

**Manchester Arena: Making sense of terrorism as both community
member and therapist**

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Table of Contents

Abstract.....	6
Chapter 1: Introduction	11
1. Terminology	13
1.1. Terrorism	14
1.2. Manchester Attack/Bombing	16
1.3. Trauma	16
1.4. Victimhood/Survivorship	17
1.5. Community.....	18
2. Rationale and Aims of the Study	20
3. Overview of the Thesis.....	20
Chapter 2: Literature review.....	21
1. Psychological Responses to Terrorism	22
1.1. Psychological Distress.....	22
1.2. Post-Traumatic growth.....	26
1.3. Altruism born of suffering.....	28
2. Community Trauma.....	29
3. Therapeutic Professionals.....	34
3.1. Vicarious Trauma.....	34
3.2. Compassion Fatigue: Burnout and secondary traumatic stress.....	37
3.3. Vicarious post-traumatic growth.....	40

3.4. Vicarious altruism born of suffering.....	42
4. Shared Experience.....	43
4.1. Shared Traumatic Reality	43
4.2. Sense-making in a shared traumatic reality	47
5. Summary of Literature Review	49
6. Rationale and Research Questions.....	50
Chapter 3: Methodology and Methods	52
1. Ontology	52
2. Epistemology.....	54
2.1. Phenomenology.....	54
2.2. Hermeneutics.....	56
3. Research Methods	57
3.1. Qualitative Enquiry.....	57
3.2. Interpretative Phenomenological Analysis	58
4. Participants and Recruitment	61
4.1. Target Population	61
4.2. Sample Size.....	61
4.3. Inclusion and Exclusion Criteria.....	62
4.4. Recruitment	66
4.5. Introduction to the participants.....	68
5. Data Generation	71

5.1. Semi structured Interviews	71
5.2. Procedure	72
6. Ethical Considerations.....	74
7. Data Analysis	76
8. Role of the Researcher and Reflexivity	81
9. Quality	85
Chapter 4: Findings and Discussion	89
1. Introduction	89
2. Return to the Research Questions	89
3. Participant Analysis	89
4. Introduction of Themes.....	92
4.1. Master Theme 1: Manchester Values and Community	94
4.2. Master Theme 2: Making Sense	108
4.3. Master Theme 3: In, Out and In-between.	124
4.4. Master Theme 4: Navigating professional challenges.	145
4.5. Master Theme 5: Power.	157
5. Analysis Reflexivity.....	174
6. Answering the Research Questions	175
6.1. How do therapists make sense of being both community member and therapist of those affected by the Manchester Arena bombing?	175
6.2. How does this sense-making process influence their professional responses, if at all?	176

Chapter 5: Conclusions.....	178
1. Introduction	178
2. Strengths and Limitations.....	178
3. Recommendations for practise.....	181
4. Implications for research	183
5. Conclusions.....	185
References	189
Appendices	223

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Abstract

On the 22nd May 2017, whilst attendees were leaving a concert at the Manchester Arena, an explosive device was detonated in the foyer, killing 23 people including the man responsible. The enduring psychological impact of terrorism is well documented in literature. Recent research also attempts to explore therapists' double exposure to traumatic events, directly through their own experiences and vicariously through therapeutic work. The current study explores how therapists make sense of being both community member and therapist of those affected by the Manchester Arena bombing. It also aims to explore how this sense-making process influences their professional responses, if at all. A qualitative study was conducted in which four therapeutic professionals took part in semi-structured interviews. Questions were related to community membership and therapeutic work after the bombing. Transcript analysis was guided by Interpretative Phenomenological Analysis (IPA), which allows for exploration of participant's sense-making and the meaning that a life event holds. The analysis generated five master themes. These are (1) "Manchester values and community" which describes the shared values and beliefs of Manchester providing togetherness and collective growth; (2) "Making sense" which describes a changed emotional relationship with the city which prompted information gathering and continual sense-making; (3) "In, out and in-between" which describes a balance between shared experience and psychological distance; (4) "Navigating professional challenges" which describes professional duty and responsibility, as well as therapist support-seeking; and (5) "Power" which describes difficulties and divisions created by those in positions of power. These findings are discussed in relation to relevant current literature surrounding shared traumatic reality, post-traumatic growth and associated concepts. Implications for

research are explored, highlighting the unique contribution of IPA and proposing avenues of future research. Implications for practise are advised, including increased timely and appropriate supervision, the implementation of group supervision and exploration of race in supervision.

Keywords: Terrorism, trauma, shared traumatic reality, IPA, qualitative.

Declaration

No portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.

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Chapter 1: Introduction

As a trainee counselling psychologist and as a student arriving in Manchester to study little over a year after the bombing, I was aware that Manchester had recently experienced a significant event in its history. On the 22nd May 2017, whilst attendees were leaving a concert at the Manchester Arena, an improvised explosive device was detonated in the foyer. The blast killed 23 people including the man responsible for the explosion. The event prompted a large community response, including spontaneous vigils, memorials, online support groups (Merrill & Lindgren, 2021), murals, the adoption of the worker bee as a sign of community resilience and strength (Hurdsfield, 2018), as well as community choir groups (Killilea, 2018) and group fundraising events (Gilmore, 2018).

Manchester itself is a large, industrial city located in the north west of England. Home to around half a million people, Manchester has a history as an industrial city having seen an influx of wealth as a significant producer of textiles during the industrial revolution (Douglas et al., 2002). Today, Manchester has developed as a cultural and historical area, famous for its diverse population, strong musical history, thriving LGBTQ+ population and strong sporting identity. Due to its large population and attractiveness to overseas visitors, Manchester has been previously been the target of acts of terrorism. In 1996, the IRA claimed responsibility for an explosion in the city centre which injured 220 people, as well as a smaller scale event occurring in 1992 (Kitchen, 2001).

An immediate response was required in order to support those affected in the best way possible (Hind, Allsopp, Chitsabesan, & French, 2021). Psychological support was provided through the Manchester Resilience Hub (The Hub), both with

short term reactions, and longer-term psychological support (French et al., 2019). The Hub was a collaboration between four National Health Service (NHS) trusts across the Greater Manchester Area, which included targeted outreach, psychoeducation, stepped care therapeutic support, as well as collaboration with schools, the media and various workplaces (French et al., 2019). Disasters that are not centralised to a specific community require mental health services to respond differently (from centralised events like that of Grenfell tower) (Green, Spivack, Khaki, O'Donnell & Bailey, 2018). Therefore, the hub aims to liaise with organisations around the country in order to refer those affected for support (French et al., 2019).

As an outsider to Manchester, small reminders of the enduring impact of the arena bombing would occasionally puncture my awareness. Posters promoting fundraising events and murals championing “I <3 MCR” lined a number of streets. Tattoos of the worker bee on the wrists of clients would remind me that the event had clearly impacted many in the community. As a therapist, but also as someone from outside Manchester, I found myself wondering two things. Firstly “do I truly know how I would have responded if this had happened in my home town?” and secondly, “as a therapist, do I feel that I would have the capacity to offer support in those circumstances?”. I was aware at the beginning of the project that these questions were concerned about my own experience of my own hometown. I was entering the research process assuming that my own frame of reference would be the only way to understand something about a town to which I do not belong. Regardless, it was these questions which prompted my interest in the current study.

Counselling psychologists have the opportunity to work across a number of different domains related to mental health (Woolfe, 2010). This includes work in a

variety of environments in which clients may have experienced trauma. Counselling psychology uniquely positions itself as an applied psychology underpinned by a humanistic approach to wellbeing (Cooper, 2009). As such, counselling psychologists are well placed to be able to work with complex trauma presentations and manage the potential personal impact which may result (Iqbal, 2015). This has been evidenced in a number of situations in which counselling psychologists have supported those affected by terrorism (see Orlans, & Van-Scoyoc, 2008; Munley and Johnson, 2003 for examples). Anecdotally, I began to understand that this was the case for a number of my colleagues and for other therapeutic professionals the city at the time of the bombing.

With this in mind, the current study aims to contribute to a growing area of literature related to trauma, terrorism and therapeutic work. It hopes to address a current gap in literature by exploring the experiences of therapists working with clients who are affected by terrorism, whilst also navigating their own responses. It aims to offer unique insight into the way they make sense of their experiences as both therapists and community members. As acts of terrorism are a difficult reality of the modern world, it is the intention of the current study to offer points of personal and professional reflection and explore a number of practical implications for therapists who may encounter such circumstances in the future. The following chapter will outline some of the key terminology that will be used throughout this project, as well as introducing the aims and research questions which will guide the study.

1. Terminology

In this section, I will attempt to provide definitions for many of the terms that will be used throughout this paper. Critically exploring potential definitions will ensure

consistency in language and reduce ambiguity. Exploring use of language also helps to establish the philosophical and theoretical positioning of myself as the lead researcher, which will inform the rest of the study. When referring to the direct accounts of participants, their own terminology will be used in order to ground the discussion in the language (and therefore the perspective) of the participant. Descriptions of existing literature will use the author's language where possible. However, my own choice of language may be used when interpreting the literature in order to apply relevant findings to the current study.

1.1. *Terrorism*

Despite the efforts of researchers, a consistent definition of terrorism is yet to be agreed upon in both the psychological study of terrorism and terrorism literature more generally (Sinai, 2008; Schmid, 2011). In addition to a lack of definitional consistency, some even debate the utility of having an operationalised definition of terrorism (Young & Findley, 2011). Furthermore, the term terrorism is particularly politically charged, as it assumes moral inferiority of those who are labelled terrorists in order to de-legitimise their conduct (Schmid, 2011). That being said, it is important to have some idea of how terrorism is understood within the context of the current study as it will impact the relevance of existing trauma and terrorism literature.

Most definitions of terrorism involve a form of violence, or threat of violence, with the intention of inciting fear in a given population in order to achieve a goal. They also tend to agree that the fear is induced in an audience which is different from the target of the violence (Young & Findley, 2011). It is from here that definitions begin to deviate. For example, the US Department of State definition requires the violence to be committed against non-combatants by sub-national groups (Sabasteanski, 2005), whereas other definitions do not require this qualifier (Ross,

2006). It is unclear however, as to what constitutes 'non-combatants' or whether governments (and hence non-subnational groups) are capable of acts of terrorism. Furthermore, it can be argued whether military personnel may be the targets of terrorism, particularly during peace-time (Ross, 2006). These issues are by no means an exhaustive list, but do allude to the difficulties in achieving definitional consensus.

Definitions have also been proposed for two distinct branches of terrorism (Vázquez et al., 2008). The first, *state terrorism*, is used by governing bodies to control a large population through the use of intimidation and fear. Potential examples of state terrorism include the methods of social control imposed by the Nazi regime, the Uyghur genocide and the bombing of Hiroshima. The second is *asymmetric warfare*, whereby smaller groups with relatively low militaristic power, attempt to target the weak points of society through means which are unconventional to warfare. This applies to acts of terrorism including the Bataclan attack, the attack on the world trade centre and to the Manchester Arena bombing.

Clearly, definitions of terrorism generally fall short of adequately addressing the nuanced and complicated social and political issues which surround terrorism. It is also worth noting however, that these definitions are generally required to clearly navigate legal issues surrounding terrorism (Sinai, 2008). The current study aims to understand the way in which participants make their own sense of these issues. As such, it was decided that defining terrorism as 'violence, or threat of violence, with the intention of inciting fear in a given population in order to achieve a goal' would suffice for the purposes of this project. In addition, the distinctions made by Vázquez et al. (2008) will also be considered when making distinctions between state terrorism and asymmetric warfare in the literature.

1.2. Manchester Attack/Bombing

The events surrounding Manchester Arena have been referred to by a number of different terms, including an “attack” (Hind, Allsopp, Chitsabesan & French, 2021), a “bombing” (Ben-Ezra, Hamama-Raz and Mahat-Shamir, 2017), and an “incident” (French et al., 2019). When determining the language to be used in the current study, it was decided that the term “attack” invokes particular political complexity, implying moral judgement of guilt upon the “attacker”. Conversely “incident” was deemed passive, offering too little information and alluding to the bombing as an occurrence rather than an intentional act. As such, the term “bombing” or “Manchester Arena Bombing” will be used throughout the project as it was judged as striking a balance between the two, coming closest to portraying political neutrality. This language appears to be the approach used in the majority of the relevant literature. Exception to this will be made when discussing the experiences of participants who have used alternate terminology.

1.3. Trauma

A large amount of trauma literature tends to rely upon a conceptualisation of psychological trauma as it is presented in one of two sources, the Diagnostic and Statistics Manual (DSM) (APA, 2013) and the International Classifications of Diseases (ICD) (WHO, 2018). These are both fully explored in the Literature Review. Though I position myself as someone who finds issue in the medicalisation of psychological distress, I appreciate that this understanding is the foundation for a great deal of trauma research. As such, medical conceptualisations will often be voiced when reviewing literature. However, outside of this context, an understanding of trauma will be used which respects the individuality of trauma experiences as understandable and legitimate attempts to navigate extreme situations. This is more

in line with humanistic definitions of trauma .Such definitions are distinct in that they emphasise the importance of meaning in individuals' trauma responses and accommodate the existential aspects of trauma (Vachon, Bessette, & Goyette, 2016). It is worth noting that the way in which participants understand and define trauma will be used when communicating their experiences where necessary.

1.4. Victimhood/Survivorship

Arguably, the term victim portrays the individual as *someone to which something happens to* rather than a person who is involved and experiences an event. Although the term 'victim' arguably removes culpability (and hence blame) it minimises the active attempts that people make in defending themselves against the harms committed against them and their ability to mobilise resources to protect themselves and others (Leisenring, 2006). The term 'victim' has also been associated with *victim blaming* and perceptions of being weak or vulnerable (Papendick & Bohner, 2017).

Some argue for a move away from terms like 'victim', to 'survivor' and/or 'advocate'. The term 'survivor' generally implies a sense of agency, coping, survival, decision-making and resistance and hence, empowerment (Dunn, 2005). Survivorship is also associated with personal strength and resilience when compared to the use of the term 'victim' (Papendick & Bohner, 2017). Additionally, 'survivor' is more closely associated with experiences which occur following the traumatic event, whereas 'victim' focusses more specifically on 'the thing that happens to someone' (Young & Maguire, 2003). This includes potential positive experiences that may emerge following exposure to traumatic experiences (e.g., personal strength and growth, advocacy, community belonging) (Delker, Salton, & McLean, 2020).

Survivor-centred approaches are therefore argued to address the unique needs of individuals and maximise choice when seeking support (Cattaneo et al., 2021).

Issues have also been levelled at the use of the term 'survivor'. It has been argued that the empowerment embedded within the term survivor, can falsely be equated with responsibility. Therefore, by abandoning victimhood for survivorship, individuals may expose themselves to blame (Leisenring, 2006). Survivorship may also imply an expectation of empowerment, regardless of the reality of survivors' experiences. Western cultures tend to view the position of victim as a position of weakness, culturally valuing psychological strength and the ability to be resilient in response to challenging circumstances (Delker, Salton, & McLean, 2020).

Despite concepts of victimhood and survivorship attempting to define a specific group of post-trauma experiences, neither can fully encapsulate the complexity of individual experience. As such, terms such as "those in attendance" or "those seeking support" will be used throughout this project, as it is felt that these terms respect the individuality of trauma experiences and positionality. When discussing concepts described in existing literature, the original terminology used by the authors will be preserved. This was done with the intention of preserving the original meaning and philosophical positioning of the literature being discussed. It is also important to note that, in order to represent participants' understandings in their own terms, terminology used by participants will be used when describing individual cases.

1.5. Community

Attempts to conceptualise community became popularised in the late 19th century through the works of Toennies, who explored the differences between

Gemeinschaft (community) and *Gesellschaft* (society). Toennies viewed the former as associated with common ways of life, beliefs, close relationships and interactions, continuity, familiarity and emotional bonds (Toennies & Loomis, 2002). The word *community* is additionally associated with images of warmth, security, safety, support, confidence and understanding (Bauman, 2013). In this way, the concept of community extends beyond locality. Though some communities may share an identity based on where they are located, others may form communities based on religion, personal interests, sexual preferences or profession (Bradshaw, 2008).

Though locality is an important factor when considering community membership, particularly with the current study and its focus on Manchester, it is not sufficient enough to encompass the true meaning of community. Despite many definitions offering descriptions of what community feels like, they do not highlight the way that communities operate in drawing people together. Stephen Brint defines community as *“aggregates of people who share common activities and/or beliefs and who are bound together principally by relations of affect, loyalty, common values, and/or personal concern (i.e., interest in the personalities and life events of one another)”* (2001, pp. 8). This definition addresses the need for an understanding of community which is not bound by locality, as well as describing the process by which community members are drawn together and subsequently operate. As such, it will be the definition used throughout the project where necessary.

When discussing participant's descriptions of community, their own words and descriptions of community shall be used wherever possible. This was decided as important to the study, as it aims to explore personal understandings of community membership in response to the bombing. Terms such as 'community of Manchester', 'professional community', 'religious community' or 'local neighbourhood community'

may be used when it is deemed important to clearly situate which community membership participants are referring to.

2. Rationale and Aims of the Study

The current study aims to explore the experiences and sense-making processes of therapists working in response to the Manchester Arena bombings, whilst also being Manchester community members themselves. The study aims to explore two things. Firstly, it attempts to explore the sense-making of therapists around the time of the Manchester Arena bombing. This will explore sense-making in relation to personal responses to the bombing, as well as professional identity and community membership. Secondly, it will attempt to explore whether this sense-making influences their professional responses and in what ways this may occur. It is hoped that exploring therapist's experiences in this way will illuminate some of the unique aspects of post-terrorism work for therapists who belong to the community within which terrorism occurs.

3. Overview of the Thesis

This written report will be structured as follows. First, a review of relevant current literature will be presented to provide context to the current study as well as highlighting the gap in research that this project addresses. This will be followed by a description of the full methodology and methods used throughout the project. Findings will then be presented, exploring themes constructed from participants' accounts. Each theme will also be discussed in relation to existing relevant literature. Finally, conclusions will be drawn and the study will be critically reflected upon in regards to its strengths, limitations and contributions to literature and practise.

Chapter 2: Literature review

This literature review attempts to highlight key concepts relating to the study of trauma, terrorism and therapeutic work. As with all literature reviews, the aim is to summarise the breadth of the current literature, identifying gaps the knowledge and to critically explore the quality and validity of this with the intention of identifying weaknesses and contradictions (Paré, Trudel, Jaana, & Kitsiou, 2015). It is hoped that this will synthesise the extant literature in a succinct way that gives a general overview which is accessible to the reader (Rozas & Klein, 2010). Database searches of PschInfo and Scopus were initially used to collate relevant literature, with Manchester University Library and Google Scholar offering additional sources of information. The literature was used to inform the development of the study; however, the findings of the study were also used to inform further development of the literature review.

With the aims of the current study in mind, this review will first highlight the psychological and behavioural impact of trauma, with particular emphasis on terrorism related trauma. It will explore the potentially detrimental impact of such experiences, as well as the concepts of *post-traumatic growth* and *altruism born of suffering*. Secondly, the review will highlight relevant research surrounding *collective trauma*, and the conceptual nuances that differentiate this from individual, primary trauma. Thirdly, the review will critically explore research related to the potential impact of trauma work on therapists, with particular emphasis on terrorism related trauma. This section will introduce new concepts which are selectively relevant to therapists, as well as exploring previously discussed concepts in specific relation to therapists. Following this, the review will discuss literature surrounding the concept of *shared traumatic reality* including its distinctions and relevance to the current

project. The review will culminate in a rationale for the current study, as well as introducing the research questions that will guide the project.

1. Psychological Responses to Terrorism

1.1. Psychological Distress

The potential psychological impact of terrorism is now well documented throughout trauma literature. A large amount of trauma literature tends to rely upon a conceptualisation of psychological trauma as it is presented in one of two sources, the Diagnostic and Statistics Manual (DSM), in its fifth edition at the time of writing (APA, 2013) and the International Classifications of Diseases (ICD) (WHO, 2018). Both conceptualise trauma under definitions of Post-traumatic Stress Disorder (PTSD), as a discrete symptomology occurring in response to an event or series of events which threatens life, injury or sexual violence and impairs functioning in a number of life areas.

Though definitions are relatively similar, in their most recent incarnations, the associated symptomology of PTSD has become more expansive in the DSM-V when compared to that of the ICD-11 (Kiyimba et al., 2022). That being said, the ICD-11 has, for the first time, constructed separate diagnostic criteria for 'Complex PTSD' (WHO, 2018). Both definitions however, have recategorised PTSD as a 'stressor-related disorder' (APA, 2013) and 'disorder specifically associated with stress' (WHO, 2018). This is in an attempt to move PTSD away from its prior position as an anxiety disorder, to one which highlights the 'stressor' as the source of distress. Despite these two conceptualisations dominating trauma discourse, there are also a number of more broadly defined conceptualisations of trauma and very little consensus in the literature as to what psychological trauma is (Krupnik. 2019).

The recategorization of PTSD as ‘stressor-related’ and the subsequent symptomology expansion in DSM-V have been legitimate attempts to acknowledge the breadth of experiences which may be categorised as traumatic. Despite this, they have understandably garnered considerable criticism as not adequately addressing the complex psychological and emotional impact of traumatic events (Moskowitz, Heinimaa, & van der Hart, 2018). Furthermore, it is argued that such definitions under-emphasise individual resiliency, as well as social, cultural and environmental factors as contributors to distress and recovery (Harvey, 1996). Arguably, in doing so, they redefine “people with problems” as “patients with illnesses” (Johnstone, 2018). This however, runs the risk of problematising trauma reactions, locating the source of distress as an abnormal response originating from within the individual. This is inherently problematic, as it invalidates individuals’ ways of navigating traumatic events and the harms they have suffered (Burstow, 2004). Exacerbating this issue further, the expansion of criteria required for diagnosis in the DSM-V merely increases the number of individuals who have trauma reactions deemed as abnormal (Kiyimba et al, 2022). It can be argued as to whether trauma even exists as an objective reality, independent of the social constructions of psychiatrists. PTSD is often cited as a particular example of how diagnoses are developed from political and financial motivations, whether this is to provide grounds for medical support for veterans (See Summerfield, 2001) or to seek political change for those had experienced sexual abuse (Burstow, 2004)

Alternate conceptualisations of trauma have been proposed, which account for some of the additional complexity of post-trauma experiences. Harvey (1996) for example, proposes an *ecological view of trauma*, in which trauma is viewed as a complex experiential interaction between person, event, and environment. More

recently, humanistic conceptualisations of trauma have explored the impact of traumatic events on our assumptive worlds (Joseph, 2004) and subsequent sense-making processes that may result (Park, 2013). As a result, trauma reactions are seen as legitimate attempts to navigate challenging circumstances.

For those directly impacted by the event, increased diagnoses of PTSD are most common (Yehuda et al 2002), however, increased instances of grief and panic disorders, phobias, anxiety and issues with substance misuse also increase in prevalence (Whalley & Brewin, 2007). Additionally, without appropriate mental health support, the longevity of the difficulties can provide significant challenges for those who are directly impacted (Pfefferbaum et al., 2005).

Individual experiences of trauma often extend past diagnostic criteria. Terrorism often leads to a significant loss of life and hence, experiences of bereavement for many of those in attendance. As well as the bereavement being significant in-and-of itself, traumatic experiences appear to become compounded and more complex when they involve the loss of life (Stevens et al., 2013). The extensive impact on victims is intentional and calculated as behavioural disturbance can be argued to be the primary intent of terrorists (Di Maggio & Galea, 2006). As such, many of those witnessing terrorism report increased experiences of psychological distancing (Cohn, Mehl & Pennebaker, 2004), feelings of isolation and differentness, irritability and intolerance after such events (Wilson, d'Ardenne, Scott, Fine and Priebe, 2012).

In more experiential terms, trauma may lead to a significant change in the way in which we understand and organise ourselves as an integrated part of the world. Joseph (2004) argues that the resulting effects of trauma can be understood in terms of Carl Rogers' theory of *disorganisation of the self-structure* (1959). Rogers

describes the self-structure as the perception we have of ourselves, in both our own characteristics and in how we relate to others. This takes the form of a 'conceptual gestalt' that allows us to make sense of ourselves as part of the world. When witnessing a traumatic event, our perception of ourselves comes under threat. We may begin to view the fragility of our lives, perceive a lack of justice and begin to feel as though we are not as safe as we once believed (Serlin and Cannon, 2004). This shattering of our assumptive world, equates to a loss of the things that give our world meaning and provide us with contentedness and worth as part of a predictable and safe environment (Janoff-Bulman, 1989).

Shattering of assumptions, likely motivates meaning-making processes in individuals who have experienced acts of terrorism. Park (2013) summarises an understanding of meaning-making in response to trauma, which is now generally accepted by the research community. He proposes that people naturally have orienting systems which provide them with the tools they need to understand the world. In addition to this, people will continually appraise novel situations, assigning meaning to them. Distress occurs when these appraisals are in disagreement with the world view of the individual and it is this distress which initiates the process of meaning making. This occurs with the intention of reducing the discrepancy between how people understand the world, and their appraisal of new information. This restores a sense of the world being a meaningful place, their lives being worthwhile and precedes an overall better adjustment to the stressful event. This disruption of world views has been identified in the survivors of the Manchester Arena attacks and is also argued to be strongly linked to subsequent symptomology of PTSD (Ben-Ezra, Hamama-Raz and Mahat-Shamir, 2017). These conceptualisations of trauma highlight the way in which witnessing an act of terrorism can have the potential to

disrupt the way in which we understand and act as relationally and environmentally embedded beings, but also that these issues have the potential to be navigated through a process of personal sense-making.

1.2. Post-Traumatic growth

Responses to traumatic life events (in this case, acts of terrorism) can be incredibly debilitating. The vast majority of literature surrounding post-traumatic responses, including those related to terrorism, have selectively focussed on these negative experiences (Tedeschi & Calhoun, 2004). In the longer term however, many individuals report positive outcomes resulting from these experiences (McCormack, & McKellar, 2015; Simms, 2015; Park, Aldwin, Fenster, & Snyder, 2008). The acquisition of positive attributes and experiences resulting from traumatic events is now widely referred to in trauma literature as *post-traumatic growth* (PTG) (Tedeschi and Calhoun, 1996). The concept of PTG refers to the idea that rather than merely recovering from the impact of significant life events, some people experience overall positive change (Calhoun & Tedeschi, 1999). It is generally agreed that this concept differs from *resilience* in that it represents a positive, transformational process, rather than the ability to adapt despite negative experiences (Clay, Knibbs & Joseph, 2009). PTG has also been explored in relation to acts of terrorism. Butler et al. (2005), for example, found that indications of post-traumatic growth were seen within months of the attacks of September 11th in New York.

Tedeschi and Calhoun (1995) broadly categorise three aspects of PTG. Firstly, *changes in the perception of self*, represent a new personal understanding in relation to the shattering of an individual's assumptive reality commonly associated with post-traumatic responses (Calhoun & Tedeschi, 2014). In many ways, this is conceptually

similar to the disorganisation of the self-structure explored earlier in this chapter (Joseph, 2004). A significant disruption in someone's world view can act as a catalyst for growth if the person is able to successfully integrate trauma-related information into adaptive constructions of themselves and their environment (Zoellner and Maercker, 2006). Secondly, *experiences of relationships with others* may also change in significant ways. Many people report closer relationships with others, greater connection to people in general and particularly significant compassion towards those who suffer (Calhoun and Tedeschi, 2014). Finally, many experience *a change to their general philosophy of life*, viewing their lives as more meaningful, fully developed and satisfying. This, the authors argue, comes from a change or questioning of previously held beliefs, as well as spiritual and existential issues becoming more salient for the individual (Tedeschi & Calhoun, 2004b).

The extent to which an individual may experience PTG, is argued to vary dependent on a number of factors. For example, those who have a loved one who is killed show significantly higher levels of PTG over time, when compared to those who experienced injury (Taku, 2013). This may also vary depending on culture (Taku, 2013), personality (Peterson, Park, Pole, D'Andrea & Seligman, 2008), personal resilience (Ogińska-Bulik & Kobylarczyk, 2015), religious beliefs or spirituality (Taku, 2013; Shand, Cowlshaw, Brooker, Burnley & Ricciardelli, 2016), coping strategies (Prati & Pietrantonio, 2010) and profession (Wu et al., 2019).

Despite the growing amount of literature surrounding PTG and anecdotal evidence in support of the concept, the concept is not without its critics. Some cast doubts over the reliability of studies exploring PTG due to methodological limitations. These criticisms usually question the extent to which we can assume that PTG exists as a transformational process rather than an ad hoc reconstruction of change

(Jayawickreme et al., 2021). It is also difficult to parse out the impact of social desirability, poor recollection of previous experiential states or a tendency towards adopting a cultural narrative which favours perceptions of growth (Tennen & Affleck, 2009). Some raise issue with the cross-cultural applicability of theories pertaining to PTG. Literature surrounding PTG tends to predominantly based in western culture and not be inclusive of marginalised or non- western populations (Jayawickreme et al., 2021). Trauma representations are heavily influenced by one's culture, impacting the way rumination, cognitive strategies and growth are expressed. Hence, the way in which measures of PTG are applied must appropriately incorporate non-western frameworks (Kashyap & Hussein, 2018).

The literature surrounding PTG highlights the complex and nuanced experiences of individuals responding to acts of terrorism. It indicates that post-traumatic distress and PTG are not opposite ends of a spectrum and will often coexist. This may also be expressed in a variety of cultural or age specific ways, an important consideration given the nature of the bombing at the Manchester Arena. Despite a number of concerns regarding the theoretical foundations and applicability of PTG theories and measures, it is important to consider that these experiences may be expressed by those who are personally impacted by the Manchester Arena bombing and may therefore be an essential part of individuals' sense-making.

1.3. Altruism born of suffering

Although research into PTG highlights many of the positive outcomes that may result from traumatic experiences, there is also evidence to indicate that a change in world view may lead to prosocial behavioural changes. Termed "*altruism born of suffering*", this behaviour is generally expressed as increased caring and helping of others (Staub, 2005). Contrary to traditional models of altruism which argue that

people engage in altruistic behaviour as a result of positive formative experiences, this theory states that people may engage in helping behaviours *as a result of* their traumatic experiences or victimisation. It is in this way that altruism born of suffering is distinct from resilience (Vollhardt, 2009).

It is argued that altruism born of suffering derives from a combination of negative experiences, and other supplementary experiences which change the meaning of the trauma for the individual concerned (Staub, 2005). Staub & Vollhardt, (2008) identify a number of distinguishing factors when considering the types of negative experiences which may ultimately lead to altruism. Those acts which are intentional, and experienced collectively are said to have the greatest societal impact and promote cycles of revenge in individuals. It may however, promote opportunity for individuals to engage in altruistic behaviours (Vollhardt, 2009). Arguably, the nature of terrorism is such, that an increase in cycles of revenge and increased societal impact are to be expected, but so too is an increase in altruistic behaviour.

