [758-768]*

The challenge Rebecca describes here is in managing her reactions to the client, particularly regarding her subjective experiences of being *manipulated* as a child and the desire to *repel* clients who present in these ways. There was also a sense of exhaustion when she spoke about not being able to *bear* one of her clients but needing to continue working with her and managing her responses.

Ruth also spoke of the difficulty in keeping her subjective experience separate from those of clients with whom she shares a traumatic experience, her struggle particularly evident in her description of the client:

> *"…he'd done it since he was a very young child (…) and that's the shame, isn't it, and the guilt and the embarrassment and anger with ourselves that we could have- we did have options, but we didn't know those options…" [905-910]*

In this extract, her narrative shifts from describing his (the client's) experience ("he") to describing a shared experience ("we"), again highlighting the difficulty of keeping separate when similarity is present.

5.1.3. Personal history of trauma as an asset

All participants alluded to the fact that experiencing trauma in their own lives aided them in their attunement to clients presenting with interpersonal trauma. Participants identified how examining the impact of trauma on their own lives has been key in their ability to provide understanding and empathy to their clients. The participants' comments conveyed a strong sense of personal understanding of the painful feelings that trauma can evoke. For example, Cynthia said:

> *"…I know how hurtful that can be. Especially when you're feeling in a place of really hopeless and helpless. Intellectually, you know there are things that you could do, but sometimes you're so stuck that you can't bring yourself to take that step." [321-327]*

Cynthia highlights a distinction between knowing something intellectually and the difficulty of putting it into practice, pointing to an understanding that trauma impacts the person's ability to make proactive changes. Furthermore, Anna, Rebecca, and Ruth's accounts suggest that keeping a mental separation between their subjective experiences of trauma and those of the client may be key to a therapist's ability to empathise and understand the client's experience. Anna described how healing and moving away from her trauma has informed her empathy for individual differences within the experience of trauma:

> *"When I have a client who comes to me with trauma, I seem to have a real deep empathy and insight into what they may be going through (…) I can really sit with them and really explore into a deeper level of a real impact because I am aware of how deeply it can impact." [47-55]*

Anna conveys an awareness that her personal experiences can only serve as a guide in understanding what the client *may* be going through. This extract suggests the impact of

trauma is multi-layered, being at a depth that only those who have been through the experience can understand. In addition, there is a sense of an ability to engage and hold the complexity of drawing from her own experience to understand those of the client while at the same time keeping in mind that their experiences are not the same. This mental separation seems to inform her understanding and empathy for the client without her clouding the client's experience with her own.

Rebecca and Ruth also referred to how understanding trauma's impact on their own lives aids their understanding of the client and their ability to maintain a mental separation: Rebecca said:

> *"…because I've got a very sort of disaffected family background, I think I'm very quick to see how family dynamics have impacted on the person and also to be able to hold the attachment to the family whilst also working with the distress and anger and hurt that they feel …" [235-237]*

This extract sees Rebecca convey how her understanding of the impact of family dynamics on the individual is connected to her personal experience of having a *disaffected family background*. She conveys a strong sense of a need to be gentle with clients when they are faced with conflicting feelings due to her personal understanding of how challenging this can be. Ruth conveys a similar complexity in her experience when she describes how working through her trauma has aided her ability to "*see things from [the client's] point of view*" [129-130] while recognising that their experiences are "*not identical, but similar*" [131]. In a similar vein to Anna and Rebecca, she conveys an ability to draw from her own experience in understanding the clients, while at the same time demonstrating an awareness of difference.

On the other hand, Susan and Rachael's experiences highlight how personal trauma history and healing from trauma can act as an aid against feelings of fear when in sessions

with traumatised clients. Susan described her ability to connect to her clients' pain without fear, seemingly as a result of having gone through similar pain herself:

> *"...I think that that's always really helped me to really understand someone's pain, because I've been there, and I don't look away because I know that is real and it's something I've processed, and I've come through (...) it's really weird. I think it's like because I've been there, so I don't feel scared." [174-181]*

This extract illustrates how trauma can be frightening and unbearable for Susan to look at, and she suggested that her personal experience of being there herself acts as a shield. Her words "*I don't look away because I know it's real*" suggest that looking away has an invalidating quality, so by not looking away, she validates the client's experience as being real. Susan also hints at there being something odd in viewing her history of trauma as an asset. Similarly, Rachael described how her personal experience of the deep, dark place of trauma enables her to cope with her client's distress without feeling scared.

> *"...because I'm not scared of going there, I think it allows you to hold it more and to be with your client in that space. Personally, I think that it's a benefit. It's not something you choose to have happen to your life, but it can give you, so in my career as a therapist it has added. It's a funny thing to say."*

This extract highlights how trauma is a dark, scary, and challenging place to remain present in. It also shows how her personal understanding acts as an aid in trespassing the barrier of fear and remaining alongside the client in their experience. In addition, she conveys conflicting feelings regarding viewing the experience that she would never have chosen to happen to her as a benefit in her career, which echoes Rachael's perception (above).

Beth and David's accounts feature a further aspect here, suggesting that the therapist's history of trauma can not only be viewed as an asset to therapists in understanding and empathising with their clients but can also be an asset for the client. Beth suggested how the

client's perception of the therapist sharing in their experience can be of value to the therapeutic relationship:

> *"And there's that element of, I understand, you know, I have experience of this, however, it's not your experience, but I do understand it, tell me how it is for you... it takes away that shame (...) I've seen a lot of movement in a client almost because they see a light (...) in AA (...) the people that run that and the sponsors themselves have been alcoholics, and it's something quite, you know, empowering..." [435-451]*

Here, Beth reflects on the comfort that can be found when both therapist and client have a difficult experience in common, suggesting this has value as it can take away the shame clients feel regarding their experience. The words "*empowering*" and "*a light"* suggest that the client knowing they have the experience in common with the therapist, can help them see beyond their current experience as they have someone in front of them as proof that things can be better. In a similar vein, David described how his trauma history is not only an asset to understanding the client but also how the client perceives it as an asset to being understood by the therapist:

> *"If you have been down to a very deep, dark place, I think there is an assumption that if you are sitting in front of a therapist, in order to understand that they may have been to a different dark place, but it's probably the same depth… it feels more than empathy. It feels more like I am able to reach over and hold your hand from the same place. Which is, I feel, is a little bit deeper" [711-726]*

This extract conveys a sense of trauma being a difficult experience to understand and that in order to understand, one must share in the experience. In addition, there is a sense of this shared experience between therapist and client, bringing about feelings of safety and a deeper, more personal form of understanding, such as intimacy. There is also a sense of the

depth of connection David feels with his clients being difficult to put into words and not fitting into pre-existing terminologies, such as *empathy*. David refers to providing the client with something he experiences as *more than empathy*, suggesting something unique about its nature.

5.1.4. A bidirectional process: the positive implications from the therapeutic work with traumatised clients

Seven participants referred to experiencing positive implications of the therapeutic work with traumatised clients and how these positive implications are experienced by both parties (the client and the therapist). Most participants attributed the positive feelings felt in the session to stem from establishing a connection with the client. Rachael described feeling a "*buzz*" [742] from the therapeutic work with traumatised clients, which she also attributed to the positive connection between herself and the client:

> *"...I think that relational depth that I experience with them, it's like a fundamental thing. It's such a positive thing that when I've come out, when I've finished my sessions, even if the sessions are heavy sessions, I feel positive. I feel good. I feel like I've done a good thing. I've enjoyed something, for want of a better word with enjoyed, but you know what I mean. The connection has been really positive. After, probably without fail, with a very few exceptions, I feel really positive after a session." [744-752]*

This extract conveys both the importance and the positive implication of establishing a connection with the client in the therapeutic relationship. There appears to be a reparative element to that connection, with this element not only being felt by the client but also by the therapist, in the form of feeling *really positive* and *good* after sessions. In addition, there is a sense of the connection with the client being something very powerful, which can turn a

heavy session into something enjoyable. David also described how connecting with clients in sessions can change his mood for the better:

> *"I don't think we talk about it a lot in therapy (…) what we get from seeing clients. And for me there is a thing about connection in my life generally that is sometimes complicated, and actually the therapeutic relationship is less complicated you know in some ways. There is more structure to it, certainly, that's a better way of putting it and that means I can feel quite good after a session, I can feel (…) it can change my mood for the better." [831-839]*

This extract conveys a sense of connection being a potentially dangerous and complicated interpersonal process when trauma is present. There is also a sense of the *structure* of the therapeutic relationship providing a sense of safety for both therapist and client to be able to connect with each other in a safe way.

On the other hand, the positive implications three participants attested to experiencing from the work seemed to result not only from establishing a connection with the client but from bearing witness to the client's growth. For example, Rebecca described how connecting with a client in sessions and witnessing their growth process evokes positive feelings within her:

> *"… that beyond words kind of underlying connection really helped her to feel safe in the room and to be able to connect with me in a way that made her able to put words to something that she'd never spoken about (…) as the therapy progressed, she sort of started to get taller somehow, she really blossomed she's a really beautiful person." [719-736]*

This extract conveys a sense of intimacy regarding the connection Rebecca felt with her client during sessions. There is a sense of their connection facilitating a feeling of safety in the client, which in turn aided the client in expressing something that until then was difficult to say out loud. Witnessing her client's growth from adversity seems to bring about warmth and strong positive feelings in Rebecca, which is evident in her choice of words like "*beautiful person*" and "*blossomed*", as well as in the repetition of the word "*really*", which stresses the positive impact of witnessing her client's growth. Similarly, Cynthia described how facilitating growth in her clients elicits positive feelings and added that it also helps her grow at the same time:

> *"...I've certainly found it very rewarding in working with clients who've experienced trauma and helping them to gain a better understanding to feel supported in their experience and to be able to move forward from there (...) and I think that that's also helped me to grow at the same time, so it's something I would move towards rather than avoid." [50-56]*

This account suggests that the reward Cynthia experiences is connected to facilitating the client's understanding and growth from their traumatic experience. There is a sense of the rewards Cynthia receives from working with trauma surpassing any challenges. She also described the therapeutic sessions as being mutually beneficial, facilitating the client's growth as well as her own.

Three participants connected the positive feelings derived from the therapeutic encounter with traumatised clients to finding a sense of meaning in the work. Ruth said

> *"I feel very privileged and so so sort of proud of what I've done or the meaningful way I spend my time or choose my career" [273-275]*

There is a sense of the *privilege* and *pride* she feels being connected to her ability to help others and seeing this as a worthwhile activity that can create positive change. Susan alluded to the work with traumatised clients possessing a transformative quality, saying:

> *"... I do feel, somehow, it transformed my pain into something a bit more helpful and positive, and it can help other people..." [213-2017]*

There is a sense of Susan's painful experience of trauma being transformed into something useful, something she can channel in a *positive* way, thus giving it meaning. In addition, there is a sense of the pain losing its quality when channelled in this way, bringing about a sense of positivity and hope. In a similar vein to Susan, Anna pointed to how working with traumatised clients can transform adversity into strength, saying:

> *"...for me it's like turning trauma into triumph. It's like I have been able to heal and now I can sit with others, hopefully, through their journey and their process. And each time I do, I feel more healing." [477-480]*

There is a sense of victory (over trauma) in Anna's description of her ability to sit with others through their healing journey. There is also a sense of pride in her narrative, seemingly connected to the experience of feeling more healing each time, despite the adversity she has been through.

5.2. Getting to know the self: a protective quality

The data indicates that participants perceive getting to know themselves as having a protective quality in their therapeutic work with traumatised clients. All participants communicated the value of self-awareness in keeping their subjective experiences separate from the client's. They also communicated its importance in knowing what they need to do to look after themselves before and after sessions. Seven participants employed a tactic of tuning into their bodies to remain present and grounded, and five participants spoke of

valuing a trauma-informed supervisor in feeling supported in their therapeutic work with traumatised clients.

5.2.1. Valuing self-awareness in ethical practice

A common theme expressed by all participants was that of valuing self-awareness in their therapeutic work with traumatised clients. Anna highlighted how the self-awareness gained from personal development has been a key aspect of her work with traumatised clients:

> *"...I have done a lot of personal development. And I believe it is ongoing. I think we are forever learning about ourselves. Being more of a developed therapist. Personal development. I apply everything to myself anyway, and I am always wanting to learn new things. But yes, that real separation and the acute self-awareness makes all the difference, it's definitely the key." [301-307]*

Anna places a strong emphasis on self-awareness in the therapeutic work, viewing it as crucial as it appears to aid her ability to keep her subjective experiences separate from those of the client. The extract also conveys a sense of self-awareness being a limited and an ongoing process.

Rachael explained that the awareness she gained from having personal therapy, and trauma training helped her feel more confident as a therapist:

> *"...I've had lots of therapy myself. I've gone on a lot of courses, I've had a lot of therapy, so as I understood trauma more that helped, I think as I became more healed, as I was in my recovery more, so I knew my own space so I could keep myself contained, that helped as well (...) to become more confident in who I was as a person, and therefore who I was as a therapist." [362-370]*

This extract conveys a sense of her strengthening her sense of self and building barriers to protect herself through her personal therapy and the trauma courses she has taken. She views her healing as the key to knowing who she is as a person, ultimately contributing to her confidence both in her personal and professional life.

For Susan and Cynthia, gaining self-awareness appeared to be valuable in managing the impact of the therapeutic work. This is reflected in Susan's comment:

> *"...I'm more aware when something has an impact on me so (...) I'm more actively processing and journaling and thinking about checking in how I'm feeling whereas before I was kind of like, 'Oh, this is okay, you know- I'm a professional, I should deal with it' but obviously I couldn't. That comes in forms of intrusive thoughts in the middle of the night, then you can't go to sleep (...) whereas now I feel like this is part of my job, to look after myself so I can be very mentally resilient for my clients, or I see that as part of my job rather than, 'Oh, I'll get to it when I have the time' sort of thing." [707-751]*

This extract reflects the importance of self-awareness in terms of how this has led to a change of perspective in the way she views self-care and how she understands what it means to be a professional. Her comments suggest that she previously viewed being a professional as something impermeable and unaffected, realising there to be a struggle within her to maintain that position until she could no longer. In addition, there is a sense of the therapeutic work invading her life, with her seemingly being unable to separate herself from it. She seems to have undergone a change of perspective as she has developed her self-awareness, going from seeing her self-care as an optional adjunct to her work to seeing it as a vital part of her work and what it means to be a professional. Similarly, Cynthia described the importance of self-awareness in terms of looking after herself and how this, in turn, helps her manage the impact of the therapeutic work

> *"…it's also probably as well having got better in more recent times with things that help my wellbeing so that I don't have the kind of crash myself after I've worked with traumatised clients. It's being more familiar with the things that are good for me, and that will help me when I'm doing that sort of work (…) I think also the fact that being very aware of the impact that it's had, it's not as though I'm trying to put it to one side, it's not really had the opportunity to be cumulative." [512-720]*

Her words reflect a sense of the therapeutic work with traumatised clients being draining, elucidated by her use of the term "*crash*". However, she also seems aware of what helps her well-being, aiding her ability to manage that exhaustion. She also conveys a danger in putting these experiences *to one side*, realising that they can accumulate. She points to self-awareness acting as a buffer to these impacts becoming cumulative.

In a slightly different vein, David and Ruth described how self-awareness has aided them in their ability to look after themselves. David highlighted how self-awareness has helped him identify what he needs to do to look after himself following client sessions:

> ***"****I think understanding that a support network is multifaceted, like going for a run is incredibly useful for me, as far as regulating energy and mood (…) but also understanding that, while that is very good self-care and support, you know talking to a friend is really important, even if just talking shit, even if it is just like, "I am in a bad mood, I just want to have a rant about Made in Chelsea", then the therapy stuff is the emotional stuff, and I think what can be tempting is to put all of those needs onto one of those things, so I have been, for want of a much better word, I've been triggered, and now I am going to go for a run, and that is fine, because I feel better afterwards, going 'Actually, no that is probably not the end of it, because you are dealing with something that goes back 30 years'." [182-196]*

It can be seen from the excerpt that David views the self-awareness he has developed over the years as aiding his ability to look after himself. He has identified a need for a multifaceted support network after having become aware that one outlet would not suffice to manage what has been triggered for him. The end of the extract reflects David's exhaustion as he desires a quick solution to what has been stirred up inside of him. There seems to be an internal battle between a part of him that wants to believe in a simple solution and the part of him that carries the awareness that any such simple solution will in reality, not be enough.