2. Community Trauma

A differentiating factor of terrorism in comparison to other forms of traumatic event is that it involves acts which are not necessarily intended to injure people, but to incite fear and panic in a wider population (Neria, Gross and Marshall, 2006). For this reason, terrorism does not simply target individuals and the wider impact of terrorism on communities and society is significant. For example, national levels of depressive symptoms rose for four weeks after the September 11th attacks in New York city (Knudsen, Roman, Johnson, & Ducharme, 2005). The majority of individuals within a one-hundred-mile radius of the towers reported experiencing traumatic stress (Schuster et al., 2003). National anxiety levels and indications of PTSD also increased, and were reported to increase around the time of

anniversaries (Cohen et al., 2006). This psychological impact seems to be more significant the closer an individual is to the event and although impact may diminish with proximity, the range and scope of this influence can be far-reaching (Pfefferbaum et al, 2005). Despite most reactions reducing in intensity over time, many also experience this impact as a permanent change (Seeley, 2003). Additionally, community trauma tends to have a significant impact on a community's healthcare resources. This is often experienced by physical health services, but more so by local mental health organisations, limiting the support that people are able to seek (Green, 2003).

In an attempt to explore the impact of traumatic events on communities, the term *Collective Trauma* is often used. Collective trauma describes significant traumatic impact which is experienced on a collective level. Often referring to disasters and terrorism, collective trauma refers to the unique way in which these events impact a society's physical, social and cultural ecologies (Saul, 2013). In addition to this multi-layered impact, trauma of this type is often held in a collective memory, which is continually constructed and reconstructed as part of a collective sense-making process of the group (Hirschberger, 2018). This is perhaps catalysed by the way in which trauma is associated with *shattering of assumptions*, the significant change in the way we view and relate to the world (Janoff-Bulman, 1989). This, when applied to collective trauma, forces groups to reassess how they understand the world and how they relate to other groups (Alexander et al., 2004). This group sense-making and collective memory is distinct from individuals' personal traumatic memory as it is continually being reconstructed and passed from generation to generation. This means the collective memory of the event can often outlive those who were direct witnesses (Hirschberger, 2018). It follows that a

trauma, held in collective memory, may have a significant impact on a group's sense-making and collective identity, as well as shaping culturally held narratives.

Communities are often inherently complex comprising of multiple sub-groups and social identities and therefore shared trauma reactions become equally complex. A common component of community trauma is the disruption of social trust (Saul, 2013). Individuals and community subgroups may experience a fundamental shift in a belief that the community can be trusted, and that decency exists within the group. For communal trauma, this can offer significant challenges to the reunification of communities post-terrorism. Terrorist attacks may incubate xenophobia, creating a hostile environment in which community tensions rise and members of out-groups are labelled as "terrorists" (Bartholomew, 2016). Additionally, this may also exacerbate pre-existing racism, discrimination and inequalities within communities, forcing community sub-groups further apart (Saul, 2013). This too has been seen in the wake of the attacks in Manchester, particularly towards the city's Muslim population (Ben-Ezra, Hamama-Raz and Mahat-Shamir, 2017).

Peter Hervik (2015) discusses the ways in which *Islamophobia* contains particular qualities which distinguish it from other forms of xenophobia. Firstly, he notes that Islamophobia is more akin to xeno-hostility, as it is inherently more aggressive and predatory than other forms of xenophobia. Contrary to what the term would indicate, Islamophobia is not fear/hatred of a religion, rather of culture, racial identity and class associated with Islam. It is for this reason, Hervik argues, that Islamophobia is more representative of a "governmentality, or an ideology that reduces the meaning of Islam and Muslims to an anti-other, jeopardising neoliberal Western values" (pp.799). It can be argued that a rise in this ideology is part of the overarching goal of terrorism. Segregation and radicalisation of minority groups can

be seen as a key aim of those who instigate terror, however this can only occur if community groups turn against each other. This means it is necessary for targeted communities (in this case Muslims) to be universally stigmatised (Russell & de Orellana, 2020) as this creates the “othering” necessary for radicalisation.

Nationally and globally, the ever-increasing access to information allows communities experiencing collective trauma to absorb more immediate information regarding acts of terror. This can however, pose issues. For example, Ahern et al. (2002) discuss the way in which repeated images in the media of people jumping from the world trade centre perpetuated and exacerbated the psychological difficulties that people experienced after 9/11, retraumatising those who were witness to the original event. As reflected upon above, national anxiety levels in the United States were reported to peak around the time of anniversaries. This was attributed to the increased media coverage during this time (Cohen et al., 2006). Furthermore, it can be argued that mass media may contribute to a rise in xenophobia after terrorist events, via negative portrayals of particular groups and contributing to discriminatory rhetoric (Poynting & Perry, 2007). An increase in xenophobia is also reflected in art, media and literature, with stereotypical representations of Islam which often present “terrorist ideals” as synonymous with religious doctrine in an attempt to push a political narrative (Awan, 2010).

The media holds an important role in access to terrorism related information. It is the primary means by which terrorists establish their intentions and instigate terror. Additionally, media outlets aim to create stories that they can sell to their audiences (Archetti, 2013). As providers of entertainment products, they provide information through a lens of marketing, popular culture, consumerism and fear (Altheide, 2007). Disinformation can also be spread through social media outlets. Mirbabaie and Marx

(2020) found that this was the case in the immediate wake of the Manchester Arena bombing. This contributed to 'sense breaking', whereby incoming information may contradict sense-making processes which are important to a developing understanding of an event. When considering trauma which is experienced on a community level, the media plays a significant role in disseminating information, mediating community wellbeing and potentially dictating exclusionary narratives.

Despite the increased complexity of community trauma, it is also important to consider the protective role that communities can have. Belonging to a community can impart a sense of resilience, the ability to remain psychologically healthy despite exposure to adverse events (Bonnano, 2004). Resilience has also been described as an increased capacity to be able to withstand a traumatic event, and to successfully navigate these issues with *increased* overall social resources, competence and connectedness (Landau & Saul, 2004). Communities can bolster a sense of resilience in two ways. It can do so on an individual level, through supporting an individual to draw upon social resources and networks for support and at a community level, drawing upon the collective capacities of the community (Kirmayer, Sehdev, Whitley, Dandeneau & Isaac, 2009). However, longer term, resilience may come at a cost. Bonnano, Rennie and Dekel (2005) found that those in proximity to the attacks of 9/11 who also rated themselves as positively adjusted to the event, were rated as lower in social adjustment and honesty by their friends and relatives. This indicates that perhaps resilience over extended periods of time may come at the cost of emotional self-awareness.

When considering a collective trauma, sense-making and collective memory may also help to solidify collective identity within communities (Tajfel & Turner, 1979). For example, it is common to see increased expressions of national identity

following acts of terrorism via patriotism and displaying symbols of national identity. This may also happen on a community level, such as the bee becoming a symbol of community solidarity in Manchester (Merril & Lindgren, 2021). In addition to resilience and increased community identity, social support is seen to be particularly beneficial in the process of supporting psychological recovery from traumatic events (Norris et al., 2002). Often, the extent to which trauma-focussed work is beneficial for individuals is the extent to which it promotes the relationship between that person and their community (Harvey, 1996). For example, Stevens, et al (2013) found that family support and relationships (both individual and communal) appeared to be the most protective factors for victims of the 2002 bombings in Bali. The availability of social support is also argued to be a significant contributing factor towards an individual's level of PTG (Prati & Pietrantonio, 2010) and PTG has also been identified in individuals that indirectly experienced the events of September 11th (Poulin et al., 2009). Saul (2013) argues, that with the flexibility to respond to changing circumstances and a positive view of future recovery, adaptation to traumatic situations can be possible. This can be either directed from within the community, or facilitated by outside support.

3. Therapeutic Professionals

3.1. *Vicarious Trauma*

Due to the high workload of therapists and the potentially distressing nature of client content, there has been a considerable research interest in understanding the impact of trauma work on helping professionals. This impact can take a variety of forms and be maintained by a number of different psychological mechanisms (Cohen & Collens, 2013). One such area of study explores the mechanisms of *vicarious*

traumatisation (McCann & Pearlman, 1990). Vicarious trauma is often described as a cumulative impact of working with traumatised clients through continued exposure to clients trauma narratives (Finklestein, Stein, Greene, Bronstein, & Solomon, 2015). Though a distinct concept, vicarious trauma shares many qualities with traditional models of countertransference (Boulanger, 2018). It affects the same general aspects of self that are influenced by first-hand experience of traumatic life events, including self-capacity (affect management, object constancy, self-worth), frames of reference (identity, world view, spirituality), basic beliefs and psychological needs (safety, trust, esteem, intimacy, and control), and realms of perception and memory (verbal, somatic, visual imagery, emotional, relational, and behavioural) (Saakvitne, 2002). This may also be expressed behaviourally in many of the same ways as primary trauma, including experiencing intrusive imagery and thoughts, avoidance and emotional numbing, hyper-arousal, somatisation and substance misuse problems (Palm, Polusney and Follette, 2004). Anger, resentment and confusion may additionally may be experienced by professionals as they attempt to make sense of a client's traumatic experiences (Pearlman & Saakvitne, 1995).

The impact of vicarious traumatic experiences appears to be mediated by the proximity of the individual to the event, decreasing in strength and longevity the further away an individual is from the event itself (Hansen, Nissen, & Heir, 2013). This has inherent implications for therapists living or working close to the site of an act of terrorism. Arguably however, physical distance is not necessarily the most accurate predictor of distress and '*psychological distance*' may be a more appropriate factor when considering proximity and its impact on the significance of experience (Baker & Kanan, 2003). Those with personal ties and a close relationship to the location of terrorist events are likely to experience more significant reactions.

Vicarious trauma is therefore an important consideration for therapists wishing to monitor their own wellbeing and to provide ethically sound and effective therapy, particularly if they live close to the site of the event.

Though vicarious trauma is not unique to therapists, it is likely further catalysed in the context of a therapeutic relationship by the empathic bond between therapist and client, as it offers a mechanism by which therapists are able to embody the traumatic experiences of others (Pearlman and Mac Ian, 1995). However, when therapists find themselves in a situation in which they feel as though they are unable to help, frustration and dissatisfaction exacerbate the effects of vicarious trauma (Naturale, 2015). Despite being generally considered as beneficial to the process of therapy, increased empathy may lead to a blurring of professional boundaries, further increasing the risks associated with vicarious trauma (Abendroth & Figley, 2013). Despite this, Boulanger (2018) suggests that vicarious traumatisation may be necessary to the therapeutic process. He states that vicarious trauma is a form of countertransference, whereby the therapist projects their own internal conflicts on to the client. It should therefore be approached as such. Only in recognising and acknowledging the contagious qualities of trauma are therapists able to fully attend to the traumatic experiences of clients. This potentially limits the negative influence of vicarious trauma and aids transparency within sessions.

Despite the growing interest in the study of vicarious trauma, many have argued that there is as of yet, little evidence to suggest that trauma work offers a qualitatively unique burden when compared to other forms of therapeutic work (Kadambi and Ennis, 2004). This is arguably not aided by conflicting definitions and the interchangeable use of vicarious trauma with terms such as compassion fatigue and secondary traumatic stress (Huggard & Unit, 2013) (concepts which will be

discussed later in this chapter). There is also a great deal of dissensus as to what aspects of disaster work mediate levels of vicarious trauma, with conflicting research exploring proximity, therapist caseload and personal investment (Palm, Polusny & Follette, 2004). Despite this confusion, recent studies have attempted to differentiate these terms, collating and updating information on empathy-based stress to clearly define and boundary these concepts (Rauvola, Vega & Lavigne, 2019).

Vicarious trauma clearly poses a significant challenge to those working in close proximity to acts of terrorism. The nature of therapeutic work is such, that therapists are at a particular risk. Despite some definitional limitations, the reality of vicarious trauma can be very debilitating and offer challenges for both therapists and their clients.

3.2. *Compassion Fatigue: Burnout and secondary traumatic stress*

Therapeutic work in the wake of collective trauma may lead to high levels of stress and exhaustion as well as limiting a professional's ability to empathically engage with clients. These are commonly referred to in the literature as *burnout* and *compassion fatigue* respectively (Boscarino, Figley, & Adams, 2004). Additionally, this work may lead therapists to develop many of the experiences of trauma associated with PTSD, via the traumatic content of their clients. This is known in the literature as *secondary traumatic stress* (Baird & Kracen, 2006). These concepts have distinct, though often interchangeably used definitions.

Compassion fatigue refers to a reduced capacity and interest in being empathic or bearing the suffering of others (Figley, 1995; Boscarino, Figley and Adams, 2004). Figley further defines compassion fatigue more broadly, as an affective phenomenon, in which work related stress parallels the negative experiences of the

trauma client (Figley, 1993). Joinson (1992), who originally proposed compassion fatigue as a form of burnout, described nurses' experiences of decreased attention, forgetfulness, exhaustion, apathy and anger after prolonged exposure to work with clients who had experienced traumatic events. Particularly in relation to trauma work, compassion fatigue is associated with increased fear and anxiety (Hernandez-Wolfe, Killian, Engstrom, & Gangsei, 2015) and may also lead to feelings of alienation, irrelevance and issues with sleep (Inbar & Ganor, 2003). This may also reduce productivity and increased sickness, which in turn creates additional pressure on service providers (Abendroth, 2011). Treatment providers may also make a greater number of poor decisions in their work compared to those not experiencing compassion fatigue (Kohli & Padmakumari, 2020).

Most conceptualisations of compassion fatigue argue that its two primary constituents are *burnout* and *secondary traumatic stress* (Stamm 2010). In fact, compassion fatigue is often conflated with *secondary traumatic stress* in the literature (Jenkins & Baird, 2022). Burnout refers to feelings of exhaustion, discontentedness and low motivation associated with a high workload or working in an unsupportive environment for extended periods of time (Killian, 2008). It is “a *defensive response to prolonged occupational exposure to demanding interpersonal situations that produce psychological strain and provide inadequate support*” (Jenkins & Baird, 2002, pp.242). It is also argued to consist of three dimensions: emotional exhaustion, depersonalisation, and reduced personal accomplishment (Maslach 1998). Though burnout does not occur selectively through mechanisms of trauma (or indeed in therapeutic work more generally) a recent systematic review of burnout literature indicated a high prevalence amongst psychologists and mental health professionals. This study also placed a particular emphasis on emotional

exhaustion (McCormack, MacIntyre, O'Shea, Herring & Campbell, 2018). In addition to this, trauma therapists often prioritise the wellbeing of their clients over their own, often doing so at their own expense (Seeley, 2003). Furthermore, burnout has been shown to be negatively related to level of professional experience, meaning trainees are at potential greater risk (Craig & Sprang, 2010). Despite this, it seems that levels of burnout remain comparatively stable in those working with trauma resulting from terrorism (Cohen, Gagin & Peled-Avram, 2006).

The second component of compassion fatigue is argued to be *secondary traumatic stress* (Figley, 1985). This phenomenon refers to the negative impact of secondary exposure to traumatic material, that is, through exposure to traumatic client content. It therefore shares many qualities with vicarious trauma (Rauvola, Vega & Lavigne, 2019). Stamm (2010) highlights the differences between secondary traumatic stress and vicarious trauma, stating that secondary traumatic stress is associated with a sudden-onset reactions to a client's traumatic content, usually related to a specific event. In this way it is similar in many ways to presentations of PTSD. This is in contrast to the process of vicarious trauma, which is a more cumulative impact of working with a multitude of clients' traumatic experiences. Both however, require secondary exposure to traumatic material and an empathic bond with clients (Beck, 2011). Secondary traumatic stress is arguably one component of compassion fatigue which becomes particularly elevated in therapists working in the wake of terrorism (Cohen, Gagin & Peled-Avram, 2006).

Although these concepts can have significant implications for therapists' wellbeing when working with terrorism-related trauma, they may also be significantly mitigated if organisations provide adequate support, supervision and clear communication to therapists working with trauma (Palm, Polusney and Follette,

2004). This may be particularly the case with levels of burnout, which has been shown to be inversely related to participation in group supervision (Cohen, Gagin & Peled-Avram, 2006). Despite a very large collection of research exploring burnout in therapists, research into compassion fatigue is comparatively still in its infancy (Huggard & Unit, 2013). Additionally, there seems to be very little evidence delineating compassion fatigue, vicarious trauma and secondary traumatic stress (Stamm, 2010). Despite attempts of researchers to clearly define these terms, secondary traumatic stress is often considered as synonymous with compassion fatigue (Figley, 1993), a subset of compassion fatigue (Stam, 2010), or broader type of stress which includes compassion fatigue (Brown, Ong, Mathers & Decker, 2017) (see Rauvola, Vega & Lavigne, 2019 for further discussion). It seems that these are terms which are yet to fully differentiated and validated within trauma literature. Regardless, and in more experiential and anecdotal terms, these concepts still have a very real impact on therapist wellbeing and therapists' subsequent ability to engage with clients.

3.3. Vicarious post-traumatic growth

As previously discussed, clients navigating the complexities of traumatic experiences related to terrorism often describe positive outcomes, commonly referred to in the literature as post-traumatic growth (PTG) (Tedeschi & Calhoun, 1995). Just as therapists may experience harmful consequences of their work, they may also have experiences of PTG which are attained vicariously through work with their clients. Many of the positive outcomes that therapists report also appear to be very similar to those who have experienced PTG directly (Arnold, Calhoun, Tedeschi & Cann, 2005).

Vicarious PTG enables therapists access to a number of positive experiences through their client work. This may include increased open mindedness, flexibility, and tolerance, or as a new perspective or appreciation of the world (Hyatt-Burkhart, 2014). Particularly after acts of terrorism, therapist have reported increased compassion and connectedness with clients within their therapeutic relationships (Bauwens & Tosone, 2010) and many argue that levels of PTG in therapists may be mediated by exposure to their client's growth (Cohen & Collens, 2013). Additionally, PTG may allow for an increased understanding of client's presenting traumatic experiences, as well as a greater appreciation of the importance of therapeutic work and an increased awareness and ability to employ self-care (Tosone, 2006).

In a meta-analysis exploring vicarious PTG, Manning-Jones, de Terte and Stephens (2015) noted a number of differences between experiences of direct and vicarious PTG. Firstly, professionals experiencing vicarious PTG would describe the strength and resiliency of mankind in general, as opposed to describing personal experiences. They also described a broadening of spiritual awareness as opposed to personal spiritual growth, becoming more accepting to the spiritual beliefs of others. Given the nature of therapeutic work, it is perhaps not surprising that there are ways of distinguishing between direct and vicarious PTG as therapeutic work is associated with an outwardly directed focus and thinking of themselves and others in a wider context.

Research into the relationships between vicarious trauma/secondary traumatic stress and vicarious PTG has been mixed. Some argue that a curvi-linear relationship occurs, with low and high levels of secondary traumatic stress predicting lowest levels of vicarious PTG (Manning-Jones, de Terte & Stephens, 2017). A recent meta-analysis argues that, although a statistically significant effect occurs,

more research is required to unpick this potentially complex relationship (Cleary, Curran, Kelly, Dorahy & Hanna, 2022). One generally agreed upon causal factor in the development of vicarious PTG is empathy. In the same way that empathy may be a strong predictor of vicarious trauma and compassion fatigue, it may also be a contributing factor to the experience of PTG in therapists (Bartoskova, 2015).

3.4. Vicarious altruism born of suffering

Individuals who have directly witnessed terrorism, may experience and increased drive to engage in prosocial behaviour in response to traumatic experiences (Staub, 2005). Altruism born of suffering may have particular relevance to those in helping professions, as they may feel a drive towards helping based on their experiences of working with traumatic content. The *Empathy-altruism Hypothesis* (Batson et al, 1991) states that higher experiences of empathy with suffering individuals, increases the likelihood of a move towards helping behaviours directed at those individuals. Perspective taking, a cognitive pre-requisite to empathy, has also been seen as a precursor to altruistic behaviour (Vollhardt, 2009). For therapists, empathy is often seen as a key component of their work and has been shown to be a strong predictor of therapeutic outcomes (Elliott, Bohart, Watson & Murphy, 2018). It perhaps follows that therapist's high level of empathy offers a drive towards engaging in helping professions. Additionally, being a therapist belonging to a community that has experienced collective trauma may offer a unique source of perspective taking, increased empathy for clients and thus, an increased drive towards altruistic behaviour.

It may be the case that altruism born of suffering behaviour may also lead to *inclusive altruism*, whereby helping behaviours are directed towards outgroups or other disadvantaged groups in society. This has a particular importance for issues

relating to social justice. Not only does this have empowering implications for victims, but may increase overall social harmony via the fostering of intergroup relationships (Vollhardt & Staub, 2011). This is important in reference to the Manchester Arena bombing given the increase in racial and religious hatred after the event (Ben-Ezra et al., 2017).

A link between empathy and altruism has potentially important ramifications for therapeutic professionals working after an act of terrorism. As therapist burnout and compassion fatigue are particularly high amongst therapists, it follows that a reduction in empathy may manifest as a reduction of helping behaviour (Burks, Youll & Durtschi, 2012). Additionally, increased empathy and perspective taking may also lead to an increase in distress and hence, may actually limit the extent to which someone engages in helping behaviours (Wayment, 2004). Furthermore, empathy, perspective taking, and altruistic behaviour tend to be disproportionately directed towards in-group members (Stürmer, Snyder & Omoto, 2005). Though it may seem intuitive that therapists working with terrorism related trauma are likely to experience a drive to engage in helping behaviour, this process is potentially complex and nuanced. This is perhaps particularly the case when we consider that these therapists will be additionally navigating their own reactions.

4. Shared Experience

4.1. Shared Traumatic Reality

Research that explores vicarious/secondary trauma, compassion fatigue and burnout has made great strides towards understanding how therapists are impacted by their therapeutic trauma work. Arguably however, this research often fails to

encompass the added complexity which arises from collective trauma in which therapists and clients are often exposed to the same traumatic stimuli (Baum, 2012). This *shared traumatic reality* (Keinan-kon, 1998) creates an environment in which therapists are doubly exposed to the effects of trauma through their first-hand experience as well as vicariously through clients (Freedman & Tuval-Mashiach, 2018).

Shared traumatic reality requires that therapists are members of the same community, that there is a current collective traumatic event and that the therapist suffers double exposure due to being both a community member and professional working with other members of the community (Baum, 2010). Qualitative studies have identified an increase in levels of distress and a lower faith in professional competence when exploring the experiences of therapists working in a shared traumatic reality (Tosone, Nuttman-Shwartz & Stevens, 2012; Batten & Orsillo, 2002). It has been argued that this may occur through the therapist experiencing a greater sensitisation to the mechanisms of vicarious trauma. This means that therapists within a shared traumatic reality may experience greater levels of distress vicariously through their client's experiences (Saakvitne, 2002). Additionally, a perceived lack of empathy (likely due to compassion fatigue) may contribute to therapist distress, often expressed as feelings of guilt, shame and lower perceived competence (Batten & Orsillo, 2002; Saakvitne, 2002). This likely stems from therapists mobilising a self-protective defence in the face of a significant threat to life and psychological wellbeing (Baum, 2012). Although burnout, compassion fatigue and vicarious trauma are impactful in their own right, living within a shared traumatic reality often leads to additional potential difficulties that therapists may be required to navigate.

In addition to increased levels of distress, a shared traumatic reality may alter the way they relate to their community. For example, in large or government run agencies, therapists may have difficulty in establishing with whom their allegiance lies, their clients or the organisation for which they work. This is particularly the case when the interests of each are in opposition to one another (Dekel & Tuval-Masiach, 2012). Therapists have also reported experiencing the same shifting racial and cultural suspicions that exist within their communities after acts of terrorism (Seeley, 2003). Creating open discourse within therapy can offer an opportunity to confront assumptive differences between the client and therapist, as well as exploring race, culture and identity within the therapy space (Maker, 2005). Nevertheless, working within a shared traumatic reality may have significant implications for the relationship between therapists and their community.

The psychological wellbeing of therapists becomes a complex issue when considering shared traumatic reality. However, there are a variety of additional challenges that therapists may face. In a shared traumatic reality, therapists often report a blurring of personal and professional boundaries (Tosone, Nuttman-Shwartz & Stevens, 2012). This blurring of boundaries may lead to an increase in therapist disclosure during sessions (Tosone, Nuttman-Shwartz & Stevens, 2012) or as an increased immersion and commitment to the professional role of a therapist (Baum, 2014). Seeley (2003), describes how therapists during 9/11 reported experiencing a blurring of boundaries between themselves and their clients. Some therapists would respond to this by attempting to push back at this process and reaffirm boundaries, whereas others would welcome the change as a manifestation of empathic closeness.

Mary Frawley-O'Dea (2003) provides an account of the impact of the September 11th attacks in New York, for both herself and her therapeutic work. She describes increased connection with her clients, yet at the same time doubts over her ability to practise safely soon after such an event. She also describes a blurring between the boundaries of her personal and professional identities. She also talks of a drive to help others, which created a chaotic rush to try and "fix" something that, in reality, would take a great deal of time to mend. It was also often unknown to whether this was driven by a need to do good, or a part of her own healing process. Although anecdotal, this work highlights the way in which sharing a traumatic reality with clients may lead therapists to reassess (intentionally or otherwise) the meaning of their multiple identities and the personal and professional boundaries which keep them distinct.

As is the case for clients, there is evidence to suggest that positive psychological outcomes from acts of terrorism may also be accessible to therapists working within a shared traumatic reality. These outcomes have also been linked to the concept of PTG proposed by Tedeschi and Calhoun (1996) (Baum and Ramon, 2010) and altruism born of suffering (Cohen & Collens, 2013). This is made all the more significant as *vicarious altruism born of suffering* becomes more prevalent in therapists after incidents of collective trauma (Vollhardt, 2009). This would mean that within a shared traumatic reality, therapists would have access to a number of positive experiences via their trauma work.

Positive outcomes from working within a shared traumatic reality may also be apparent in the therapeutic work itself. For example, therapists working after the events of 9/11, stated that they felt as though the heightened emotional intensity of sessions allowed them to have closer client contact, improving the therapeutic

relationship (Batten and Orsillo, 2002). Many therapists additionally report that, due to the collective nature of terrorism, therapy can often become a healing process for both therapist and clients via a process of mutual sense making (Hernandez, Engstrom and Gangsei, 2010). Many also discovered a renewed passion for the work they were conducting and felt as though they were making far greater contributions to the welfare of clients and their nation as a whole (Eidelson, D'Alessio & Eidelson, 2003).

Whilst working in a shared traumatic reality, professionals may also experience vicarious resilience, which can be a significant source of strength for professionals and can offer some defence against compassion fatigue (Hernandez, Gangsei and Engstrom, 2007). This occurs through therapist's exposure to client's stories of overcoming adversity and the therapist being able to reconceptualise their own strength and resilience as a result. Furthermore, compassion satisfaction may arise, whereby therapists gain a sense of enjoyment and purpose from their work and engaging with clients' trauma narratives. This is particularly the case as communities begin to recover and a sense of normalcy returns (Naturale, 2015).

4.2. Sense-making in a shared traumatic reality

Research relating to therapeutic work within a shared traumatic reality has highlighted the complexities faced by therapists when navigating their professional and personal reactions. A common thread throughout this research, is the way in which sense making impacts levels of distress, post-traumatic growth and altruistic behaviours. A relatively small amount of research has explored sense making in such circumstances. For example, Rachel Dekel (2010) explored the experiences of mental health practitioners working in a shared traumatic reality during the forced relocation from the Gush Katif. In this study, three themes were identified. The first,

“Who are our clients: the government or the residents?”, described the way participants experienced feeling divided loyalty between government agencies and the clients that they worked for. The second, *“Blurring boundaries between professional and personal self”*, highlights a common finding in shared traumatic reality research, that participants often find difficulty in maintaining clear boundaries between their personal and professional roles. This is attributed to the significant overlapping of traumatic experience between professionals and their clients. Finally, *“Returning home”* describes the way that participants attempted to readjust after the relocation was completed, in both personal and professional contexts. These findings highlight the changing ways that therapists understand themselves, their professional roles and responsibilities, and the relationship that they develop with their clients in the context of a shared traumatic reality.

Day, Lawson and Burge (2017) have drawn upon phenomenological approaches to explore the experiences of therapists in the shared traumatic reality of the Virginia Tech school shootings. Firstly, the study describes a fundamental change in the perceptions of the therapists, evident in the way participants’ experiences infiltrated their personal and professional lives. This created a greater identification with their client’s experience at the cost of the usual distinction between therapists and client identities. This was additionally explored in relation to participants’ descriptions of distancing themselves from traumatic content, as well as unhelpful representations of the shootings in media portrayals. Secondly, they found that this shared trauma impacted the work of the therapists after the event. Participants described work becoming overwhelming, but that their experiences additionally supported a greater comfort in discussing traumatic content with clients.

Finally, increased self-care was reported, including drawing upon social and communal support.

The aforementioned research highlights a few examples of attempts to understand how therapeutic professionals make sense of their experiences in the context of a shared traumatic reality. It additionally highlights the importance of perceived professional boundary setting and the ongoing ramifications of working after experiencing collective trauma. However, it is worth noting that despite being instances of collective traumatic events, neither of these examples are explicitly described as acts of terrorism. Furthermore, current research is yet to attempt to explore the way in which community membership particularly influences (or indeed does not influence) this process.

5. Summary of Literature Review

This review of the literature has described the ways in which trauma, and more specifically trauma resulting from terrorism, can have a significant impact on a person's wellbeing, their understanding of the world and ability to adapt to an ongoing sense of threat. It has also been shown that this can be experienced in both detrimental and facilitative ways. This impact may also occur at a community level, as terrorism is generally a collectively experienced act. Therapists working with such clients in this context are additionally exposed to this traumatic content, perhaps leading to burnout, compassion fatigue and vicarious trauma, but also potentially leading to experiences of post-traumatic growth, vicarious resilience and vicarious altruism born of suffering. This likely creates complex web of experience and sense-making for therapists, with further complexity arising from existing within a shared

traumatic reality. As such, therapists must consider personal impact as a community member, therapist, and interactions between these two roles.

Although some research exploring sense-making has been conducted within a shared traumatic reality, it explores experience with selective reference to double exposure. Additionally, such research is yet to explore such issues within the context of terrorism. Furthermore, there is currently no research which explores the idea of shared traumatic reality in reference to community membership. The current study will attempt to address these gaps in literature.

6. Rationale and Research Questions

Despite the growing literature surrounding the impact of working within the shared traumatic reality of terrorism, we still have limited understanding of the complex personal experiences of therapists working in such circumstances. As such, the current study attempts to address a number of current gaps in knowledge. As well as aiming to contribute to literature relating to therapeutic responses to terrorism more generally, it aims to explore the experiences inherent to the unique dual status of therapeutic professionals as both therapists and community members. This is a status which many professionals hold when engaging in post-terrorism work.

Qualitative inquiry is arguably under-represented in the literature although there have been recent shifts towards the incorporation of qualitative methods in counselling psychology, particularly in the U.K (McLeod, Stiles & Levitt, 2021). The current study hopes to address this by providing a contribution which has undergone a rigorous data analysis process, whilst still highlighting the importance of personal experience and meaningful interpretation.

The current study attempts to explore the experience of therapists and how they make sense of these experiences. Interpretative Phenomenological Analysis (IPA) is a research design which concerns itself with detailed examination of personal lived experience, the meaning of that experience to people, and the way they make sense of that experience (Smith, 2011). As such, IPA was deemed a suitable fit as it attempts to explore the way individuals make sense of significant life experiences (Smith et al., 2021). By drawing upon the benefits IPA, the current study has the capacity to offer unique and in-depth insight into the sense making processes that occur when therapists hold these dual roles. It offers the potential to produce a unique and personal contribution to literature surrounding the concept of shared traumatic reality. In this way it is able to connect the personal accounts of participants with more abstract theoretical frameworks (Smith et al., 2021).

To operationalise the aims of the research, the following research questions are addressed in this study:

Research Question One: How do therapists make sense of being both community member and therapist of those affected by the Manchester Arena bombing?

Research Question Two: How does this sense-making process influence their professional responses, if at all?

Chapter 3: Methodology and Methods

1. Ontology

When conducting research, it is important to acknowledge the way in which we define reality and knowledge as this will inherently influence the research process (Willig, 2013). Ontology is concerned with how one understands the nature of reality and is therefore of utmost importance when attempting to understand phenomena (Crotty, 1998). The view of the researcher and hence, the lens through which the current study will be conducted is that of *Constructivism*. Constructivist psychology specifically concerns itself with the way in which we are able to understand the world through a process of developing meaningful cognitive structures (Raskin, 2002). It states that reality exists as a result of the meaning making of the individual. This distinguishes constructivism from objectivism (reality existing as some tangible object outside of experience) but also from social constructionism, which is primarily concerned with more intersubjective forms of construction (Crotty, 1998).

Arguably, constructivism does not intend to define an external reality as existing or not existing, rather it posits that any access to an external reality is impossible as all we know are our created experiences. When attempting to define reality, we can only posit that an understanding of truth is one that we ourselves construct (Von Glaserfeld, 2013). In regards to the current study, the phenomenon under investigation is the experience of participants and the meaning they assign to these experiences. Exploring these issues from a position of constructivism fits, as the study does not attempt to discover reality which exists separately to participants sense-making, rather it aims to explore participants realities as they understand them. As the lead researcher, it is not my duty to attempt to uncover an objective

truth about the experiences of participants, rather to communicate the way in which participants construct their own truth.

As well as being driven by an assumption that participants construct their own realities, the current study aims to explore the way in which participants derive meaning and make sense of their experiences. As such, an ontological positioning of interpretivism was also deemed a natural fit, both in regards to my own views as a researcher and to the aims of the study. Interpretivism aims to understand the lived experience of individuals from the point of view of those experiencing it (Schwandt, 1998). Interpretivists maintain that reality can only ever be understood as approximations or estimates, and that these realities are constantly changing through social interaction and language. They therefore aim to explore the meaning of subjective experiences which are time and context bound (Neuman, 2000) thereby capturing the social, cultural and historically bound interpretations of participants understandings (Crotty, 1998).

As a therapeutic professional myself, my work often centres around the way my clients interpret their experiences, rather than exploring objective truths about the content they bring to sessions. This can often provide useful insights into the way they understand the world and make sense of their distress. Additionally, therapy is often an endeavour in which the client and I engage in a joint interpretive process in order to understand their distress. In regards to research, a potential implication from taking an interpretivist positioning is that the researcher becomes inherently implicated in the co-creation of knowledge (Willig, 2013). The way in which I will engage with and interpret the experience of participants, will become part of the process in knowledge generation. It is the subjective experiences of participants

within a given context and time, which are of particular interest, exploring less about what happened and more about how participants made sense of what happened.

2. Epistemology

Epistemology concerns itself with knowledge, more specifically with the nature of knowledge and how it is generated (Crotty, 1998). Interpretative Phenomenological Analysis offers a distinct epistemological framework, which underpins how knowledge is considered and how the researcher attempts to engage with its production (Shinebourne, 2011). The following sections will explore this framework in particular reference to the concepts of *phenomenology* and *hermeneutics* and highlight the way in which this aligns with my own views of knowledge production. Despite describing a specific epistemological approach in its own right, IPA is very much compatible with my own constructivist/interpretivist positioning as the lead researcher.

2.1. Phenomenology

IPA is strongly rooted in the concept of phenomenology, a philosophy which concerns itself with understanding what it is like to be human and experience the world. It is founded on the phenomenological philosophy of Husserl (1927/2014), who argued that in order to understand the world, one has to include an understanding of how human beings interact with it (Moran, 2000). Husserl's approach to phenomenology is also associated with the ability to step back and adopt a *phenomenological stance* in order to explore the essential qualities of experience. This is in contrast to our natural way of being, which is to be unreflectively immersed in the taken-for-granted experiences of others (Shinebourne,

2011). In adopting a phenomenological stance, we are able to consciously attend to taken-for-granted experience as phenomena of investigation (Smith et al., 2021).

IPA additionally draws on later developments in phenomenology, namely the works of Merleau-Ponty (1962) and Sartre (1956/1943). These approaches incorporate an understanding which embeds the individual in the world. This diverges from the phenomenology of Husserl, in that it describes the body as subjective and intertwined with the world around it (Finlay, 2011). It describes experience as less of a descriptive process and more as a process of interpretation of the world, and our involvement in it (Smith et al., 2009). People have their own personal and unique experience which is constructed via their relationship to the world and others. Through a phenomenological lens, experience is a continually evolving and living process which are unique to an individual and their relationship with the world (Smith et al., 2021). Thus, we can never truly enter the experiences of others, as they are uniquely their own.

A phenomenological approach to knowledge generation is particularly useful to Psychology as it provides data which is rich in information and provides a more nuanced understanding of the world, one which highlights the importance of personal, lived experience. Phenomenology can be particularly useful when applied to the domain of Psychology as it allows the participants' "taken for granted" experience of everyday life to be brought to the fore (Biggerstaff, 2012).

Phenomenology offers a crucial contribution to the current study, as it explores a particular lived experience (living and working after the Manchester Arena bombing) for a particular group of people (therapeutic professionals who are community members). The way in which participants make sense of their experiences and the meaning given to these experiences are of particular relevance. Being a therapist

and/or community member will mean very different things to different people. Additionally, sense-making is seen as a crucial component of individuals' reactions to collective trauma (Park, 2013). By exploring participants' experiences through the lens of phenomenology, it is hoped that this will be appropriately captured by the current study.

2.2. Hermeneutics

Hermeneutics refers to theory surrounding interpretation and, when applied to psychology, the interpretation of human experience (Smith et al., 2021).

Hermeneutics explores the way in which understanding is a two-fold process, consisting of both the *grammatical* (literal textual) meaning and importantly, the *psychological* (individual and personal) meaning (Eatough & Smith, 2017).

Heidegger (1962/1927) explores the role of hermeneutics in phenomenology, arguing that the object of study is something which exists and can be understood in its own right, yet can only be grasped and made sense of by an interpreter. Thus, the production of knowledge is always interpretive by nature. Heidegger additionally referred to *Dasein*, a term to describe the "being in" the world from which the experience is described. In order to fully capture Dasein, it is the duty of the researcher to attempt to understand the experiences of others by immersing themselves in the world of the participant.

The philosophy of hermeneutics highlights the role of the interpreter in the production of knowledge. This conceptualisation allows for IPA to incorporate what Heidegger (1962/1927) referred to as the '*fore-conception*'. The fore-conception refers to prior-experiences, assumptions and preconceptions that will potentially (perhaps inevitably) influence the interpreter's sense making of the phenomenon being studied (Smith et al., 2021). The work of Gadamer (1990/1960) elaborates

upon the relationship between the interpreter and the object of study, as well as the identification of fore-conceptions. Gadamer argues that the phenomenon itself inevitably influences our perception, which in turn influences how we understand the phenomenon. This describes the relationship between interpreter and object as a dual directional or cyclical relationship. He argues that due to this relationship, only through the examination of phenomena are we able to adequately identify our fore-conceptions. This is of importance to the current study, as it highlights the necessity of engaging in a continuous reflexive process, as many of my own fore-conceptions will only be illuminated in the process of study and interpretation.

3. Research Methods

3.1. Qualitative Enquiry

Qualitative enquiry was selected as an approach to addressing the research question as it is commonly associated with human experience from the point of view of the participant, focussing on the quality and texture of experience as opposed to the identification of cause-and-effect relationships (Willig, 2013). As such, it creates descriptions of the idiosyncratic nature of participants' experiences with a greater level of depth and nuance when compared to quantitative approaches (Howitt & Cramer, 2010). Additionally, qualitative methods tend to rely on a "bottom up" process of hypothesis generation, whereby the data analysis continually constructs theory generation. This is in contrast to the more "top down" approach of quantitative methods that rely on the formulation of a hypothesis at the beginning of the study and this leading the research process (Biggerstaff, 2012). This is in line with the exploratory nature of the current project.

Qualitative study and semi-structured interviews are common allies, particularly in social science research (Seidman, 2012). This form of interviewing allows for increased depth and richness of data when compared to more structured methods, but also allows the researcher to guide the interview and collect data which remains pertinent to the goals of the study (Bryman, 2016). Additionally, interviews allow for narrative accounts of participants' experiences to be voiced which are inclusive of the meaning and contexts with which they are associated (Denzin, 2001). This method of data collection is often used in IPA studies as it allows for in depth exploration of participant's experience and the flexibility to adequately explore the participants lived-in world (Barbour, 2013; Smith, Jarman & Osborne, 1999). The current study attempts to explore such experiences and hence, semi-structured interviews were deemed a suitable fit.

3.2. Interpretative Phenomenological Analysis

Interpretative Phenomenological Analysis (IPA) is a research methodology which aims to explore the ways in which people make sense of significant life experiences (Smith et al., 2021). IPA concerns itself with the interpretation of first-hand experiential accounts, with a view to accessing their personal worlds (Smith, Jarman & Osborne, 1999). Of particular relevance to the current study, IPA generally explores impactful moments that have significant meaning to participants, or promote reflection or psychological adjustment (Eatough & Smith, 2017). The current study attempts to understand how therapists made sense of their particular experiences of the Manchester Arena bombing, an event which has likely prompted reflection or psychological adjustment and holds particular meaning for participants. IPA as a methodology provides a mechanism by which these experiences can be appropriately explored.

As previously explored in this chapter, IPA draws upon the philosophies of phenomenology and hermeneutics, both of which have significant implications for scope of IPA research as well as how it is conducted. For example, as a phenomenological approach, IPA highlights the importance of adopting a *phenomenological stance*, whereby we *bracket* or put to one side the taken-for-granted world in order to fully attend to our own experience. To suspend all biases and presumption is incredibly difficult, if not impossible (Langdrige, 2007). Many would argue however, that the act of bracketing is less about making this taken-for-granted world removed from experience, and more about acknowledging this and acting reflexively upon it (Smith et al., 2021).

Incorporating hermeneutics into the research process requires careful engagement in an interpretive approach which extends beyond the simple collecting and reporting of data (Thorne, Kirkham & O'Flynn-Magee, 2004). Additionally, Smith & Osborne (2003) describe the *double hermeneutic*, whereby the phenomena is interpreted by the participant, which is subsequently interpreted by the researcher. The researcher is seen as holding a dual role, similar to the participant in that they draw on experience to make sense of the world, yet different from the participant in that they are only able to interpret information given to them by the participant (Smith, et al., 2021). In regards to IPA and the current study, generated data can only be presented as second order interpretations.

IPA takes what is described as an idiographic perspective, the study of particular instances and cases. This may take the form of research which focuses on individual case studies or (as is the case in the current study) small but significant groups from which valuable insight can be drawn. In looking closely at particular cases, IPA does justice to the complexity and individuality of human psychology

(Smith et al, 2021). In the current study, adhering to the principles of idiography means that individual cases will be explored in their own right before moving to the more general. Idiographic approaches directly contrast research which concerns itself with nomothetics, the study and generation of general rules that govern wider populations (Smith et al., 2021). In doing so, IPA allows for a level of depth and finely detailed analysis which is not possible through research grounded in nomothetics (Smith, 2004).

Using this in-depth analysis as an IPA researcher, I will be able to explore differences and similarities across individual cases. This helps develop meaningful reflections on the shared experiences of a group (Shinebourne, 2011). It therefore offers a response to further criticisms of nomothetics as creating probabilistic and indeterminate rules based on group averages. As such, IPA takes a very tentative approach to generalisation. Smith et al. (2021) refer to the concept of theoretical generalisation, whereby researcher can consider the findings in relation to current theoretical and professional knowledge. This is the approach to generalisation which will be taken in the current study. IPA does not seek to make generalisations about human behaviour but can contribute to a knowledge base, as knowledge situated in the individual can still be linked to current theory and literature (Smith, 2004).

For the current study, adopting an idiographic approach requires the recruitment of participants from particular contexts, or with a particular shared lived experience (Shinebourne, 2011). In this instance, participants will share status as therapeutic professional, as well as sharing community membership to Manchester. Furthermore, they will share a particular lived experience in that they were doing so whilst personally and professionally responding to the Manchester Arena bombing. Due to the specificity of these experiences and the depth of analysis required, the

number of participants selected for any given research project tend to be relatively low in comparison to other methodologies (Creswell & Poth, 2016). This will also be the case for the current study.

4. Participants and Recruitment

4.1. Target Population

In order to address the research questions, therapeutic professionals who defined themselves as a community member of the Greater Manchester Area and have worked with those directly impacted by the Manchester Arena bombing were invited to participate in the study.

4.2. Sample Size

Generally speaking, IPA requires sample sizes which are smaller than that of other qualitative approaches, though it is difficult to precisely dictate what sample size is necessary (Smith et al., 2021). A small but purposive, homogenous sample allows the researcher to explore the shared experiences of a particular group of within a particular context. The sample size should reflect and represent the homogeneity of the participant sample pool (Alase, 2017). Additionally, larger samples can provide too much information which can overwhelm the researcher without necessarily offering additional depth.

The initial aim was to interview four to six participants, dependent on data quality and barriers to recruitment. In reality, the lower end of this target was achieved, with four participants agreeing to participate. Participant recruitment began shortly after the implementation of national lockdown measures to limit the spread of Covid-19. It is suggested that this impacted recruitment due to the increased

personal and professional strain on services and therapeutic professionals during this time.

Although four participants were interviewed, it became apparent during the early stages of analysis that sufficient depth and richness of data was being collected. Appropriate sample size selection often takes into account whether data collection is sufficient enough to generate meaningful assertions (sufficiency) and whether additional data collection would fail to generate new information (saturation) (Seidman, 2012). The analysis of the data indicated that sufficient depth and richness had been achieved as most of the participants contributed to each theme that was produced. Furthermore, participant interviews provided accounts which extended past surface level descriptions of their experiences.

4.3. Inclusion and Exclusion Criteria

The following section will list all of the inclusion and exclusion criteria for participant recruitment, as well as the justification for the decisions that were made. These criteria were communicated to participants via the initial advertisement (Appendix B), with some additional information presented in the Participant Information Sheet (Appendix C). Participants were asked to confirm that they had read and understood the terms of the study prior to participating by signing the Consent Form (Appendix D).

4.3.1. Inclusion Criteria.

Counsellor, Clinical Psychologist, Counselling Psychologist, Psychotherapist or Psychiatrist. The primary reason for selecting participants on this basis, was to ensure they have worked therapeutically with those who were directly impacted. The professions listed invariably use an empathic process to

support the processing of distress. Although this is the case with many other helping professions (e.g. social workers), working with forms of psychological distress is the primary domain of therapeutic professionals listed above. Hence, this offers a group of participants, with relatively homogenous experiences, who use empathic connection as a primary tool of their work.

Registered with either the BACP, UKCP or HCPC: Registration with relevant profession bodies ensures a number of things. Firstly, it confirms that participants have received sufficient training to a standard that would qualify them to practise. This provides a level of confidence that professional practice is standardised. This is particularly important in reference to counsellors as there is no current legally required registration. Secondly, each of the professional bodies selected have suggested requirements for personal therapy/supervision. This is important given the nature of the research topic and the potentially distressing nature of their work.

Deliver psychological therapy as a part of their role: Some therapeutic professionals take roles in management, leadership and consultancy. This means that they may not engage in therapeutic work, an important criterion for reasons listed above.

Worked therapeutically with a client directly affected by the Manchester Arena bombing (in attendance or working on the evening of the event): The current study attempts to explore the unique overlapping experience of community membership, professional membership and working with others who also have community membership. Professionals working within a shared traumatic reality will likely be required to work with individuals that are directly affected and hence, it is important to explore these interactions specifically.

Currently receiving clinical supervision: The ability to access professional support is useful in the unlikely event that participants experience distress as a result of the interview. It also provides an opportunity to process any psychological reactions that may arise during the research process.

Define themselves as a community member of the Greater Manchester Area, and did so at the time of the event: As the current study is interested in exploring community membership, this is a requirement of the study. As the study is interested in personal sense-making, self-identification was seen as the most appropriate measure of community membership when compared to other measures such as geography, length of time in Manchester, community engagement etc. It was important that this was the case at the time of the event, as the current study explores sense-making during this time.

4.3.2. Exclusion Criteria

Do not work with clients in a therapeutic capacity (e.g. Administrative staff, security etc.): As outlined above, therapeutic work is important due to empathic engagement with clients and the potential added complexity of navigating this in the context of terrorism.

Employed by the NHS in your therapeutic role: Due to a number of time and resource constraints, we were unable to attain ethical approval from the NHS ethics board (REC).

Are currently experiencing significant levels of distress: The low potential for the content of the interview to trigger acute distress is potentially magnified if participants are already currently experiencing significant distress. It is for the participants themselves to decide if their current level of distress is significant to the

point that this criterion is fulfilled and that it would be potentially harmful to participate.

Feel as though speaking about their work in relation to the event may lead to considerable distress: As is the case with the point above, the psychological wellbeing of participants is of the utmost importance. As such, participants are asked not to participate if they believed that the content of the interview would be likely to cause distress. The aims of the study as well as the types of questions that may be asked will be shared with participants via the Information Sheet (Appendix C) prior to them deciding on participation.

Attendees at the Manchester Arena on the evening of the bombing: Direct experience of the bombing (i.e., being in attendance of the night of the bombing) was deemed as an unnecessary risk, as the content of the interview would have a higher potential of being retraumatising. Additionally, it likely makes these experiences far more distinct from those of the target population and places them beyond the scope of the current study.

Working outside the Greater Manchester Area: Self-identified community membership, though easy to identify in participants, is more difficult to ascertain in the clients they have worked with. Hence, working within the Greater Manchester area ensures the participants are working within the geographical location in which the community is situated. It was deemed that this was the most appropriate way of ensuring that both personal and working experiences were situated within the community of Manchester.

Know, or are known to the lead researcher: Prior relationships will likely differentially affect the way that I am viewed by participants as the lead researcher.

This means that interview content may be modified or withheld for some participants and not others. Additionally, a prior relationship with participants may impact the way I approach interviews with some participants when compared to others. This is important as it may impact the homogeneity of the sample, or create contributions to the findings that are less representative of the group's experiences.

4.4. Recruitment

In order to identify potential participants, a purposive sampling method was used. Purposive sampling is a non-probabilistic sampling method, whereby participants are identified and selected based of criteria of suitability to the study. This provides targeted recruitment and the creation of a homogenous sample, allowing for rich and deep insight into a particular experience (Smith et al., 2021). Potential services from which to recruit participants were identified through internet searches, personal knowledge of the local area and via suggestions through colleagues. Recruiting via services ensured that indirect contact was made with potential participants. Recruitment would be less coercive than direct requests, with participation being on a voluntary basis. It also ensured that participants' therapeutic work was conducted within the Greater Manchester area. These services were identified as likely to include potential participants that were in line with the inclusion/exclusion criteria prior to first contact. An example of these criteria can be seen in Section 4.3.

In the first instance, a senior member of staff was identified within each service (e.g. Clinical Lead or Service manager) and was assigned as the primary contact for the service. An initial email was sent to this person, which included a brief description of the study and a request to disseminate the email throughout the staffing team. This email included a copy of the Advertisement (See Appendix B for

the Advertisement). The advertisement specifies that contact is to be made with the primary researcher if they are interested in participating and that participation would be on a voluntary basis. This method of recruitment ensured that participation was anonymous, done so voluntarily and not made under coercion by anyone in the research team. 'Site-based recruitment' confers other benefits, including building greater connection and understanding of the target population, achieving representative samples and having a process which is openly communicable to others (Arcury & Quand, 1999). After potential participants had contacted the lead researcher, details of the interview process were sent to the participant, including the Participant Information Sheet and Consent Form (See Appendix C and D). At this point, if the participant was interested in taking part in the study, a date and time for the interview was agreed and the participant was asked to complete the consent form prior to the interview.

It is worth noting that recruitment began shortly after national lockdowns to limit the spread of covid-19 came into effect. Not only did this have a significant impact on the design of the project, my sense was that it had an impact on the process of recruitment. Despite an assumption that many therapeutic professionals would be keen to take part, uptake was relatively low. On reflection, services were heavily impacted by Covid and many saw an increase in the demand, as well as disruptions due to staff shortages and social distancing measures. Furthermore, Covid was itself, a community felt and traumatic process for many (including myself). It is important that, when considering the context of recruitment and the wider project, the implications of Covid are considered.

4.5. Introduction to the participants

This subsection offers brief descriptions of each of the participants, providing additional context to the interpretations of participants' experiences. This is also in the interest of grounding the analysis in the life world of the participants, allowing the reader to more adequately experience these interpretations from the position of the participant. All of the information presented was correct at the time of the interviews. The information shared was carefully selected to ensure that the participants remain non-identifiable whilst still offering sufficient background to each person. Each participant has been given a pseudonym throughout this written report.

It is worth noting at this point, that all of the participants were white, and three of the four were men. There are a number of reasons that non-white therapists may have been more unlikely to participate in the study. From a practical standpoint, my own cohort, friendship groups and professional relationships tend to be skewed towards white western therapeutic professionals. As recruitment often required a "snow-ball" approach and hence, prior connections to local therapists, my prior professional relationships likely limited access to female therapists and those within the Muslim community.

There are also a number of reasons that Muslim therapists particularly may have been reluctant to take part in the study. Due to the ongoing complex political circumstances surrounding Muslim men after the arena bombing, Muslim men have been subject to unfair treatment as a result of the bombing (Ben-Ezra, Hamama-Raz & Mahat-Shamir, 2017). A fear of misrepresentation would be an understandable reason to not take part in the study. Not only am I white and an atheist, but I am also not a native Mancunian, nor do I live in Manchester. This means I am further removed from the local community of Muslim therapists when compared to those

participants which were interviewed. It may be uncomfortable to have the views of Muslim therapists represented by someone from outside this community. This is not unfounded either, as I was aware prior to participant recruitment that there may be personal difficulty for me to adequately represent the views of Muslim therapists and bear responsibility for voicing their perspectives.

The participants are individually introduced below:

Kenny. Kenny is a self-employed counsellor who was born in Manchester and has lived in the area all of his life, making him the only participant to have grown up in the city. He has worked in a number of different community-based settings, but has only sought a career in counselling later in his life. Kenny described feeling heavily immersed in his community, having worked with a variety of age groups and presentations. He additionally highlights a number of significant life experiences which inform his practice. He stated that he has worked with a number of emergency services personnel, many of whom were in attendance during the Arena bombing. Prior to the interview, Kenny stated that that he has recently re-engaged with his work in the emergency services due to the inquiry into emergency service involvement during the event. During the interview, Kenny also described coming to the end of his time working in this way due to changes in the way the service operates.

Alison. At the time of the bombing, Alison describes working as a counsellor for an agency that offers support to a variety of individuals across the country. This support is offered in the form of a counselling helpline, assessment sessions and individual therapy. She stated that the nature of her work at this time meant that she would receive a variety of referrals, both related and unrelated to the bombing. This

work was done as a part of a much wider organisation, which Alison identified as being located fairly close to the Arena itself. She was also working on the morning after the bombing, taking over from the previous shift. She stated that she moved to Manchester for university approximately nine years ago.

Shaun. Shaun states that he moved to Manchester for university initially, and has since settled in the area to work. Shaun described opting for a career change, completing social work training before becoming more therapeutically oriented. He holds a managerial position at his current workplace, but was offering therapeutic work to children and young-people in a previous role around the time of the bombing. Due to holding a managerial position, Shaun was tasked with liaising with other services to develop a coordinated, multi-agency psychological response. Unlike the other participants, Shaun was also keen to emphasise that for the most part, he did not feel as though many people had asked him what it was like to work as a therapist during that time. This ultimately motivated him to take part in the study.

Robert. Robert originally comes from what he refers to as a “posh” town outside of London. He moved to Manchester for university but spent some time back in the South of England after this. He stated that he returned to Manchester so that his wife could retrain and therefore described reintroducing himself to the city. Robert described feeling that his initial worry about returning to Manchester was met with a warm and welcoming return. At the time of the bombing, Robert was transitioning to a new job, working for both an EAP (Employee Assistance Programme) and an organisation for young people. It is through both of these positions that Robert has worked with those who were impacted by the bombing. Robert also stated that he lives on a street which is a diverse and welcoming community.

5. Data Generation

5.1. *Semi structured Interviews*

Semi-structured interviews are commonly used as a method of data generation in IPA studies (Barbour, 2008). This type of interview has an underlying structure, but offers a level of flexibility when compared to structured interviews and questionnaires. This allows for a mixture of open and closed questions, follow up questions and natural flowing interview technique (Adams, 2015). This is particularly useful for IPA as it allows interviewing to become more exploratory and focussed on the sense-making processes of participants. Additionally, more structured interview techniques or adhering too rigidly to interview schedules can limit the extent to which participants engage with the interview and how forthcoming they are with information (Pringle, Drummond, McLafferty & Hendry, 2011). As the aims of the study and the research questions were concerned with a level of depth which extends beyond simple, surface-level descriptions, semi-structured interviews were deemed as the best option for data collection.

A schedule was generated (Appendix E) in order to guide the flow of the interview and to ensure that the interview questions remained relevant. This included open and expansive questions which were not overly leading and were sequenced in a way that produced a natural flow between topics. This is in line with guidance for the production of interview schedules proposed by Smith et al (2021). The questions aimed to explore the experiences of participants, specifically in the way they made sense of being both a Manchester community member during the Arena bombing, and providing therapeutic support to those affected. It was also designed to allow the lead researcher to ask questions which would facilitate a deeper understanding of participant experiences in line with the research aims. Hence, the interview schedule

was not prescriptive. Rather it offered a number of discussion prompts and suggestions to aid the flow of the interview and scaffold the process, consistent with guidance for generating interview questions for IPA studies (Biggerstaff & Thompson, 2008). A loose structure also facilitates the process of rapport building, which allows the participant to feel comfortable and engage in the interview with an understanding that the researcher is primarily interested in the point of view of the participant (Smith, Flowers & Larkin, 2009).

5.2. Procedure

Due to the national lockdown measures in place in response to the spread of Covid-19 and the University of Manchester setting limitations on data collection methods during this time, it was decided that interviews were to be conducted via online video conferencing software. Zoom was selected for this purpose, due to researcher familiarity and web-based functionality. Prior to the interviews, participants were sent a Participant Information Sheet (which included directions on how to access the Zoom meeting), as well as a copy of the Consent Form (Appendix C and D). Forms were required to be returned with a digital signature. At the beginning of the session, participants were asked to confirm they had read both forms and agreed to participate on this basis. Sessions were conducted in a confidential area, on a password protected Zoom session and using a password protected computer via a secure WiFi connection. Participants were additionally reminded that they were able to take a break, stop the interview, or end their participation in the study at any time, and were asked to confirm that they were in a safe and confidential space within which to conduct the interview. Participants were asked to provide an emergency contact number and address in line with the Distress Protocol (See Appendix F) which was subsequently deleted permanently at the end of the interview.

Interviews lasted between 48 and 75 minutes, after which the recording was stopped. The interview schedule can be seen in Appendix E. During the interview process, audio was recorded using an encrypted recording device approved by The University of Manchester. The participant was informed when recording had started and had ended. Only interview questions and responses were recorded. At the end of the interview, participants were thanked for their participation and sent a Debrief Sheet (Appendix G) via email (participants were asked to confirm if they had received this).

After the interview had concluded, recordings were placed in secure Research Data Storage (RDS) provided by the University and were permanently deleted from the recording device. The lead researcher was responsible for personally transcribing the data, by listening to the recording and typing out the transcription. This method was chosen, as it is argued to aid in the process of data immersion (Smith et al., 2021). This is particularly the case when compared to the use of digital transcription programmes or by hiring third party transcription services. Transcriptions were stored as password protected documents, stored exclusively on the University RDS. Participant names were pseudonymised at the point of transcription and information contained within the transcripts that could lead someone to identify the participant were also removed or modified to more vague terms. This included the names of services, the areas in which the participants lived and the names of associates.

6. Ethical Considerations

Prior to data collection, the study was granted ethical approval from the University of Manchester, by the School of Education, Environment and Development Ethics Committee. The project has additionally received oversight and supervision by Dr Jo Shuttleworth at the University of Manchester (See Appendix A for evidence of approvals). The study was additionally guided by *The Code of Human Research Ethics* proposed by the British Psychological Society (2021), as well as the *Standards of Conduct, Performance and Ethics* proposed by the Health and Care Professions Council (2016).

In order to protect their identity, the participants were pseudonymised at the point of transcription. Information within the transcripts that may lead to the participants being identified were also modified to be less distinguishable, or anonymised entirely. Participants were given a participant information sheet and consent form to ensure they understood the important aspects of the research and agreed to participate on these terms. This was also checked verbally prior to the interview beginning. There was no need to intentionally withhold information related to the aims of the study from participants. The participants were reminded that, during any point of the data collection process, they may pause or stop the interview at any time. They were additionally reminded that they were able to withdraw from the study and have their data removed at any point up until the data transcription stage (as data would be anonymised and therefore, not identifiable).