Similarly, Ruth communicated how her self-awareness has informed her of her self-care needs:

> *"…once they've gone, I'm very much- yeah, I'm tired, I need time, I need space, I need to think about what they've done (…) I'm mindful about needing some space, needing some time, needing a walk or a bath or whatever, so that I can, yeah, sort of get over what they've spoken and get on with who I am and my life and what I need to do to look after myself." [259-266]*

Here, Ruth's comments reflect a strong awareness of the situation and the need for time for herself after sessions. It seems the sessions with clients have the potential to deplete her energy, and she exhibits an awareness of needing time to replenish. There is also a sense of exhaustion, with the suggestion that her role as a therapist requires her to dismiss herself and, therefore, a strong need to devote time to herself and what she needs after sessions. To this end, she conveys a need for a transitional activity, such as a walk, bath, etc. in transitioning from her role as a therapist to who she is in her personal life.

Beth added comments that support Ruth's take on events, communicating how gaining self-awareness has helped her to recognise that the ability to look after herself is connected to her ability to remain present with her clients in sessions:

> *"…there is times now, like, especially since I've sort of become more self-aware (…) I've stepped back from a lot of things that I would normally get involved in or help a situation. And I think I do that because I can't be present with me clients and do what I'm doing and then look after everyone else…" [358-362]*

Here, Beth's comments reflect an awareness of the limits of her ability to help and care for others. She suggests that looking after others is exhausting, with her comments reflecting a realisation that she cannot look after everyone while also being present for her clients in sessions. It seems that her awareness of this has caused her to take a step back, yet there is also a sense of this being difficult to do, and so it is done out of necessity rather than choice. Behind this necessity, there is a sense of felt responsibility towards the client, eluding that the inability to remain present with the client can be unsafe for both parties.

In contrast, Rebecca communicated a danger with regards to a lack of awareness in therapists with trauma histories, pointing out that awareness is key to ethical practice:

> *"I think if I been a therapist before I'd done a lot of therapy, it would have been really dangerous because I think it would have meant that I colluded or identified, tried to rescue maybe even became persecutory. So, I think it would have created a very unsafe space, but now that I've worked a lot on my own issues, I think it can inform my empathy (…) until I had therapy, I haven't realised how traumatised I was. I hadn't really realised how much my childhood had impacted me…." [56-81]*

It seems from this extract that unresolved trauma in therapists can impinge on the therapeutic process and distort how the therapist perceives and responds to the client. The distortion Rebecca alludes to is highlighted by other participants when describing their experiences during training and the ongoing challenges they face due to their interpersonal traumatic history. The extract goes on to convey a sense of the self-awareness gained from personal therapy being a beam of light, helping her understand trauma's impact on her. There is a

sense of her having been in darkness, lacking the ability to see things clearly. Trauma appears to have become normality in her life to the point that she feels she was unable to recognise its impact.

5.2.2. Presence through the body

Seven participants described the value of tuning into their body during their therapeutic work with traumatised clients, which they seem to suggest better enables them to access the present moment. Participants described achieving such presence through the body in different ways. For example, Rebecca explained how yoga enables her to remain present in the moment:

> *"I think I can tend to be quite cerebral, and so what yoga does is bring me back into my body and shut my mind up for a while. And I think I find my mind very hard to switch off, which is also a trauma impact as well (…) so the yoga kind of makes me switch the head off." [440-444]*

Rebecca described experiencing difficulty and frustration with her mind's tendency to be preoccupied, desiring relief, which is reflected in her saying how her mind is *very hard* to *switch off* and, in her words, "*shut up my mind for a while*" and "*switch the head off*". It seems that for Rebecca, yoga provides such relief as it gives her a break from thinking by *switching off* her mind and keeping her grounded in the present moment.

In a similar vein, David described yoga as being a useful tool to aid in looking after himself after sessions with traumatised clients:

> *"Before I do yoga, I feel really grumpy that I'm doing yoga. After I have done yoga, I feel like, 'Oh, yes. I am glad I did yoga' (…) I think there is something about (…) doing one thing and I am grounded. I can't do mindfulness. That stuff makes me want*

to throw a chair out of the window, but with the yoga it's in my body, it's moving I can also tell myself I do sports and so I can say, "Well, this is grounding and a bit boring, but it is going to benefit something else, so I can do it", you know so I think it's half a chore and half a self-care thing that is good to do." [859-874]

This extract conveys the important role the body plays in David's self-care. He conveys an internal struggle between what he knows (cognitively), that yoga will make him feel better, and what he feels in his body, which is a resistance to doing it. It seems that for David, yoga is a means to an end, meaning he has to push himself to do it for its benefit rather than for enjoyment. In addition, the comments reflect anger and frustration towards practices which require him to sit still, such as mindfulness. As such, yoga seems to suit his need for grounding to the present moment through movement.

Similarly, Ruth described the value of moving her body. However, in contrast to David, she referred to its usefulness in processing clinical sessions:

"...I feel I can be emotionally drained and tired, and yet fairly physically restless as well. So, my arms and my legs and my body needs to move almost to help the flow and the process of what's going on in sessions go through me or work its way through" [664-668]

Here, Ruth points out that she feels importance in moving her body for both her physical and mental health, describing mental exhaustion and physical restlessness and how moving the body seems to alleviate both. These comments suggest Ruth views the mind and body as connected. In addition, she describes a struggle to remain present with her client when feeling physically restless, highlighting the benefit of moving her body in between sessions.

Susan also described the value of tuning in to her body as it allows her to process her feelings after sessions. However, in contrast to David and Ruth, she described achieving this by keeping her body still in a meditative state:

> *"…just sitting there, just being with how I'm feeling, is almost like emptying out some of this or letting the feelings surface. It's almost like I'll sit there and then suddenly, quietly, start crying, tears coming down or if I'm feeling really anxious and I'm really just quite down, and then it's this feeling of almost things are emptied out and just a calm kind of feeling at the end..." [767-774]*

These differences the participants describe in how they tune into their bodies suggest therapists can achieve presence through the body in different ways, depending on preference. Here, there is a sense that connecting with her body allows Susan to tap into feelings and emotions which are not accessible to her cognitively. Indeed, it seems she perceives her body as having the ability to transform negative feelings, such as anxiety, into positive feelings, such as calm.

Anna also described tuning into her body while remaining still, although she described this being a useful technique in remaining grounded throughout the day, which she described as an act of self-care:

> *"Just being, I call it. So, I just do a few deep breaths. I put my hand on my tummy and I just be. So, I am just in this very present moment. It is a little practice I do quite regularly (…) it might just be 30 seconds. It might just be for a minute. But it is just that real, 'We are here in this moment'." [655-663]*

This extract conveys the value of tuning in to one's body, which Anna achieves through noticing her breath and placing her hand on her stomach. Connecting to the present moment appears to be a protective practice that gives her a sense of control, enabling her to eradicate any thoughts and worries that she may have about the past or future by inducing a sense of calm and contentment.

Similarly, Beth described tuning in to her body as a grounding practice, referring to its use in remaining present in sessions and for processing feelings after sessions.

> *"…before the session, I have to close my eyes, take a deep breath, and I'm there in the moment. And afterwards, actually, I don't like a lot of conversation, sort of write my notes and to process, whatever I have there (closed eyes and put hand on chest) um, and then that's what I do now. " [1145-1149].*

It seems Beth's comments convey a sense of the power of connecting to the body, where everything else fades away and what remains is the present moment. In addition, she seems to use breathing to ground herself before sessions as well as tunning into her body after sessions in order to connect to how she feels. The extract reflects a sense of the body being a guide to how she feels and what she needs to do to look after herself.

Cynthia also described remaining grounded and present in sessions with clients through tuning in to her body:

> ***"…****because when someone is either talking about or either talking about a flashback or actually experiencing a flashback in the room, I think it can be easy to very strongly visualise that yourself, so almost you're kind of being drawn into that situation so it's (…)sort of almost having a kind of checklist of the sort of things that you can do, "Are my feet flat on the floor, are my hands on the arms of the chair," and things like that, that I find that stops me from drifting away…" [144-154]*

This extract emphasises the value of connecting to the body in remaining present in the session with her client. There is a sense of Cynthia *drifting away*, having the potential to be harmful as it means not being fully present for the client in the session. Cynthia's comments also suggest that connecting to her body acts as a protective quality, becoming a form of emergency brake which stops her from being pulled into the client's traumatic narrative. Although Cynthia recognises the value of connecting to her body in sessions with clients, she, later on, added that she has a "*tendency to ignore [her] body saying, "I'm tired, I'm stressed,*

I'm needing something" [911-912], highlighting an internal conflict and resistance similar to David's resistance in engaging with yoga practice.

5.2.3. Valuing a trauma-informed supervisor

Five participants described the value of a trauma-informed supervisor in their therapeutic work with traumatised clients. David described valuing a trauma-informed supervisor in feeling understood and supported with his clinical work:

> *"I suppose in supervision just an awareness of what trauma can look like so you know, a tolerance to hold a space for people whose behaviour may be very risky, but also to be aware that that doesn't necessarily mean a break in confidentiality (…) so to understand the thresholds are different I think is really important." [540-548]*

This extract conveys a sense of trauma being scary to work with if one lacks the necessary knowledge of trauma. The extract suggests that working with trauma differs from other presentations, requiring specialist knowledge to be understood. David also seems to highlight the potential for misunderstanding between him and a supervisor who is not trauma informed as they may not have the tolerance and thus consider the client's presentation risky.

Cynthia highlighted the value of having had support from a trauma-informed member of staff during her placement, suggesting this helped further her theoretical and practical understanding of trauma:

> *"… so, there was training in how to manage things yourself, and also training and also some techniques as well to be able to help clients with grounding and focusing and things like that. You know, I always knew that I had the kind of emotional support there as well, that it was like, "Right, I've experienced this now." So, I had somebody to be able to talk it through and to be able to, I suppose, have that person to check in with." [494-501]*

This excerpt reflects the value of having knowledge of trauma, which is helpful both in supporting clients in sessions and in being able to support herself after sessions. Cynthia's comments appear to show she finds comfort and understanding in the staff member, thus seeking her support over that of her manager or supervisor.

Anna and Susan highlighted the value of trauma-informed supervisors in processing their clinical work with traumatised clients. Anna said:

> *"...my supervisor always checks out, particularly if we are working with trauma, "How has this impacted you? Has it brought anything up for you?" so it always checks out." [390-393]*

This extract conveys a sense of trust and appreciation towards her supervisor, particularly in terms of Anna processing the impact that the work with traumatised clients has had on her. There is a sense of the supervisor being an anchor, someone solid who asks the right questions and on whom she can rely for support. Susan also spoke of feeling supported by her supervisor in her work with trauma, particularly in terms of processing the secondary impact of trauma:

> *"...I've been with my current supervisor for a couple of years now, she's been sort of my favourite supervisor out of all the supervisors I've had, and she's very supportive and, I think, with trauma work (...) I can feel, almost, this secondary impact of trauma, you know, so I'm thinking maybe I haven't fully processed so she can be supportive in almost like processing, a little bit, my secondary trauma..." [466-473]*

There is a sense of the supervisor role acting as a sort of safety net, catching anything that she may be unaware of and keeping her in check. In addition, she seems to highlight a need to find the right fit with a supervisor, with this one having been picked out of the many that she has seen throughout the years.

In a similar vein to all the other participants, Ruth noted the value of a trauma-informed supervisor in feeling supported in her work with traumatised clients. However, unlike the other participants, Ruth also highlighted the difficulty she has in allowing herself to receive support, even if the supervisor is trauma-informed:

> *"...I feel a little bit hesitant sometimes about revealing everything about myself or my practice or whatever, but I'm aware of that, and we have talked about that, through that (...) I think because the trauma is perpetrated by somebody more powerful, more knowing, and has a negative impact, it's quite easy to see a supervisor like that sometimes..." [820-837]*

This extract conveys both trust and mistrust in terms of her abilities as well as towards the supervisor's intentions. There is a sense of her trusting the supervisor in her description of having spoken to her about how she feels in sessions with her, with them having talked through her worries. However, her comments reflect a perspective that reveals a tendency for her to see the supervisor in the same light as a perpetrator due to the supervisor's position of power, causing a perceived power imbalance. Despite saying that the issue of this power imbalance has been talked through, there is a sense of this issue being ongoing as she uses the present tense to describe her tendency to see the supervisor in a negative light.

5.3. "You're affected all your life": the permanent imprint of trauma

When participants were asked questions around how they experience the perceived impact of working with interpersonal trauma outside the therapeutic room, seven of the eight participants reflected on their personal experience of trauma and its pervasive and permanent imprint on the course of their life. All participants described interpersonal trauma as having a significant impact on their sense of self, impacting their relationships with themselves, others,

and the world. Seven participants also described grappling with ongoing challenges as a result of the permanent imprint of trauma on their lives.

5.3.1. The impact of interpersonal trauma on the self

All the participants described the experience of interpersonal trauma as having a pervasive impact on their sense of self. For example, Rachael described this impact of trauma in the following way:

> *"…it kind of wiped me out as a person really, as an individual, I would say (…) It was a gang thing… they attacked me probably on four occasions over a number of years (…) so by the time they were finished with me I was nothing really. Nothing left in me." [626-658]*

Here, Rachael conveys the impact of interpersonal trauma on her life as equivalent to a natural disaster, wiping out her sense of self and leading her life in a different direction. There is a strong sense of vulnerability as a result of losing her sense of self, leading to a cumulative impact which she likens to a wildfire spreading and affecting all crevasses of her life. In addition, Rachael's comments convey a strong sense of pain and loss as she describes the impact of having endured years of abuse. Her words "*nothing*" and "*nothing left*" (in her) suggest it was her very essence that she has lost, leaving her empty. Furthermore, the words "*finished with me*" indicate the inhumane and painful experience of her sense of self being depleted for someone else's personal gain.

Rebecca describes the impact of trauma on her sense of self in a similarly insidious way:

> ***"****God (…) I find it hard sometimes to know what my rights are. I feel like I have historically given my power away quite a lot in relationships, it's affected my*

romantic relationships. It's affected the way I bring up my children, it's affected my self-esteem (…) it's been hugely impactful." [32-47]

Rebecca conveys the magnitude of the impact of her interpersonal trauma, pointing to a cumulative impact. In addition, by starting her sentence with the word "*god*", she not only highlights the difficulty and complexity of putting her experience into words but also, perhaps inadvertently, makes a reference to the trauma she experienced in childhood (religious cult). She describes not knowing her rights, giving away her *power*, and a lack of self-esteem, thus highlighting a sense of confusion and a lack of sense of self. Furthermore, the repetition of the word "*affected*" highlights the cumulative impact on her life deriving from a lack of a sense of self.

Beth conveyed the impact of trauma on her sense of self in her description of the role she played in the family as a child, which was to protect her brother. She described having "*total disregard for what [she] needs, but always [looking] out for someone else" [356-357]*. Her words convey the impact of trauma as being equivalent to not seeing value in herself and a form of self-neglect. In addition, describing her first role as being that of a protector suggests a disconnect from the self, as well as the notion of not feeling worthy of protection herself.

Similarly, for David, the impact of trauma on his sense of self was experienced as an inability to find value in himself and referred to his relationship with others as being *"hugely unhealthy" [748].* He also mentioned intersectional factors such as "*dyslexia and (…) just a very poor background" [750-751]* contributing to the inability to *"find any worth in himself" [752]*. David highlights how the violence he experienced as a child has impacted his relationship with himself, manifesting in not being able to see himself as someone of *worth*. Trauma appears to limit his potential, causing his relationships with himself, others, and the world to become *unhealthy*. In addition, he conveys a sense of unfairness and disadvantage,

describing his sense of worth as having been impacted not only by the trauma he endured but also by other factors.

Similarly, Ruth also highlighted how trauma affected her self-esteem, hampering her ability to see herself in a positive light.

> *"…not feeling good enough, worrying that people will find out that I was this awful person that I'd always been told I was (laughter)." [519-521]*

Ruth conveys a sense of trauma distorting her ability to see herself clearly, resulting in her seeing herself for who she was told she was, not who she is, reflecting trauma's detrimental impact on her sense of self. In addition, the laughter at the end of the sentence can be seen as masking the pain behind the internalised belief that she is an *awful* person. Similarly, Susan described her traumatic experiences as making her not feel good enough, saying:

> *"…they had a lot of expectations on me to really achieve kind of the dreams or whatever goals they wanted to achieve in their own life so that, obviously, put a lot of pressure on me. I always felt like I wasn't good enough or I wasn't achieving enough, and I was living their lives rather than living my own life." [90-97]*

Susan portrays a sense of feeling cornered and weighed down by her parents' expectations of her, as well as being limited and not permitted to have her sense of self because of feeling pressure to achieve her parents' dreams and goals. In addition, she conveys a feeling of loss and despair in her experience, evident in her referring to having lived her parents' lives rather than her own.