All correspondence with potential/recruited participants was undertaken privately and information related to participation was not shared outside the research team. Additionally, interviews were conducted outside the participants regular working hours to support this aspect of confidentiality. To ensure this was maintained

during the data collection process, interviews took place in as safe and secure an environment as possible. This included the use of encrypted WiFi connections and password protected computers with internet security software installed. The lead researcher ensured that this was the case for their own interview location and was responsible for ensuring that the participant has created this environment for themselves. This was also checked prior to the interview, as well as being addressed within the consent process. All signatures provided were required to be returned as digital signatures to ensure valid consent. Additionally, Zoom video conferencing software was used, within a password protected and locked meeting room. Audio was recorded using an encrypted audio recording device, compliant to University Research Ethics requirements. The audio recordings, all email addresses and correspondence were then transferred to secure and encrypted storage, the University Research Data Storage system (RDS). Data was never shared with anyone outside of the research team.

A number of the interview questions required recalling personal and professional responses to the Manchester Arena bombing, which have the potential to trigger prior distressing experiences. As participants are therapeutic professionals, they should already have access to support/supervision. Additionally, data collection began at a point which is three years after the bombing, allowing for potential emotional processing and giving opportunity for participants to seek support for any subsequent distress. Online interviewing may increase the likelihood of distress as individuals are generally less inhibited when in places of comfort (i.e., their homes). This is referred to as the online disinhibition effects (Suler, 2004). Therefore, I have also received training in online data collection, including management of varying levels of distress, risk and the online disinhibition affect. A distress protocol and

debriefing sheet was produced (See Appendices F and G) and participants were able to be signposted to relevant services for support if necessary. For all participants, emergency contact information was taken (phone number and interview address) so that contact with a next of kin was possible for periods of acute distress that did not require emergency service intervention, or to direct emergency services to the participants location in the event of crisis.

7. Data Analysis

As is philosophically consistent, IPA has an analytic focus on the way in which participants make sense of their experiences (Smith et al., 2021). As such, a rigorous commitment to hermeneutics should be the lens through which IPA analysis is conducted and is the quality which most distinguishes IPA analysis from other qualitative methods (Frechette, Bitzas, Aubry, Kilpatrick, & Lavoie-Tremblay, 2020). Rather than being concerned with merely what is being said, successful analysis requires the researcher to ask what phenomenon is being described and what meaning does it hold for the participant (Benner, 1994). This presents a requirement the researcher to adopt a creative and flexible approach to analysis (Smith et al., 2021). The create and flexible approach to data collection is one of the primary factors which drew me towards adopting IPA for the project.

Creswell (2013), argues that the reflexive role of the researcher is particularly important at this stage of the research. Reflexive research requires that I am able to adequately identify my own experience of a phenomenon in an attempt to limit the extent to which it interjects on the lived experience of participants. This allows researchers to set aside preconceptions in order to fully attend to the lived

experiences of participants (Moustakas, 1994). Bracketing in this way allows IPA to remain an idiographic approach, committed to the analysis of individual cases (Smith et al., 2021). This has particularly important implications for the current project as much of the analysis took place during a national Covid-19 lockdown. The space I used for analysis was additionally my work environment, interview room, meeting room and home. The importance of being able to separate my own experience increases in such environments and hence, the importance of bracketing becomes all the more relevant.

Rather than offering a discrete set of instructions, IPA identifies a number of processes which can guide the analysis of data, yet allow for the level of flexibility required for IPA to be applied across a number of research domains. Guidance by Smith et al. (2021) was primarily used to support the analysis process. This is described below.

Step 1: Reading and Re-reading

The first stage of IPA analysis requires the researcher to become immersed in the data by engaging in a careful reading and re-reading of the text. This process serves a number of functions, including slowing down our understanding of the subject matter and as a result, avoiding some of the cognitive processing shortcuts which can speed up processing at the expense of informational depth (Smith et al., 2021). This also facilitates the process of bracketing as prior assumptions and perceptions can appropriately be identified and set aside, allowing attention to be directed towards the object of study. Furthermore, the reading and re-reading of the text enables the lead researcher to gain a better understanding of how the topic of interest has impacted participants' lived experience (Alase, 2017). In addition to

reading and re-reading, prior to the production of the transcript, the audio recordings were listened to thoroughly a number of times. Re-listening to audio recordings aids in the process of data immersion and familiarity (Smith et al., 2021).

Step 2: Initial Coding

After the initial reading and re-reading of the text developed an understanding and familiarity, initial noting began during which I made written comments on the text. Smith et al (2021) state that there are no specific rules to this process, however, notes generally were produced with the intention of remaining as close to the client's understanding as possible. Noting was completed on paper, on printed transcripts with margins added to the sides. The more traditional "pen and paper" method was selected as it is generally considered to facilitate interaction with data and provide a better scaffold for analysis (Maher, Hadfield, Hutchings, & de Eyto, 2018). Additionally, this format allows for the lead researcher to be able to view the data set in its entirety, whilst being structured in a way which aids analysis (Saldaña, 2013). This was my experience when put into practice. An example of this process can be seen in Appendix I and H, which shows the way that this process occurred for Robert's transcript.

Initial notes generally fell under three categories, *Descriptive, linguistic and conceptual comments*, and each was assigned its own colour to add clarity to subsequent stages of analysis. *Descriptive comments* generally included face value information stated by the participant. These are usually things which are important to the participants and contain with them, some level of meaning. *Linguistic comments* refer to the participant's use of language, either in the specific words and phrases selected by the participant, or the ways in which these were communicated. Finally,

conceptual comments refer to more interpretive readings of the text, potentially moving away from the on-the-surface meanings communicated by the participant. Smith et al. (2021) suggest that these annotations often pose the greatest reflexive requirement, and asks a commitment of the researcher to the testing of ideas and refinement of concepts. This personal reflection ensures that I remain committed to using myself to understand the participants experience, rather than using the participant's experience to understand myself.

Step 3: Developing Experiential Accounts

The aim of this stage was to collate the initial notes together into meaningful constructs, patterns and relationships. This process required that the data was broken down into its analytic parts, and reconstituted into a new whole. Smith et al. (2021) state that this process mirrors the hermeneutic circle, a process in which the researcher as interpreter is inextricable implicated but also existing as close to the lived experiences of the participant. They state "*the part is interpreted in relation to the whole [and] the whole is interpreted in relation to the part*" (pp. 92). This creates a back-and-forth process between the part and the whole (Frechette et al., 2020). As such, this stage of analysis began to highlight the collaborative process between the participant's words and my own understandings. The development of emergent themes was completed on the same document as the initial noting to allow for regular revisiting of the transcript and initial noting. Additionally, I used a reflexive journal during this stage of analysis, in order to aid reflexivity and the process of bracketing.

Stage 4: Searching for Connections Across Emergent Themes

After emergent themes are generated, they are drawn together in a meaningful way, often resulting in superordinate themes. In order to facilitate this process, emergent themes were written on individual pieces of paper and spread around an open space. Scanning through the individual themes, links could be drawn between a number of them and hence, they were drawn together into groups. As Smith, Jarmin & Osborne (1999) suggest, this required a close interaction between attempting to remain close to the participant's meaning and my own interpretive ability. As these groups of meaning became larger, notes were taken to support the identification of superordinate themes (An example of this process can be seen in Appendix H). Abstraction, the process of moving outwards from themes to superordinate themes, can lead to original meaning being lost or diluted (Smith et al., 2021). Repeated visits back to the transcripts ensured that the inherent meaning of themes (and therefore superordinate themes) was not lost in the process of abstraction.

Stage 5: Moving to the Next Case

Each participant was initially treated as an individual case, requiring separate analysis and therefore, bracketing of previously developed themes and understandings associated with previous cases. This is part of the idiographic commitment of IPA (Smith, et al., 2021), allowing me to fulfil a commitment to exploring each individual lived experience in its own right. In practise, this was difficult and required time and space to be taken in between each participant analysis. Aside from the bracketing of previous cases, the process for each case remained the same as outlined above.

Stage 6: Looking for Patterns Across Cases

The analysis for each case was laid out on a work surface and revised, identifying connections between cases in any of the themes. I had decided to colour code each participant's individual themes, as it provided a quick overview of each participant's representation within the master themes that were generated (though this did not guide the process of theme generation itself). It did mean that I was able to identify the contribution of each participant to the generation of themes (See Appendices J and K). The process of master theme generation occasionally meant reevaluating the definitions of themes or what was included within them. The aim of this stage was to find links between cases on a theoretical/conceptual level, whilst still maintaining an analysis which appreciates the idiosyncratic nature of individuals' experiences. During this process, master themes were drawn together in a similar way to theme generation for each participant, as it allowed the researcher to reorganise and revise decisions as the process unfurled. After this was completed, this graphic was recreated as a table to provide a clearer and more concise representation of the data.

8. Role of the Researcher and Reflexivity

Arguably, the role of the qualitative researcher is to act as a mediator of the data and hence, they are inextricably involved in how data is understood and communicated (Rowling, 1999). It differs from a commonly held positivist perspective in that it deviates from a relationship of object-observer, instead viewing the relationship between the researcher and subject of study in more intersubjective terms (Shaw 2010). Particularly in psychological research, it makes sense that this

research relationship is considered more as a relationship between two beings making sense of the world, as this is akin to the work of a practicing Counselling Psychologist. Due to the research relationship being considered in this way, IPA research requires the researcher to engage in an interpretive process which ties IPA to the hermeneutic perspective (Smith, 2004). IPA holds that the researcher is inextricably part of the process of interpretation and is therefore considered an important and indivisible part of the construction of data (Biggerstaff & Thompson, 2008). Intrinsic to IPA research is the concept of the double hermeneutic, in which the participant is interpreting an event, and the researcher is subsequently interpreting those interpretations (Smith et al., 2021). IPA therefore understands the role of the researcher as inevitably engaged in the process of data generation and analysis.

As the researcher is seen as inextricably linked to the process of analysis, it is arguably the duty of the researcher to be able to describe relevant aspects of self that may impact their ability to successfully conduct research, including biases and assumptions, expectations and experiences (Greenbank, 2003). This is the foundation of *reflexivity*, a process that Rennie (2004, pp. 1) defines as “*self-awareness and agency within that self-awareness*”. This highlights a meaningful difference between reflection and reflexivity. Where reflection involves the looking back over what has happened, reflexivity involves an exploration of self, its qualities and its influences on the research process. As both researcher and participant are living human beings experiencing the world, it is important to reflect on how this quality may interact with the research process in both the generation and analysis of data (Shaw, 2010). Reflexivity, therefore, is an essential component of being able to locate self and consider intersubjective dynamics between researcher and data

(Finlay & Gough, 2008) and is crucial in the production of high-quality qualitative research (Sandelowski, & Barroso, 2002). This is particularly the case in IPA research.

In order to facilitate the process of reflexivity, I used a reflexive research journal to document and acknowledge reactions, responses and developing understanding of the research process and content. Journaling in this way is argued to support the engagement in a reflexive process (Smith et al., 2021). This journalling was used to inform reflexive content that has been woven into the written project. It is also hoped that in providing this context and engaging in the process of bracketing, a closer reading of the participants lived experience will be presented and evidenced (Nizza, Farr & Smith, 2021). It also allows for a researcher to provide a clear audit trail, to support a commitment to transparency and to achieve quality and validity of the research (Vicary, Young & Hicks, 2017).

As previously stated, bracketing does not necessarily allow the researcher to suspend all presuppositions. Central to the implementation of IPA, is an acknowledgement that there is an inevitability to a researcher's assumptive thinking and that these will always play a role in the way the researcher makes sense of their experience (Eatough & Smith, 2007). Rather it allows for researchers to engage in a critical reflection and examination of these (Willig, 2013). Rather than attempting to remove them, the researcher attempts to set these aside, allowing for interpretation of the participants lived experience as opposed to the researcher's personal experience (Alase, 2017). Bracketing is therefore, conceptually in line with reflexive journaling and allows the lead researcher to maintain a reflexive stance throughout the research process (Tufford & Newman, 2012). Indeed, much of the journalling

process highlighted my continual questioning of the boundaries between participant content and my own.

To support participants' experiences being considered in their own terms, the literature review for this project was only partially completed before the data was collected. The literature review was then revisited at a later date and expanded upon in relation to the findings. This meant that the influence of the literature on the interpretive process was minimised, as this would drive interpretations in a direction which was incongruent with participants' understandings. It also meant that once the interviews were analysed, these could be used to guide the remainder of the literature review, making the review more relevant to the reader.

I have previous therapeutic experience which is likely to facilitate the interview process, as drawing upon therapeutic skills can facilitate openness and a sufficient level of depth for semi-structured interviews (Coyle & Wright, 1996). Additionally, the phenomenological commitment of IPA has many conceptual links to humanistic therapy in the way it highlights the importance of understanding phenomena from the point of view of the individual. This is an important consideration as I would define myself as theoretically committed to humanistic psychology and am therapeutically oriented as such. Additionally, a background in counselling psychology will provide the foundational skills needed to become immersed in the research participant's lived world, in an open, curious and respectful way (Thorpe, 2013). Despite this being the case, care was taken to maintain an interviewer-interviewee relationship, avoiding the potential for this to develop into a therapist-client relationship. This was particularly the case in one interview, in which the client was currently experiencing issues that were tangentially related to the content of the interviews. In

this instance, returning to the interview schedule allowed the interview process to remain relevant and structured.

9. Quality

In order to make a meaningful contribution to literature, it is important to engage with issues surrounding what constitutes good quality research throughout the duration of the research process. Ensuring and evidencing a high level of quality in research is of the utmost importance to the phenomenological researcher (Alase, 2017). Additionally, my own initial qualitative research naivety meant that I found it difficult to identify if the work I was doing was of sufficient quality. Hence, having set guidance on quality helped me to ensure that I was doing everything in my power to produce good quality research which was able to communicate the stories of participants.

In the interest of supporting researchers in the production of good quality IPA research, a number of authors (see Shineborne, 2011; Smith, 2011; Smith et al., 2021) highlight that the quality criteria proposed by Yardley (2000) and Elliot, Fischer and Rennie (1999) is sufficient in ensuring quality in IPA research. Yardley considers four criteria which will be explored below in relation to the current study. These are *sensitivity to context*; *commitment and rigour*; *transparency*; and *coherence*.

Sensitivity to context refers to the way in which the research is embedded within a variety of contexts and the way in which this is attended to in the research process. This context may, for example, be the background literature which informs the current research. Placing research in the context of participants lived experience is also central to IPA inquiry (Smith, Flowers & Larkin, 2021). This was achieved by

ensuring that verbatim extracts are used in the discussion, in order to ground the findings in the participants experience. The process of entering the participants lived-in-world, also allowed the findings to be situated in the social and cultural contexts from which they are derived. With this in mind, it was important for me to engage in the process of bracketing (e.g., through the use of reflexive journaling). This process ensures that accounts are situated in the world of the participants wherever possible (Alase, 2017; Smith et al., 2021).

Commitment and rigour involves selecting appropriate, homogenous samples and engaging with participants in a considered and respectful way (Shineborne, 2011). This also includes a commitment to detailed and thorough analysis (including ensuring familiarity with IPA) as well as immersing myself in the data during this process. Immersion was facilitated by multiple readings of the transcribed interviews, as suggested by Smith et al. (2021). I additionally used printed transcriptions and 'pen and paper' analysis, as this supports data immersion and methodological rigor (Maher, Hadfield, Hutchings, & de Eyto, 2018). Familiarity with IPA as a methodology was ensured with my attendance to a number of training sessions, dedicating time to practicing aspects of IPA in smaller contexts (e.g., practising text analysis) and committing to thorough engagement in IPA literature. Alase (2017) advocates that a researcher should "*leave no stone unturned*" when conducting research informed by rigour. This extends beyond the end of the production of the report through dissemination in journals and presenting the research at conferences. This allows the research to give voice to the experiences of participants.

Transparency refers to the way in which the research process is clearly communicated (Yardley, 2000). The final presentation of the report will be guided by this principle and a commitment to an in depth, concise and clear communication of

the research process and findings. This includes the aims and processes of the research being clearly communicated to participants (See Appendices for examples of this in participant forms). Additionally, the methodology of the current research is clearly explained in a way that allows for adequate replication of the study (although this is only possible in regards to procedures rather than samples and findings) (Williams & Morrow, 2009). Although replication is seldom the aim of the qualitative research, clearly articulating processes means that checking can occur, allowing for good quality research to be evidenced (Smith, 2010). Transparency will also be achieved in the clear communication of my reflexive journaling process throughout the project. This will include preconceptions, positioning and assumptions upon which I have reflected whilst conducting the research.

Clear communication will additionally increase the level of *coherence* evident in the study. Coherence refers to clarity and power with which analysis is communicated, as well as ensuring meaningful links existing between the chosen methodology and the research question and aims. This can be achieved by maintaining a consistent philosophical positioning which continually informs the research process (Yardley, 2000), as was the case in the current study. This may also include communicating any ambiguities or contradictions that may emerge from the data (Shineborne, 2011). These are represented in the presentation of the findings. This is in keeping with the interests of IPA in representing participant experience rather than confirming findings of pre-existing literature (Smith et al., 2021). Finally, Yardley does also state that a defining aspect of coherence and quality, is the extent to which a piece of research is impactful and interesting (Yardley, 2000). I believe that, not only is the topic of this project timely and relevant given the ever-changing and impactful nature of terrorism, but it can also offer insight

that may be of particular import to those who may be required to face similar challenges in the future.

Chapter 4: Findings and Discussion

1. Introduction

The following chapter will initially offer a reminder of the research questions that have driven the analysis and will then re-introduce the participants, presenting a brief overview of the analysis process for each. Following this, an overview of the master themes will be presented. Each master theme and its associated sub-themes will be presented and explored in detail, including associated excerpts from participants. Each sub-theme will also be critically explored in relation to current literature and potential implications will be discussed. At the end of the chapter, a summary of the findings and discussion will be presented for each of the research questions proposed.

2. Return to the Research Questions

As the process of theme generation was closely informed by the research questions, both are presented below.

Research Question One: How do therapists make sense of being both community member and therapist of those affected by the Manchester Arena bombing?

Research Question Two: How does this sense-making process influence their professional responses, if at all?

3. Participant Analysis

The following section will offer a brief overview of some important information accessed through the analysis process. Firstly, a brief overview of the participants' definition of community will be offered. Although this is explored in more depth within the findings, it is briefly presented here to orient the reader in line with the

participant's understanding. Secondly, and in keeping with the idiographic commitment of IPA, this section will briefly describe the process of analysis for each participant, as well as some of the key ideas that underpinned their experiences

None of the participants offered a direct definition of community, instead speaking of community in reference to values, qualities and beliefs. They allude to the idea that community is less related to where you were born, and more related to where you feel you belong, reinforcing this idea. In this way 'community' is very much described as a form of identity and history (Shaun). However, it is also something that its members actively make contributions towards constructing (Kenny).

Participants additionally highlighted the way that they belonged to a number of different communities, many of which were seen as subsumed under the wider community of 'Manchester'. Examples that were given included counsellors (Alison), the emergency services, schools and football teams (Kenny). Other sub-communities were also identified to which the participants reported holding no membership, such as the Asian and Muslim communities (Shaun and Robert).

Though the participants were not directly asked for preferences of therapeutic alignment, it is worth noting that this was generally implicitly communicated during the interviews. Though this may be argued to influence a therapist's understanding of the mechanisms of therapy, the role of therapists within their community and the role of empathy, this did not appear to directly impact how participants spoke about their community. A more noteworthy relationship however, existed between the extent to which their services were community-oriented (vs more statutory, wide-catchment services) and the way they described community. Primarily, this related to

participants who worked in more community settings (Kenny) defining community in relation to therapeutic work and vice-versa. Conversely, those in more distinct statutory services with wider catchment areas (Shaun) would often discuss therapy and community as distinct and separate entities. In addition, my own positioning as a primarily humanistic (and historically person-centred) therapist, was not directly communicated to participants, nor was my prior work in community settings.

A brief overview of the interviews for each participant are described below:

Shaun

Shaun often described a feeling of uncertainty that he had in the weeks following the bombing, as well as the tangible impact this had on the service in which he works. He recalls feeling as though, for the most part, the community of young people in Manchester had navigated the impact of the bombing very well. He stated that he was also moved by the vigil at St. Peter's square and the sense of community solidarity that he experienced and referred to the bombing as a shared event which had become a part of Manchester's cultural history. He does however, briefly mention the rise in anger directed towards the Muslim community of Manchester and the way in which this was experienced by his clients.

Robert

Robert describes being embraced by his community despite a complicated early relationship with Manchester. He identifies that this relationship changed the way he initially responded to the news of the bombing, and how he understood a significant change to Manchester as a physical space. A large portion of the interview was spent reflecting on the responses of the Muslim community, experiences of rising racism in the city, and his own experiences of intrusive and

unintentional racism. Robert also describes some of the organisational impediments to his own processing of the bombing.

Alison

As well as describing her initial responses to the bombing, Alison describes the complexity this added to her professional role. This included difficulties with her employer, as well as the important role of supervisory relationships during this time. In the latter part of the interview, Alison also describes her own personal processing of the event and her engagement/distancing from the collective process of her community. Alison describes this coinciding with a re-evaluation of her professional role as a counsellor.

Kenny

Kenny describes the similarities between his role as a counsellor and as a supportive community member. Kenny also talks about what he believes is a culture of blame that developed after the bombing, stemming from the community's pain and anger. Kenny also discusses power, and how others abuse of this power is directed towards members of his community. This is discussed in relation to increased racism in the community, but also the dangers of political correctness.

4. Introduction of Themes

Five master themes were generated during the process of analysis, with each master theme being represented by two to three sub-themes. All participants contributed to each master theme and the majority of participants contributed to the generation of each sub-theme. Each sub-theme was named using a quote from participants which represents the theme as a whole, though the quote that was used

does not indicate that the theme represents one participant's' viewpoint, or that this participant contributes to the generation to the theme more than others. The master themes and associated sub-themes are presented in the table below (*Table 1*).

Each master theme and associated sub-themes will be expanded in full in the following section. A brief description of the master theme will be presented followed by in depth descriptions of the constituent sub-themes. These descriptions will contain direct excerpts from the interviews in the form of participant quotes. In line with quality guidance for presenting IPA findings (Smith et al 2011), excerpts from a minimum of three participants would be used for each theme. These quotes will be used to ground theme descriptions in the words of participants, but will also be supplemented by my own interpretations of what is being said. Despite these descriptions being grounded in my own interpretations, the language and terminology used by the participant will be drawn upon wherever possible. Within the quotations themselves, boxed brackets (e.g. []) have been used to add additional information to add context to the quotation, but were words not spoken by the participants themselves. These were used as sparingly as possible. Angle brackets (e.g. < >) were used to indicate instances where information had been changed to remove identifiable information from quotations. The presentation of each sub-theme will be followed by a discussion, exploring the way in which the findings may align with or diverge from current literature.

Table 1:

Overview of master themes, sub-themes and the contribution of each participant.

Themes	Shaun	Robert	Alison	Kenny
1 Manchester Values and Community				
“Northern souls at heart”	Y	Y	Y	Y
“We’re all in this together and part of the community”	Y	Y	Y	N
2 Making Sense				
“Manchester feeling very different”	Y	N	Y	N
“Wanting to know more”	Y	Y	Y	N
“The situation is different and ongoing”	Y	Y	Y	Y
3 In, Out and In Between				
“We both had skin in the game”	Y	Y	Y	N
“To not be involved, it felt quite involved”	Y	Y	Y	Y
“Choosing to distance myself”	Y	N	Y	Y
4 Navigating Professional Challenges				
“I need to talk about this ‘cause it’s stuck”	Y	Y	Y	Y
“A positive feeling of duty and responsibility”	Y	Y	Y	Y
5 Power				
“In relation to my employer, I felt less well supported”	N	Y	Y	N
“They are splitting up”	Y	Y	N	Y
“It was spun a very different way”	N	Y	N	Y

4.1. Master Theme 1: Manchester Values and Community

This theme reflects participants’ descriptions of a sense of belonging to the community of Manchester, particularly in reference to the shared values and beliefs of the community. These were often described as positive qualities associated with a

historical narrative of Manchester as an industrial and working-class city, a narrative which reflects the community's internal values and beliefs. These are beliefs which are described as collectively shared, and prioritised by community members over more superficial qualities (e.g. status and money). This theme also includes participant descriptions of the processes underlying community membership, particularly how the community provides a shared environment for growth as well as it acting as a catalyst for communication. These ideas are further explored within the sub-themes of "*Northern souls at heart*" and "*We're all in this together, and part of the community*".

4.1.1. Sub-theme: Northern souls at heart

All participants made reference to the way in which community values and ideals are shared amongst community members. The development of the sub-theme "Northern souls at heart" was an attempt to encapsulate the importance of these values in the formulation of a community identity and a sense of belonging.

All of the participants described the community as a very friendly and welcoming place. Community members were regarded as "*open, genuine, down to earth*" (Shaun), in regards to Manchester as a whole and to participants' respective sub-communities (e.g. neighbourhoods, charitable groups etc.). Providing safety was viewed by participants as an important function of the community. As Kenny states: "*knowing you can go out and forget to lock your door, come back and, you know, your door's still shut*". Alison stated "*there's something about being in the north that appeals to me. So, I like that kinda the friendliness that's here*". For Alison, this was important as Manchester was the first place in which she had begun to feel settled after moving around the country for a significant portion of her life. She goes on to

describe the relationships she had built with other community members after settling down:

"I've always had a good relationship with my neighbours. (M: Mmm) and so I always feel like I know who lives around me. Um, people say hello to you. People are pleasant to you when you're kinda traveling about, um, yeah. Just nice interactions with whether, you know, people or whether you don't" (Alison).

Here, Alison alludes to the importance of relationships and communication, but also highlights that the values shared by the community are not just for the benefit of community members but everyone *"whether, you know, people or whether you don't"*.

The way in which participants describe the qualities of the community of Manchester perhaps also communicates the reason that it is regarded as so welcoming by participants migrating inward. Three of the four participants were not born and raised in Manchester, but had relocated for work or education from further south. In some cases, this offered participants the opportunity to describe community values in terms of *"northern-ness"*, contrasting their experience of the south. Robert stated that *"the community [in the south] is so driven by money...they wanna know how much money you've got in your pocket. Um, I just don't get that in Manchester"*. He later states that in Manchester *"people seem to like take care of each other a bit more"*. For Robert, caring for one another takes precedent over material value. This idea of prioritising altruism over money was shared by Kenny, a man who was born and raised in Manchester. He explores this idea in an account of his experiences as a child:

“Well, I, I was, I was, uh, brought up in <Manchester village> and, uh, we, we didn’t have any money or anything, but the thing that my dad installed in us was, was it’s nice to be nice. And the, the thing is about being polite and having good manners, don’t cost anything” (Kenny).

Here, Robert and Kenny are collectively describing politeness, niceness, care and manners as something inherent to being Northern. In Robert’s view, this is also in direct contrast to more Southern ideals which prioritise money and prestige.

As well as describing the positive qualities of the community and the way in which these values differ from other communities, participants describe Manchester as a migratory city. Shaun describes the way in which this impacts the community’s identity.

“I think Manchester’s that kind of city anyway, isn’t it, you know, there’s lots of, uh, lots of, er, people in Manchester who weren’t necessarily born here, who’ve come up, you know, through being a student or for work or, you know, recently with like the BBC moving up. So, uh, I I’ve never felt, um, out place” (Shaun).

In addition to describing Manchester as a migratory city, Shaun highlights a belief that the community absorbs and embraces those who move to the city.

The migratory nature of the community is elaborated upon by Shaun who describes a duality between those born-and raised in Manchester and those who have moved in from outside; what he refers to as *“Mancunian”* and *“non-Mancunian”* respectively. He goes on to state:

“I certainly wouldn’t consider myself to be Mancunian, but I think if there’s a, if there’s a broader definition of that, you know, including maybe people who’ve,

who've sort of embraced Manchester as a kind of, um, as their primary sort of home, then, then I'd fall into that category" (Shaun).

Here Shaun highlights that, although there is a difference between those who were born in the area and those who have migrated, they are all subsumed under the concept of community due to Manchester now being considered "*home*" by its inhabitants. Robert too makes this distinction between Mancunian and non-Mancunian. In reference to him and his partner moving to Manchester, he stated that "*we feel, Mancunian, even though we're not, we, we know we're not Mancunian, but I think we feel like Northern, we've got Northern souls at heart*". The use of the term "*Northern souls at heart*" is understood as both the adoption of the values of the community, but also that these are values which may exist in individuals prior to them migrating to Manchester. Hence, the community of Manchester can be understood by participants as a value-driven entity which welcomes and provides a sense of belonging to those who share its values.

Finally, there was one quality of the community which was described only in reference to the Arena bombing and subsequent community response. Defiance was unanimously explored in all interviews in reference to the wider community as a whole, but more particularly in the sub-community of young people most directly affected. The bombing was viewed as an attempt to "*take ... who we are and what, what we are as a community*" (Shaun) and the community was viewed as defiant in oppositional response. Although defiance was identified as something that existed in Manchester before the bombing, the event "*highlighted...the resilience of the, the community*" (Shaun). In his discussion regarding the increase in racism and the influence of the media, Robert said the following:

“Manchester wasn't gonna be pulled into this thing. Uh, even though obviously there were instances where that did happen, um, which, which was sad. Um, but overall, yeah, it felt like a really nice community response. It was quite a defiant response”. (Robert).

For Robert, the defiance that the community was able to show, particularly against narratives of hatred, offered him a sense of strength and solidarity which was shared with those around him. This was despite feeling sadness regarding the direct impact of the bombing and his experience of an increase in division and anger within the community. This allowed him, during the interview, to *“remember feeling really, quite good about that as well at the same time, but also saddened”*. The response of the community allowed him to grieve individually, but also to gain some comfort from a collective process.

For me, *“Northern souls at heart”* signifies the way participants describe themselves as being members of a community driven by a moral duty of care, friendship and kindness. For participants, this enables the community to embrace others by engaging them in a co-construction of values. The community meaningfully connects to a person's beliefs whilst simultaneously being constructed by them. In response to the Arena bombing, they described Manchester as able to use this process to draw upon a shared resource of defiance to bolster the community in its grieving.