5.3.2. "It doesn't leave you": facing ongoing challenge

Seven of eight participants described facing ongoing challenges stemming from their history of trauma, despite having engaged in personal development and understanding how

these experiences have impacted them. They describe their primary trauma as being triggered and reverting back to an old way of being and seeing the world. Rachael described the heartbreak of being affected by trauma and described the ongoing challenges she faces as a vulnerability to stress:

> *"… I don't care about them. I think in that sense, it's processed as much as it's going to be, but I think I'm vulnerable to anxiety and depression at times. If I'm stressed, I'm vulnerable to go- do you know about windows of tolerance and all of that? I'm vulnerable to getting to my edges of that (…) If I go out at night and I see a gang of lads I'd be worried, even now. And that's when I was a teenager. I'm in my 60s now…" [678-687]*

This extract conveys a sense of injustice, loss, and grief at her life being forever affected by the deeds of another, with trauma processing portrayed as ongoing rather than as a goal to be achieved. There is a sense of fear when she describes her vulnerability to stress, which appears to be due to its unpredictability. In addition, the permeance of trauma's imprint is evident in her description of feeling worried *even now* in her 60s. David also described a vulnerability to stress, stating that his resilience is continuously challenged as a result of his history of trauma:

> *"There are things that I just don't have resilience around. So, you know, in my personal life if something comes up, I won't have that kind of window of tolerance for it. And that can happen with clients too with issues that I am unaware of. It is like, 'Oh, I don't have the resilience around that' and I need to consciously go away and go, 'Let's look at that'." [116-121]*

This extract reflects the permanence of trauma's impact, visible in the first sentence, as well as the need to *consciously go away* and reflect on his experience. In addition, David conveys a need for ongoing monitoring of his experience and ongoing processing of traumatic

triggers. Furthermore, he communicates how his traumatic experience can be triggered by life circumstances and client sessions. David is communicating something uncomfortable, particularly when using the word *unaware*, which suggests that the triggers can come as a surprise.

In a similar vein to Rachael, David also described a feeling of sadness and injustice for having been affected and for continuing to be:

> *"...I feel like I've been held back for 30 years in developing things like career or relationships or this kind of thing. And self-worth. So, I suppose that is how it affects me. That is how it affects me today. There is still this kind of sad, melancholy, frustration, existential sense of like what life could have been." [769-775]*

This extract reflects sadness, frustration, and a feeling of unfairness for being affected by trauma so deeply that he is unable to develop his sense of self and his life in a way that he wants. There is a sense of being limited and robbed of the things he needs to lead a fulfilling life.

Ruth, Beth, and Cynthia described the ongoing challenges they face as a difficulty in maintaining a consistent sense of self echoing the prior sub-theme, the impact of trauma on the self. Ruth described a difficult experience with her teenage daughter inducing feelings of past failure:

> *"...so again, I felt a failure, I felt I questioned everything, who I was, what I'd done for 14 years (...) even though I knew theoretically that counsellors go in and out and people go through ups and downs and stuff, I thought I'd be able to cope with it, but I couldn't." [805-810]*

This excerpt reflects a sense of Ruth being sent back to a different time, with her sense of self-becoming fragmented, reflected in her *questioning everything*. This suggests that

everything she had learned over the years, including how she had learned to cope, was not accessible at that moment because she saw the world through an old lens of *failure*. Similarly, Beth described an ongoing challenge with feelings of self-doubt despite having "*worked on a lot of stuff, an awful lot actually" [185]* conveying a feeling of effort, as well as a disappointment for having to face this ongoing feeling of self-doubt. Cynthia referred to how difficult circumstances can disrupt the way she sees herself as well as the world in her description of turning inward and "*cutting everything and everyone off*" [690-691]. Her words convey a sense of vulnerability and a fragile sense of self, as well as a need to employ extreme, cutthroat measures to secure a sense of safety.

For Susan, the ongoing challenge is evident when she describes there being "*things [she doesn't] particularly work with because [she] can't separate those experiences*" [306]. This suggests that the experience she has had has in some way limited her. She spoke of having been in therapy for ten years and later added that she

> *"…I haven't stopped even after I qualified with UKCP I still had things that I wanted to process, and I continue to process some of the trauma." [452-454]*

This extract portrays trauma processing as an exhausting ongoing process with no end in sight. Rebecca's account echoes that of Susan's as she also described the ongoing challenges she faces with her relationship with food as exhausting and ongoing, particularly when she said: "it's *still ongoing even though I've had mountains of therapy" [44].*

In stark contrast to these participants' experiences, Anna did not report any ongoing challenges connected to her primary trauma, stressing the importance of having turned trauma on its head. However, she also expresses an internal struggle in making sense of this experience:

"I am just trying to think. I feel okay, to be honest. I have questioned myself recently of, 'Why am I not feeling negative responses or negative reactions?' and I haven't come up with the answers." [572-575]

Trauma, being a profoundly negative experience that is difficult to cope with, seems to have been processed to the point where Anna can now focus on the positive aspects of the work. A focus on the positive can be interpreted as a reflection of her efforts to cope with this difficult experience.

5.4. Summary

This research study has produced findings which indicate that participants experienced the therapeutic work with traumatised clients as both challenging and rewarding. Their challenges particularly emphasised managing overwhelming and fearful feelings during their training. Some reported this as being due to hearing the horrific traumatic disclosures of their clients, while others pointed to their primary trauma being activated in therapeutic sessions as a result of a shared experience of trauma. One challenge the participants reported experiencing in their current practice was the difficulty of keeping their subjective experiences separate from the client, which seemed to result from the similarities between them leading to identification with the client's experience. In addition, there was a sense of professional responsibility in their narrative, which seems to be connected to a need to remain present with the client's narrative without their subjective material interfering with the therapeutic process.

Participants also reported viewing their trauma history as an asset to the therapeutic work due to it helping to inform their understanding and empathy for the clients' painful experiences of trauma. They conveyed how working through their trauma has played a significant role in their ability to view their history of trauma as an asset to the work leading

to a sense of separation and an ability to view their experiences as similar yet different. Another commonality participants commenting on was how working therapeutically with traumatised clients was a rewarding experience not just for their clients but also for them. They reported feeling a deep connection and intimacy in sessions, which they attributed to the connection they felt with their clients. They also reported feeling positive after sessions, which for some seemed to be a result of witnessing positive changes in their clients, whilst for others, the work seemed to give meaning to their adversity.

In addition, participants reflected that the self-awareness gained from personal therapy, personal development, training, and supervision has been most helpful in their work with traumatised clients. Participants seem to view self-awareness as something which helps them keep their subjective experiences to one side and has helped inform them of their self-care needs. Self-awareness also seems key to them viewing their trauma history as an asset, with all participants mentioning that working through their trauma has been key in their ability to connect with their clients' experiences and embody a more stable sense of self.

Another common theme to emerge was that participants identified that connecting with their bodies can be a protective practice that helps them remain grounded before sessions, in sessions, and in processing client sessions and looking after themselves. Some participants described how moving the body helps them remain present, while others spoke of stillness as helpful. Although participants generally acknowledge the benefits of tunning into the body, some also expressed internal resistance towards connecting with their bodies. There seems to be a cognitive understanding of its benefits but a bodily resistance towards reaping those benefits, highlighting a potential barrier to self-care. Participants also mentioned valuing the input of a trauma-informed supervisor as it helped them feel supported and understood in their clinical practice. As trauma is complex and its impact multifaceted, it seems vital that participants receive support from a trauma-informed supervisor. There appears to be a connection between the supervisor’s ability to understand the work and

participants feeling supported and able to reflect on their work freely without feeling constrained. It seems particularly important for the supervisor to be trauma informed as there may be a power imbalance (specifically mentioned by one participant), so they need to be aware that this can be a potential dynamic in supervision and help the therapist work through that.

The participants also described trauma's pervasive impact on their sense of self. A common theme here was seeing themselves as flawed and unable to connect to themselves and their needs, as well as to the world, with many describing viewing the world as an unsafe and unfair place. This theme can potentially serve to inform our understanding of the participants' experiences during training. The feeling of fear and overwhelm they described can be seen as indicative of trauma's detrimental impact on the self and not having had a stable sense of self to manage these feelings successfully. The participants also described ongoing challenges stemming from their primary traumatic experience, which seemed to be connected the impact of trauma on their sense of self. It appears that when faced with triggers outside of their awareness, be it a difficult life circumstance or something a client has said in the session, they struggle to maintain their sense of self, reverting to an old way of being and seeing the world. This theme also highlights how although participants have worked through their trauma as much as possible, there may still be aspects of their trauma they are unaware of, suggesting that healing may be best seen as an ongoing process.

Finally, as the Covid-19 pandemic has been ongoing for the last couple of years, a question about its impact on the therapeutic work was asked to cover the entirety of the participant's experiences. However, whilst some spoke about the pandemic affecting their ability to look after themselves, this did not answer research questions related to how participants experience the therapeutic work with traumatised clients. The data also reflected mixed results regarding how participants experienced their work during the pandemic, with no clear emerging theme.

6.0. DISCUSSION

6.0.1. Overview

In this section, the overall findings from this research are briefly summarised before introducing the theoretical framework that will be drawn on to contextualise and make sense of them. Due to the stark contrast between the experiences of therapists working therapeutically with interpersonal trauma during training and in their current practice, the discussion will start by examining participants' experiences during training and will move on to how they experience the work currently. Particular attention was paid to ensuring that the discussion remains grounded in participants' accounts while also making links with existing research in the area and wider theoretical literature to contextualise and help clarify the participants' experiences. Consideration is given to my reflections on the research process before presenting the implications for clinical practice, the methodological considerations, and the study's limitations. Suggestions for future research are considered before closing with a conclusion.

6.1. Summary of results

What appears to be particularly significant within the research findings is the essential role participants assigned to self-awareness in mitigating the positive and negative implications of working with traumatised clients for therapists with a history of trauma. It appears that gaining awareness through personal development and therapy aids the participants in keeping their subjective experiences separate from the client while maintaining their understanding and empathy. In addition, self-awareness also seems to inform their need for self-care with participants drawing particular reference to connecting to their body as a tool in maintaining the separation of subjective experiences in session, as well as in the practice of self-care after sessions. The findings also indicate that therapists with a

history of trauma continue to face ongoing challenges regarding managing and maintaining positive relationships with themselves and the world due to triggers. This seems to be a result of triggers outside of their awareness suggesting self-awareness as being a limited and ongoing process.

6.2. Selecting a theoretical framework

Several theories could offer a way of making sense of certain aspects of participants' experiences. The most recent research into trauma and its treatment has found that the psychological effects of trauma are stored in the body and expressed as changes in the biological stress response (van der Kolk, 2014). As traumatic stress is biologically based and somatically experienced, drawing on theories of the nervous system to further understand and contextualise the research findings felt appropriate. In an effort to make sense of the participants' experiences, Steven Porges' (1995) and Deb Dana's (2018) work on the polyvagal theory will be drawn on as well as other concepts relating to the nervous system. These theories and ideas will be introduced and discussed as the discussion unfolds.

6.3. Participants' experiences during training

6.3.1. Negative implications from trauma work

The fear and overwhelm participants experienced during and after therapeutic sessions with traumatised clients during their training echoes existing research findings, which have found that novice therapists are more susceptible to secondary trauma (Baird & Jenkins, 2003; Adams & Riggs, 2008). The susceptibility of novice therapists to developing secondary trauma as a result of working therapeutically with traumatised clients can be understood through trauma's effect on the nervous system.

Polyvagal theory (1995) provides valuable insights into understanding the participants' experiences further. It proposed three different states of nervous system activation, the ventral vagal, also referred to as the social engagement system, sympathetic activation, which encompasses the fight and flight response, and the dorsal vagal, which refers to the freeze or shutdown survival response. Polyvagal theory suggests that connecting and relating to others happens in a ventral vagal state, as that is the state in which one feels safety within themselves and the world. Being in either of the other states constitutes a dysregulated nervous system associated with an inability to discern between safety and danger queues. As participants describe not having been equipped with knowledge on trauma and not having the insight into how their history of trauma has impacted them, one can conclude they were not feeling safe within themselves. Therefore, they would have been experiencing the effects of a dysregulated nervous system, unable to move towards a ventral vagal state. Also, without knowing the impact trauma has had on them, the participants likely didn't know their triggers and how to deactivate their dysregulated states, which can explain why they described re-living their trauma in sessions with clients.

Polyvagal theory also suggests that our nervous systems are shaped in relation to one another, a process referred to as co-regulation. Co-regulation is a process by which one person's nervous systems interact and harmonise with another person's nervous system and takes place through the mirroring of body language and facial expressions (Porges, 2011; Dana, 2018). Therefore, when the therapist relates to a client in distress, they can take on the client's stress and experience the client's trauma vicariously through their nervous system (Dana, 2020).

The terms used in current literature to describe the negative implications for clients working with trauma are the following: compassion fatigue (CF), which refers to the emotional and physical exhaustion as a result of caring for others, secondary traumatic stress (STS), which encompasses the experience of symptoms similar to PTSD as a result of

listening to traumatic disclosure, and vicarious trauma (VT), which is thought to occur as a result of empathic engagement with traumatised individuals. Anna's distress at the sight of picking up her dog's excrement can be understood through the concept of secondary traumatic stress, which is thought to occur suddenly and unexpectedly in reaction to the client's traumatic material resulting in symptoms such as intrusions, avoidance, and arousal (Figley, 1995). It appears that when she saw the dog excrement, her client's horrific experience flooded her mind resulting in physical symptoms akin to those present in the diagnostic criteria of PTSD, such as intrusion and physical arousal, such as feeling physically sick. This finding relates to existing literature which suggests that experiencing symptoms similar to those attributed to PTSD after working with traumatised clients is a common and natural consequence of therapeutic work with traumatised clients (Dworkin, Sorell & Allen, 2016; Robert & Reghr, 2006; Diehm, 2007).

Susan's experience of hopelessness, anxiety, fatigue, and insomnia during her work with homelessness in a drug and alcohol service during training can also be seen as conducive to compassion fatigue (Figley, 1995). Symptoms of compassion fatigue have been found to include feelings of anxiety, dissociation, isolation, physical ailments, and sleep disturbances (Figley, 1995; 2002). However, Susan also mentioned that her client's anger toward her was a trigger for her primary trauma*, reminding her of her "raging" mother growing up. As Susan already had a primary trauma, the question arises as to whether the STS symptoms she experienced were due to hearing her client's trauma or her client's trauma triggering her primary trauma. The concept of STS does not consider whether the therapist has a primary trauma, which raises the question of whether the term STS can encompass this participant's experience. As none of the terminology outlined previously seems to fit with her experience, further research in this area is warranted.

* Primary trauma refers to the first-hand experience of trauma in the therapist.

6.3.2. Primary trauma activation

Rachael and Beth, on the other hand, spoke of experiencing distress as a result of their primary trauma being triggered during therapeutic sessions with clients. Their accounts indicate that, unlike Anna, the distress they felt did not arise from hearing their clients' traumatic disclosures but rather from what the traumatic disclosures triggered within their own experience. Similarly, Cynthia described feeling overwhelmed due to a perceived power imbalance in the therapeutic relationship. The negative implications of working with her clients using a psychodynamic framework appear to be due to the discomfort of being cast in the role of a perpetrator as a result of her first-hand experience of trauma. These findings pose the question of whether the negative implications these participants experienced were due to secondary trauma or primary trauma activation, as well as whether terminology such as CF and STS are helpful in understanding the experiences of therapists with a history of trauma working therapeutically with traumatised clients.

6.4. Participants' experiences in their current practice

Post-training, participants described their interactions with clients as both exhausting and positive, which relates to existing research findings indicating that positive and negative implications of the work are co-occurring and should be studied together (Linley et al., 2003; Hunter & Maple, 2014). The exhaustion participants described appeared to be associated with a struggle to keep their subjective experiences separate from the client and hold multiple things in mind.