Discussion

The subtheme of *“Northern souls at heart”* offers what is potentially the clearest indication of how participants understand the concept of community, especially as *“defiant”* (Robert) and showing high levels of *“resilience”* (Shaun). This was identified

as occurring in response to attempts to disrupt the community and perpetuate narratives of hatred. Resilience, though precise definitions remain contested, generally refers to the ability for individuals to positively adapt despite experiences of significant adversity (Luthar, Cicchetti, & Becker, (2000). Resilience is often associated with being able to recover from the impact of adverse experiences, maintaining more stable psychological equilibrium over time (Bonnano, 2004). In this way, it is associated with optimism, hardiness, repressive coping, positive self-enhancement and a sense of coherence (Levine, Laufer, Stein, Hamama-Raz, & Solomon, 2009). Though resilience was originally conceptualised as residing within individuals, it has more recently been investigated as a collective process occurring in instances trauma which impact entire communities (Saul, 2013). For example, resilience has recently been explored in relation to the events of 9/11 (Freedman, 2004), the London bombings in 2005 (Drury, Cocking & Reicher, 2009) and the Manchester Arena bombing (French, et al., 2019, Hurdfield, 2018).

“Northern souls at heart” highlights the way that therapists viewed resilience and defiance as, not only qualities displayed by their community, but as an important part of the community’s sense of identity. Though participants viewed Manchester as a resilient community prior to the arena bombing, the responses to the bombing further emphasised this quality. Whereas the traditional working-class hardships of living in Manchester had embedded resilience as a part of a collective identity, the bombing had provided an acute and significant challenge for the community to overcome. Resilience can be a useful tool that communities may use to navigate the complexities of collective trauma with overall increased social resources, competence and connectedness (Landau & Saul, 2004). The bombing had required

the community of Manchester to draw upon its resilient identity to positively adapt to the adversity it faced.

Shaun described the way many of his clients became involved in their community, being able to connect with the defiance and resilience of the group. Community and social support are regularly described as one of the most significant factors in mitigating distress for those who have experienced collective trauma (Harvey, 1996; Norris et al, 2002). Such support allows members access to increased levels of resilience and to maintain psychological health during adverse events. However, Shaun also stated that he believed some clients were becoming overly “*attached*” to the collective grieving process of the group and to associated expressions of resilience. Despite the benefits of resilience that may occur when navigating traumatic experiences, research has also indicated that increased resilience over long periods of time may come at the cost of emotional awareness. Bonanno, Rennie and Dekel (2005) found that those who rated themselves as positively adjusted to the events of 9/11 were rated lower in social adjustment and honesty by their loved ones and family. The authors theorise that this aspect of resilience may be a natural part of the coping process of individuals, despite leading to social maladjustment.

What Shaun describes later in the interview is an intuitive awareness that his clients may have become attached to community support as a source of resilience. In this way, they may engage the self-enhancement described by Bonanno, Rennie and Dekel (2005). For Shaun, this had become potentially harmful to his clients, as he believed they were becoming fixated and unable to continue the grieving process. Shaun was able to professionally adapt in response to the difficulties experienced by his clients. It prompted him to focus on supporting his clients to “*gently move on a*

little bit” (Shaun). *“Northern souls at heart”* highlights that professional responses to terrorism may require the bolstering of client resilience whilst simultaneously supporting them to process their experiences, as was the case for Shaun.

4.1.2. Sub-theme: We’re all in this together and part of the community

When describing the value-driven role of the community in Manchester, many of the participants highlighted the way in which belonging to a community was associated with collective growth through the sharing of experience. The sub-theme of *“We’re all in this together and part of the community”* describes community members coming together as a collective and the benefits of doing so.

Shaun describes the way in which friendship groups become closer through having a shared narrative and how this is integral to the way in which the Manchester community considers itself in response to the bombing.

“I think I’ve, um, when you think about sort of the belonging, like in a friendship group, for example, I think it’s a lot to do with shared experiences. And I think you sort of, um, you know, when you get together with old friends and you talk about, “Oh, do you remember this? Do you remember that? Do you remember this?” and you get that really deep feeling of, uh, of connection because you’ve sort of shared life with each other. I think, you know, having worked in Manchester for 10 years, but particularly to do with the MEN. I think there was a feeling of, um, you know, this is a big shared experience that, that now, you know, people who are new to Manchester will view as part of Manchester’s history. And those of us who were involved with it will, will feel, um, I think a little bit closer to the community as a whole” (Shaun).

What Shaun is describing here, is a process by which community members collectively navigate a challenging situation together and in doing so, form a collective growth narrative. This, as Shaun describes, is a way of “*galvanising*” the community. For those outside the community, it is seen as merely “*a part of Manchester’s history*”, but for those who are within the community, it serves to bring community members together through a shared experience. It seems, at least for Shaun, that this process does not exclusively occur as a result of the bombing, but is certainly catalysed by it.

Alison describes a similar process of “*rallying round of, a people becoming closer of, of people, uh, being more connected with people in their communities*”. This is consistent with Shaun’s view of the community “*galvanizing*”. Alison however explores this idea as a response driven by community defiance. She speaks of coming together, “*even though this horrible thing had happened or in spite of that horrible thing having happened, and of a reaction of "this can't push us apart"*”. Alison’s view of coming together as a community, is more as a display of defiance, connecting it to the master theme of “*Manchester values and community*”.

Robert additionally highlights a coming together and an expression of community defiance, stating that he “*felt like there was a real coming together. (M: Yeah). And the city mourning mostly, very respectfully and very understandingly and actually people coming out and challenging that narrative*”. For Robert, an important expression of defiance by the community was evident in the refusal to adopt the narrative of division communicated by the media (i.e., racism) despite rising levels of fear in the community. This shared defiance allowed the community to come together.

Robert stated that as well as being an expression of defiance and community, this “*coming together*” was an important part of a shared mourning process. Shaun described an instance of his community engaging in this process at St. Peter’s square:

“It was a sing along, basically there was sort of poetry and there were songs and there was music and stuff. And, um, that was really, um, a really powerful experience for me. And I’m not really the type, you know, to, uh, I’m not, not the type who’s fond of karaoke. Um, but (laughs) I really enjoyed it. You know, I felt this great sort of community spirit and kind of, um, yeah, this sense that, that wonderful to look around and see young people and parents, you know, probably some of whom were there. Singing and, and seeing everybody together, it was really powerful. So I think in the main, that stuff was, was brilliant for sort of, um, you know, galvanising that, that sense of community solidarity.” (Shaun).

The example of the vigil that Shaun describes captures the important essence of this sub-theme. It describes a coming together and galvanising of the community, as well as highlighting the importance of this for participants as community members. What I believe these examples offer, is an insight into the way that community members are able to navigate the mourning process as a collective rather than alone, by accessing a sense of community togetherness. This means that individuals are able to draw on the emotional resources of the wider community and connect to the personal by connecting to the shared. Thus, for the participants, community acts as a catalyst for learning and growth through connectedness.

Discussion

“We’re in this together and part of the community” highlights a number of ways that participants perceived a collective sense of growth via their relationship to the community. Accessing social and community support is considered a useful way of promoting psychological recovery for those experiencing community trauma (Norris et al., 2002; Saul, 2013). Communities are able to foster a sense of community resilience by drawing upon the collective resources of the group (Kirmayer, et al., 2009). This appears to be the case in Manchester, with a number of gatherings, vigils, support groups, fundraising events and concerts, providing the means by which members of the community could access these resources (Gilmore, 2018; Merrill & Lindgren, 2021). The participants indicate that as community members themselves, they were able to access these resources alongside others.

Robert particularly highlights the way the way that the event solidified a sense of resilience as part of Manchester’s social identity. Collective trauma (and by extension collective sense-making) often facilitates the formation of a collective identity within communities (Tajfel & Turner, 1979). This was seen in Manchester, particularly in the symbolic use of the worker bee as a symbol of resilience and hard work (Merrill & Lindgren, 2021; Hurdsfield, 2018). These collective social identities are continually constructed and reconstructed as part of a collective sense-making process of the group. As such they are held in collective memory as opposed to individually by community members (Hirschberger, 2018). As Robert states, significant events that prompt collective sense-making become *“part of Manchester’s history”*. What Robert (and indeed the research) alludes to, is that the way in which people make sense of the concept of ‘community’ transcends simple qualitative descriptions. Participants are instead describing how they make sense of their

community as a collective social identity, particularly in relation to the bombing in this instance. This is additionally reflected in the collective language used by participants, which highlights that they view themselves as having community membership and adopting this identity.

Though the participants often refer to defiance and resilience when describing Manchester, they also describe positive outcomes that resulted from their experiences. These experiences extend beyond mere resilience, in that they occurred in response to the experiences rather than despite them. Community members were described as becoming “*closer*” and “*connected*” (Alison) as well as respectful and understanding (Robert). Many of these descriptions appear in line with research surrounding the concept of *post-traumatic growth* (PTG) whereby individuals may report positive experiences resulting from exposure to traumatic events (Tedeschi & Calhoun, 1996). PTG occurs *in response to* the difficulties that may result from traumatic experiences, rather than despite them (Clay, Knibbs & Joseph, 2009). Furthermore, resilience is described as the ability to mitigate the negative impact of adversity, whereas PTG is associated with positive meaning making. It is for this reason that both concepts have been found to be inversely related in those who have experienced traumatic events, with higher measures of PTG being associated with lower resilience, and vice-versa (Levine et al., 2009). The descriptions offered by participants appear to extend beyond the concept of resilience for these reasons.

It is understandable that PTG may be experienced by participants as community togetherness and connectedness. The accessing of social support has previously been shown to promote PTG in individuals (Prati & Pietrantonio, 2010). What is particularly interesting in the current study is that participants describe

experiences of greater connection to the community as occurring on a collective level. It is not merely experienced by individuals (though this also appears to be the case), but is described as being shared across many members of the community. Calhoun and Tedeschi (2014) argue PTG may manifest in one of three ways: Changes to the perception of self; changes to the way one relates to others and the world; and changes to one's general philosophy of life. The current study highlights how these aspects of PTG may manifest on a collective level. For example, *changes to the perception of self* may manifest as changes to the perception of the whole community. This is commensurable to the changing collective identity described by participants. *Changes to how one relates to others and the world* may be experienced on a collective level as defiance and resilience, particularly to those outside of the group who wish to cause them harm (i.e., how the community relates to others). These aspects of collective PTG are perhaps not shared by the entire community of Manchester and only represent the views of community as per the viewpoint of participants in the current study. Nevertheless, they do highlight how experiences in line with conceptualisations of PTG may be experienced both at an individual and a collective level.

Although it may be the case that therapists report positive outcomes resulting from their experiences, what is perhaps less clear is the mechanisms by which this occurs for this group in particular. As members of the community, they likely have direct access to experiences of PTG via their own personal experiences. However, as therapists they may be subject to *vicarious post-traumatic growth* (VPTG) through work with their clients. VPTG has been previously reported in therapists working after acts of terrorism, usually as an increase in compassion, connectedness with clients (Bauwens & Tosone, 2010) and other positive experiences which are similar

to those of their clients (Arnold et al., 2015). It has been suggested that this vicarious PTG is likely to occur via the empathic relationship between therapist and client (Bartoskova, 2015). The current study does indicate however, that this may not solely occur in dyadic therapeutic relationships, but may occur in the bond that exists between therapists and the community to which they belong.

It is worth noting that many of the issues posed towards current theory surrounding PTG can also be levelled at the current study. For example, some argue that there is currently little evidence to suggest that PTG is a distinct concept as opposed to an ad-hoc reconstruction of change (Jayawickreme et al., 2021). This can be argued to be of little relevance, as the current study attempts to explore how participants *make sense* of their own experiences and to apply theory to help make sense of this in turn; it does not attempt to provide evidence for a particular theory. In this regard, it is asserted that participants in the current study perceived collective growth as members of a community and that this imparted benefits that are conceptually aligned with research surrounding resilience and PTG. The current study highlights how therapists may have access to experiences that can be thought of as resilience and growth, and how the community may act as a conduit for vicariously accessing these experiences.

4.2. Master Theme 2: Making Sense

The theme “*Making Sense*” aims to encapsulate participants’ attempts to describe the unique ways in which they made sense of their experiences after the bombing. It highlights a number of notable characteristics of their sense-making process. This is described across three sub-themes, the first of which, “*Wanting to know more*”, describes participant’s drive to gather information to support their own processing. The sub-theme “*Manchester feeling very different*” describes a sudden

change of Manchester as a physical space, whereas *“The situation is different and ongoing”*, describes the way in which participant’s sense-making was a continuous and slowly unravelling process.

4.2.1. Sub-theme: Manchester feeling very different

The sub-theme of *“Manchester feeling very different”* tries to summarise participants’ ways of describing a significant change, particularly in how they viewed Manchester as a physical space. Interestingly, three of the participants were going through significant periods of change (usually work related) at the time of the bombing. Robert had *“recently changed jobs”* Shaun described *“moving from a clinical role to a slightly more senior role”* and Kenny was also experiencing significant change as he stated that he was *“losing his contract”* due to recent organisational changes where he works.

Shaun particularly remembers the moments after the bombing and recognising the *“first sign that something wasn’t right”* and that *“something big had happened”*. He subsequently describes his longer-term experience of Manchester in the weeks that followed.

“There was a, there was a personal impact in terms of how I felt about being in town. There was a very tangible impact. And I think like everybody else, I sort of experienced this feeling of Manchester feeling very different. Um, the, the streets were empty, which was odd and it felt odd because I had to be back in town straight away because where I worked, I was, I was in town in the days following. And my memory is of lots of police sirens, um, for, for, you know, good few days afterwards. So there’s that sense of uncertainty about, you know, is the threat ongoing? You know, is that resolved? Um, is the police pre-presence about, um,

you know, uh, prosecutions and arrests of people who could have been involved or is it about new incidents that are emerging? I think there was a feeling of, um, a lot of uncertainty and an uncomfortable feeling for me about being in the city centre” (Shaun).

Shaun appreciates that an aspect of this change is a sense of ongoing threat and uncertainty and that this was now tied to the city centre as a physical space. This change left him *“feeling quite shocked and, um, you know, sad and uncomfortable about the city centre in a way that hadn't been before”*. Robert also described a change in the way he was feeling when returning to Manchester, remarking particularly on *“a general sort of threat level”* and referring to feeling *“a bit out of place”*. This contrasts Shaun's experience, as Robert was very aware of the way in which he was situated in this changing landscape. Regardless, these experiences highlight a number of things. Firstly, the change in Manchester described by participants was a felt sense, and although there were a number of physical changes (e.g., sirens, empty streets), these were experienced on a personal and emotional level. Secondly, these experiences were underpinned by a significant sense of ongoing threat.

Alison describes feeling similarly to Shaun and Robert, though for her this had additional behavioural implications. When discussing travelling to work, she stated *“I used to cut through the, um, through the station to get to my tram. And, um, I didn't do that anymore, even when you were allowed to, I, I didn't go there anymore. I went the longer way”*. The uncertainty surrounding Manchester at this time was enough to actively change the way she engaged with the city. For Shaun, the impact of this changing and uncertain environment impacted the work itself, as he describes an *“unusually quiet organisation”* leaving him feeling *“quite uneasy”*. Shaun felt that his

organisation had become *“quiet and not in a, not in a good way”*. For Alison, the proximity of the bombing meant the impact was unavoidable.

“There was so much around me that said that this situation was really different, that this was still ongoing and it was kind of unavoidable because it was just outside”. (Alison).

Both participants described multiple relationships with Manchester, both in the personal relationship with the city itself, and through their work as therapists. As their relationship with the city changes, so too does their relationship with their work environment. This is *“unavoidable”* as the two are so intrinsically linked. Shaun is the only participant to reflect on the potential longevity of this change.

“I think people are probably, um, you know, never gonna feel quite the same about the MEN... You know if, if they were there or, or if they were involved, it's, it's difficult to walk past it without, you know, on some level being reminded of it...Um, I do think it will've changed people's relationship with, um, Manchester as a sort of physical space”. (Shaun).

For the other participants interviewed, there has been a significant change in how Manchester feels, and what it means to those who have been impacted by the bombing. Shaun indicates is that, at least for some, this change may potentially be permanent. It is worth noting here that, although Kenny does speak in detail about change, this tends to be in relation to his current circumstances (likely due to him currently experiencing a number of significant life changes). Hence, this subtheme represents participants' understanding that there is a fundamental change to the way participants relate to Manchester as a physical space, and that this is a continuing

process for many. As community members, this has particular importance to their personal and professional lives.

Discussion

A sudden and often dramatic change in the way one views their environment is very common in instances of collective trauma, and particularly following acts of terrorism. Particularly, terrorism can create a sudden change in our assumption that the world is safe and secure (Serlin & Cannon, 2004). This shattering of our assumptive world challenges us to reassess how we understand and continue to make sense of our surroundings (Janoff-Bulman, 1989). Though commonly explored throughout the literature, shattered assumptions have previously been evidenced in relation to those who were witness to the Manchester Arena bombing (Ben-Ezra, Hamama-Raz and Mahat-Shamir, 2017). What is particular about this finding in the current study is that this impact appears to extend to Manchester's community of therapists.

Joseph (2004) describes the way in which the *disorganisation of the self-structure* originally proposed by Rogers (1959) aligns with people's experience of traumatic events. Our self-structure, the way we understand ourselves and our relationship to the world, helps to psychologically orient us. Disorganisation occurs when our experience is incongruent with this self-structure. This process breaks our current understanding but also allows for a new understanding to reform. We may however, instinctively attempt to defend against disorganisation as it creates psychological discomfort. As described previously, participants have likely experienced a sudden disruption to the way they understand themselves and their relationship to the world as a result of their own adverse experiences and those of

their clients. It seems that the sense of *“Manchester feeling very different”* would be understandable given these circumstances, as participants attempt to form new understanding.

The participants’ experiences of shattered assumptions led to an unfamiliarity with their environment, with participants referring to Manchester as *“quiet”* (Shaun), *“different”* (Alison) and stating that *“something wasn’t right”* (Shaun). This had a behavioural impact on the way Alison related to Manchester, with her avoiding areas of the city she had not avoided before. This aligns with previous research which has identified behavioural avoidance as a common reaction to terrorism, with therapists being particularly exposed due to an increased risk of vicarious trauma. In turn, this is likely due to an increase in overall trauma workload as well as having to work with consecutive trauma cases (Palm, Polusney and Follette, 2004).

Behavioural avoidance was also identified as impacting participants’ work lives. Participants’ workplaces had changed, either becoming incredibly busy (as was the case with Robert and Alison) or unusually quiet (as was the case with Shaun). The former is commonly associated with post-terrorism work, as greater demand is placed on services (Green et al., 2003). The latter is likely due to in-person services experiencing reduced client numbers as people fear the centre of the city is unsafe. Participants perceived their clients as avoiding the city centre in a way they had not before. This sub-theme therefore highlights how therapists professionally respond to the behavioural avoidance experienced by their clients whilst potentially experiencing behavioural avoidance themselves.

4.2.2. Sub-theme: Wanting to know more

During the interviews, participants tended to highlight the importance of collecting and processing information in order to make sense of their experiences. Although participants described this process as common to a number of domains of life, it became particularly important in the moments after the bombing. A situation had arisen which was very difficult for participants to comprehend (at least at first). For many there was a sense of “*confusion*” and an inability to “*understand how people do that kind of thing*” (Kenny).

Shaun describes the drive to gather information as a very natural process, stemming from an innate need to resolve a sense of shock by attempting to understand a situation that is unusual and difficult to comprehend. He stated “*I think there's a, there's a very natural, from my perspective at least, very natural sort of shock reaction, you know, "I don't don't really understand what's happened". "Dunno how to feel about it". "Dunno what to think"*”. Here, Shaun describes questioning what he understands to be true, but also seems to indicate that this gap in understanding is something which people are naturally driven to fill.

When confronted with a need to collect information to inform sense-making, Shaun describes the way in which confusing and conflicting information from the media contributed to a lack of clear understanding:

“The initial reporting was very, um, you know, confusing and, uh, misleading actually about kind of gunmen and, you know, gunmen in hospitals and things like that. So I was like, everybody else just sort of watching the news and trying to work out what had, uh, what had gone on.” (Shaun).

What Shaun appears to be describing here is an initial sense of shock and a lack of understanding. For him, a lack of access to reliable information disrupts his ability comprehend what was happening. For Shaun, this is heavily influenced by media misinformation.

Alison describes another way that the media played a role in her sense-making. She gives a poignant example of working near to the site of the event and gives a more direct example of the way in which the media influenced her sense-making process. She describes how *“doors were kind of blocked off by lots of filming cameras, lots of people ... asking me who I was, why I was there and ... reporters wanting to see if I, I would speak on camera”*. In Alison’s case, the persistent media presence and their own need to gather information, had a significant impact on her ability to understand the situation. She was stating that this disrupted her ability to engage in work (both physically and emotionally) and interrupted her own sense making process as a result.

For many, the gap in understanding led participants to experience a drive towards collecting of information that may be used to aid sense-making. Shaun, for example, felt that he behaved like *“everybody else, just sort of watching the news and trying to work out what had, uh, what had gone on”*. Alison also described the way that she experienced this process.

“I think my initial reaction was to get as much information as I possibly could. (M: Yeah). Um, of reading everything, of watching the news far more than I would normally, of talking with colleagues about it and each daily kind of, um, bit of information that we got. And then it became a point where I stopped doing that

and I didn't want to know any more information and didn't find that that was helpful". (Alison).

Despite gathering information to settle her own anxieties about the unfamiliar environment experienced after the bombing, she recognises that there came a point at which this was no longer useful. In fact, Alison describes this process as eventually becoming a hinderance, likely because information gathering by itself was not enough to process such a significant event.

Gathering information was seen as an integral part of the work conducted by participants. Robert describes having to *"collate...anecdotal information really about why they were ringing and why they were suicidal"* during his work. He does also state that this was difficult, as it was a confidential service and hence, he had access to very little information about their experiences of the bombing. This drive to gather information also had a significant impact on Alison's experience of work.

"Rather than being led by the person, maybe wanting to know more, part of me understanding what had happened, was trying to get as much information as possible. I, I found myself perhaps being a bit more curious about, you know, trying to- that, that feels really unfair actually now, but trying to use information from that to make sense of my own experiences". (Alison).

The need to make sense of her own experiences and the need to gather information to facilitate this, extended into her therapy sessions. Alison described this as *"unfair"*, carrying guilt relating to using the experiences of her clients to make sense of her own experiences.

The theme *"Wanting to know more"* highlights the way in which participants experienced a sudden gap in understanding after the bombing, followed by a drive to

gather information to make sense of their experiences in times of such uncertainty. Participants additionally described the role of the media as a primary source of information, but one which provided practical and psychological impediments to sense-making. Finally, though information gathering is seen as essential to the work of therapists, they describe the potential issues this may raise for personal wellbeing and therapeutic work.

Discussion

An immediate need to gather information in order to address gaps in understanding, has been commonly reported in research examining responses to collective trauma (Rimé, 2020). After such collective traumatic events, the mass media generally plays the most significant role in disseminating information (Archetti, 2013). Participants did allude to the role that the media played in their sense-making, and that *“the initial reporting was... confusing and... misleading”* (Shaun). An increased media presence in Manchester around the time of the bombing was a very common occurrence in the accounts of therapists who were interviewed, being viewed overwhelmingly negatively. Despite the media being relied-upon for post-terrorism information, it is also the primary means by which terrorists are able to incite fear over a large population (Archetti, 2013). As a void in knowledge is left by an act of terrorism, early crisis communication may fill these gaps with information that is incorrect or misleading (Valecha et al., 2010).

With regards to how therapists made sense of their experiences, the spread of media disinformation may lead to a process of *sense-breaking* (Giulliani, 2016) whereby conflicting incoming information may disrupt a person’s ability to make sense of their experiences. The media’s contribution to sense-breaking has already

been explored in relation to bombing at the Manchester Arena, particularly through the use of social media (Mirbabaie and Marx, 2020). Furthermore, there is a potentially retraumatising effect that repeatedly shared images of acts of terrorism may cause (Ahern et al., 2002). The potentially damaging impact of the media described throughout the literature seems to be in line with participants' experiences. Additionally, participants describe an awareness of how unhelpful this can be to their personal sense-making relating to the bombing.

This process appeared to impact the way the participants described their professional responses, particularly in client sessions. For example, Alison stated that she would be more curious about the content that clients would bring to sessions and that she would attempt *"to use information from that to make sense"* of her own experiences. As previously discussed, significant collective trauma can lead to a shattering of our assumptive worlds (Serlin and Cannon, 2004). This often motivates new sense making as we attempt to find new meaning in the world and restore a sense of safety and predictability (Park, 2013). The current study highlights something potentially unique about therapeutic professionals. Clients and the content they bring to sessions offer a direct source of information from which therapists can make sense of their experience. Not only are therapists tasked with making sense of the client's experiences, but this will likely inform their own sense-making. Therapists working in shared traumatic reality may experience a shattering of their assumptive worlds, attempting to reconcile this through information gathering. In doing so, they may be motivated by their own needs as opposed to being *"led by the person"* (Alison) and attending to what is best for their clients. For Alison particularly, this process stirred feelings of guilt and doubts surrounding competency, a significant consideration when considering how best to support

therapist wellbeing when working within a shared traumatic reality. It is therefore worth considering the importance of access to reliable information post-terrorism and an acknowledgement of how information seeking, sense-making and personally navigating post-terrorism life, may impact therapeutic interactions.

4.2.3. Sub-theme: The situation is different and ongoing

Participants tended to describe being continually presented with novel circumstances whilst making sense of the bombing. For participants, this created a sense of in-the-moment learning and having to continually adapt to a situation without prior experience or preparation. This seems to hold true, both in their personal sense-making processes and in their approach to therapeutic work. When describing his return to the city centre, Shaun stated that *“it wasn't that I'd decided town was any more dangerous than it was before. It was more like, I hadn't really had a chance to process what had happened”*. The novel circumstances in which Shaun found himself, created a sense of unfamiliarity and caution.

This new and unraveling experience impacted participants' approach to work. Despite this being an unprecedented situation, participants were aware that they would have a role to play following the bombing.

“There was a sense immediately that we would have a role. Um, so there was, uh, you know, there was, there was a, a sense that a lot of the people who'd been at the arena were in our age group, we worked with people age 13 to 25. So it's kind of the, the key demographic of people who would've been at the concert. Um, so we knew we'd have a role in it”. (Shaun).

Here, Shaun is describing an immediate awareness of the potential challenges that would be faced by himself and his organisation. However, the unprecedented nature

of the situation meant that Shaun was not fully aware of what form this would take, using none specific language to describe this. This example represents the way that Shaun describes being continually presented with novel situations and the way that this created a lack of predictability regarding the future.

Shaun later describes the way in which this novel situation provided new information about event.

“The briefing was really the first time I'd, I'd understood some of the, um, challenges, you know, faced by, um, professionals involved and... So, um, yeah, that was the first time I really knew what had happened... So I found out, you know, about the, um, things like timescales and you know, how long people have been, uh, left without support and things like that, (M: Yeah) at the briefing”.
(Shaun).

Shaun describes this situation as one that was new and unusual. He states that this was *“the first time”* he had been presented with information regarding the specifics of the bombing, and uses phrases such as *“found out”* to capture the sense of discovery. This language highlights that the ongoing process of being presented with new and unfamiliar situations, creates a sense of moving from the unknown to the known. This example additionally highlights the differences between this theme and *“Wanting to know more”*. Where the latter is concerned with participants drive to gather information to inform experiences, *“The situation is ongoing”* represents participants being presented with novel and unfamiliar experiences which they are forced to navigate.

The process of navigating an unfamiliar landscape created particular challenges to sense making for participants due to the continuous process of sense

making required by a succession of novel experiences. Alison described having no time to reflect and explore the potential impact of this on herself and her work, stating that *“There wasn't any time for me to do any reflection about how it was impacting me about what I needed, about how to, to kind of improve my practice in order to be able to support someone else”*. What she highlights here, is that the sense making process that she is navigating, impacts the way she was able to engage in her work. Whilst being involved in a constantly changing and unravelling understanding of the situation, Alison found it difficult to support clients experiencing their own process of sense making. She later states that this continually developing understanding *“would impact the support”* and that she *“didn't want to be misinformed”*.

Although this process is most often described in the early experiences of participants after the bombing, both Kenny and Shaun indicate that in many ways, this process of navigating novel experiences related to the bombing continues long term. For Shaun, this process was happening in the interview itself.

“It occurred to me when I saw the, the advert, you know, nobody has ever asked me, um, which I just thought was interesting in itself. (M: Wow. Okay). Is, um, so you know, this, this conversation's the first time anybody's asked me, um, how it was for me being a therapist, you know, and having haven't experienced it first-hand”. (Shaun).

Taking part in the interview was, for Shaun, the first time anyone had spoken to him about his experiences in this way. He was being presented with a new and unfamiliar scenario in the form of the interview itself. Not only are many of the participants still presented with novel and unfamiliar situations, but that this process is ongoing.

Furthermore, these situations require sense-making to navigate, connecting this sub-theme to the wider theme of sense-making.

For Kenny, an ongoing process is perhaps made all the more poignant by the current context in which Kenny is situated. Kenny is managing the difficulties of feeling as though his community is moving from a position of support, to one of blame. This is particularly prevalent in his work with emergency services, as the interview took place close to the date of the enquiry into the emergency service response to the bombing.

“The initial part of it was all about helping each other, doing what we can, getting everything there, doing what we could, doing all that, which is absolutely brilliant. Then when that fades, it was like, “right, who can we blame now and it doesn't matter. And it doesn't matter who it is, as long as we blame somebody”” (Kenny).

Kenny was having difficulties with a new and emerging experience, of blame and finger pointing within his sub-community. Kenny's account differs from that of the other participants in that it represents the way in which the ongoing impact of novel and experiences may incur additional costs. Kenny experienced blame within his community for the first time, something that was not just unfamiliar to Kenny but directly antithetical to the values of the community to which he belongs.

“The situation is different and ongoing” represents how participants understand the novel and unfamiliar nature of experiences that they were presented with after the bombing. For some of the participants this created difficulties in predicting the future, as well as sense of discovery as they navigated their experiences. These novel experiences may also be damaging or antithetical to the values of the participant and their community. Regardless, participants recognise that this process

is ongoing and they continue to be presented with novel experiences which promote novel sense making.

Discussion

The increased workload resulting from the bombing and the complexity and unfamiliarity of participants' experiences allowed little space to be able to pause and reflect on what was happening. This is represented in wider literature, both in the increased workload that is often experienced by professionals after acts of terrorism (Green et al., 2003) as well as the way that this can promote a novel sense of in-the-moment learning (Alisic, 2012; Frawley-O'Dea, 2003).

The 'in-the-moment' learning required in such unusual circumstances offered very little opportunity to reflect on personal and professional issues that arise from their complex trauma work. A great deal of research has focused on the impact of trauma work during acts of terrorism (e.g. vicarious trauma, compassion fatigue). Among other experiences, these mechanisms can impact realms of identity, self-esteem and world views (Saakvitne, 2002). Peer support and therapeutic supervision are highlighted as potential ways of managing the continuous necessity for sense-making associated with post-terrorism work (Tosone, Nuttman-Shwartz & Stevens, 2012). An important aspect of successful trauma work is also the ability to acknowledge these contagious aspects of trauma in order to support the client to successfully navigate their own experiences (Boulanger, 2018). This requires the ability and space to engage in reflexive practice.