6.4.1. Managing triggers

The struggle in keeping their subjective experiences separate from those of the client appears to be a result of the shared experience of trauma between them. The therapists' negative personal experiences seem to enable them to identify with clients' problems and relate to them in an empathic manner. The concept of mirror neurons, which is thought to be the neurological basis for empathy (Gallese, Fadiga, Fogassi & Rizzolatti, 1996; Thagard, 2007), can further explain the participants' struggle to keep themselves separate. Neuroscience defines mirror neurons as brain cells which reflect the activity of another's brain cells and are thought to provide a direct internal experience of another person's actions or emotions (Rothschild, 2006). Therefore, the participants' struggle to keep their subjective experiences separate from that of the client can be seen as a result of mirroring the client's facial expressions and/or body language in sessions, which allows them to experience their emotional and feeling state (Levenson, 1990; Rothschild, 2006). As mirror neurons have been found to play a role in the process of co-regulation, one can understand their experience with clients as them being pulled into mirroring their client's nervous system state. Thus, participants connecting to the body can be seen as a helpful self-regulation activity which helps their nervous system to remain in a calm ventral vagal state in sessions or alternatively aids them to move through states and reach a place of calm after sessions. For example, Anna and Beth's experience of connecting to their breath to ground themselves before client sessions can be understood as a self-regulation activity that helps their nervous system remain in a ventral vagal state and open for connection. On the other hand, Cynthia described utilising body awareness as a tool to stay present with her client in sessions, which seems to allow her to remain in a regulated nervous system state and not be pulled into mirroring the client's dysregulated nervous system state.

In comparison, Susan's description of utilising meditation to process her client sessions and feeling calm at the end of her practice can be seen as indicative of her nervous system moving through states, from a dysregulated nervous system state to a ventral vagal

state. Lastly, all participants mention using their body to ground themselves in the here-and-now as a self-care technique which seems to aid them in returning to a self-regulated state. The resistance that some participants described towards self-care, particularly in engaging with the body, can be seen as being either in a dorsal vagal or sympathetic activation state, making connection to the self and others difficult (Porges, 2011). These findings point to self-care techniques which focus on nervous system regulation to be essential for therapists with a history of trauma as it helps them maintain a self-regulated state which in turn aids them in being present and engaged with clients. Without self-care techniques in place, their nervous system can become "stuck" in one of the dysregulated nervous system states, which may make them more susceptible to triggers of their primary trauma and experiencing the client's trauma vicariously through their nervous system.

6.4.2. Working towards dual awareness

Furthermore, the mental exhaustion participants experienced can be understood through the concept of dual awareness. Dual awareness is the ability to be aware of the outer world and inner world simultaneously (Rothschild, 2006). Rothschild (2000) found a failure of dual awareness in individuals with PTSD due to a tendency to rely on internal queues to define external reality. Although it is unknown whether the participants in this study had PTSD, from the descriptions of their experiences during training, one can conclude that they were operating from a dysregulated nervous system. Existing research into the effects of trauma on the nervous system has found that when in a dysregulated state, it is nearly impossible to discern between queues of safety and danger (van der Kolk, 2014), which can further explain the fear and overwhelm participants experience during their training.

What seems to have aided the development of dual awareness is the self-awareness gained from personal therapy, which appears to have assisted them in understanding the impact of trauma on their nervous system and equipped them with skills to manage

dysregulation. Deb Dana (2018; 2020) suggests that safety in being with another comes before safety within the self and that when we feel safe with someone else, this allows us to understand how to self-regulate. Therefore, it seems that experiencing safety within their therapy has aided them in offering a sense of safety to their clients and engaging with them from a ventral vagal state. Although exhausting, dual awareness can be seen as a protective skill mitigating the negative implications of trauma work as it aids the therapist in keeping their subjective experiences separate from the client's. The awareness gained may also explain why participants spoke of exhaustion in keeping their subjective experiences separate from the client's but didn't report any lasting negative implications of the work.

This finding may explain why existing research has found mixed results as to whether a therapist's trauma history is a contributory factor to secondary traumata symptoms (Jenkins & Baird, 2002; Dworkin, Sorrell & Allen, 2016; Way et al., 2004; VanDeusen & Way, 2006). For this group of participants, the important factor contributing to the negative implications of the work seems to be whether they have insight and awareness into their history of trauma. This points to personal therapy being an essential aspect of therapeutic training for therapists with a history of trauma, which shows support to existing literature which has found personal therapy to be a contributing factor to the development of personal growth from working therapeutically with traumatised clients (Linley & Joseph, 2007).

6.4.3. Primary trauma activation as an ongoing challenge

The ongoing challenges that participants reported in their current practice seemed to be in relation to their primary trauma being triggered rather than secondary trauma from seeing clients. They described these challenges as triggers outside of their awareness, occurring in their personal life and in connection to client sessions. When triggered, participants described being pulled back into an old way of being and interacting with the world, which can be understood through Deb Dana's (2020) notion of a *"home away from*

home". She suggests that every person's default state is that of social engagement and that traumatic experiences pull us away from that regulated into either a sympathetic activation (fight and flight) or dorsal vagal (shutdown) state, which becomes our home away from home. Therefore, when presented with a trigger, the person is thought to go into their home away from home. In addition, when in a dysregulated nervous system state, it has been found that the person tends to see themselves, others, and the world in a negative light. This may explain why Ruth described questioning everything, Cynthia's tendency to feel like it is her against the world, and Beth's creeping feelings of self-doubt. Participants' experiences of facing ongoing challenges to their nervous system regulation and gaps in awareness suggest that healing from trauma can be seen as a continuous process rather than a destination to be reached.

6.4.4. The role of empathic understanding

On the other hand, the intensity and intimacy participants reported feeling in the therapeutic relationship with traumatised clients seemed connected to participants' in-depth empathic understanding of their client's pain. The deep empathy and understanding participants felt for their clients seems to result from having been through a similar experience and knowing what that feels like. Understanding trauma's impact on their own lives seems to have aided participants in being able to understand their client's pain and also assist their clients in understanding themselves. The concept of understanding, otherwise called mutuality, is considered a basic element of intimate connection, and appears to be a primary foundation of experiencing psychological safety (Sullivan, 1993; Clark, 2020). Therefore, it seems that the therapist's ability to understand the client's experience and communicate that understanding to the client appears to be a powerful tool for facilitating an intimate connection between them.

6.4.5. Shared trauma in the therapeutic dyad

Another possible explanation for participants experiencing feelings of intimacy with clients can be seen as a result of the client's assumption of a shared trauma experience between them and the therapist. Both David and Beth spoke of their observations that clients are looking for similarities in experience with the therapist, suggesting that this may be conducive to feeling understood. As trauma is an alienating and stigmatised experience, the perceived similarity between therapist and client can be seen as facilitating their nervous system for connection and safety. Beth also mentioned how a perceived shared experience between therapist and client could give clients hope, as they have concrete proof that healing after trauma is possible. Although this seems to be communicated unconsciously, this finding does raise a question about self-disclosure and its usefulness in the therapeutic work with traumatised clients. Furthermore, viewing the therapist's history of trauma as an asset to facilitating intimate connection with traumatised clients can potentially help break down the stigma attached to therapists' history of trauma.

6.4.6. Safety in supervision

Furthermore, understanding trauma also seems essential in facilitating a connection between the participants and their supervisor. Cynthia and Ruth described a perceived power imbalance in supervision and the tendency to see the supervisor as an authoritative figure. This could indicate the nervous system moving into a dysregulated state where the supervisor is perceived as a threat. If the therapist engages in supervision from a dysregulated nervous system state, this can impact their ability to reflect on their clinical work and receive the support they need from supervision. Existing literature has found supervision to be linked to experiencing positive growth from the therapeutic work with traumatised clients (Satkunanayagam, Tunariu, & Tribe, 2010). The experience of these participants suggests

that for therapists with a history of trauma to be able to experience positive growth from supervision, the supervisor needs to understand trauma.

6.4.7. Growth despite adversity

Existing literature on positive growth in therapists with a history of trauma can aid in understanding the positivity participants experienced after therapeutic sessions with traumatised clients. Rebecca and Ruth described the positive feelings gained from therapeutic encounters with traumatised clients as related to witnessing positive changes in their clients as a result of therapy. This finding appears to connect to the existing literature on vicarious resilience, which is the growth that therapists can experience through witnessing the experiences and triumphs of their clients (Hernandez, Gangsei & Engstrom, 2007; Walsh, 2016). Participants speaking fondly of the therapeutic work and feeling positively after sessions can also be understood through the concept of compassion satisfaction (Sacco, Ciurzynski, Harvey, & Ingersoll, 2015), which is the pleasure and satisfying feelings derived from helping others. Susan and Anna described deriving a sense of meaning from the therapeutic work with traumatised clients, which relates to existing research which have found therapists to experience growth concerning their professional identity as a result of perceiving their work as valuable and making a difference (Satkunanayagam, Tunariu, & Tribe, 2010; Shamai & Ron, 2009; Splevins et al., 2010). These findings also serve to potentially explain why a history of trauma for the therapist was also found to be a contributing factor to positive growth.

6.5. Research reflections

Whilst carrying out this research work, I noted several parallel processes between myself and the participants. These are explored below as it was deemed that they may

provide valuable insight into the research process and my subjective experiences as a co-constructor of this research.

A struggle to keep separate has not only been identified as a theme in the participant's experiences of working with their clients but was also a running theme for me during this study's interviews, analysis, and write-up stage. I first noticed this during the interview stage, where I found my experience of trauma and therapeutic work with traumatised clients to resonate with what the participants spoke about in their practice. I struggled to keep my subjectivity to one side, and on further inspection of the interviews, I could see there were times during the interview when my subjectivity may have influenced my prompts. The familiarity I could see between myself, and the participants caused the struggle to keep myself separate, which is also reflected in the participants' accounts of struggling to keep their subjectivity separate from that of clients who share similarities. Furthermore, part of how I worked through the analysis and discussion chapter was connected to how participants' accounts were talked about. I found myself struggling to break down the participant experiences into independent themes and discuss them separate from one another, as all seemed to interplay and link together.

Before my first interview, I felt dissociated and unable to remain present. This feeling changed halfway through the interview, and the dissociated feeling shifted towards the end. I couldn’t help but wonder whether I was picking up on something to do with that particular participant's experience or if my nervous system perceived the first interview as a threat leading to dissociation. In contrast, I found myself feeling positive after the interviews concluded. This once more seemed to be a parallel process between myself and the participants, as they seemed positive after the interview and reported enjoying the interview process. In particular, I recall speaking to one participant at the end of the interview who shared that she felt low at the beginning of the session and better at the end. This was interesting as I found myself having the same experience. I wondered whether this was a

result of the connection and mutual understanding of a challenging topic that contributed to our positive mood at the end of the interview, which also happens to be the factors which participants identified to lead to positive feelings from sessions with traumatised clients. This experience also resonates with the findings on how the perceived similarity between therapist and client can facilitate safety and connection, which seems to have been the case in my experience with this client. Another interesting aspect of the participant interviews was that I felt some participants perceived the interview in the way of a power imbalance. One participant named this outright and voiced how she feels a need to please me and provide the answers I am looking for. This is important to note as it could present a limitation in the study as it can lead to potential response bias.

Another parallel process between the participants and myself seemed to relate to a sense of professional responsibility and self-doubt. In describing their experiences with clients, participants communicated a feeling of responsibility and a tendency to doubt themselves, which was also a feeling I experienced during the write-up of the thesis. I felt a sense of responsibility for presenting the findings in a way which reflects the experiences of participants and found myself struggling to be a confident co-constructor of the research. Self-doubt often crept in, and I found it hard to trust myself to make competent decisions, often feeling lost and uncertain. I found myself repeatedly double-checking that the themes and findings presented are grounded in the participant accounts rather than something I have constructed as important in my mind. I believe these feelings resulted from this being my first time conducting doctoral research and, therefore, not feeling confident. However, I also acknowledge that I tend to have self-doubt, particularly in times of stress, which again mirrors the participants' experiences in this research.

Furthermore, I feel it’s important to note that part of this research process, in particular the analysis and write-up stage, took place during a time in which I was dealing with a trigger in my personal life, bringing my primary trauma to the surface. What I found

surprising during this time is that instead of seeing my research topic as too close to home and triggering, I instead felt a sense of comfort. Although it was a very distressing time in my personal life, I found the participants' experiences to give me a sense of hope that I would not feel like this forever and that things would get better. I believe this had to do with listening to the painful and horrendous experiences these practitioners have overcome and continue to overcome. My experience echoes that of two participants who felt that perceived similarity between therapist and client gives the client hope as it allows them to see the light at the end of the tunnel.

Lastly, when some participants spoke of not being able to recognise trauma during their training, I also recognised this to be true for me. Until the middle of my second year of training, I could not recognise emotional abuse or neglect as a type of trauma. For me, the term “trauma” implied physical involvement, which encompassed experiences such as physical abuse, sexual abuse, domestic violence, medical trauma etc. Regarding emotional neglect, I could acknowledge that it was a painful experience, but my mind did not constitute it as trauma. On reflection, I think this is due to not having understood or acknowledged the emotional abuse and neglect I suffered growing up or potentially not wanting to acknowledge it as such. This experience further resonates with the findings of this study, which stress the importance of personal therapy and trauma training in understanding trauma and its impact.

6.6. Implications for training and practice

Given that this phenomenological study focuses on experience, this research offers insight into the challenges and rewards therapists with a history of trauma can experience from the therapeutic work with traumatised clients. This insight may benefit professionals with a history of trauma in understanding their work with traumatised clients and informing them of what factors may help manage the negative implications of the therapeutic work with traumatised clients.

The findings of this research suggest that self-awareness seems particularly important for therapists with a history of trauma. The therapist's awareness of how their history of trauma has impacted them can potentially aid them in keeping their subjective experiences separate from those of the client and reduce the potential of experiencing negative implications from the work. Perhaps it would be helpful for future therapists with a history of trauma to engage in personal therapy either before or during their training to reduce the potential for experiencing fear and overwhelm in their work with traumatised clients. In addition, based on the findings of this research, it may be beneficial for therapists to choose a trauma-informed therapist to explore these experiences as it may contribute to feelings of safety and feeling understood in their experience. Furthermore, therapists may also benefit from ongoing reflection and exploration of their traumatic experiences to reduce the likelihood of experiencing triggers in sessions and their personal lives.

Secondly, the findings of this research suggest that engaging in self-care activities experienced as grounding can be particularly helpful for therapists with trauma histories in keeping their nervous system regulated. Grounding to the present moment through the body can be particularly helpful for a therapist, which can be achieved through activities such as yoga, walking in nature and mindfulness. Engaging in grounding activities before and/or after sessions with traumatised clients seems to assist therapists with a history of trauma in remaining open to connecting with their clients in sessions as well as in their personal lives.

Thirdly, obtaining training on trauma through theoretical knowledge and practical skills seems to assist therapists in feeling more confident in their abilities as therapists and points to an essential consideration for training institutions. Ensuring that therapeutic courses include training on trauma may have the potential to aid therapists in their work with traumatised clients and limit the possibility of feeling fear when engaging with traumatised clients during clinical training. Knowledge of practical skills such as using body awareness to remain grounded in client sessions can aid therapists with a history of trauma to feel more

confident and supported in working with this client group. Furthermore, it may also be more ethical for training institutions to limit trainees working with trauma to later stages of training to minimise the potential of negative implications from the work.

6.7. Methodological considerations

As this research is qualitative and focused on understanding the experiences of a particular group of people, it is essential to note that the findings are not generalisable to all therapists with an interpersonal history of trauma. Whilst other therapists with trauma histories may share similar experiences, given the idiographic nature of IPA, it should be noted that these findings reflect the experiences of a specific group of people in a particular context. Thus, the findings of this research can be understood as providing a glimpse into what may be the experience of therapists with a history of interpersonal trauma working with traumatised clients in the UK. Given the high prevalence rate of trauma in therapists and clients (Michalopoulos & Aparicio, 2012; Magruder, McLaughlin, & Borbon, 2017), the current study is considered highly relevant to inform both theory and practice.

6.8. Limitations

A possible limitation of this research regarding sampling is the inability to recruit all participants from one clinical service, such as One in Four, impacting the homogeneity of the sample. Recruiting participants using various channels and from different contexts can limit the study's rigour (Morse, 2015). Additionally, as most participants were recruited through the help of my tutor Mick Cooper, the practical orientation of participants in this sample was person-centred. A predominance of participants working within a humanistic framework can be seen as a possible limitation as it impinges on the convergence and divergence of the sample.

Furthermore, it is acknowledged that these research findings are a dual product of the participant accounts of their experiences and my interpretation of their experiences. Therefore, someone else may have slightly different interpretations of the research findings or may choose to focus on other streams within the data. It is also important to acknowledge that there is a shared history of trauma between myself and the participants in this study. This sense of familiarity may have meant that there might be times when I could have assumed the participant's experience, thinking I knew what they meant, rather than maintaining an open curiosity during the interviews.