In addition to limited time for reflection, participants also described questioning their professional capability. Doubts about professional competence are particularly evident in therapists working within a shared traumatic reality (Tosone, Nuttman-

Shwartz & Stevens, 2012; Batten & Orsillo, 2002). Furthermore, therapists tend to report feeling heightened levels of guilt at their reduced capacity to empathically engage with clients. This is in line with the current study, particularly explicated in Alison's account of client work. The current study highlights that perhaps working within a shared traumatic reality may offer additional challenges in this regard. Therapists may have little capacity or time to engage in reflexive practice whilst attempting to engage in their own personal sense-making and doubts in professional competence may manifest in therapists working within a shared traumatic reality.

For participants, there was a recognition that this continuously unfurling experience was still occurring and would likely continue into the future. Seeley (2003), in an account of therapist's experiences after 9/11, highlighted the way in which the ramifications of the event were still ongoing, and in some ways were expanding. The enduring consequences of terrorism for therapeutic professionals and their clients are clearly represented in the current study, perhaps most clearly highlighted in Shaun's statement that those involved are "*never gonna feel quite the same*" (Shaun). There is a recognition from participants, that the Arena bombing has necessitates a continuous sense-making process for community members, including for themselves as therapeutic professionals.

4.3. Master Theme 3: *In, Out and In-between.*

The theme of "*In, out and in-between*" is an attempt to describe the way in which participants understood their roles as both community members and therapeutic professionals. Importantly however, it also describes the way in which these positions overlap or interfere with each other ("*We both had skin in the game*"), as well as the participants involving or distancing themselves from this process ("*Choosing to distance myself*"). It additionally explores the ways in which

participants viewed their multi-level community membership (*“To not be involved, it felt quite involved”*).

4.3.1. Sub-theme: We both had skin in the game

Participants often highlighted that a number of experiences were shared between themselves and clients as a result of being members of one community. This sub-theme highlights the way in which usually distinct experiences of the therapist/client now overlap in significant ways. Therapists do not belong to one community however, and hence this theme also incorporates shared experiences between the therapists interviewed and members of other sub-communities to which they belong (e.g. other members of the therapeutic community, their local neighbourhood, charitable communities etc.).

Sometimes this shared experience was named quite explicitly, however often this was implicit in the language used. This would take the form of the use of the collective “we”, e.g. *“we won’t allow these things that have happened”* (Shaun). Shaun particularly uses this language throughout the interview and later states that this overlapping of experience leads to a *“really deep feeling of, uh, of connection because you’ve sort of shared life with each other”*. Shaun highlights the way in which, for him, a shared experience can provide opportunity to foster stronger connections with his clients and the community as a whole. He remembers thinking that it was *“wonderful to look around and see young people and parents, you know, probably some of whom were there”*.

Alison describes the way that therapists do not exist solely in one community, but multiple sub-communities. She recalls the way in which experiences shared with

other members of the therapeutic community provided a considerable source of strength for her during a challenging time.

“So, there were lots of different counsellors there, so it was good to have them that I wasn't going through on my own. You, we could, there was always a process of talking through your calls or talking through how you were feeling to make sure that you were okay. So I really valued having that community of counsellors who, um, not only did I find generally supporting, but were also going through the, the, the same thing as me”. (Alison).

Alison indicates that support from other members of the therapeutic community can be a valuable asset. In a similar way to Shaun, Alison believes this is more so the case when this community has a significant shared experience. As colleagues were *“going through the same thing”*, they were better equipped to understand Alison's difficulties. Furthermore, it offered comfort to Alison that she was not simply *“going through it on my own”*, that her community was also navigating the same complex issues as herself.

The implications of sharing experiences with other members of the community were not described as fully positive, particularly regarding those that were shared with clients. Alison recognises the potential difficulties when working directly with clients, stating that *“it's hard to support someone whilst you're also kind of working out your own response”*. She describes the way in which this changes the formerly distinct roles of therapist and client, stating that *“previously I think I'd saw myself as like, in this bit of a bubble when actually this was within my bubble”*. Despite shared experience offering closer connection, this began to blur the boundaries between

Alison and her clients. Robert describes accepting this added difficulty, but also the way that workplace pressure interacts with the complexity of shared experience.

"I am happy and I'm okay to support people despite my own feelings about everything, but I don't need you [Robert's workplace] telling me that... They can support me, without having to try and guilt me into picking up the phone more times, or "it's really busy". "Yeah. I know it's really busy because a bomb's just gone off over there". (M: Yeah). I can see where it's gone off and I'm talking to 20 people, 30 people a day who are all talking about the same stuff." (Robert).

Although in some regards Robert refers to an unsupportive work environment, he is additionally describing an unfounded assumption that he is unaware of the impact of the bombing. Robert is personally aware of this impact, as he shares many experiences with the community members he is supporting. This is also the reason that these comments prompt anger in Robert. He holds a dual impact, of someone affected by the content of their work, but additionally as someone impacted as a member of the community. Alison, working in a similar environment to Robert, stated that *"it also wasn't easy because the calls that we were getting would be sometimes completely irrelevant"*. For her, difficulty also exists in those calls which were not in line with her current experience as it was difficult to anticipate whether calls would be *"bringing up as much"* in her. These experiences highlight the way that issues arising from shared experiences may be changed or compounded by additional circumstances.

For a number of the participants, supervision was seen as a key factor in the navigation of the challenges presented by shared experience. Shaun, for example, indicated that he wasn't offered the opportunity to explore this in his supervision

sessions. He stated: *"I think I would've benefited a lot from somebody having said, "Okay, let's think about the fact that, you know, we're supporting a community with something that we've also experienced"*". What he was able to recognise is that, despite having access to supervision, the exploration of therapist/client shared experience and its potential impact would have provided a useful opportunity for personal and professional growth. Alison provided an example which supports Shaun's beliefs. She describes a way in which acknowledgement of shared experience was particularly useful in a supervisory setting.

"The next time we met just to acknowledge what had happened before we even, uh, began talking about my experience. And, and I think in that she kind of acknowledged more than she normally would about herself. Um, um, and so that felt quite respectful and like we were, um, both acknowledging that we had some kind of, um, the words that came to mind, are "skin in the game", like we were both involved in it, um, in some way, and both had some feelings about it that we expressed. And then we talked about professional things". (Alison).

Through her experiences of supervision, Alison was able to recognise the importance of acknowledging that both her and her supervisor had *"skin in the game"*. Both were providing help to those impacted, whilst also navigating their own experiences as community members.

The idea of *"We both had skin in the game"* describes more than a shared experience between participants and other community members and the difficulties this may create. It elicits an idea that this shared experience is not a passive concept, but that it is an active investment in a sense making process held by all members of the community, regardless of professional position. The experiential

similarities between group members also forms a shared investment in the wellbeing of themselves and the group.

Discussion

The subtheme “*We both had skin in the game*” attempts to encapsulate the participants’ perceptions of the overlap between their client’s and their own experiences. As such, this sub-theme offers insight into how participants made sense of their experience in reference to holding a dual role. This sub-theme shares a resemblance to research surrounding the concept of *shared traumatic reality* (Keinan-kon, 1989). A shared traumatic reality generally occurs in instances of collective trauma, when both the therapist and their clients are exposed to the same traumatic stimuli (Baum, 2010). Naturally, this can present a number of obstacles and an added layer of complexity for therapists who hold dual status as a community member and as a professional working with other community members (Baum, 2012). As a result of this double exposure therapists working within a shared traumatic reality are often more vulnerable to the impact of compassion fatigue and vicarious trauma (Saakvitne, 2002).

One commonly reported consequence of working within a shared traumatic reality is the blurring of personal and professional boundaries experienced by therapists (Tosone, Nuttman-Shwartz & Stevens, 2012). This was certainly evident in the current study and was described by participants as presenting a number of significant changes to their personal and professional lives. Shaun, for example, recalled a “*deep feeling of... connection*” due to the “*shared life*” between him and his clients. Alison on the other hand, described feeling aware that the quality of her therapeutic offering was threatened by this blurring of boundaries. Where her clients’

experience had once felt so distinct and separate from her own, she now described experiencing this as being “*within my bubble*” (Alison). Although a blurring of professional boundaries is experienced in different ways, “*skin in the game*” highlights how working within a shared traumatic reality had significant consequences for boundaries between the participants and their clients.

In relation to their own client work, the sub-theme of “*skin in the game*” highlighted that it is often “*hard to support someone whilst you're also kind of working out your own response*” (Alison). Higher levels of distress resulting from client work have been reported in therapists working within such circumstances (Tosone, Nuttman-Shwartz & Stevens, 2012). This is commonly associated with the way that therapists are doubly exposed to traumatic content, through their own direct experiences and vicariously via their client work (Freedman & Tuval-Mashiach, 2018). This additionally appears to be mediated by the psychological closeness of individuals to the traumatic event (Baker & Kanan, 2003). This is important to consider as many of the participants worked near to the Arena and were psychologically close due to the nature of their work and community membership. The descriptions offered by participants therefore appear to be in line with research surrounding shared traumatic reality.

Seeley (2003) describes a similar blurring of professional boundaries in therapists working after 9/11. Therapists generally responded in one of two ways. Some recognised the shared nature of their experience and perceived this as a detriment to the process of therapy. Others spoke of an increased empathic closeness between therapist and client. As a result, some therapists welcomed the change in boundaries and others attempted to defend against them. These dichotomous experiences seem to reflect the experiences of participants in the

current study. Therapists held a dual relationship as therapists and community members, experienced a blurring of professional boundaries and generally made sense of this in one of two ways. Though this sub-theme explores the way that participants describe a blurring of personal and professional boundaries, it additionally describes participants attempts to defend against this or to use this as a tool for therapeutic work.

As was alluded to within the theme of *“The situation is different and ongoing”* therapists also tend to report having greater doubts over their professional competency when working after acts of terrorism (Batten & Orsillo, 2002). This is certainly in line with Alison’s experience, as she states later in the interview *“I’m worried about how it’s affecting my practice”*. She also stated that she also found significant difficulty in switching back to sessions that were unrelated to the bombing, an experience which is not reported in current literature. This may be due to an increased feeling of closeness to clients within this shared traumatic reality (Batten & Orsillo, 2002), which may be missing with other clients. Regardless of the mechanisms that make this unrelated client content more difficult to manage, this remains a finding which is relatively under-represented within the literature.

Alison describes how work colleagues were able to offer support to each other shortly after the bombing. She highlights the importance of colleagues being more *“generally supporting”* but also the way that this was enhanced by them *“going through...the same thing as me”*. Communities are able to offer support and bolster resilience during times of crisis resilience (Kirmayer, et al., 2009). In the current study participants highlight that, as well as belonging to the wider community of Manchester, they also belong to a community of therapeutic professionals. The support received by the community is also viewed as being enhanced by their

shared experiences. This offered participants a vital source of support during a challenging time.

Participants stated that their experiences of supervision were also aided by the shared experience between their supervisor and themselves. Shaun, despite not experiencing this himself, recognised that it would have been helpful to have received support which specifically addressed the shared nature of terrorism. Working within a shared traumatic reality has been shown to increase therapists' experiences of client connectivity and closeness during sessions (Bauwens & Tosone, 2010). The current study implies that this may also extend to supervisory relationships. Research into shared traumatic reality tends to highlight the added difficulty associated with therapeutic work. In the current study, shared experience may serve to also bring client, therapists and supervisor closer together.

"We both had skin in the game" highlights a number of ways that participants professionally responded to the bombing. Shared experience allowed closer connection to supervisors and work colleagues, meaning they were able to use them as a source of support. However, this can also make their own therapeutic work more difficult as participants were attempting to make sense of their own experience. Though these interactions are complex, clients, participants and supervisors all having *"skin in the game"* fundamentally altered the way participants made sense of their experiences and how they responded professionally as a result.

4.3.2. Sub-theme: To not be involved, it felt quite involved

Participants often described the ways in which they were embedded in multiple communities at varying levels, both physically and conceptually. These multiple community memberships influence the degree and nature of responses to the

bombing. This is represented in this study by the sub-theme *“To not be involved, it felt quite involved”*. Despite participants often referring to Manchester as *“home”* (Shaun), “Manchester” is not the only community to which participants belong. Many described their organisations, streets and even their client groups as communities with which they held membership. Holding positions within these different groups, influences the way in which participants made sense of their experiences.

This sub-theme differs from previous sub-themes such as *“We both had skin in the game”*, as it captures the ways in which participants describe belonging to multiple community groups and the ways these intersect. *“We both had skin in the game”* on the other hand, describes the way that multiple members of a community group necessarily share similar experiences as a result of community membership. Shaun provides an example from an organisational standpoint.

“When the terrorist attack took place, there was a, a kind of a, a, you know, realisation that was gonna need to be a big coordinated response. (M: Of course) I need to, um, take responsibility for, um, getting that started within <Participant’s organisation>, but also sort of liaising with the Resilience Hub and all the organisations who were involved to sort of work out, um, where we would fit in, you know, to that response”. (Shaun).

Here, Shaun describes the way in which he is embedded in his organisation which, in turn, is embedded in a far larger mental health collaboration. Shaun goes on to highlight that this combined collaborative web was situated within, and took advantage of, being embedded in the wider community of Manchester.

“They [the Resilience Hub] put their faith in us and we worked together with them to deliver one to one support, but also we did some of these big community days,

you know, big events that we helped to sort of co facilitate. And, uh, yeah, so there was a definite feeling of, we we're sort of all in this together and, and more than ever feeling like part of, of the community". (Shaun).

A conscious effort to strengthen bonds between individuals, services and wider communities influenced the way in which Shaun viewed his membership to those communities. This elicited feelings of togetherness and faith, that he perhaps would not have access to otherwise.

An investment in community togetherness is also described by Kenny, who is heavily involved in a variety of voluntary community support roles. He argues that the very nature of counselling necessitates an engagement with the community. He also describes counselling as being able to fulfil many of the same functions as that of a functioning community.

"If you're feeling down, just talk to somebody and you be surprised who wants to listen to you, and who knows somebody else who can help you with the situation that you're in. And that's a community thing". (Kenny).

Kenny believes that a well-functioning community can offer support in way that is aligned with Kenny's passion for counselling. He is integrated and embedded in his community and therefore, his work is heavily influenced by the community around him. He understands his role as a counsellor in reference to community work and this in turn is understood in reference to his work as a counsellor. Kenny provides an example of how the communities in which one is situated, can influence how we make sense of others.

Despite the supportive impact that being embedded in one's community can impart, participants also described how this process can offer some significant

challenges to their own sense-making processes. Robert for example spoke about having *“to cross the police, cordon to get to the office”* as he had *“a shift...four days after the bomb”*. He proceeds to described his therapeutic work during that time.

“I remember talking to this bereaved person on one particular call and then, and consciously looking to the left and looking down at where all these flowers had been laid, um, just outside the sort of, back of the station, and thinking, “God, this is really weird. Isn’t it?” (Robert).

In this moment, Robert was acutely aware of how *“weird”* it was for him to be engaging in therapeutic work whilst being (in this case physically) embedded within a particular community responding to terrorism. Robert feeling *“weird”* in this instance was not due to shared experience between himself and his clients, more a juxtaposition between his client’s content and the environment in which Robert found himself (in this example, Robert’s work existing so physically close to the site of the bombing).

Alison also worked relatively close to the site of the bombing. She recalls similar experiences to Robert, however she refers to being situated within a community of therapeutic colleagues, speaking to other members of her team during this time.

“And the follow morning I came in, I think it was in the morning and took over from the night shift. So people worked there overnight and kind of saw what it was like in the evening. And so we spoke to them about their direct experience of seeing it. So it was, it was quite, um, to be not involved. It felt quite involved seeing all that”. (Alison).

Alison recognises here that, because she is part of a community of therapists, her developing understanding of the situation was impacted. Although she was not in attendance, the way she was making sense of the bombing was influenced by what occurred on that evening, albeit vicariously through other therapists. Being situated both physically and emotionally in this working environment and understanding her own experiences through the input of others, left her feeling *“involved”*, despite believing that she was *“not involved”*. She continues to describe this process as *“unavoidable because it was just outside”*, highlighting the invasiveness of being so closely situated.

These examples highlight that multiple community identities influenced the way in which therapists in the study were able to make sense of their experiences. This is particularly relevant to participants as they all held multiple community membership as therapists and Manchester community members, as well as other communities to which they belong.

Discussion

Though participants described attending many of the events following the bombing and being able to draw upon the collective resources of the community of Manchester, they additionally spoke of belonging to multiple sub communities. In instances of collective trauma and particularly in relation to acts of terrorism, the role of community and social support cannot be understated. Engaging with community support allows members to draw on the social resources of the community and bolster a sense of resilience as a member of a collective group (Kirmayer, et al., 2009). In Manchester, a number of community gatherings took place as a form of collective mourning, which some participants spoke of attending. These included

vigils, concerts, memorials, support groups and adopting the worker bee as a sign of community resilience (Merrill & Lindgren, 2021; Hurdsfield, 2018). As with the current study, reports of community resilience (Landau & Saul, 2004) and community solidarity (Tajfel & Turner, 1979) are common following an experience of community trauma.

Professional communities were one form of group membership which was particularly explored in depth by the participants. There are a number of personal accounts of peer-to-peer support being accessed by therapists experiencing a collective trauma (Seeley, 2003). This closer relationship between peers also seems to be dependent on the extent to which an experience is shared between them. This means that that peers who do not exist within a shared traumatic reality often find it difficult to connect to one another (Dekel, 2010). Participants in the current study described the utility of seeking support from colleagues and subsequently feeling more “*involved*” in what was happening. This was despite not working on the night of the bombing itself. Participants’ descriptions of professional community membership highlight the way that belonging to multiple communities provides multiple sources from which to draw support and feelings of involvement.

An additional finding of the current study, was the unique ways that therapeutic group membership and wider community membership (in this case, Manchester) can overlap and intersect. Community support can often complement (or indeed replace) many of the functions of individual therapy. As well as social support being associated with increased psychological recovery from traumatic events (Norris et al., 2002), it may also serve a protective role in the onset of distress in response to terrorism (Stevens et al., 2013). Social support has also been associated with

experiences of PTG within communities (Prati & Pietrantonio, 2010). In these ways, community support and therapy often function in similar ways.

Kenny spoke of the shared functions of therapy and community. He described being heavily enmeshed in his local community, engaging with multiple community groups and holding multiple group memberships. He also directly referred to therapeutic work as “*a community thing*”. Kenny describes an integral part of his work as promoting relationships between community members and highlights the potential benefits of community support. Additionally, he makes sense of his role as a counsellor in reference to his community work and vice versa. Increased professional identity in the wake of terrorism is common throughout the literature (Baum, 2014), however Kenny highlights here that both his professional identity and community membership are intrinsically linked. Though multiple community memberships may offer different mechanisms by which individuals engage with sense-making after an act of terrorism, the similarities between therapeutic work and community support means this is uniquely presented for therapists.

4.3.3. Sub-theme: Choosing to distance myself

The sub-theme “*Choosing to distance myself*” represents the way in which participants discussed psychological distance between themselves and emotional content related to the bombing. This distancing takes a number of forms, often being protective, but also being detrimental to the therapeutic process in the eyes of participants. Regardless, it often represents a natural process of disconnecting from a sense making process, when attending to emotional content becomes personally unhelpful. Many participants described consciously producing a therapeutic barrier to protect themselves during work and to distinguish client content from their own. For

instance, Kenny provides a metaphor for his approach to managing the therapist/client relationship.

“So what I do is I, I it's like a, I call it like a "police shield", but I have the shield in front of me where I don't let my feelings get out of it. (M: Mm-hmm), but I let yours in. So, what I do is I empathise with you, where you're coming from. And then I look at your picture and then I see if I can help you improve your picture. 'Cause it's not about my picture. I can talk to my supervisor about my picture” (Kenny).

Kenny likens his therapeutic boundaries to a police shield, likely because he works with the emergency services. This shield allows him to create distance between himself and his clients allowing, as he describes it, a one-way screen through which the clients experience can pass. Kenny also recognises that this therapist/client distance takes a different form in his own supervisee/supervisor relationship (as he is the person seeking support).

For some participants, protective distance is also described as a significant aspect of professional work, but may be more pervasive and difficult to navigate. Alison describes why she did not attend the vigils that occurred shortly after the bombing.

“I think at that point though, maybe my, my approach could be over involving myself and then under involve-involving myself and that fell into this-the time where I was under involving myself. Like not really, uh, uh, connecting with that and (M: Yeah) maybe trying to create some distance”. (Alison).

Alison made efforts to “under involve” herself as a way of creating a protective psychological distance. Alison also highlights here, that this was part of a wider over-involving/under-involving process as she navigated her own reactions to the event.

She later admits that during therapeutic work, there was often some difficulty maintaining distance, stating that *“we were expected to kind of keep picking up the phones, keep doing our normal work, um, and kind of detach from that”*. Shaun, on the other hand, was able to find distance through recommitment to his role as a helping professional.

“There is something [professional work], um, and it's, um, important and valuable. So that, that was, um, I would say that probably shifted my attention from my own experience of it, because it was kind of a, a feeling of, um, a positive feeling of duty and responsibility”. (Shaun).

A commitment to his role as a professional, in the wake of a significant life event, provided Shaun with a way of shifting his attention away from his own experience. This provided a protective mechanism by which Shaun could keep personal and emotional content at a distance.

This distance, although serving many positive functions, can naturally provide obstacles to the therapeutic process. Alison had a realisation during the interview, relating to how she viewed the therapist-client relationship during the early days after the bombing.

“When I was supporting other people, they didn't realise that I was also affected. (M: Right) They didn't know that I was supporting them from across the road, or that I'd spoken to 10 other people that day about this. Uh, it wasn't, um, for them, it was like a one off, it was kind of the things that I knew compared to the things that they knew about me didn't match. So we weren't in it together”. (Alison)

The distance that Alison is describing here is not intentional, nor is it protective. The distance she describes here is between what the client perceives of her, and the

reality of her personal involvement. She is indicating that traditionally, the client will enter therapy with a number of assumptions about the therapist, in this case that their therapist is not directly affected by the content for which the client is seeking help. For Alison, this creates a disconnect, as she has a comparatively better understanding of her client's experience than she would otherwise.

Being able to create distance from highly charged emotional content is not selectively beneficial for therapists alone. Shaun highlights an example of this process being necessary for his clients, the young people who were at the event.

"I got the sense that some young people became quite attached to, um, what was going on...wearing the, um, the hoodie that they got from the One Love [concert], and they had photos of, uh, you know, Ariana Grande and they were, they were getting involved in a lot of Facebook groups that were about, you know, supporting one another. And for some young people, I think it, part of the work that we were doing was about supporting them to just kind of gently move on a little bit as well". (Shaun).

Shaun sees his role as slowly supporting distance between his clients and symbolic representations of resilience and grieving. Shaun argues here, that being able to slowly *"move on a little bit"* is key to their recovery, avoiding becoming overly *"attached"* to their grief.

Creating distance between community members and their grief is considered a natural part of moving on for most participants. For Kenny, moving away from this process of supportive and caring community grieving can pave the way for hatred.

"I think the, the initial part of it was all about helping each other, doing what we can getting everything there, doing what we could, doing all that, which is

absolutely brilliant. Then when that fades, it was like, "right, who can we blame now" and it doesn't matter....It's like, we've gotta find somebody who- needs to persecute somebody for this. It's not right". (Kenny)

It saddens Kenny that as the community (particularly the emergency services) moved through their response, community solidarity, care and compassion, made way for anger and blame. This stayed with Kenny and was likely reignited by the ongoing enquiry into the bombing at the time of the interview. Distance in this example occurs between groups of community members trying to navigate reactions of anger.

"Choosing to distance myself" refers to the variety of ways that psychological distance is presented in the accounts of participants. This may be as intentional psychological tools or as unintentional protective mechanisms. Distance can be important to the grieving process of clients, or as a space in which blame and anger may surface. Regardless, participants generally shared the view that the idea of distance has significant implications for personal sense-making, the therapeutic relationship and the sense-making of clients.

Discussion

The blurring of professional boundaries is one of the most widely reported consequences of working within a shared traumatic reality, particularly in relation to terrorism (Abendroth & Figley, 2013; Dekel & Tuval-Mashiach, 2012; Tosone, Nuttman-Shwartz & Stevens, 2012). When presenting the metaphor of the *"police shield"*, Kenny recognises the importance of relying on fundamental therapeutic skills in times of heightened emotional intensity. Here, distance may be an important way to obviate potential issues regarding therapeutic boundary setting. Similarly, Alison

recalls periods of time in which she would “*try to create some distance*”, usually during times in which she believed over-involving herself would be psychologically unhelpful. The term *psychological distancing* is often used to describe a common response to terrorism, in which individuals attempt to remove themselves psychologically from the narratives of trauma (Cohn, Mehl and Pennebaker, 2004). It is often considered that objective physical proximity to an event is an indicator of psychological impact (Hansen, Nissen & Heir, 2013). However, many argue that psychological distance is the most significant mediator of psychological distress after an act of terrorism (Baker & Kanan, 2003).

When working within a shared traumatic reality, Baum (2012) argues that distress occurs due to the conflict of two intrapsychic process. With the aim of psychologically protecting themselves, therapists will attempt to simultaneously distance themselves from their clients whilst also attempting to maintain and bolster their own self-esteem. Both are used as a potential way of alleviating death anxiety, yet both can be at odds with one another. Distancing prohibits therapists from empathically engaging with their clients; this may lead to perceived lack of professional competence, guilt, and lower self-esteem in therapists, as has been seen in the current study. Alison’s accounts potentially provide support for the theories proposed by Baum (2012), as she recalls questioning her professional competence and psychological distancing (though she does not explicitly state feeling changes in empathic connection).

The findings highlight a number of further considerations. Firstly, many of the therapists were proximally located to the site of the bombing exclusively during their work. When considering impact related to physical proximity (e.g., Hansen, Nissen & Heir, 2013), one needs to consider the multiple roles that people may have within

their community and their contributions to understanding “physical proximity”.

Individuals may live, work or attend school in various locations or within a number of sub-communities throughout the city, all of which may have different contributions towards how they would define their physical proximity to the event. Secondly, it is important to note that psychological distance is not a static trait, but a tool that can be used as a coping strategy when navigating difficult experiences. As such psychological distance to traumatic experiences will inevitably change over time and depending on circumstances (Collins & Long, 2003). Therefore, not only is psychological distance particularly difficult to operationalise, it will likely continually change as we navigate our reactions.

Participants also highlight ways that psychological distance can manifest in clients and the impact this can have on professional responses. Shaun stated that he believed part of his role as a therapist was to support clients to create some distance between themselves and their traumatic experiences; to “*gently move*” away from an unhelpful attachment to grieving. Alison referred to a distance between her understanding of her client, and her client’s understanding of her. She believed she had a good understanding of her client’s experience (due to having first-hand experience of the event), yet her clients were perceived as having a lack of understanding due to being unaware of this. This left her feeling as though they “*weren’t in it together*” (though this is perhaps exaggerated by Alison not working face-to-face with clients). These experiences are so nuanced that they are seldom represented in trauma literature. They do however, highlight the way that ‘distance’ may manifest in clients and present challenges in session.

The sub-theme of “*Choosing to distance myself*” shares many conceptual consistencies with the idea of psychological distancing (Cohn, Mehl and

Pennebaker, 2004). Arguably, IPA has allowed for a unique insight in to the way this may operate. Such efforts allowed for participants to maintain healthy distance from the trauma content of clients or undermine the closeness and level of empathy required for a successful therapeutic relationship. Distancing may protect clients from the difficult reality of their experience, or may hinder their ability to navigate the grieving process.

4.4. Master Theme 4: Navigating professional challenges.

Participants would often describe the way in which, due to the nature of their profession and the circumstances of the bombing, therapeutic work would often come with significant professional and emotional considerations. These were not seen as inherently positive or negative, but added a greater level of complexity to their work. *“Navigating professional challenges”* aims to describe the way in which participants made sense of these challenges. The use of support in response to these challenges is categorised under the sub-theme *“I need to talk about this ‘cause it’s stuck”*. This master theme also explores the way participants tended to describe feeling a drive to act in response to the bombing, *“A positive feeling of duty and responsibility”*.

4.4.1. Sub-theme: I need to talk about this ‘cause it’s stuck.

Participants recognised the toll, both current and potential, that therapeutic work can have on a therapist’s wellbeing. The sub-theme *“I need to talk about this ‘cause it’s stuck”* summarises participants descriptions of this process, how this intersects with working after the bombing, as well as the ways in which the participants were able (or not able) to engage with support.

Participants often explicitly stated the psychological and emotional impact of their work. Kenny, for example, described how he felt *“after four years”* of work, in what was, therapeutically *“a long process”*, stating that he felt *“anger, upset and confusion”*. Robert described *“feeling quite tired”* and surprised at the volume of work that resulted from the bombing. He stated that he remembered *“being quite shocked about [the workload] being like, “where is this all coming from”? And the surrealness of taking these calls and listening to people”*.

Alison, describes finding her experience all the more difficult, due to expectations to continue to work as usual.

“We were expected to kind of keep picking up the phones, keep doing our normal work, um, and kind of detach from that... it was difficult to manage, I, I don't think that I was as, um, focused as I would like to be on, in the work that I was doing”.

(Alison)

Here, Alison describes the relentless nature of her work, but also highlights the difficulties associated with the expectation to maintain a high workload in such unusual circumstances. Robert also alludes to this *“pressure from work”* to maintain high standards in difficult circumstances, whilst feeling as though the team was going *“above and beyond”*. Participants perceived this as a pressure to emotionally *“detach”* (Alison) from highly emotive content.

Later in this discussion, Alison begins to explore why this work took such a toll.

“I think that I found it easier to deal with the ones [sessions] that weren't to do with the event (M: Mm-hmm <affirmative>), um, because it kind of felt a bit more business as usual... but the ones where it had some connection, um, it was also bringing up things in me... I was in the thick of it”. (Alison).

Alison describes how, for those sessions which were unrelated to the bombing, she was better able to draw upon her previously developed resources and predict aspects of her clients (and indeed her own) responses. Conversely, when sessions related to the bombing, there was a far greater sense of *“the unknown”*. Though Robert does not directly state that work related to the bombing was difficult, he does reflect on increased feelings of anger, as well as wondering if the impact of the work would have been the same if *“the bomb had gone off in Birmingham”*. What both Alison and Robert recognise, is that the negative impact of therapeutic work can be significantly increased when it coincides with increased pressure due to high workloads, as well as personal connection to the work that is conducted.