Additionally, due to the shared experience of trauma between myself and the participants in this study, there is a possibility of leading questions and wording bias (Noble & Smith, 2015). Some of my questions and prompts during the interview may have led the participants toward probable outcomes resulting in a biased answer.

Lastly, response bias is also a possible limitation in this research (Noble & Smith, 2015). As participants were self-selected, they may have had an idea about what they would like to share and say on the topic. In addition, due to the potential of a perceived power imbalance during interviews, it is possible that participants felt pressure to provide the expected answers, which may have also impacted the information gathered during the interviews.

6.9. Suggestions for future research

As this is the first study of its kind, further qualitative research is needed to understand the positive and negative implications that therapists with interpersonal trauma experience from working therapeutically with traumatised clients experience.

Qualitative research looking at the experiences of self-care for therapists with a history of interpersonal trauma can help to understand further what aids therapists in processing their therapeutic work and highlight potential barriers to self-care. Research

focusing on the resistance therapies feel in participating in self-care would give insight not only on what stands in the way but also give rise to suggestions for overcoming this barrier. As the most recent findings undeniably indicate that trauma is stored in the body (van der Kolk, 2014), research focused on the experiences of therapists who successfully utilise self-care techniques focused on nervous system regulation would help to understand further how to harness its benefits. Furthermore, it is proposed that systematic instruction in self-care may provide more effective encouragement and conceptualisation of how to employ self-care (Zahniser, Rupert & Dorociak, 2017), which is why future research in this direction has been deemed important.

Additionally, the findings from this study indicate that there may be a need to re-think how terms such as CF, STS and VT apply to therapists with a primary trauma. Therefore, further qualitative research focusing on how therapists with trauma history experience and understand the negative implications of trauma work can help to understand the role of primary trauma in the secondary trauma construct.

Furthermore, quantitative research into the negative implications of trauma work focused on qualified therapists with a history of trauma may be helpful. In particular, looking at factors such as whether the therapist has had personal therapy and whether they have had training in trauma. Such research can help further understand the importance of these two factors in the negative implications of trauma work for therapists with trauma histories.

6.10. Conclusion

The current study has provided rich, in-depth knowledge about the experiences of therapists with a history of interpersonal trauma working therapeutically with traumatised clients. The use of IPA has facilitated the development of rich accounts of how participants experience their work with traumatised clients, which may have otherwise been missed due to the predominance of qualitative research in this field.

The key findings of this research suggest that the discrepancy between participants' experiences during training and in their current practice can be seen as mitigated by three factors: the awareness they have gained through personal therapy, obtaining training in trauma and trauma-informed practice, and engaging in self-care practices focused on nervous system regulation. Therefore, whether a therapist's history of trauma can be considered a factor contributing to negative or positive implications of the work may depend on how much therapists have worked through their trauma in personal therapy, whether they feel sufficiently trained to work with trauma, and whether they prioritise self-care activities.

Furthermore, the findings of this research also raise an important question about what role the therapist's primary trauma plays in the secondary trauma construct. From the participants' accounts in this study, it was challenging to discern whether the negative implications they described resulted from primary trauma activation, secondary trauma, or a mixture of both. More research and exploration in this area would help discern whether terminology such as CF, STS and VT apply to participants with trauma histories or whether there is a need to conceptualise them separately.

Lastly, as this is the first qualitative study of its kind, it has provided new insights into how therapists with a history of trauma experience therapeutic work with traumatised clients. The findings suggest that therapists and training institutions would benefit from paying particular attention to factors such as personal therapy, self-care techniques and trauma training when working therapeutically with trauma. Future research can focus on examining the role of the therapists' primary trauma in the secondary trauma construct, as well as barriers to utilising self-care practices by these therapists and how these barriers can be overcome.

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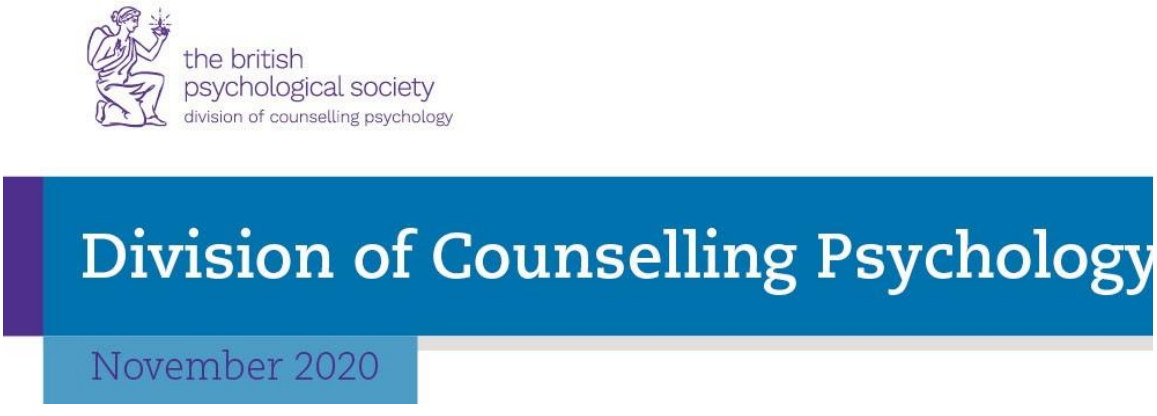
8.0. APPENDECIES

8.1. APPENDIX 1: DCoP Newsletter Advertisement



Dear members,

Welcome to your November 2020 edition of the DCoP e-newsletter. We hope that

this newsletter finds you well as we all adjust to a second lockdown and prepare for the potential challenges that we may face during the winter months ahead. As has been reflected in the last few editions, the division and our members have taken to online platforms to support each other in new and innovative ways. This has included various online support sessions as well as the continuation of CPD events and meetings via virtual platforms. All of our members are reminded that they are more than welcome to use our Facebook and Twitter pages for advice, guidance and general support during this challenging time. Please do get in touch.

In terms of the current edition, we have a very exciting new opportunity within the Comms Team for a role as a content writer for social media! Additionally, for those of you who are interested in submitting work to the DCoP Annual Conference 2021, please find details below.

With warm wishes,
Charlotte Haylock, DCoP E-Newsletter Editor

Experiences of Working with Trauma

Hello, my name is Polina and I am a third-year counselling psychologist in training at the University of Roehampton. For my doctoral research project, I am interested in hearing from qualified practitioners with a history of interpersonal trauma* about their experiences of working with traumatised individuals. I am particularly interested in how practitioners experience working with traumatised clients, the perceived impact these experiences have on the therapeutic encounter and on the practitioner outside of the therapeutic room.

I am looking for participants who meet the follow criteria:

- Be currently working in the UK.
- Have experienced a traumatic interpersonal event prior to starting their psychology training.
- Be currently seeing clients who have experienced interpersonal trauma.
- Be a professionally qualified counselling psychologist, clinical psychologist, psychotherapist, or counsellor registered or accredited with the BPS, HCPC, BACP and/or UKCP.
- Be available for an interview, which will last approximately 60-90 mins.
- Consent to their interview being recorded, transcribed, and anonymised for use within the study.
- Be willing to provide written, signed consent confirming willingness to participate.

*Defined as emotional abuse and/or neglect, physical abuse and/or neglect, sexual abuse in childhood and/or adulthood.

If you think you might be interested, or have any questions, please feel free to email me without any obligation to participate.

Thank you for your time.
Polina

8.2. APPENDIX 2: Ethical approval

The research for this project was submitted for ethics consideration under the reference PSYC 20/358 in the Department of Psychology and was approved under the procedures of the University of Roehampton's Ethics Committee on 20.04.20.

8.3. APPENDIX 3: Recruitment Poster

University of Roehampton London

Participate in Research

Help us improve our understanding of trauma and its impact

- ✓ **Are you a qualified therapist, counsellor, clinical or counselling psychologist working in the UK?**
- ✓ **Have you experienced a traumatic interpersonal event before starting your psychology training?**
- ✓ **Are you currently providing therapy to individuals who have experienced interpersonal trauma*?**

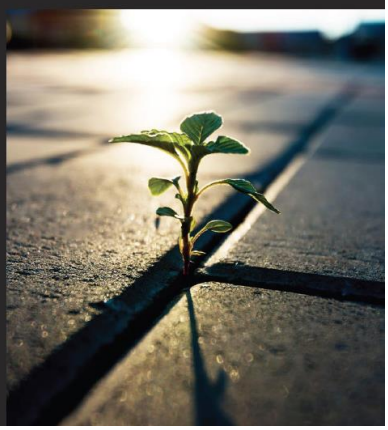
**Interpersonal trauma is defined as: emotional abuse and/or neglect, physical abuse and/or neglect, sexual abuse in childhood and/or adulthood.*

My name is Polina and I am a counselling psychology doctoral researcher. As part of my research I am interested in hearing about your experiences of working with traumatised individuals; the perceived impact these experiences have on the therapeutic encounter, and on you as a therapist outside of the therapeutic room.

If you are interested in taking part in a 60 min interview to talk about how you experience your work with traumatised individuals, please contact me on the details below. ***Please note that due to the Covid-19 outbreak, the interviews will take place online.***

Thank you for your time and take good care.

Contact: Polina Lukanova at lukanovp@roehampton.ac.uk
PsychD Counselling Psychology, University of Roehampton



8.4. APPENDIX 4: Participant Information Sheet

Research Investigator

Polina Lukanova

lukanovp@roehampton.ac.uk

07702028538

Consent to participate in Research Study

The purpose of this document is to provide you with the necessary information for you to be able to consider participating in this study. Please take the time to read the following information carefully. Please feel free to ask questions if anything you read is not clear or if you would like more information. The study is being conducted as part of my Professional Doctorate in Counselling Psychology at the University of Roehampton.

Project title

An exploration of the experiences of therapists with a history of trauma working therapeutically with traumatised clients

Project Description

Research suggests that all therapeutic work carries the potential of an adverse impact on the therapist. However, trauma work has been proposed to have additional challenges associated with indirect exposure to clients' traumatic material. Research in the field has mainly concentrated on the negative implications of trauma work. However, recently the focus has shifted to researching the positive aspects of trauma work as well as the negative, implying that they are co-occurring rather than mutually exclusive.

The therapist's personal history of trauma has been identified as a contributing factor to both positive and negative implications of trauma work. The research findings suggest that therapists with a history of trauma, experience more positive and negative implications as a result of therapeutic engagement with traumatised clients. The research findings to date, do not reveal any detail about the experience and meanings derived from these therapeutic encounters. This is important, due to many "wounded healers" being drawn to psychological disciplines, making shared trauma between client and therapist a frequent occurrence. This study will aim to give voice to the rich experience of this group of clinicians and shed light on how therapists navigate the challenges and rewards of the therapeutic work with traumatised clients.

Location

Due to the Covid-19 outbreak and the current national lockdown, the interviews will take place online via the app Zoom. Participants willing to take part in this research will need to download the Zoom app before the interview can take place.

Interviews

Due to the Covid-19 outbreak, interviews with interested participants will take place online via the app Zoom. The researcher will liaise with participant to find a suitable data and time for the interview to take place. Once a convenient date and time has been identified, the researcher will send a Zoom meeting invitation to participants. Participants will be sent the consent form via Zoom chat. They will be asked to sign it with an electronic signature or by writing out their full name, and then sent it back to the researcher via Zoom. Participants will be asked a few questions about their experience of the therapeutic encounter when working with traumatised clients, to be answered in their own words. There are no right or wrong answers to the interview questions as the researcher is interested in participants' individual personal experience. The interview will last between 45-90 minutes. Participants have the right to withdraw their consent at any time up until analysis. If during the interview participants were to feel any distress, they can choose to end the interview or take a break and resume when they feel ready. Participants will be sent a debrief form after the interview via Zoom, which will include numbers of supportive agencies, as well as the researcher and the research supervisor's contact details in case of any questions.

Data storage

Data will be stored and destroyed in line with the University of Roehampton's Data Storage Guidelines for Researchers and the University of Roehampton's Record Retention Schedule.

Data will be collected using the voice record function on the Zoom app. Participants audio files and data transcripts will be stored on the University of Roehampton's encrypted OneDrive. Data transcripts will be pseudonymised, so anyone reading the data transcript would not be able to identify the participant. The data will be confidential and it will not be shared with anyone apart from with the supervisors of the project.

Confidentiality

The information shared during the interview will remain confidential. The only time the researcher will break confidentiality is if there are concerns around participants of unethical practice or regarding risk of harm to self and others. In event of this, the researcher will inform the supervisory team and information may be passed onto other agencies.

Disclaimer

You are not obliged to take part in this study, participation is entirely voluntary. You are free to withdraw at any time up until analysis at which point the data will be anonymised. Should you choose to withdraw from the study you may do so without any obligation to give a reason. Should you withdraw, you reserve the right for the data gathered during your interview to be destroyed and not used as part of the project.

Please feel free to ask me any questions. If you are happy to continue you will be asked to sign a consent form prior to your participation.

If you have any questions or concerns about how the study has been conducted, please contact one of the following:

Director of Studies: Dr Igi Moon, School of Psychology, University of Roehampton, Holybourne Ave, Roehampton, London SW15 4JD

Email: Igi.Moon@roehampton.ac.uk

Thank you for your time.

Polina Lukanova

PsychD Counselling Psychology trainee

8.5. APPENDIX 5: Participant Consent Form

Title of research project: An exploration of the experiences of therapists with a history of trauma working therapeutically with traumatised clients.

Brief description of research project:

Participants in this study will be asked questions about their experience of working with clients who have experiences of interpersonal trauma. The aim is to understand how therapists experience working with traumatised individuals, what impact these experiences have on the therapist, and the meaning that the therapist has derived from these experiences. The interviews will be carried out vie the app Zoom; they will be semi-structured and last between 45-60 minutes. Digital recordings and transcripts will be stored within the university's IT facilities. Data will be kept for 10 years after the completion of the project, including research data produced through the life of the project (including audio files).The research will be disseminated using psychology journals such as the Counselling Psychology Journal or other publications.

Investigators contact details:

Polina Lukanova

School of Psychology

Holybourne Avenue, Roehampton, London

SW15 4JD

lukanovp@roehampton.ac.uk

07702028538

Confidentiality:

The information you have provided will be treated in confidence by the researcher and your identity will be protected in the publication of any findings. The only breach of confidentiality is if there are concern around participants' unethical practice or regarding risk of harm to self and others. In the event of this, the researcher will inform the supervisory team and information may be passed onto other agencies.

Consent statement:

I agree to take part in this research and am aware that I am free to withdraw at any point without giving a reason by contacting Polina Lukanova. I understand that if I do withdraw, my data may not be erased but will only be used in an anonymised form as part of an aggregated dataset. I understand that the personal data collected from me during the course of the project will be used for the purposes outlined above in the public interest.

By signing this form you are confirming that you have been informed about and understand the University's Data Privacy Notice for Research Participants.

The purpose of the research may change over time, and your data may be re-used for research projects by the University in the future. If this is the case, you will normally be provided with additional information about the new project.

Any information that is disclosed during the interview is confidential. The only breach to that confidentiality is the disclosure of imminent harm to self or other.

Name:

Signature:

Date:

Please note: if you have a concern about any aspect of your participation or any other queries, please raise this with the investigator (or if the researcher is a student, you can also contact the Director of Studies.) However, if you would like to contact an independent party, please contact the Head of Department/ Director of School.

Director of Studies contact details:	**Head of Department contact details:**
Dr Igi Moon	Dr Yannis Fronimos
School of Psychology	School of Psychology
Parkstead House,	Parkstead House,
Holybourne Ave,	Holybourne Ave,
Roehampton,	Roehampton,
London	London
SW15 4JD	SW15 4JD
Igi.Moon@roehampton.ac.ukl	yannis.fronimos@roehampton.ac.uk

020 8392 5773

Should the Head of Department change over the lifecycle of the research project the new Head of Department will become the independent contact. Contact details for the new Head of Department can be obtained from the investigator.

8.6. APPENDIX 6: Debrief Form

An exploration of the experiences of therapists with a history of trauma working therapeutically with traumatised clients.

Thank you for your time and participation in the above-named study.

About the study:

The aim of this study is to give voice to the rich experience of clinicians with a history of interpersonal trauma treating clients who have also experienced interpersonal trauma and shed light on how therapists navigate the challenges and rewards of the therapeutic work. This study's objectives are as follows:

1. To understand how therapists experience working with traumatised individuals and what impact these experiences have on the therapist.
2. To shed light on the complexity of terminology definitions such as vicarious trauma, secondary traumatic stress, burnout, compassion fatigue by understanding the experiences of therapist who have worked with traumatised clients.
3. To contribute to the understanding of therapist's self-care when working with clients who disclose traumatic material that resonates with the therapist's personal history of trauma.
4. To provide training institutions with an evidence base of how therapists with a trauma history experience secondary traumatic symptom.

A phenomenological methodology using IPA as its method of analysis will be applied to the gathered data. As this topic is under-researched, this study will be one of the first to explore this phenomenon qualitatively, and IPA will allow for rich and detailed exploration.

Contact details of support organisations

Samaritans

Phone: 116 123

(Free 24-hour helpline)

Website: www.samaritans.org.uk

Mind

Phone: 0300 123 3393

(Monday to Friday, 9am to 6pm)

Website: www.mind.org.uk

If you have any questions or concerns about how this study is conducted, please contact one of the following:

Director of Studies: Dr Igi Moon, School of Psychology, University of Roehampton, Parkstead House, Holybourne Ave, London SW15 4JD

Email: Igi.Moon@roehampton.ac.uk

OR

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8.7. APPENDIX 7: Revised interview schedule

1. Could you tell me a little bit about why you wanted to take part in this study?

- How many years have you been working with traumatised clients?
- What is your understanding of trauma?

3. Can you tell me what it is like to deliver therapy to clients who have experienced interpersonal trauma?

- Can you think of a time when something went well?
- Can you think of a time when something challenging arose?

7. Can you describe what it was like when you first started working with clients presenting with interpersonal trauma, and what is it like now. Describe the changes or differences, if at all?

- Have you worked with traumatised clients during your training?
- Can you tell me about your first experience of working with a traumatised client?
- Can you tell me about your most recent client?
- Can you give me an example of a difficult case and a successful case?

8. What kind of support have you received in your work with traumatised clients, if at all?

- Has the level of support changed from your days of training to now?
- Supervision, therapy, peer support?
- What do you feel you could have been supported better, if at all?

4. Can you tell me how working with interpersonal trauma impacts the therapeutic relationship, if at all?

- What is it like to have a traumatic experience in common?
- What meanings are derived from that encounter, if any?

2. Can you tell me about how you feel your experience of interpersonal trauma has impacted you, if at all?

- Physically, emotionally, mentally?
- How has it affected your choice of career, relationships, way of life?

5. What is the perceived impact of working with traumatised clients on you as a therapist outside of the therapy room, if at all?

- Personal life, relationships, the world?
- What does that look/feel like? Do any words or images come to mind?

6. Can you tell me about how you look after yourself after your sessions with traumatised clients, if at all?

- Physically, emotionally?
- Are you able to disengage from the work and if so, how? If not, why do you feel that is?

8.8. APPENDIX 8: Analysed transcript: Participant 1854

Emerging Themes	Transcript--- Participant 1854	Exploratory Comments
	Interviewer: (00:01) Perfect. So the first question is just if you could tell me a bit about why you wanted to take part in the study.	
Interpersonal trauma as distinct from others	Participant: (00:09) Oh, why? I think it is an area that is very interesting. I think the vast majority of my work is very much focused around interpersonal trauma. So, as I think I mentioned to you, I run groups for male trans, non-binary and adolescent survivors of sexual abuse and you know that's…the majority of my clinical work is with them and also with my one-to-one clients, who you know, are not specifically targeted but it does feel	Sounds like he is making a distinguishment between interpersonal trauma and trauma in general – *this reminds me of existing literature stating that working therapeutically with interpersonal trauma has most negative implications* Something about interpersonal trauma makes it stand out from other traumatic experiences
Seeking out similarity in experience	when people are looking for a therapist they sort of seek out, you know, people who reflect their kind of experience in them professionally and then so, obviously, if you do any sort of research on me you will find that I have got a background in trauma. And then I think actually when working with not all clients but quite a few clients, either rightly or wrongly, there is an assumed shared experience there. So in	Something about people seeking similarity in experience – there is something here about this potentially leading to understanding and trust Background of working with trauma seems to unconsciously signal to clients that there is a shared experience **Attending to the echoes** *I was reminded of my own experience here of when I starting my private practice. When*

Assuming similarity in experience can be a good and bad thing Challenge in managing client assumptions Personal curiosity	some cases- And I think there are nuances within that and so in some cases clients will assume things that are completely not within my experience and some clients will tune in to very close, similar experiences and so I think it is a really interesting question that you are asking. How does that affect, you know, the therapeutic relationship and you know like I say, it is something that the majority of my clients is where I work in. I work in that space. Yes, it is a personal curiosity, I guess. Interviewer: (01:57) Ok, yeah, and absolutely. So you work with quite a lot of clients who experience trauma quite a lot. And I wonder what that is like, to be working with trauma quite a lot in your practice. Participant: (02:11) I mean…I think there are a lot of answers to that. I feel I mean at this point as its been- I have been doing these specialised groups for about four and a half years. Before that I worked running services in the	*constructing my my profile and writing about myself I wondered- do I disclose or not, in training we are always advised not to; not to give too much away from our own lives. Maybe when working with trauma these kinds of disclosures help the client feel more secure in the relationship as well as hopeful* Potentially when as a therapist you say you work with trauma, people assume a shared experience and these assumptions vary in terms of accuracy → peoples projections? Personal curiosity and interest in the topic – *the concept of the wounded healer comes to mind* **Attending to the echoes** *I also started reading and studying psychology due to my personal interest in the topic. When I first started seven years ago, there was a desire in my to heal myself as well as help others. I couldn't help but wonder if this was his experience too.*

Trauma underlying adverse experiences Suspicion Trauma as the root cause of distress Personal philosophy guiding the work Challenges and rewards Reparative connections Connection with survivors as reparative	HIV community, particularly for people who may have had a very traumatic experience of surviving war zones or this kind of thing. So there was a huge amount of trauma there. And then a diagnosis of something like HIV can be traumatic. So it has sort of been my world for a very long time. So I am a bit suspicious when I operate outside of a trauma world. I am like, "You seem fine, but come on now. What is really going on?" So, I think it's sort of fine. I think my philosophy about working with trauma and my way of being as a human being in the world is all about reparative connections and actually to facilitate, to be a small part of, get to witness these reparative connections with survivors of trauma-worlds is very nourishing, actually. I am putting a slightly rose-tinted lens on it, but generally it is.	Something about trauma underlying all negative experiences, the degree to it varies and potentially there is a difference between interpersonal trauma and other types of trauma; but trauma is likely always present "Sort of fine"; "rose-tinted lense"- indicating that he is managing with the work, but potentially there are still challenges His personal philosophy and the way he approaches his work with trauma are the same- does this potentially point to an identification with the work? Reparative connections- to facilitate them and to witness them is "very nourishing"

connection for both parties Trauma as an isolating experience Interpersonal trauma as a break in human connection Reparative connection as a bi-directional process Connection as the key to healing Facilitating connection	Interviewer: (03:55) It sounds like there is something about that reparative connection though. It sounds like it is quite rewarding, from what you are saying. Participant: (04:03) Yeah, because my whole thing about trauma is trauma is an isolating experience, regardless of what type of trauma. I think particularly with relational trauma it is incredibly isolating and I feel that one of the most significant ways back from that experience is connection, and that is connection with the world, connection with ourselves, connection with other people. And so by facilitating groups or one-to-one clients that is facilitating connection. And I would be, you know, lying to myself if I said that actually when I am thinking about my previous experience that my work isn't a reparative connection for me too. It is a healing process for me too, a healing process for me too, so yeah, it kind of works two ways, I suppose. Interviewer: (05:02) Yes, that is what it sounds like. So it is both healing for the client but also for you, in a way.	Trauma conceptualised as an isolating experience Pointing to different "types" of traumas – potentially indicates that they are different to work with Highlighting relational trauma (interpersonal trauma) as particularly isolating and potentially therefore more challenging to work with → *the main buffer to people developing PTSD and in general, in processing of trauma and therefore its negative effect, is social support; you're much more likely to receive the social support needed after a car crash than after sexual abuse by a family member – stigma etc.* Connection – is the key to healing from trauma Connection with the self, world, and other people- *potentially its about connecting with the self first?* The reparative connection that clients experience in therapy is also a reparative

Healing as a bilateral process Importance of working through personal trauma In warding off negative implications from the work Difficulty in managing triggers outside of awareness Difficulty, struggle, grief	Participant: (05:06) Yes. Interviewer: (05:08) Thank you. And can you tell me about what it is like to deliver therapy to clients who have had interpersonal trauma as someone who has also had that experience? Participant: (05:18) I think, you know, nine times out of ten it is absolutely fine. And I think that is because you know I have spent a long time kind of putting my experiences into where they belong, into my timeline, and I have integrated it and all of that. So nine times out of ten it is fine. There are times when inevitably things will come up that I haven't realised are issues for me or a thing for me, and that has been very difficult. I…it doesn't happen a lot ah you know, I guess maybe like once a year something will come up and it will be particularly tricky. And it's tricky because it will be something that I haven't really realised is an issue. So, an abstract one	connection for him too – *sounds like a two way process* Spending time working through own trauma seems to have helped him do well in his work with traumatised clients Pointing to trauma's fragmentation – needing to piece together his time line Something about being caught off guard – things coming up that he hasn't realised were an issue Communicating a vulnerability and a difficulty- struggle and grief? Finding it very difficult when faced with triggers out of his awareness – *this reminds me of physical abuse/DV, never knowing when the next hit will strike*

Awareness as an ongoing Similarity leading to identification with client's experience Unfairness/ Misjustice Caught unaware Unhealthy ways of coping when triggered Reverting to a vulnerable place when triggered Dangers of being unaware		- about three years ago a client described a situation that had happened to him after a particularly, a year after violent and horrible trauma that he went through and the thing that had happened to him a year later there was this real sense of misjustice of this real sense of someone who has survived, barely survived this horrific event and then this unfairness of it all and then this theme of unfairness really blindsided me, and I needed a… to smoke 40 cigarettes and really take like a beat for that week. Because it was like, "Okay. This is an abstract theme, but it is clearly something that has caught me unaware and I need to detangle this for myself before I go back into the room and sit with this man, because you know he - the role he needs to be I will not be able to meet that expectation if I am still like you know unpicking it so, or if it is still quite raw for me", not that you ever stop unpicking it, but yes. So yes, nine times out of ten it is fine, but there is always something that is like, "Oh, shit. I didn't know	Awareness and working through traumas impact seems to be an ongoing process Something about the similarity in their experience seems to have led to the trigger Misjustice, unfairness, theme of unfairness It blindsided him – *very visual way of describing it, being robbed off his sight – potentially indicating overwhelm* Coping through smoking two packs of cigarettes and taking a "beat for the week"- pointing to deep distress, vulnerability and potentially to the trauma he has experienced in the past Being caught unaware- *something dangerous in a lack of awareness* Raw- *like a fresh wound* Detangling, unpicking what has happened for him in order to be present for the client –

Ethical responsibility towards clients Struggle to keep himself separate Resilience/ tolerance A limit to resilience and awareness Need for concious awareness Abstract themes as triggers Working through trauma as an ongoing process		that about myself. I didn't know that theme was going to hit home." And find moments like that and this is reflected in my personal life. There are things that I just don't have resilience around. So you know, in my personal life if something comes up I won't have that kind of window of tolerance for it. And that can happen with clients too with issues that I am unaware of. It is like, "Oh, I don't have the resilience around that" and I need to consciously go away and go, "Let's look at that." So that is kind of what it is like, I suppose.	*communicating a difficulty in keeping his subjective experience separate?* Professional/ ethical responsibility towards clients His resilience seems to be often challenges- potentially connected to not having the awareness? Something about abstract themes- it doesn't have to be details of the trauma, just themes that resonate with a deep seeded pain, they are not as obvious therefore can be out of awareness
	Interviewer: (08:19)	Yeah. From what you are saying it is an abstract theme that kind of creeps in and has an effect on you. So it sounds like it is just a theme in the client's life.	Seems that he is still working through stuff as they arise from his clinical work – working through as an ongoing process?
	Participant:	Yes. This morning I have got a one-to-one client whose experience is almost identical to mine. And it is like, "Well, I know where he is coming from. I kind of know the themes." I am kind of prepared. I am kind of	Identical experiences seem to be manageable when he is aware of them

Safety in predictability Unsafety in unpredictability Unpredictability/ being caught off guard		bit of like, "Okay, I have got the roadmap to this", but abstract themes I think sit in a slightly different place, because if somebody comes along and says, "Well, this is what happened to me," X, Y and Z, and I can go, "Well, that is similar, so I need to watch out for these things. I need to watch out for transfer-countertransference, over-identifying" da, da, da. But the abstract stuff is less of a roadmap. You don't see it coming and there is less of you know, less markers to work around.	Something about being unprepared- caught off guard reminds me of a physically abusive relationship; not being safe When someone's experience is similar to own he knows what to expect and anticipates certain things- something about safety Abstract themes they seem to disorient him catch him by surprise, "you don't see it coming" and also seem to trigger potentially more visceral, unformulated/fragmented memories of past experiences
Unfairness	Interviewer: (09:08) Participant: (09:44)	Just when you were saying about that theme of unfairness, I guess I wondered a bit more about the impact of that on you and how you coped I guess with having been affected by what the client was talking about and this theme of unfairness. Yeah, so I mean - maybe that is another thing about the abstract nature of it too, because this theme of unfairness just cuts across all different aspects of human experience and you know, I don't think that	**Attending to the echoes:** *Here I think I should have gone with how it's like for him not knowing or something like that, but I went with the theme of injustice, I think this was influenced by my personal curiosity as I feel triggered around this theme as well.*

The emotional toll of managing triggers Processing triggers through different outlets Importance of multiple support networks Importance of knowing what one needs to look after self Awareness of needs as multifaceted		theme is particularly special. I think there are lots of themes that will cut across all vulnerabilities in the human experience. So I guess what I… so what did I do? I went home, because that was a time when we could work in person. I went home, had a big cry, smoked a load of cigarettes, spoke to a personal friend about it and had a bit of a sob. And then the next day spoke to my co-facilitator and said, "Look, that specific thing was tricky. Let's just unpack the whole session." And then went to my supervisor to talk about it as well. And then my personal therapy. So I just tapped into all the support networks that I could so talking to my colleague about it and saying, "Well, this is tricky. That was tricky for me. How do we - What do we do with that?", and then in supervision just was like, "Okay, well, I had a very strong response at work," and what that was like. And then in personal therapy going, "Oh, this is a theme. Let's add that to the list", you know (laughing). I suppose, like I was saying before, just making safe connections with	Unfairness theme not particularly special- something about this theme not being only applicable to the experience of trauma It felt like he was discounting the importance of this theme in trauma work – potentially not wanting to attribute importance to it ? **Attending to the echoes:** *I didn't agree with him when he said that, I think that unfairness as well as helplessness are common themes when working with traumatised clients and that it is "special in that sense"* Different ways of processing the trigger- drawing on multiple support networks Communicates his awareness of what he needs to look after himself Using his life philosophy to comfort self – through making connections with people he trusts and feels comfortable with Different sources of support fulfil different needs- indicates awareness of this

Different activities attend to different needs	different people that represent fulfilling a different need, whether that is professional, personal, long-term, short-term, practical, emotional. Interviewer: (11:52) Yeah, so it sounds like drawing on support is very important, from what you are saying. Sorry. Maybe I missed it. Did you say personal therapy? That you also brought that to personal therapy? Participant: (11:59) Yeah, yeah. Interviewer: (12:01) So personal support seems very, very important in that case, to be able to discuss these things. Participant: (12:07) I think so. I think the support network… and I think understanding that a support network is multifaceted you know so - Like going for a run is incredibly useful for me, as far as sort of regulating energy and mood and this kind of thing. But also understanding that, while that is very good self-care and support, you know talking to a friend is really important, even if that like	Not relying on one person or one thing to be the source of comport Highlighting the need for awareness in knowing what kind of support/care you need and who to go to for that support Going for a run is helpful for regulating energy and mood but its not enough, tapping into other forms of self-care such as connection with various people is important Also to know whom to approach for what- highlighting that he takes the emotional and difficult stuff to therapy The temptation of putting all of those needs onto one of those things – like a child would with their mother – she is everything there to satisfy every need and maybe there is an awareness here that this cannot happen in adulthood
Discrepancy between thinking and knowing		