As participants attempted to describe the impact of their work, interviews naturally ebbed towards the topic of resources and support that were accessed during this time. All of the clients highlighted the importance of supervision during the interviews. Kenny describes how he was able to deal with some of the more difficult aspects of his work.

“So what if I had a buildup of stuff? I, I could, I had a deal with my supervisor that, so I see him month to month and I, I could phone 'em up. Say I seen him last week. I could phone up again this week, if something had got me and say “I need to talk to you about this, because it's really stuck in me stomach”. (M: Yeah). So that that's the agreement I had with my supervisor, which was great. And I, I could do it in the afternoon, in the evening wherever, but I, I dealt with it soon as I had it” (Kenny).

It was important to Kenny that he had access to supervision that was available when he needed it. That is, due to the unpredictable nature of therapy work, catalysed by a community trauma, supervision needed to be accessible as required.

Participants described the importance of a pre-established relationship, a relationship that has already developed prior to it being required. Alison described the importance of a pre-established therapeutic relationship with her supervisor.

“I'd had an ongoing relationship with them for, for a while and felt kind of like we worked really well together. Um, and I actually remember because she's, um, she's from the Manchester area as well” (Alison).

Both Kenny and Alison describe the importance of a well-established supervisory relationship. Alison develops this point further in stating that the process was benefitted by her supervisor's own community membership. Alison explains later how this shared experience allowed for an acknowledgment of what was occurring.

For participants, the benefit of having such supervisory arrangements could not be overstated. There exists however, a caveat. Despite many descriptions of the benefits of supervision, many also argued that the support given to themselves and other therapists was insufficient.

“And I do remember thinking as a practitioner, like there's not enough being provided for us. You know, even though we all had clinical supervision to the required BACP ratio and all that kind of jazz. I dunno, it felt like we were going above and beyond, you know, and yeah, it was all the wa-, all the work, particularly, you know, it was trauma, you know, so this huge barrage of trauma calls and trauma work that we're suddenly, you know, having to face”. (Robert)

Contrary to Robert, Alison does describe receiving sufficient help stating that *“When we did eventually get some support to help us kind of understand our own trauma reactions, I found that helpful”*. However, she did state that *“the timing of it was off. Um, I think that I would’ve appreciated that sooner”*. Collectively, Robert and Alison are highlighting the importance that they place on appropriate, sufficient and timely support for therapists.

All of the participants, to a greater or lesser extent, described feeling as though support provision for therapists was restricted in some way. Shaun alludes to what he believes to be, the reason that therapists are often overlooked in such contexts, stating *“I wonder if that’s because therapist- there’s an assumption that you already you’ve got supervision in place, you’ve got sort of things in place, but it was quite an unusual situation”*. For Shaun, the assumption of psychological wellness in therapists may lead to a further assumption that help is not required, or at the very least, not a priority.

The way in which participants described the personal toll of their therapeutic work highlights the added complexity that arises from increased workload, organisational pressure and personal relation to client content. The sub-theme *“I need to talk about this ‘cause it’s stuck”*, represents the way that participants understand this professional toll, as well as highlighting the importance of timely, sufficient and appropriate supervisory support.

Discussion

Emotional experiences of anger, sadness, confusion (Kenny), tiredness, shock (Robert) and lack of focus (Alison) were described by participants in the current study. This is in line with research exploring the psychological impact of terrorism

(Whalley & Brewin, 2007, Wilson et al., 2012). The literature also indicates that this extends to therapists, commonly found in those working with community trauma (Saakvitne, 2002). Participants also described the emotional and psychological impact of their work, reporting *“anger, upset and confusion”* (Kenny) and *“feeling quite tired”* (Robert). Many remembered *“being quite shocked about [the workload]”* (Robert) and that this was *“difficult to manage”* (Alison). Heightened levels of stress and exhaustion as a result of therapeutic work (referred to in the literature as ‘burnout’) is common in therapeutic work, particularly in instances of collective trauma (Boscarino, Figley, & Adams, 2004). This more commonly occurs in unsupportive environments in which therapists experience increased workload for extended periods of time (Killian, 2008). Despite not naming burnout directly, participant descriptions are very much in line with this concept.

Alison describes how she found it difficult to work with those accessing support in relation to the bombing, feeling as though the unprecedented situation left her less able to draw upon pre-developed resources and therapeutic tools. She also recognised that client content related to the bombing was also *“bringing stuff up”* in her. Alison was impacted by client content with which she had *“some connection”*. The cumulative impact of this type of exposure to client’s traumatic content is often referred to in the literature as ‘vicarious trauma’ (McCann & Pearlman, 1990). It is worth considering however, that the impact of vicarious trauma is often increased in when the therapist is working within a shared traumatic reality (Freedman and Mashiach, 2018), as is the case with participants. Alison’s experience additionally highlights the way that vicarious trauma is conceptually similar to the concept of countertransference (Boulanger, 2018), as it is the client’s traumatic content which is *“bringing stuff up”* in her. In this way, vicarious trauma may operate in a

fundamentally different way when existing within a shared traumatic reality, as therapists' experiences are far more in line with that of their clients when compared to relationships that do not exist within this context.

Many participants suggested that there was an increased pressure within their organisations following the bombing, specifically in regard to workload. This is commonplace in services responding to the psychological needs of clients after an act of terrorism (Green et al., 2003). This increased demand on services usually increases the pressure on workers. This can increase levels of sickness and may negatively impact productivity, resulting in even greater work pressure (Abendroth, 2011). Alison offers an account of this process. She describes the way that calls related to the bombing elicited a greater sense of the unknown. This, as Alison suggested, was due to her still trying to make sense of the circumstances herself. She was also unable to draw upon many of the professional resources that she would usually have at her disposal. For those sessions which were unrelated, Alison felt a greater distance between her own experience and that of her client (as explored within *"Distancing myself"*). Both of these circumstances, it is worth noting, would likely create greater professional demand during already challenging circumstances.

When describing the way they responded to an increase in work pressure, participants discussed the importance of supervision as a primary form of support. Kenny highlighted the importance of having access to supervision that was ready to respond to his needs during highly changeable circumstances. Both he and Alison additionally highlighted the importance of having a pre-established relationship with their supervisor for this support to be offered in a timely manner. Pre-established access to supervision can help to support therapists navigate the personal impact of

trauma work, mitigating the impact of compassion fatigue, vicarious trauma, and burnout (Cohen, Gagin & Peled-Avram, 2006; Palm, Polusney & Follette, 2004). Supervision can also be used as a way of bolstering therapeutic skills via trauma-informed training (Berger & Quiros, 2014). As previously discussed, this supervisory support was not always offered. As Shaun states however, the added complexity and pressures of working in the shared traumatic reality of terrorism means additional support is often necessary. Considering such reflections collectively, it is clearly important for organisations to boost the level of support offered during responses to terrorism (Pulido, 2007).

4.4.2. Sub-theme: A positive feeling of duty and responsibility

An important consideration when exploring the theme of *“Navigating professional challenges”*, is the professional duty and responsibility that therapists feel towards their clients in times of crisis. *“A positive feeling of duty and responsibility”* aims to describe the participants’ renewed sense of professional purpose shortly after the bombing. This was characterised by an awareness that there would need to be a response from therapists, and that this would be important to people’s wellbeing going forward.

Participants often described an early realisation of the integral role they would play in providing a coordinated response. Shaun describes this experience below:

“When the terrorist attack took place, there was a, a kind of a, a, you know, realisation that [there] was gonna need to be a big coordinated response. (M: Of course) I need to, um, take responsibility for, um, getting that started within, <Participant’s organisation>, but also sort of liaising with the Resilience Hub and

all the organisations who were involved to sort of work out, um, where we would fit in, you know, to that response". (Shaun).

It is worth noting here that Shaun was working for an organisation supporting children and young-people. Due to him holding a managerial position, Shaun experienced an awareness that his organisation would be involved, and that he would be responsible for coordinating this. Shaun goes on to explain that *"there was a, a sense that a lot of the people who'd been at the arena were in our age group"*.

For many of the participants, profession responsibility created a drive to help. Shaun describes a strong pull towards picking up the additional work.

"It was kind of a, a feeling of, um, a positive feeling of duty and responsibility (M: Yeah). Is what I was experiencing. And I was quite happy to do the, you know, take on that as an extra piece of work because it was, um, yeah. It felt something to something valuable that I could feel proud of". (Shaun).

Shaun identifies that he has a close connection to those most impacted by the bombing. This catalysed a feeling of duty and responsibility. Both his managerial role and the meaningful proximity of the bombing created a strong drive to help, as well as a sense of pride in the work he was able to do.

Kenny describes how this sense of duty and responsibility, despite being increased in times of crisis, is inherent to the professional identity of the therapist.

"What your position actually is. It is to serve the community and help the community the best possible way you can, with the information you have, with the opportunities you have. Just try and do it. Instead of, trying to get a feather in your cap". (Kenny).

Though Kenny describes his position as a counsellor as someone who's duty is to "*serve the community*", he also seems to indicate here then many professionals use their work as an opportunity to serve their own self interests. For Kenny, this is in direct opposition to the moral duty and responsibility he feels as a counsellor towards his clients.

Generally, "*duty and responsibility*" was discussed in relative neutrality. However, Alison highlights that this may come with a psychological and emotional cost. Here, she describes working with those in helping professions and an identification with how vital their work was during that time.

"They were worried about their own practice. They, they were worried about the support that they were offering and, and aware of how vital it was. I felt quite similarly, like I'm going through this, not going through this too, but like I'm affected by this and I'm worried how it's affecting my practice". (Alison).

Alison states that her clients were "*worried about the support... and how vital it was*" and that this was something with which she could identify. A sense of duty and responsibility can be strong motivating factor for therapeutic work. For Alison however, there is a recognition that this may also increase pressure to "get it right". This pressure may also be influenced by a reduced awareness of personal reactions, as discussed in the theme "*Making Sense*". The bombing had created for her, a scenario in which being a competent practitioner was vital, yet more difficult than ever.

Participants described "*A positive feeling of duty and responsibility*" as a powerful drive to offer help shortly after the bombing after recognising that there would be a role to play for therapists. Although this was particularly emphasised after

the bombing, this duty and responsibility is inherent to the role of a therapist more generally. Despite this, duty and responsibility are also described as coming with a potential cost, increasing the pressure to provide optimal support for others.

Discussion

Throughout trauma literature, *altruism born of suffering* describes an increased motivation towards engaging in prosocial behaviour as a result of traumatic experiences (Staub, 2005). Altruism born of suffering is most evident in instances of collective trauma, particularly when harm is caused intentionally (Vollhardt, 2009). It is also argued that this helping behaviour may represent an aspect of PTG (Calhoun & Tedeschi, 2014). The concept has been described in relation to therapeutic work, as therapeutic professionals have also been shown to experience a drive towards helping behaviours (Hernandez, Gangsei and Engstrom, 2010). This appears to be the case in the current study, with participants additionally describing an increased recognition of the value of their professional work.

Kenny offers some explanation as to why therapists may be particularly driven to feel a drive towards altruism. He believes that it is inherent to the identity of a therapist “*to serve the community and help the community the best possible way you can*”. Altruism is something that Kenny identifies as a core value of the profession and therefore, is something that therapeutic professionals will naturally be drawn towards in times of crisis. Additionally, helping behaviours are more prevalent in those with higher levels of empathy (Batson et al, 1991). Sharing the experience of clients through the process of therapy sensitises therapists to their needs; hence therapists experience increased levels of compassion and a drive to help others as a result (Hernandez, Gangsei and Engstrom, 2010). This drive may also lead to a

greater appreciation of the importance of therapeutic work and an increased awareness and ability to employ self-care (Tosone, 2006). As empathic connection is a core component of most therapeutic work (Elliott, Bohart, Watson & Murphy, 2018), it follows that therapists are particularly likely to engage in altruistic behaviour in response to their client work, particularly when working within the context of shared traumatic reality.

A drive towards helping behaviours may also lead to *inclusive altruism*, whereby people may become driven to out-group helping, focussing altruistic efforts on victimised or marginalised out-groups (Staub & Vollhardt, 2008). Through the shared experience of adversity, it may be the case that out-group victims of collective trauma are included as part of the in-group. Hence, prosocial and altruistic behaviour is more readily extended to these groups (Vollhardt & Staub, 2011). This concept is largely supported by the current study. Not only did participants describe a drive towards helping others, but many commented on the unfair treatment of the Muslim community after the bombing. They also described increased identification with those communities during the grieving process. Inclusive altruism is argued to have positive implications for intergroup harmony and social justice (Vollhardt & Staub, 2011), this understandably becomes more complex in an environment in which heightened racial and religious division is perceived. The current study does appear to indicate that this is the case for participants as the wider community of Manchester was perceived as generally “*challenging that narrative*” (Robert).

Despite altruism born of suffering offering a potential benefit to therapeutic work, Alison highlights a potential pitfall that may arise for therapists who experience a new and intense feeling of duty and responsibility, as she described feeling an intense pressure to maintain high standards of practise. She also stated that this was

difficult due to the nature of her work. She described blaming herself for aspects of therapy which were beyond her control, including client wellbeing and her ability to therapeutically engage. The development of a renewed sense of the importance of therapy during times of crisis is a common experience within the realm of PTG (Tosone 2006). However, Alison appears to describe difficulty that may arise when personal responsibility is taken during times of uncertainty. Though many aspects of PTG and altruism born of suffering may be helpful to therapists within a shared traumatic reality, perhaps care must be taken to not assume that this is universally the case.

The accounts of participants in the current study seem to indicate that their motivation to help is experientially in line with research surrounding the concept of altruism born of suffering. What is perhaps unique in these accounts, is the way this is experienced as *“A positive feeling of duty and responsibility”*. The picture is likely more complex in therapists due to helping being viewed as a core value of the profession, as well as the greater sensitisation that occurs when empathy is used as a primary tool of therapeutic work. This is to say nothing of the shared nature of collective trauma and that, in this instance, *“A positive feeling of duty and responsibility”* is directed towards a community of which they themselves are members.

4.5. Master Theme 5: Power.

When describing events around the time of the bombing, participants understood a number of their experiences as manifestations of uneven power distributions between two or more groups. The theme *“Power”* is used to describe the way in which participants made sense of these experiences. These were further categorised into three distinct sub-themes. The first, *“In relation to my employer, I felt*

less well supported” regards the way in which organisational impediments influenced participants’ sense-making. The second, *“They are splitting up”*, describes the way in which the bombing was seen to fracture communities into racial and political subgroups. Finally, *“It was spun a very different way”* refers to the multiple coercive and political narratives that were perpetuated after the bombing.

4.5.1. Sub-theme: In relation to my employer, I felt less well supported

This sub-theme explores the ways in which participants viewed their organisations as producing impediments during their early work after the bombing. Participants described their understanding of the situation and what was needed at the time as being very different to the perceptions of their organisations. This would often mean participants felt powerless, experiencing an impedance on their work and personal processing. Robert spoke about the pressure that came from his employer to work above and beyond what he considered a reasonable intensity.

“It was just, it was just kind of relentless and I remember there was pressure from work as well 'cause we got really busy and there was a lot of like, you know, "you need to be answering the phone to as many people as possible and we need to do our bit for the community, blah, blah, blah". (Robert).

Robert’s use of *“blah, blah, blah”* highlights the sense of exasperation Robert was experiencing in relation to additional work pressure. Perhaps this was particularly the case because, for Robert, client wellbeing was used as a tool to manipulate therapists into working harder. Similar pressure was apparent to Alison who was *“expected to kind of keep picking up the phones, keep doing... normal work, um, and kind of detach”*.

For both Robert and Alison, the difficulty with their respective employers extended to a lack of additional support offered to help them manage increased work pressure.

“On reflection, I think there's lots of things that they could have done differently that would help me be more supported. So, it was normal for them to have big screens, uh, with the news on. And I, for all of us counsellors, I don't think that that was of any use. It was distracting when I was trying to speak to someone or support someone, but particularly around the time of the bombings”. (Alison).

Robert also provides an example of how his organisation had made unhelpful decisions, though this relates more directly to the psychological/therapeutic needs of staff.

“I think ... with the organisation I worked for, I remember feeling annoyed at them that they weren't doing enough. Their focus was on us supporting the clients. (M: Yeah). As opposed to, "well, what are we, what extra stuff do we need to do for the practitioners?”” (Robert).

Both Alison and Robert reflect on the need to provide additional support for therapists during the increased work pressures associated with post-terrorism work. Although the needs of clients are seen as fundamentally important for participants, attending to the needs of therapists would potentially only facilitate this process. At an organisational level the needs of therapists were not seen in this way.

Although Kenny does refer to the difficulties that arise from working as part of an organisation, he tends to refer to bureaucratic processes as the most significant barrier. He states that there have been times in which he has left an organisation due to feeling overworked, stating he was fearful of being *“burnt out”* and that he *“wouldn't do it”* to himself. This leaves him with a sense that the organisation is *“all*

about money” rather than the needs of staff. It is also worth noting that Shaun did not provide as much of a contribution to this sub-theme. This may be due to his descriptions of multi-agency working as been positive and constructive. It may also be the case that he does not share the experiences of the other participants as he holds a managerial position himself. Regardless, the other participants clearly had experiences of organisational impediments which were distinct from those of Shaun.

“In relation to my employer, I felt less well supported” explores the perceived experiences of participants and their organisations/managers as misaligned. Not only did participants feel as though this created professional impediments to their work, but that this also restricted their own sense-making. This sub-theme is subsumed under the theme of power, as participants described feeling relatively powerless to these processes.

Discussion

Terrorism is designed to physically and psychologically impact as many people as possible in a given community (Di Maggio and Galea, 2006). As such, it tends to cause a particular strain on physical and mental health services (Green et al., 2003). Compounding this further, therapy and counselling tend to impart a significant emotional toll on workers. This is one of the primary reasons that vicarious trauma (McCann & Pearlman, 1990), compassion fatigue (Figley, 1995), secondary traumatic stress (Stamm, 2010), and burnout (Killian, 2008) are common among therapists, particularly for those working within the shared traumatic reality of terrorism (Batten & Orsillo, 2002). Burnout in therapists has particularly been associated with high workloads in unsupportive environments (Killian, 2008). None of the participants interviewed directly referring to concepts such as burnout by name.

However, all the participants except Shaun described the ways that their work had impacted them personally, their understanding of what had happened and a heightened workload. Though participants were not asked about burnout or associated terms directly and despite participants not using these terms, their experiences appear to be described in ways which align with descriptions of burnout.

During periods of high work intensity following terrorism, appropriate support, clear communication, and supervision are crucial in maintaining therapist wellbeing and the quality of therapeutic offerings (Palm, Polusney & Follette, 2004). Despite participants often not explicitly describing distressing consequences of their work, they were clear in describing that the level of support was insufficient. Robert remembers thinking that, at the time, he felt *“annoyed...that they weren’t doing enough”* and Alison believed, in regards to her employer, that there were *“lots of things they could have done differently”*. Dissatisfaction with employers has been commonly reported in cases of therapists working in a shared traumatic reality (Bauwens & Tosone, 2010) and so participants’ experiences are aligned with current literature in this regard.

Participants appeared to highlight the importance of organisations understanding and appreciating additional challenges they faced after terrorist events. For the participants, their organisations were not sensitised to the additional emotional demand of post-terrorism work and this was the reason for the lack of support that was offered. This relates to a form of organisational power, in which those that hold decision-making powers have needs far removed from those of ‘on the ground’ therapists. This is unfortunate when we consider that participants also praised the support of their colleagues despite these organisational concerns. Effective community support can empower community members to draw upon the

collective resources of the group to facilitate recovery (Kaniasty & Norris, 2004). Organisations could arguably capitalise on this idea, supporting therapeutic professionals to support each other and by removing the organisational impediments which the participants describe.

4.5.2. Sub-theme: They are splitting up

The increased emotional tension around the time of the bombing appears to have created perceived fractures within the participants' communities. This was most evident for the participants in the increase in racism and islamophobia following the bombing. This theme attempts to encapsulate how therapists made sense of the community being driven apart, or described themselves as being driven apart from other communities.

Many of the participants discussed racism to some degree, and how this exemplified division between the sub-communities of Manchester. Shaun tentatively recalls his experience of the harassment felt by members of the Muslim community.

"So I think from what I remember, there was quite a bit of, um, anxiety and uncertainty in the, um, Asian community specifically sort of Muslim community around, um, you know, there was a brief, well, I hope it was brief certainly at the time there was a, there was a kind of a spike in, um, sort of, uh, well, racism, I suppose it was. We were hearing that people had been, um, you know, called names on, on the tram and the train and things. And, um, people had been, um, you know, verbally, uh, harassed for, for sort of wearing particular, you know, sort of religious, uh, clothing and stuff". (Shaun).

Shaun appeared to feel some discomfort around describing hatred directed towards the Muslim community in Manchester and indicated that he hoped the rise in harassment was “*brief*”. There was a tangible feeling in this moment that Shaun recognised that the hatred displayed by some members of his community was being directed towards other members of his community. This fracture existing between sub-communities filled Shaun with discomfort.

Kenny had experienced an increase in religious hatred within his community after the bombing. He particularly highlights feeling as though this increase in hatred has started to fracture his community into smaller divisions and described his exasperation with this process.

“We're all equal. We don't need to go into history and fetch stuff back. And that's what communities do. They, they are splitting up into their own little communities. And it's "wait a minute, we all live in the same place. Let's just share what we've got. You can have different religions and beliefs, which is fine. That's absolutely fine””. (Kenny).

Kenny continues, highlighting the reasons that he is so frustrated with the “*splitting up*” he sees within his community.

“And it it's like their religion also is about peace and everything, but obviously [the bombing is] not peace. It's about power, which is a whole different thing” (Kenny).

Kenny is stating here, that although the community has been divided on the grounds of religion, it is the need to dominate and impose power on others that has motivated the bombing. As such, division on the grounds of religion is unjust, as power and domination are the antithesis to the Islamic faith and its teachings of peace.

Those participants who spoke about the increase in racism, and the division amongst sub-communities, unanimously condemned the process. What was interesting however, is the way participants often described racism as a personal and intrusive process for their clients.

“You're often listening to people talk about their uncomfortable thoughts or their intrusive thoughts or thoughts they feel worried about or ashamed of. ...”I know it's wrong, but if I see like a young Asian man with a backpack”, you know, they'll, they'll experience now different intrusive thoughts than they might have...I think it's made young Muslim men a potential threat in the eyes of, of young people on a, on a kind of, sort of conscious level” (Shaun).

Shaun describes these experiences as *“uncomfortable”* for his clients. He paints a view that his clients feel that this way of thinking is contrary to their own set of moral principles, mirroring Shaun's own discomfort. Importantly, this is viewed as *“intrusive”*, an experience that is unwanted but persists regardless, forcing a change in perception for those involved.

Though many therapists describe an intrusive form of racism developing for clients, therapists are not immune to this process. Robert, tentatively at first, describes experiencing a similar process in himself.

“I remember being on the tram once, shortly after the bomb and an Asian guy got on -with a big backpack, and I remember getting off the tram. (M: Yeah). And I remember feeling really shit about it when I got off the, 'cause I remember thinking this visceral part of me felt afraid and I got off the tram and I, and then I had a word myself being like, "what the fuck are you doing?" Like I remember coming home and talking to my wife about it and saying like, "I feel like such a nob. And I

feel like I'm a really racist". And she was like, "what?" And I explained what happened. And she was like, "it's kind of not your fault, really, you're kind of, you've worked in this thing. You, were getting chucked, all this stuff and all this news at us". Um, and that was fairly soon after the attack, but I remember feeling really bad about that. And I almost felt like they'd won and by "they", I mean "the media". (Robert).

Robert held a considerable amount of guilt after stepping off the tram and this resulted in him honestly questioning, not just his actions, but his values and beliefs. This created an inner conflict. He identifies as having a moral compass that condemns racism, yet believed he was behaving in a way that was contrary to this.

This sub-theme represents the way in which participants viewed rising hatred in their wider communities after the bombing, as a catalyst for division. This predominantly took the form of Islamophobia, creating rising tensions between community subgroups. Often however, this racism was experienced as unwanted and intrusive. The experiences of Robert in particular, represents the idea of “splitting up” in a profoundly different way. It highlights how a significant life event can create distance between how we behave in response to terrorism, and what we fundamentally believe about ourselves.

Discussion

Perhaps the most emotionally charged descriptions of power were found in participants’ perceptions of the fracturing of their communities after the bombing, represented by the subtheme *“They are splitting up”*. There was a significant increase in racial hatred and xenophobia in Manchester following the Arena bombing (Ben-Ezra, Hamama-Raz and Mahat-Shamir, 2017). Shaun remembered an *“anxiety*

and uncertainty in the... Muslim community". This "*uncertainty*" is perhaps representative of a decrease in social trust. This often occurs in communities in which collective trauma occurs (Saul, 2013). This decrease in social trust often coexists with the incubation of xenophobic attitudes after acts of terrorism, and often results in greater levels of out-group hostility (Bartholomew, 2016). Participants believed that this increase in hatred and decrease in trust resulted in communities "*splitting up*" (Kenny), most commonly on the grounds of religion.

Kenny highlights an important way that the dividing of his community on racial grounds is problematic. He views the governing attitude of Islam as one of "*peace*" and as a result, is in direct conflict with terrorist motives of "*power*". In doing so, he indicates a particular quality of Islamophobia that is inherently more politically motivated. Islamophobia is more representative of a xeno-hostile ideology, that equates Islam with any associated culture, racial identity and class. It therefore becomes more akin to an anti-non-western ideology, far removed from its supposed religious origins (Hervik, 2015). This incorrect overgeneralisation is for Kenny, evident in the conflicting motivational ideologies between Islam and terrorism. This is of particular importance to Kenny, as he is invested in his community and frustrated by the division he witnesses. Kenny provides an example of the way that power (as a motivating factor for acts of terrorism) may be obscured by racial hatred.

The way in which participants described an increase in racism after the bombing illuminated something arguably underrepresented in the literature. Participants described their clients as having intrusive thoughts which related to fear and a lack of safety around Muslim men. For Shaun, this reflected a change in some members of the community who now viewed "*Muslim men <as> a potential threat*". This was described as an emotional, conditioned response, as clients would

cognitively be aware of what was happening yet feel a sense of shame and guilt in response. Increased racism is widely reported in communities after terrorist events and has been evidenced in Manchester after the bombing (Ben-Ezra, Hamama-Raz and Mahat-Shamir, 2017). Less reported however, is that this can feel unwanted and antithetical to the values of community members who experience racist thoughts and behaviours. The personal and often guilt-inducing nature of the intrusive racism described in the current study may mean that it is also likely under-represented in literature, as research participants may be reluctant disclose such thoughts and feelings. The therapist-client relationship is often founded on trust and as such, this potentially hidden experience has the opportunity to be brought to light via the current methodology.

In more direct relation to the current research question, intrusive racism may also occur in therapists. Robert in particular shared a poignant example of this process, including the considerable amount of guilt, negative self-talk and the behavioural implications that resulted. In depth exploration of this phenomenon is beyond the scope of this project. Fully understanding the impact of intrusive racism, both in regards to personal sense-making and therapeutic work would require more direct phenomenological inquiry. Regardless, the current study has highlighted a potentially difficult way in which therapists may embody the theme of “*splitting up*” whilst engaging in the process of sense-making.

4.5.3. Sub-theme: It was spun a very different way

The final sub-theme “*It was spun a very different way*”, aims to describe the way in which participant’s experienced others using the circumstances of the bombing to force a politically driven narrative. The theme explores how participants

understood this, and how they and the community responded. Despite this sub-theme sharing similar aspects to *"They are splitting up"*, it aims to describe the use of political narratives to forward the agendas of organisations or groups in power, rather than attempting to describe the way in which they divide communities.

Kenny describes a narrative of blame that existed towards the community of emergency service personnel. He also describes how this was ultimately adopted internally by the community itself. Here he describes feeling as though his clients, members of his wider community of emergency services, were being unfairly suspended during this process.

"And you're thinking, 'why, why are you suspending somebody when you've not found them guilty?' And it, it it's like, 'cause I, I couldn't get through to the people that was doing this because I needed, I needed to speak, but I couldn't obviously because of, I've not got that power or to get up there. (Kenny).

Kenny finds it difficult to comprehend the need for someone to be blamed and why the emergency services needed to adopt that narrative. In trying to make sense of his experience, he describes the process as resulting from individuals' need to assert power.

"Some people in power care about lives. Some people in power don't care about lives. And that's the world... To me, that is never gonna change. And I can accept that". (Kenny).

Kenny has resigned himself to the reality that sometimes, those in power will exert their will over others and that there is very little that he feels he is able to do to stop

that from occurring. He witnesses what he sees as a culture of blame, but recognises that he feels powerless to intervene.

For Kenny, a culture of blame also extended beyond the emergency services and existed in the wider community. Here, he describes how blame was directed towards people who had migrated into the country.

“So that [traumatic incident] sets an awful lot of anger up and ... what you get wise, political wise, “why are we letting a lot of people come in our country now, when we’ve got this, we can’t, we can’t cope with what we’ve got anyway”. So, you get all that going on again, politically” (Kenny).

Here, Kenny is describing the way that some members of the community shifted the narrative to an issue of immigration and that because this was *“going on again”*, it was a situation that was all too familiar for Kenny. He also maintains that this is driven by anger.

Similarly to Kenny, Robert remembers pre-empting a narrative of racially directed blame, what he refers to as an *“anti-Islam narrative”*. This, he states is *“not okay”*, firmly positioning his moral objection to such views. Later, he links this narrative to a high media presence around the city at the time.

“I remember at the St. Anne’s square one, there was a lot of TV coverage. I mean every, every road around that area was blocked with, um, police, uh, sorry with, uh, TV vans, uh, and you know, broadcasting. And I remember seeing a lot of journalists and a lot of cameras and stuff like that. Um, how, I don’t recall how that made me feel maybe... a bit under the microscope a bit?” (Robert).

Although Robert alludes to the invasive nature of the media and the strong, powerful presence they had during this time, he continues to describe the way he viewed the media as selectively attending to certain aspects of the community response to the bombing. He describes seeing the local Islamic community gathering together in a procession headed towards the site of the bombing, as a symbol of solidarity and community mourning.

"I remember again, past the office, I think it was a Friday (M: Mmm) uh, and did like a vigil type thing, like a, um, and there was loads of people. (M: Yeah). And it wasn't reported. And I remember watching it go by, um, and thinking like, "oh, that's like a really lovely thing". And, but isn't it really a shame that that's having to happen? You know, not necessarily as a backlash against the grief that the community were getting, but, you know, there was that part of me thinking, do they feel they have to, because I mean, everyone's more, it's not this isn't a problem to that community specifically. It's just, it's being sold as you know, "so are they feeling pressured to come out" or I dunno". (Robert).