With time one learns to manage things better	just talking shit you know even if it is just like, "I am in a bad mood, but I just want to have a rant about Made in Chelsea." And then the therapy stuff is the emotional stuff and I think what can be tempting is to put all of those needs onto one of those things, so "I have been, for want of a much better word, I've been triggered, and now I am going to go for a run. And that is fine, because I feel better afterwards", going "Actually, no. That is probably not the end of it. Because you are dealing with something that goes back 30 years", so you know.. Interviewer: (13:23) Right so I guess what you are trying to say is drawing on different support systems as well and knowing that perhaps just going for a run or just addressing one aspect of it won't deal with it all. Participant: (13:34) Yeah. I think understanding that your needs are multifaceted and you need to- Interviewer: (13:41) And that it's a process that you need to go through.	**Attending to the echoes** *This temptation resonated with my experience. I usually want all my needs met by one person and recently in therapy I've come to the conclusion that what I want is a parent and that others can't do that for me in adulthood and its unfair of me to expect it.* He describes something permanent about the imprint of trauma on his life – like it doesn't go away and a need to manage it through different outlets Doesn't seem to get easier with time Discrepancy between what he knows and what he thinks – sounds like an internal conflict Knowing it's a process he needs to go through even if his thoughts want to believe otherwise
Permanent imprint of trauma		

	Participant: (13:43) Yes. Interviewer: (13:44) And I just also wondered about when you said about having a client whose trauma is very similar to yours and you being very aware of it in sessions. Can you tell me a bit about what that is like, to be aware of that? Because it sounds like you are keeping it apart in some way or you have put it to the side. I wondered if you could say a bit more.	
Comfort and difficulty in working with shared experience of trauma Working with trauma normalising the experience	Participant: (14:04) Yeah, in some ways it's very comforting, and in some ways it is incredibly difficult. And I don't mean emotionally difficult, I mean like what I don't want to do- so we both have similar hang-ups about growing up very poor. And what I don't want to do is go, "Well, our experiences are so close. I am just going to assume I know what you mean", you know, and I always have to check myself for that, because as adults we are a similar age, similar sexuality, all of these things. So it's a constant going, you know	Having a traumatic experience similar to the client – both comforting and difficult Seems to be comforting due to all the similarities they have in common – aka someone else has been through this experience too – potentially normalising what he's experienced But at the same time difficult due to having to put more conscious effort in "unpicking" his experience from that of the client – due to all

Finding comfort in shared discomfort Difficulty with unpicking his experience from the client Subconscious awareness of similarity in experience Trauma recognises trauma	saying, "Very, very similar things have happened. Our emotional responses will be different. Our emotional responses will be this and that" ahm so he is a lot of work in that sense, of unpicking our relationship. And I think on some level too he is aware of it. Not as a cognitive awareness, but I worked with him in a psychiatric hospital and now he has- I stopped working there. We took a break. And he has found me in private practice. I don't think that is an accident. And he has gone from a free NHS service to paying me. Do you know what I mean? So I really think he has tuned into it on a level. So it is tricky to work with him, not over-identify, not guess what his process is you know and really respect what he is coming with. But then at the same time, as a human being who sort of flits between going, "Oh, I am very overwhelmed with my history," to diminishing it, making it so- it is actually very validating to go, "Oh, well, here is someone else who shares similar	the similarities between them and not wanting to assume what the client is experiencing The difficulty he refers to seems to be around assuming the clients experience based on his own subjective experience Pointing to an subconscious awareness in the client – that he has tuned into the fact that they have had a similar experience → sometimes we are drawn to people, feel comfortable in their presence etc and those are usually the people who we have a shared experience with – we can recognise on an unconscious level that this person can understand Pointing to a nonverbal form of communication and understanding **(Personal thought** - trauma survivors tend to be able to read the non-verbal cues of others well as protection) Oscillating between inflating and diminishing his own experience Pointing to the fact that he is only human and is being very honest with his experience – that

Clients struggle validating own struggle Valuing the relationship/ connection with clients Working with similarity - both rewarding and challenging Taking care/ Caution in what is communicated to the client Professional responsibility to keep his subjective experience separate		concerns" ta da, that ultimately makes it harder, I suppose (laughter). But yes, it is a real split between the two things. One is very validating and very lovely, and actually I value that relationship we have very much, but at the other time, because I value it so much I really, really, really need to be incredibly careful about what I am feeling and what I am communicating to him emotionally, I think. Interviewer: (16:53) Yeah, so it sounds like if the traumatic experience is quite similar then you need to be checking in with yourself more and being more aware that you are not guessing what the client is feeling or kind of putting words in his mouth or whatever. Just dealing with his experience. Participant: (17:09) Yeah, I think there is actually I think there is something more to him though, because there are plenty of people who will have had you know similar traumatic	he still struggles and feels overwhelmed and that he oscillates between that and diminishing his experience Feels validated working with someone who is expressing similar concerns or struggles → validation and normalisation seem to go both ways- joint comfort? Finding comfort in shared discomfort? Validating and very lovely- positive feelings seems to be expressed towards clients who are similar in their experience to him – identification with the client? Values relationships with his client – communicates a deep appreciation and care for his clients Feeling like he needs to be incredibly careful about what he communicates to the client emotionally so as not to take over his experience- something dangerous in his experience interfering and needing to keep it separate

Difficulty in keeping separate exacerbated by practical similarities as well as a shared traumatic experience Assuming clients experience akin to causing harm Guilt/ frustration		experiences who I don't identify with. The fact that there are a lot of sort of identity markers between us that are similar and that can be nothing to do with trauma. It can be our politics. I used to work in the industry he works in. We have got a huge amount of just practical stuff in common and so there is a – That's the tricky space, I think. Interviewer: (17:50) Yeah, because, like you said, other people have also had similar experiences to you in therapy. Something about him, that he also has other experiences in common as well, so not just the trauma but also practical things such as where he used to work and things like that, which make the experience even more similar and perhaps it is more difficult to separate. Participant: (18:12) Yeah, I mean tod – this morning I made a huge assumption about his work life, made a huge ~~assu~~- and I was like, "What are you doing?" you know, and there was a - but I think you can't separate that from the fact that our early traumatic experiences are	Something about having "practical stuff" in common as well as traumatic experiences, makes the work with this client extra tricky → I guess the more commonalities between therapist and client the more of a chance of identification with the client? Another participant (carer for her children) in the interviews said the same thing – practical commonalities Tricky – sounds like it is a difficulty and a challenge, something that requires thought and monitoring Making assumptions about client's life due to similarity in experience There is something potentially threatening/ dangerous about this – "huge" Sounds like he felt frustrated/guilty for assuming his experience – like he was doing harm or something wrong

Looking at relationships through a the lens of trauma	similar, because then my relationship to his industry is very coloured by my traumatic experiences, as is his. So even if it seems completely so far from the trauma it is inevitably going to affect it somehow, I think. Interviewer: (18:50) Yeah. I wonder what it is like for you to be with this client in this kind of limbo. Because it feels a bit like limbo. Like you said, it is comforting in some ways, but also it is really hard work and you need to check in with yourself. I am just wondering that that is like for you.	It may be practical similarities between the two, but they are intertwined/ "coloured" with traumatic experiences
Loss of self-esteem / lack of belief in the self Therapeutic work with traumatised clients as a source of affirmation	Participant: (17:05) Ahm…I don't think there is any one answer. I think overall it is quite affirming, because its, it feels you know we see clients, and some clients we are like, "I have no idea why they are coming back", I feel completely deskilled you know, but with him the work feels so good, and I think because of all of these crossovers and all of these things I need to watch out for actually its sort it's a bit of a - he gets like 110%, because I am aware I…it will be easier for me to fuck	Seems like there is something here around self-esteem and not knowing why clients would come back – fragile/unstable sense of self as a result of history of trauma? Working with someone with such similarity in experience seems to require the therapist to be more cautious and be more aware of his own material Giving the client "110%"- managing the similarities and needing to keep separate sounds exhausting

Keeping separate as an exhausting experience Safety in keeping self-separate Similarity in experience leading to identification Uncertainty, lack of conviction	up, you know whereas the person who has had a traumatic experience but perhaps is a different gender, religion, lived experience it is like, "Okay, well, I feel that your experience is very different. But I can sit in me as your therapist, much more comfortably, because I am not going, 'Oh, there is something we have- There is something. Oh, of course I know how you feel. I know how you feel. Of course I know how you feel', because the differences, the gulf is bigger." Does that make sense? Interviewer: (20:22) Yes. That makes complete sense, yes. Participant: (20:23) Okay. Cool. Interviewer: (20:25) Thank you. And can you describe what it was like when you first started working with clients presenting with interpersonal trauma and what it is like now? I guess if you see any differences or any similarities.	"fuck up" – pointing to responsibility and this being something dangerous and serious – communicating a need for awareness and keeping his subjective experience separate Something about keeping separate being safe/protective for both him and the client When there aren't practical similarities between the therapist and client it seems easier to remain grounded with their experience The more similarities the more he seems gets pulled into understanding the clients experience as his own which – leading to him assuming the clients experience rather than seeing it as separate Seems to communicate uncertainty and lack of conviction and self-belief in what he is saying – "does that make sense" – trauma's impact on his sense of self? – he also referred to feeling de-skilled and not knowing why clients come back to see him

8.9. APPENDIX 9: Emerging themes: Participant 1854

Interpersonal trauma as a break in human connection

“Rightly or wrongly, there is an assumed shared experience there”: finding understanding and comfort in similarity

“In some ways it is incredibly difficult”: challenges in working with clients who have both traumatic and practical similarities to the therapist

“A shared vulnerability”: Feelings of intimacy in the therapeutic relationship

“There are things that I just don’t have resilience around”: having to manage continuous challenges

Difficulty in managing the discomfort of being “blindsided” by triggers

“It does feel like you’ve have been held back”: mourning the person one could have been

“To understand the thresholds are different I think is really important”: acknowledging the value of a trauma informed supervisor in feeling supported

“Careful consideration” when managing client assumptions

“To facilitate…these reparative connections with survivors of trauma is very nourishing”: Healing as a bilateral process

“Connection in my life generally that is sometimes complicated… the therapeutic relationship is less complicated”: the therapeutic relationship as a safe space to experience intimacy

A struggle to find “value” in the self: the isolating experience of trauma

“They can show me a more authentic side”: acknowledging the benefits of online therapy in bringing out clients' authentic self

“Understanding that your needs are multifaceted”: valuing self-awareness in looking after the self

The body as the vessel of trauma and the key to its discharge

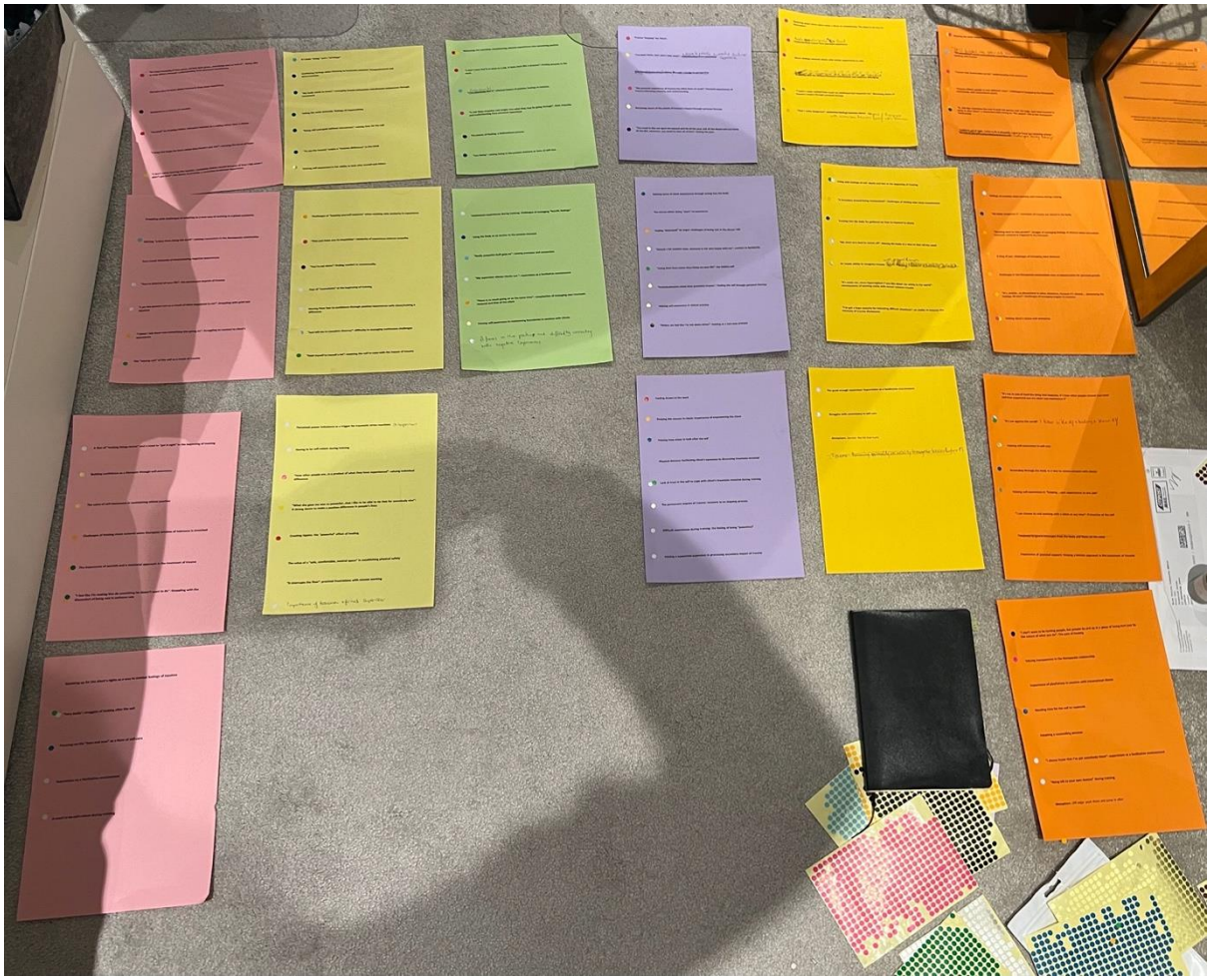
Valuing time alone to “reset”

“It is the lens that took out all of the self-worth from the picture of my life”: loss of pre-pandemic routine

Metaphors are used to describe what can’t be put into words

Identifying with the work: finding value in helping others

8.10. APPENDIX 9: Looking for patterns across cases



8.10. APPENDIX 10: Master table of themes for the group

CHALLENGES AND REWARDS

Difficulties with managing feelings of fear and overwhelm during training

Rachael: I was scared of it, only because I got my first one when I was training still, and I think I was nervous of saying the wrong thing, doing the wrong thing, making something worse	321-326
Ruth: More overwhelmed sometimes by the detail of stuff that people had gone through, you know, the violence that people had gone through	227-228
Anna: I was doing my garden and I was picking some dog poo up, because I have dogs, and I had a horrible, horrible- I was nearly vomiting	261-262
Susan: A lot of them had quite severe problems and really, really, quite harrowing stuff so I was really struggling quite a lot	481-483
Rebecca: When I first started, I didn't really recognize trauma so much like the nuances and the clues	482-483
Cynthia: It sort of almost felt like I had been the one to push the person over the edge and I then needed to jump in after them	468-469
Beth: I actually was scared for a second because I was like, what has just happened there?	46-47

Difficulties with keeping "yourself separate"

Anna: If anything is triggered, it's like, 'Ah. That was my stuff. Just pop that there' and we are back	199-200
Beth: sometimes it's that parallel process in doing it at the same time that can be exhausting	328-329
Rachael: I felt probably some transference really, or countertransference that I probably felt quite hopeless too	272-273
David: I need to detangle this for myself before I go back into the room	104-105
Cynthia: Outwardly I', certainly able to be calm and supportive in that moment, it's managing the internal feelings	62-62
Susan: On a rational level, I knew that it wasn't directed at me…it's still difficult to be on the receiving end of it	518-521
Rebecca: Sort of recognizing that I wanted to repel her, but not repelling her because I was aware of the countertransference	767-768
Ruth: The embarrassment and anger with ourselves that we could have- we did have options, but we didn't know those options	907-910

Personal history of trauma as an asset

Cynthia: I know how hurtful that can be. Especially when you're feeling in a place of really hopeless and helpless	321-322

Anna: I can really sit with them and really explore into a deeper level of a real impact because I am aware of how deeply it can impact 54-55

Rebecca: Because I've got a very sort of disaffected family background, I think I'm very quick to see how family dynamics have impacted on the person 235-236

Ruth: I did have a lot to offer and could see things from her point of view because of my own experience 128-129

Susan: I can really connect with her pain because I've been there myself, I think that that's always really helped me to really understand someone's pain 174-175

Rachael: I'm not scared of going there, I think it allows you to hold it more and to be with your client in that space. Personally, I think that it's a benefit 554-556

Beth: It takes away that shame…I've seen a lot of movement in a client almost because they see a light 438-447

David: It feels more than empathy. It feels more like I am able to reach over and hold your hand from the same place. Which is, I feel, is a little bit deeper 723-726

A bidirectional process: the positive implications from the therapeutic work with traumatised clients

Ruth: I feel very privileged and so so sort of proud of what I've done or the meaningful way I spend my time or choose my career 273-275

Rachael: It's such a positive thing that when I've come out, when I've finished my sessions, even if the sessions are heavy sessions, I feel positive 745-746

David: I can feel quite good after a session, I can feel…it can change my mood for the better 838-839

Rebecca: As the therapy progressed, she sort of started to get taller somehow she really blossomed she's a really beautiful person 719-736

Cynthia: I've certainly found it very rewarding…and I think that that's also helped me to grow at the same time 50-54

Susan: I do feel, somehow, it transformed my pain into something a bit more helpful and positive, and it can help other people 213-217

Anna: It's like I have been able to heal and now I can sit with others… and each time I do, I feel more healing 478-480

GETTING TO KNOW THE SELF: A PROTECTIVE QUALITY

Valuing self-awareness in ethical practice

Anna: That real separation and the acute self-awareness makes all the difference, it's definitely the key 706-707

Rachael: As I understood trauma more that helped, I think as I became more healed… I could keep myself contained 364-368

Susan: I'm more aware when something has an impact on me so… I'm more actively processing	707-711
Cynthia: Being very aware of the impact that it's had, it's not as though I'm trying to put it to one side, it's not really had the opportunity to be cumulative	718-720
David: I think understanding that a support network is multifaceted, like going for a run is incredibly useful… but that is probably not the end of it, because you are dealing with something that goes back 30 years	182-196
Ruth: I'm mindful about needing some space, needing some time, needing a walk or a bath or whatever, so that I can…get over what they've spoken and get on with who I am	259-261
Beth: Since I've sort of become more self-aware… I've stepped back from a lot of things that I would normally get involved in… I can't be present with me clients and do what I'm doing and then look after everyone else	359-362
Rebecca: Until I had therapy, I haven't realised how traumatised I was. I hadn't really realised how much my childhood had impacted me	80-81

Presence through the body

Rebecca: I think I can tend to be quite cerebral, and so what yoga does is bring me back into my body and shut my mind up for a while	440-442
David: I think there is something about…doing one thing and I am grounded	865-868
Ruth: my body needs to move almost to help the flow and the process of what's going on in sessions go through me or work its way through	666-668
Susan: Just sitting there, just being with how I'm feeling, is almost like emptying out some of this or letting the feelings surface	767-770
Anna: I put my hand on my tummy and I just be. So I am just in this very present moment. It is a little practice I do quite regularly	655-657
Beth: before the session, I have to close my eyes, take a deep breath, and I'm there in the moment	1145-6
Cynthia: You're being drawn into that situation so it's…sort of almost having a kind of checklist of the sort of things that you can do, 'Are my feet flat on the floor, are my hands on the arms of the chair'	147-153

Valuing a trauma-informed supervisor

David: I suppose in supervision just an awareness of what trauma can look like… understand the thresholds are different I think is really important	540-548
Cynthia: I always knew that I had the kind of emotional support there as well, that it was like, "Right, I've experienced this now." So, I had somebody to be able to talk it through	497-500

Anna: my supervisor always checks out, particularly if we are working with trauma, “How has this impacted you? Has it brought anything up for you?” so it always checks out 390-393

Susan: I’ve been with my current supervisor for a couple of years now, she’s been sort of my favourite supervisor out of all the supervisors I’ve had, and she’s very supportive 466-468

Ruth: I feel a little bit hesitant sometimes about revealing everything about myself or my practice or whatever, but I'm aware of that, and we have talked about that, through that 820-823

“YOU’RE AFFECTED ALL YOUR LIFE”: THE PERMANENT IMPRINT OF TRAUMA

The impact of interpersonal trauma on the self

Rachael: it kind of wiped me out as a person really, as an individual, I would say 626

Rebecca: I feel like I have historically given my power away quite a lot in relationships, it's affected my romantic relationships. It's affected the way I bring up my children, it's affected my self-esteem 33-35

Beth: I have had total disregard for what I need, but I always looked out for someone else 356-357

David: for a very long time I really struggled to find any kind of value in myself, which meant relationships that I had were hugely unhealthy 746-748

Ruth: not feeling good enough, worrying that people will find out that I was this awful person that I'd always been told I was 519-521

Susan: I always felt like I wasn’t good enough or I wasn’t achieving enough, and I was living their lives rather than living my own life 95-97

“It doesn’t leave you”: facing ongoing challenges

Rachael: It’s processed as much as it’s going to be, but I think I’m vulnerable to anxiety and depression at times 678-679

Rebecca: I think it's affected my relationship with food…it's still ongoing even though I've had mountains of therapy 43-44

David: There are things that I just don’t have resilience around… with issues that I am unaware of 116-119

Ruth: So again, I felt a failure, I felt I questioned everything, who I was, what I'd done for 14 years 805-806

Beth: I really really think that I have worked on a lot of stuff, an awful lot actually, but it was just…the self-doubt. It does come up 184-186

Cynthia: I think you can be a bit, 'It's me against the world' when things aren't going well, it's cutting everything and everyone off	689-691
Susan: There're definitely different things I don't particularly work with because I can't separate those experiences	305-306

8.12. APPENDIX 12: Reflective journal

3rd November 2020 1782	**1st Interview** Trauma: raised in a religious cult (emotional abuse – having her reality denied, disowned by parents; unclear whether/what other forms of abuse was present) Orientation: Integrative counsellor 20+ years of experience Reflections on interview process: I tried to centre myself the night and day before the interview, but I felt really drained the day before, burned out. I was nervous that it was first thing in the morning at 9am. I am not a morning person. I tried to really get my head in the interview and in the questions, I wanted to ask, keeping the research questions in mind, but I felt like no matter how much I tried I felt detached/dissociated from it all. I felt very blank when asking the first couple of questions. I felt caution on her side. The interview picked up and I felt closer to her as the interview unfolded. I felt that there was a disconnect and lack of awareness in some respects. Disconnect/connection- dance. I also felt that the question order wasn't quite right as the interview felt patchy and didn't flow very well. Notes: Self-care- lacks it- but did explain how boundaries in sessions is important and grounding (I think?). Feeling involved, contributing Vigilance – boundaries in session Hypervigilance, constantly doing High affect tolerance Personal therapy – importance of that Unhealthy element of self-care- wine, coffee Peaceful time – covid-19 Reflection/Echo: Felt like there were some similarities, such as hypervigilance and having to constantly do- brain running 100 miles an hour. Felt interested and wanted to know more about it. I asked about it or drew attention to it, this was due to a personal resemblance and curiosity. Transference/Countertransference: guarded, I am the expert, I am here to do you a favour with my expertise, pull things out of me, keeper of keys, wanted to speak

	about her work and clients but not about herself – not sure if she wanted to protect me or just not comfortable or in touch with that part of herself. Interesting Observation: Trained as a person-centred practitioner at first- empathy is part of the core conditions and is key in this approach. Empathy, however, is also the main contributing factor for Vicarious Trauma, which she mentions in the interview.
	Change to interview schedule: Through post interview reflection, I identified that the order of the questions in my interview schedule wasn't quite right. I shared this with my supervisor, utilised the space provided in supervision to think it through and subsequently changed the order of the questions.
7th December 1992	**2nd interview** Trauma: childhood sexual abuse, DV Orientation: Person centred practitioner Impressions: Went well, felt more at ease this interview than the last two. Friendly, approachable. Childlike quality. Defensiveness around doing something wrong and self- disclosure- I could feel her thinking – am I saying the right thing, how am I coming across, how are you receiving what I am saying. Notes after interview: Limits Boundaries Self-doubt Self-awareness Present in the moment Impressions: Felt that she needed constant reassurance or at least an indication that I am listening and following her- felt that I was the interviewer in charge. I felt a sense of familiarity and ease; can't help but wonder whether this is due to our trauma's being similar? Intersubjective reflection: Participant told me about carrying out an experiment (research) – asking people to say childhood sexual abuse 3 times and asked them how they feel working with it; out of 22, 17 said that thy don't feel comfortable or that they wouldn't want to work with it. She expressed that she found this insulting

	and I couldn't help but agree with her because as she was saying it I felt anger and frustration. The counselling psychologist in me wondered whether I felt her anger, my own or a mix of the two.
End of November/ Beginning of December	BACP research notice board – 1 participant DCoP newsletter- 1 participant One in 4 – 1 participant Mick cooper sharing on social media – 8 participants expressed interest Some are still students but are registered too. This shouldn't make a difference in fact could be better if they are in training, can reflect more on the "training" question of my interview schedule. Feel on edge and anxious about Jasmine leaving and her not answering my emails. Igi has not been helpful so I am worried that Jasmine will get annoyed with me if I bombard her. If I feel not enough support- I should speak to Mark and receive extra supervision.
14th December 1792	**3rd Interview:** Trauma: DV and then abusive relationship with partner as adult <u>Training/Orientation:</u> Started off training in Psychodynamic and didn't like it - Person centred practice Felt at ease, in control. Participant was friendly and eager to speak and reflect. I feel more present in my research. I know what I am looking for, a refresher of IPA was good (Jasmine) – knowing what I am looking for – personal experience, what it's like being that person. <u>Impressions:</u> It felt as if she felt that I was testing her Perfectionism, wanting to get things right was apparent in our meeting The ending of the interview- abrupt? Most don't know what to say at the end – maybe just tell them if they have any feedback to feel free to email me…

	Notes: Own trauma different to other traumas Embodied response Importance of grounding skills Psychodynamic vs person centred Perfectionism (own coping strategy) Responsibility Not causing harm Collaboration important not being expert Time alone important Transitional space – importance (between therapist and mother for example) Fear of doing something wrong Coping strategy of client affects the therapeutic relationship No trauma training on course Awareness Power balance/imbalance Countertransference: felt a bit of a disconnect, I felt myself zoning in and out and having to work hard to keep focused; felt a bit bored, ok get to the point, let me say something, she's talking too much
1854	**4th Interview** Trauma: Physical abuse (potential DV, not clearly stated) Orientation: Integrative practice Impressions: Scared of men, not knowing how to be around them; safer with women; not any friends who are male. Asked about my research; asked about whether there are any themes emerging. Relationally a little awkward and guarded. Stated he finds it easier to be in a therapeutic relationship than any other relationship, because it has a frame; boundaries; it's safer. Notes: Intimacy in therapeutic room

	Client – adult and child mode- have an expectation from therapist/ projection about who the therapist is Self-disclosure Doing something wrong causing harm Embodied feeling Knowing self – important Abstract themes – trigger trauma Unhealthy element – cigarettes, wine Working with trauma close to one's own- comforting but also hard work Boundaries between personal material of client and that of the client Not just same trauma other similarities make it difficult to separate between experiences Support from supervision, therapy, peers important Peer support (laughter) Intersubjective reflection: I felt a bit of a disconnect, I felt myself zoning in and out and having to work hard to keep focused; felt that I wasn't present at one point; I think it was during the question – what kind of support have you received in your work with traumatised clients? Felt very sad – experienced violence for the first 16 years of his life.
1365	**5th Interview** Trauma: Domestic Violence – father Orientation: Person centred practice Transference: fear, scared, hesitant to say much about practice, nervous, diff to speak about herself, guarded, confused and unsure. Countertransference: nervousness, impatience, annoyed that she can't talk about her practice with more conviction, I thought I don't think that this is a good candidate for the interview, she isn't giving me much, feels that she is not very self-aware, or is afraid to reflect.

	Notes: Importance of allowing silences Safety in the room Keeping self in check- my stuff/client's stuff Specific things trigger her trauma (abstract concept?) – hearing about a client being confined. Embodied experience – needs to keep moving between sessions Disappointment and determination after seeing trauma clients (two ends of spectrum) Importance of time to self (transitional space?) Exercise – gardening, walking, swimming Visually pleasing things important for self-care Personal therapy Supervision Peer support Values- giving back Person centred values Rushing around Importance of slowing down – important for client work Importance of self-care- taking yourself away from the stressful environment
1679	**6th Interview** Trauma: physical abuse? DV?- unclear Orientation: Integrative therapist- eclectic practice Impressions: 10 years' experience--- duration of experience does not seem to be reflective of insight Interview process reflection: Wondering whether I should have shared my interview schedule before the interview and whether this would have aided participants in being able to answer the questions in more detail? Or perhaps not, as some

	participants didn't read what I sent them. Also, if I would have sent the questions before hand, they may have come up with an agenda of what to say which would only capture the experience in part and not in its entirety. Countertransference: found it difficult to ask questions, she felt guarded and like she only wanted me to know part of the story; her awareness seemed to be where she directed, felt like there was denial there, focus on the positive; felt like she saw things very black and white --- mind and body connection- well of course we are all beings; now I am all positive and no negative; resistance to think back at the negative. Felt like there was an agenda, like she was saying, 'I read a lot of negative things, I want to talk of the positive'. Notes: Self-awareness Intimacy Powerful encounter Positive- Natural high Reflectiveness Boundaries between own material and others Mindfulness – she described a practice of just being which Is mindfulness- didn't check in with her that this is what she meant Yoga Mind and body connection Resistance in reflecting on own experience Reflective of own position- how she feels but not on her work- maybe this shows that she doesn't dwell in the past – hadn't thought about many things – not an overthinker- focusing on the positive only- defence? Or skill? Deep empathy
1754	**7th Interview** Trauma: developmental (emotional abuse/vernal abuse), car crashes, sexual assault, and rape in early adulthood Orientation: Integrative psychotherapist completing the doctorate in counselling psychology

	10 years of clinical experience <u>Notes:</u> Spoke about the interplay between attachment and trauma; no secure attachment – more negative trauma reactions Empathy Asset Awareness of own trauma Awareness of limits- what trauma she can work with and what not Own journey with own trauma impacts the journey we can take our trauma clients on- your clients will go as far as they feel they can, if you are resistant, they will pick it up Tolerance of high affect Fear in therapy with trauma clients- reflective of own fear Awareness of the value of being with a person's pain and holding that for them Awareness how things go- those things get better before they get worse and not being afraid of the emotional reaction of the client Body work Feeling the client's experiences that they cany feel in their own bodies Impact of culture Finding meaning in adversity Trigger- being shouted at- retraumatises her Secondary trauma
18th January 2021 at 2pm 1344	**8th Interview** <u>Trauma:</u> CSA and gang rape <u>Orientation:</u> Person centred practitioner <u>Transference/Countertransference</u> felt very connected and close to her, she spoke freely, and she came across as someone who was very in touch with who she is and what she needs. She was very honest, mentioned how she feels that she wants to please me. Experienced her as younger than she was.

	Notes: Wiped my sense of self – identity, sense of self, people pleaser Higher tolerance Firm boundaries Affirmations Fear when first started seeing clients- doing something wrong, unprocessed material Doing something against client wishes- being cast in abuser role- uncomfortable. Touchstones – Mearns and Thorne A natural high – after speaking with clients Intimacy and in-depth connection Intersubjective reflection: At the end of the interview, she mentioned feeling low on energy prior to the interview and stated that she now feels lighter and better. Interestingly I had a similar experience. Prior to the interview I also felt low on energy and a bit low in mood in general. At the end of the interview, I felt more energetic, lighter and in better spirits. Speaking about trauma and connecting through the interview made us both feel better; it felt like a joint comfort. I also felt like she wanted to please me which she later confirmed by naming it out loud herself. I had a similar feeling in other interviews, as well as perceiving some participants as guarded or hesitant to reveal too much about their practice. This made me wonder whether this is a recontributing factor to the difficulties I faced in recruitment, and whether this also contributes to the topic being under researched, thinking in particular about the lack of qualitative research on the topic.
	A general feeling emerging from observations/ reflections on the interview process: →there seems to be a fear of being perceived in a wrong way/negative way (being unethical; doing something wrong; causing damage)