Robert remembers the way in which the Muslim community, engaging in a showing of solidarity, was under-represented by the media. He later states *"It did piss me off"*, frustrated at the idea that the media hadn't taken the opportunity to *"quell this hatred towards that community"*.

Despite Robert viewing the Islamic community's response as *"lovely"*, he does question the motivation, wondering if the community's hand had been forced by the racially motivated backlash that the community was experiencing after the bombing. Robert had been angered by the racist narrative that he believed was being pushed by the media at a difficult time for his community. He does however, remember the

community's response as often being resistant to adopting this religious hatred. He remembers *"seeing people challenging that sort of narrative... and coming out in defence of, the people from the Islamic community"*. He describes how it felt to see the community respond in such a way.

"Not proud, but a bit more like a "Fuck you" (M: Mm-hmm) to the, to the, do you know what I mean? To the people who are probably like, "Oh, fucking Muslims coming over here, blah blah". You know, that kind of narrative". (Robert).

Finally, Robert highlights a further cost of politically driven narratives, and their impact on how people in the community make sense of their experiences. In one moment during the interview, he highlights what he feels is an important narrative that has been obscured.

"This guy who set off a bomb and killed a load of people, I mean, even that in itself is fucking tragic, isn't it? (M: Yeah). What the fuck is going through his head and seemingly thinking that that's okay. Um, whether or not that was even part of an ISIS thing, you know?... Um, and this kid, you know, was Libyan, wasn't he? Um, but from Manchester, grew up in Manchester... So in that respect, we're looking at, you know, a Mancunian attacking Mancunians. (M: Yeah). Um, yet, I remember that it, it was spun a very different way, you know, um, which, which was not okay" (Robert).

Robert indicates that this missed narrative is important to his understanding of the bombing and his community's response. Perhaps for Robert, the forced media narrative serves another purpose. To obscure the pain of recognising that the bombing came from within the community itself and that a narrative of "us and them" is therefore far more complicated. What is clear, at least for Robert, is that forced

narratives serve a dual function. They force a narrative and political viewpoint, whilst simultaneously attempting to obscure counter narratives.

The sub-theme of “*It was spun a very different way*” attempts to highlight the way in which participants described politically driven narratives that were reinforced after the bombing. Participants viewed these as predominantly related to anti-Islamic narratives perpetuated by the media, as well as a narrative of blame directed towards the emergency services. It was highlighted by participants how these narratives often obscured truths about the reality of the bombing, most notably the way that Manchester had suffered an attack at the hands of one of its own community members.

Discussion

The discussion surrounding an “*anti-Islam narrative*” (Robert) predominantly centred around the role that the media played. As previously discussed, participants had an acute awareness of the considerable media presence surrounding the arena bombing. This left participants like Robert feeling “*under the microscope*”. He seemed aware of the division that was occurring in Manchester, and the way this appeared to be correlated with an increased media presence. The media has often been criticised for contributing to a rise in racial hatred and xenophobia, via the negative portrayal of cultural and religious groups (Poynting & Perry, 2007). Media outlets are primarily concerned with selling news as a product and therefore offer information which may be coloured by the lens of consumerism and fear (Altheide, 2007). The advent of social media has increased our access to information. It too, allows an efficient means by which to voice hatred, promote retaliation, amplify perceived risk, and increase tensions within communities, often through the blaming

of certain groups (Innes, Roberts, Preece & Rogers, 2018). The “othering” narrative described by participants is subsequently in line with existing literature surrounding the media and its role in the dissemination of information.

Pre-existing narratives of racism were also highlighted as reignited after the bombing. Kenny particularly describes the way in which the bombing inflamed these views within his community, views which are often voiced under the guise of immigration. As discussed previously, acts of terrorism have been shown to exacerbate pre-existing racism, which forces communities further apart and exaggerates pre-existing social inequalities between groups (Saul, 2013). This has also been explored in particular reference to the arena bombing (Ben-Ezra, Hamama-Raz and Mahat-Shamir, 2017). What Kenny is keen to highlight, is that he believes this process is driven by the pain some community members feel as part of their grieving process. For Kenny, their frustration and powerlessness needed to be directed somewhere. As Kenny states *“it doesn't matter who it is, as long as we blame somebody”*. The current study offers personal accounts of this process and highlights potential reasons that pre-existing social inequalities are exaggerated.

Kenny goes on to explain how a narrative of blame directed at certain sub-communities can often be adopted by the sub-communities themselves. This was particularly Kenny’s experience whilst working within the emergency services as he perceived members of the organisation turning against one another. Kenny held the dual position of existing within the community of emergency service workers, as well as separately as an externally employed therapist. This offered him a unique perspective. He viewed members of his community as being under attack but due to his distinct role as a therapist, he felt powerless to intervene. In relation to the current research question, *“It was spun a very different way”* highlights how participants

made sense of narratives which perpetuate division within their community. It also highlights the way that as therapists, the participants often felt powerless to intervene.

5. Analysis Reflexivity

Both the interview process and the analysis highlighted a number of preconceptions which had existed outside my awareness. Firstly, I empathised with Alison's experience of not knowing whether to involve herself in the grieving process of others (i.e., the community). This immediately sparked memories of my own prior grief, particularly during the analysis process. I found myself consciously going back to the transcript and re-reading those sections in order to reconnect with Alison's account of events, rather than being guided by my own experiences. This particularly important when constructing the theme "Choosing to distance myself".

Another notable experience came towards the end of the interview with Robert, when he highlighted the idea of "*Mancunians attacking Mancunians*". I remember feeling, in the moment, an incredible sinking feeling. Robert's comments had highlighted a clear gap in my understanding of the Arena bombing. Whereas previously, I had assumed there was a clear differentiation between "perpetrator" and "victim", Robert had reminded me that both were community members in this instance. I felt closer to Robert's lived experience and as though I was beginning to understand why, for Robert, this event was so impactful.

6. Answering the Research Questions

6.1. How do therapists make sense of being both community member and therapist of those affected by the Manchester Arena bombing?

The discussion presented above highlights many of the ways in which therapists make sense of their experiences as both community members and therapists of those affected by the Arena bombings. *“Manchester values and community”* highlights the way participants viewed their community, in regards to a value driven, collective social identity. One of the themes (*“making sense”*) addresses the first research question directly, exploring an experiential change in how Manchester feels; the role of information seeking in their sense making; and the way that their sense-making is a continuous process that they are engaged in. This discussion has presented personal accounts of the way in which vicarious trauma, vicarious PTG and altruism born of suffering are uniquely expressed within a shared traumatic reality.

The current study describes sense-making in reference to a therapists’ multiple community memberships, reflected by the theme *“In, out and in between”*. This explored sense-making with regards to the overlapping experiences of therapists and clients inherent to a shared traumatic reality. It additionally explores the influence of participants’ multiple community memberships on sense-making. Finally, sense-making (and indeed sense-breaking) was explored in the theme of *“Power”*. This theme highlighted the way participants engaged with sense-making with reference to difficulties experienced organisationally; the fracturing of Manchester’s communities; and the power of politically driven narratives. This highlights the need for an organisation and a therapist’s perception of support to be aligned, in order to offer adequate support provision.

6.2. How does this sense-making process influence their professional responses, if at all?

The current study highlights many of the ways that therapists may professionally respond in light of their sense-making after an act of community trauma. Firstly, the discussion has explored the emotional and psychological impact of working therapeutically after the Manchester Arena bombing, which aligns with current research surrounding vicarious trauma, PTG and other associated concepts. It does however, highlight the additional complexity of these experiences within a shared traumatic reality, offering a unique and personal insight into the ways that sense-making may impact professional responses in these circumstances.

The current discussion highlights the novel way that a sense of duty and responsibility may impact professional responses. This may motivate therapists to help, however the increased responsibility that is taken may impair self-esteem and perceived professional competence when therapeutic work is negatively impacted. This is difficult when considering the increase in workload and the reduced time for support and self-reflection described by participants. The discussion has also highlighted the way that therapists may attempt to navigate some of these challenges by using clients as a direct source of information or by using psychological distancing to aid sense-making. Each however, presents potential therapeutic pitfalls.

Despite the complexity inherent to understanding professional responses to acts of terrorism, the current discussion illuminates the way that therapists may draw upon shared experience as a useful aspect of accessing support. That being said, a lack of shared experience may also offer additional challenges to the process of therapy. This was discussed particularly in reference to colleagues and supervision.

Supervision was particularly highlighted as vital to successfully navigating circumstances which were clearly challenging for participants.

Chapter 5: Conclusions

1. Introduction

The following chapter will present a number of strengths and limitations, as well as their implications for the current study. Following this, a number of recommendations for practise will be presented in light of the current findings. I will then suggest the implications of current study in reference to current, relevant literature, including potential avenues for future research. Finally, a concluding statement will provide an overview of the project and offer final reflections on the findings.

2. Strengths and Limitations

The current study aimed for around four to six participants, due to the relative research naivety of the lead researcher and the project being comprised of one primary study with two research questions (Smith et al, 2021). Four participants were ultimately interviewed, primarily due to added complexity in recruitment resulting from measures to reduce the spread of Covid-19. Smith, Flowers & Larkin (2009) suggest that student projects will likely include between three and six participants. For doctoral research projects, between four and ten interviews will likely take place (though note, this top range is for theses comprising of multiple smaller scale studies). Although this project achieved participant numbers in the lower range, the data generated was deemed of sufficient depth and quality for analysis. The authors argue that assigning strict participant numbers is often unhelpful, as IPA studies can vary wildly (pp. 52) and the issue is primarily one of *“quality not quantity”* (pp.51). As

such, the current study likely does not suffer despite having lower participant numbers.

Many of the methodological criticisms of IPA can be extended to the current study. Giorgi (2010) argues that IPA as a methodology and particularly its conceptualisation in Smith & Osborn (2002), is lacking as a scientific pursuit. Here, he cites their description of IPA as “*not a prescriptive methodology*” (Smith & Osborn, 2008, pp.67). For Giorgi, this calls in to question the replicability of IPA studies, as it is not grounded in a scientific approach that requires an intersubjective methodology. However, I would agree with the viewpoint of Smith (2010), as presented in his reply to Giorgi. Firstly, he argues that replicability is seldom the endeavour of qualitative research as it is for quantitative enquiry. Secondly, despite the aforementioned, IPA should be conducted with sufficient quality and transparency that checking (which differs from replication) should be possible. It is believed that this has been achieved in the current study.

I would argue that, inherent to IPA, is the understanding that the researcher is inextricably linked to the process of data generation. This refers to the process of analysis, but I would also argue this extends to the way in which the methodology is applied to the study in practical terms. This allows data generation to become a collaborative process that methodologically adapts to changing contexts and research interests, whilst maintaining a firm footing in the foundations of phenomenology, hermeneutics and idiography. In this regard, IPA is non-replicable in the traditional sense. In relation to checking, it is hoped that attempts to produce ‘good quality’ research have led to a transparent and rigorous communication of research decisions that would allow for the study to hold a level of trustworthiness.

Some conceptual limitations of the study arise from criticisms levelled at the concept of post-traumatic growth. Jayawickreme et al. (2021) argues that it is difficult to conceptually differentiate between post-traumatic growth as a transformational process, or as an ad hoc reconstruction of events. Do participants actually undergo change, or merely reconstruct their past experiences to make them more palatable? It is also difficult to parse out the impact of social desirability, poor recollection of past experiential states and the tendency to describe experiences as in line with popular cultural narratives (Tennen & Affleck, 2009). Although these are valid criticisms, I would argue that they are somewhat obviated by the use of IPA as a methodology. IPA attempts to understand the sense-making processes that individuals engage in as a response to their experiences. This is done with the hopes of entering participants' personal worlds (Smith, Jarman & Osborne, 1999). It can be argued that social desirability, memory, ad hoc reconstructions may influence an individual's sense-making, however it is exactly this process that IPA seeks to explore and illuminate. As such IPA as a methodology has been a particularly useful way of understanding participants' experiences of PTG and related concepts.

Jayawickreme et al. (2021) also argues that research into PTG is predominantly based in western culture and is rarely inclusive of marginalised or non-western populations. As such, the cross-cultural validity of such constructs should be called into question. This is clearly a limitation of the current study. Although the current study did not target a specific cultural pool of participants, all of the participants were white and of British or Irish decent. Culture heavily influences trauma representations and thus, any measure of PTG should be able to adequately incorporate non-western values (Kashyap & Hussein, 2018). Despite culture and religion being explored within the context of the study, this is inevitably through the

lens of white, western therapists. It is worth acknowledging however, that IPA does not attempt to make claims which can be generalised as representing the experiences of whole populations. Rather it attempts to situate generalisations firmly in individual experience (Smith et al., 2009).

3. Recommendations for practise

IPA research tends to take a tentative approach to making generalisations about wider populations due to its commitment to representing the experiences of a distinct and homogenous group (Smith et al., 2021). As such, recommendations for practise will be made tentatively. Though the experiences of participants are theirs alone, they do offer insight into potential issues for consideration which will be suggested below.

Firstly, it is worth noting that although participants described a number experiences which were in line with previous research into the impact of trauma and trauma work, added complexity arose from experiencing both concurrently. Literature indicates that working in what is known as a *shared traumatic reality* (Keinan-kon, 1998) can offer potential challenges as therapists are doubly exposed to their own traumatic experiences as well as those of their clients (Freedman and Mashiach, 2018). Unfortunately, many of the participants indicate that support was either insufficient or not received in a timely manner rendering help less useful. They additionally highlighted that the best support tended to include: having a pre-established supervisory relationship; having support come from within their community; a recognition of shared experience; and space to reflect on the potential implication of their shared experience with clients.

Participants noted that support from work colleagues was useful. Offering a group supervision process within organisations would allow for therapists to draw upon the resources of the group as a source of mutual support (Lansen & Haans, 2004). Group supervision is also relatively resourceful as only one or two supervisors work with a large group of supervisees. This would therefore limit the resource burden on organisations during circumstances in which increased workplace demand is particularly high. Participants also indicated that shared experience of the event facilitated closeness and acknowledgement of their experience. Drawing upon these strengths would be possible within a group supervision format.

Secondly, the current study has presented some of the challenges inherent to increased racism which may develop within communities after acts of terrorism. It suggests utility in broaching this issue within the therapy space and respectfully challenging potentially harmful narratives that may develop. Therapeutic professionals are often heavily involved in the community in which they are situated. They are often community members themselves and community work is often an aspect of their professional role. As such, therapeutic professionals are also well situated to addressing some of these issues at a community level.

The unique benefits of IPA have helped exploration of the potential harm that can be caused by intrusive racism, an unwanted and unintentional shift in an individual's relationship with groups associated with the act of terrorism itself. This has clear implications for clients, therapists and other community members, particularly those in minoritised populations. The current study also provides a poignant example of the guilt and shame experienced by those who experience this form of racism. As well as professionals increasing their awareness of these potential issues in clients, it is recommended that they are explored as an intrinsic

part of their own personal and supervisory reflective process. This may help mitigate potential therapeutic barriers that may arise. This lends additional support for the role of group supervision, as potentially shameful experiences could be given the space to be voiced and normalised.

4. Implications for research

The current study has addressed a significant gap in the literature as it explores sense-making within therapists working after an act of terrorism, all of whom were community members themselves at the time. The findings therefore contribute to the growing literature surrounding collective trauma, shared traumatic reality, vicarious trauma (and associated concepts) and aspects of PTG. It is hoped that the experiences of participants will offer points of reflection for therapeutic professionals. As acts of terrorism are unpredictable, it is hoped that professionals are able to draw on the experiences presented in this study to inform their own practise and sense-making. Despite the significant contribution of the current study, a number of areas of potential future research are suggested below.

A number of the findings highlighted potential areas for further research. For example, participants described a renewed sense of professional duty and responsibility after the bombing. Research into altruism born of suffering suggests many potential benefits of engaging in helpful behaviours in response to negative experiences (Staub, 2005). However, this also increased levels of guilt and blame, particularly when participants felt a lack of professional competence. This is an aspect of altruism born of suffering which clearly requires further exploration. Additionally, research into vicarious trauma within a shared traumatic reality has

begun to explore difficulties that may arise when client and therapist's traumatic experiences are aligned. Arguably however, more research is needed to explore the difficulties that therapists may have when their client's experience is not in line with their own, as was broached within the context of the current study.

It is worth noting that although the current study explores themes of racism and xenophobia (almost exclusively intended towards the Muslim population of Manchester), the direct experiences of those in the Muslim community are not represented. Although it could be argued that these voices would have offered an important contribution to the current study, I would also argue that these are worth exploring in their own right. The experiences of the Islamic community and indeed Muslim therapists, would likely offer a distinct and important contribution to the discussion surrounding what it means to be a therapist, a community member and a Muslim after instances of community trauma. It is vital that these experiences are voiced and IPA offers a particularly unique and useful way of exploring these.

Though many of the issues surrounding racism and xenophobia were beyond the scope of the current study, something of importance was highlighted in the experiences of participants. They described feeling a change in their own judgements and biases towards middle eastern/Muslim men. Termed intrusive racism in this study, it involves unwanted but powerful judgements towards members of sub-communities which have been associated with the act of terrorism (in this instance, Muslim men). This was also associated with a great deal of guilt and shame in participants as these were experiences which were not in line with their belief systems. Though literature surrounding racism and xenophobia is plentiful, this intrusive racism is perhaps under-represented in therapeutic research. Exploring

these issues and the mechanisms that inform them would be of great benefit to our understanding of racial tension and xenophobia post-terrorism.

5. Conclusions

The aim of the current study was to explore the experiences and sense-making processes of therapists who were both community members and working as therapists after the Manchester Arena bombing in 2017. To this end, the current study was specifically concerned with how *therapists make sense of being both community member and therapist of those affected by the Manchester Arena bombing, as well as how this sense making process influenced their professional responses, if at all*. Four participants were interviewed and Interpretative Phenomenological Analysis was selected as the methodology which would guide the research process. It was hoped that exploring the in-depth experiences participants would offer unique perspectives on the dual membership that many therapists hold when working in instances of collective trauma. Five master themes emerged from the analysis: *“Manchester values and community”, “Making sense”, “In, out and In between”, “Navigating professional challenges” and “Power”*.

The current study particularly highlights the sudden change in how participants related to Manchester, both as a community member and as therapeutic professionals. They stated that Manchester *“felt different”*, alluding to a significant change in their emotional relationship with the city. It is suggested that this equates to a shattering of assumptive worlds, which has been previously described in relation to the arena bombing (Ben-Ezra, Hamama-Raz and Mahat-Shamir, 2017). Participants behaved differently in response, taking different routes to work or

avoiding certain areas and people. With regards to their professional role however, they described a renewed sense of professional duty and a drive to support others. It is proposed that this is an expression of altruism born of suffering.

Participants highlighted the challenges in navigating a sudden and new experiential challenge. Gathering information to inform sense-making became critical, though this was incredibly difficult given that information was lacking, unreliable or inflammatory. It is suggested that therapists should be aware that this may impact therapeutic relationships, as clients also offer a source of such information during sessions. The importance of maintaining an appropriate psychological distance was also perceived as very important. Though this has previously been explored in trauma research, it is uniquely expressed in the current study. Therapists and clients were viewed as needing to strike a balance between connecting to the grieving process of the community, whilst simultaneously maintaining emotional distance in order to remain safe. The current study therefore describes the way that therapists may have vicarious access to PTG experiences via engagement with their community.

As participants were working within a shared traumatic reality, their experiences were very much in line with that of their clients. Additional work pressures also left little time to reflect on their experiences and client content would often trigger difficulties. In this regard, the current study describes the unique way that vicarious trauma may be experienced within a shared traumatic reality. Furthermore, this coincided with doubts in professional capacity and guilt. Though this was viewed as challenging, this shared experience also allowed for a closeness between therapists and their clients, particularly evident in participants' supervisory relationships.

Participants also highlighted sense-making as a continuing process and how the bombing will become part of Manchester's history and social identity in the years that follow. This identity includes community values of safety, friendliness, helpfulness and other qualities associated Manchester's identity as a working class, industrial and community-oriented city. This includes descriptions of Manchester as a resilient community. Although resilience was evident prior to the arena bombing, the event had clearly bolstered this quality in community members. Potential personal and therapeutic implications of resilience in communities were also discussed.

Despite positive aspects of the community response being championed by participants, what is also clear is that they perceived a number of forces at play which were antithetical to these values. They offered examples demonstrating lack of consideration, self-interest and a need for power and control above the needs of others. These antithetical values were described as particularly evident in the behaviours of the media, those in managerial or organisational positions and in sub-communities displaying racist and xenophobic attitudes. These examples and the values they were perceived to hold were seen as very much in opposition to the values and aims of the majority of the wider community of Manchester.

What I personally found perhaps most striking about the current study, is the number of seemingly conflicting realities that are described by participants. A shared traumatic reality can provide a number of mechanisms which enhance therapeutic closeness, yet this may come at the cost of personal wellbeing or successful sense-making. Manchester became an uncertain and unfamiliar place, yet therapists became surer of their role as a therapist and the contribution they could make. The community was viewed as "together" and "resilient", yet increased racism, xenophobia and a fracturing of the community was also evident. At its core, these

experiences highlight perhaps the most challenging dichotomy which exists when exploring community terrorism. The community is responding to an attack against its own members, yet it is from within the community that this attack originates. As Robert potently summarises, *“in that respect, we’re looking at... a Mancunian attacking Mancunians”*. It is in these conflicting yet coexisting realities that sense making and professional responses are challenged, both for communities and for ourselves as therapeutic professionals.

References

- Abendroth, M., & Figley, C. (2013). Vicarious trauma and the therapeutic relationship. In D. Murphy, S. Joseph & B. Harris (Eds.), *Trauma and the traumatic relationship* (pp. 111-125). Bloomsbury. https://doi.org/10.1007/978-1-137-36849-2_8
- Abendroth, M. & Flannery, J. (2011). Overview and summary: Compassion fatigue: Caregivers at risk. *The Online Journal of Issues in Nursing*, 16(1), 1-3. <https://doi.org/10.3912/OJIN.Vol16No01OS01>
- Adams W. C. (2015). Conducting semi-structured interviews. In K. E. Newcomer, H. P. Hatry, J. S. Wholey (Eds.), *Handbook of practical program evaluation* (pp. 492–505). John Wiley & Sons. <https://doi.org/10.1002/9781119171386.ch19>
- Ahern, J., Galea, S., Resnick, H., Kilpatrick, D., Bucuvalas, M., Gold, J., & Vlahov, D. (2002). Television images and psychological symptoms after the September 11 terrorist attacks. *Psychiatry: Interpersonal and Biological Processes*, 65(4), 289-300. <https://doi.org/10.1521/psyc.65.4.289.20240>
- Alase, A. (2017). The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education and Literacy Studies*, 5(2), 9-19. <https://doi.org/10.7575/aiac.ijels.v.5n.2p.9>
- Alexander, J. C., Eyerman, R., Giesen, B., Smelser, N. J., & Sztompka, P. (2004) *Cultural Trauma and Collective Identity: Toward a Theory of Cultural Trauma*. University of California Press. <https://doi.org/10.1525/9780520936768>

- Alisic, E. (2012). Teachers' perspectives on providing support to children after trauma: a qualitative study. *School psychology quarterly*, 27(1), 51-59.
<https://doi.org/10.1176/appi.books.9780890425596>
- Altheide, D. L. (2007). The mass media and terrorism. *Discourse & Communication*, 1(3), 287-308. <https://doi.org/10.1037/a0028590>
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed). American Psychiatric Association.
<https://doi.org/10.1176/appi.books.9780890425596>
- Archetti, C. (2013). Terrorism, Communication, and the Media. In C. Archetti (Ed.), *Understanding Terrorism in the Age of Global Media* (pp. 32-59). Palgrave Macmillan, London. https://doi.org/10.1057/9781137291387_3
- Arcury, T. A., & Quandt, S. A. (1999). Participant recruitment for qualitative research: a site-based approach to community research in complex societies. *Human Organization*, 58(2), 128-133.
<https://doi.org/10.17730/humo.58.2.t5g838w7u1761868>
- Arnold, D., Calhoun, L. G., Tedeschi, R., & Cann, A. (2005). Vicarious posttraumatic growth in psychotherapy. *Journal of Humanistic Psychology*, 45(2), 239-263.
<https://doi.org/10.1177/0022167805274729>
- Awan, M. S. (2010). Global terror and the rise of xenophobia/Islamophobia: An analysis of American cultural production since September 11. *Islamic Studies*, 49(4), 521-537. <https://doi.org/10.1080/09515070600811899>

- Baird, K., & Kracen, A. C. (2006). Vicarious traumatization and secondary traumatic stress: A research synthesis. *Counselling Psychology Quarterly*, 19(2), 181-188. <https://doi.org/10.1080/09515070600811899>
- Baker, A. M., & Kanan, H. M. (2003). Psychological impact of military violence on children as a function of distance from traumatic event: The Palestinian case. *Intervention*, 1(3), 13-21.
- Barbour, R. (2013). *Introducing qualitative research: a student's guide*. Sage. <https://doi.org/10.4135/9781526485045>
- Bartholomew, R. E. (2016). The Paris terror attacks, mental health and the spectre of fear. *Journal of the Royal Society of Medicine*, 109(1), 4-5. <https://doi.org/10.1177/0141076815625070>
- Bartoskova, L. (2015). Research into post-traumatic growth in therapists: A critical literature review. *Counselling Psychology Review*, 30(3), 57-68. <https://doi.org/10.53841/bpscpr.2015.30.3.57>
- Batson, C. D., Batson, J. G., Slingsby, J. K., Harrell, K. L., Peekna, H. M., & Todd, R. M. (1991). Empathic joy and the empathy-altruism hypothesis. *Journal of personality and social psychology*, 61(3), 413-426. <https://doi.org/10.1037/0022-3514.61.3.413>
- Batten, S. V., & Orsillo, S. M. (2002). Therapist reactions in the context of collective trauma. *The Behavior Therapist*, 25(2), 36-40.
- Baum, N. (2010). Shared traumatic reality in communal disasters: Toward a conceptualization. *Psychotherapy Theory, Research, Practice*, 47(2), 249–259. <https://doi.org/10.1037/a0019784>

- Baum, N. (2012). Trap of conflicting needs: Helping professionals in the wake of a shared traumatic reality. *Clinical Social Work Journal*, 40(1), 37-45.
<https://doi.org/10.1007/s10615-011-0347-0>
- Baum, N. (2014). Professionals' double exposure in the shared traumatic reality of wartime: Contributions to professional growth and stress. *The British Journal of Social Work*, 44(8), 2113-2134. <https://doi.org/10.1093/bjsw/bct085>
- Baum, N., & Ramon, S. (2010). Professional growth in turbulent times. *Journal of Social Work*, 10(2), 139-156. <https://doi.org/10.1177/1468017310363636>
- Bauman, Z. (2013). *Community: Seeking safety in an insecure world*. John Wiley & Sons.
- Bauwens, J., & Tosone, C. (2010). Professional posttraumatic growth after a shared traumatic experience: Manhattan clinicians' perspectives on post-9/11 practice. *Journal of Loss and Trauma*, 15(6), 498-517.
<https://doi.org/10.1080/15325024.2010.519267>
- Beck, C. T. (2011). Secondary traumatic stress in nurses: A systematic review. *Archives of psychiatric nursing*, 25(1), 1-10.
<https://doi.org/10.1016/j.apnu.2010.05.005>
- Benner, P. E. (1994). *Interpretive phenomenology: Embodiment, caring, and ethics in health and illness*. Sage.
- Ben-Ezra, M., Hamama-Raz, Y., & Mahat-Shamir, M. (2017). Psychological reactions to the 2017 Manchester Arena bombing: A population based study. *Journal of psychiatric research*, 95, 235-237.
<https://doi.org/10.1177/0141076815625070>.

- Berger, R., & Quiros, L. (2014). Supervision for trauma-informed practice. *Traumatology*, 20(4), 296-301. <https://doi.org/10.1037/h0099835>
- Biggerstaff, D. (2012). Qualitative research methods in psychology. In G. Rossi (Ed.), *Psychology: selected papers* (pp.175-206). InTech. <https://doi.org/10.5772/38931>
- Biggerstaff, D., & Thompson, A. R. (2008). Interpretative phenomenological analysis (IPA): A qualitative methodology of choice in healthcare research. *Qualitative research in psychology*, 5(3), 214-224. <https://doi.org/10.1080/14780880802314304>.
- Bonanno, G. A. (2004). Loss, trauma, and human resilience: have we underestimated the human capacity to thrive after extremely aversive events? *American psychologist*, 59(1), 20-28. <https://doi.org/10.1037/0003-066X.59.1.20>
- Bonanno, G. A., Rennie, C., & Dekel, S. (2005). Self-enhancement among high-exposure survivors of the September 11th terrorist attack: Resilience or social maladjustment? *Journal of personality and social psychology*, 88(6), 984-998.
- Boscarino, J. A., Figley, C. R., & Adams, R. E. (2004). Compassion fatigue following the September 11 terrorist attacks: A study of secondary trauma among New York City social workers. *International journal of emergency mental health*, 6(2), 57-66. <https://doi.org/10.1037/0022-3514.88.6.984>
- Boulanger, G. (2018). When is vicarious trauma a necessary therapeutic tool? *Psychoanalytic Psychology*, 35(1), 60-69. <https://doi.org/10.1037/pap0000089>

Bradshaw, T. K. (2008). The post-place community: Contributions to the debate about the definition of community. *Community Development*, 39(1), 5-16.

<https://doi.org/10.1080/15575330809489738>

Brint, S. (2001). Gemeinschaft revisited: A critique and reconstruction of the community concept. *Sociological theory*, 19(1), 1-23.

<https://doi.org/10.1111/0735-2751.00125>

British Psychological Society. (2021). BPS Code of Human Research Ethics.

<https://www.bps.org.uk/sites/bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Code%20of%20Human%20Research%20Ethics.pdf>.

Brown, J. L. C., Ong, J., Mathers, J. M., & Decker, J. T. (2017). Compassion fatigue and mindfulness: comparing mental health professionals and MSW student interns. *Journal of Evidence-Informed Social Work*, 14(3), 119–130. <https://doi.org/10.1080/23761407.2017.1302859>.

Bryman, A. (2016). *Social research methods*. Oxford university press.

Burks, D. J., Youll, L. K., & Durtschi, J. P. (2012). The empathy-altruism association and its relevance to health care professions. *Social Behavior and Personality: an international journal*, 40(3), 395-400.

<https://doi.org/10.2224/sbp.2012.40.3.395>

Burstow, B. (2004). Progressive psychotherapists and the psychiatric survivor movement. *Journal of humanistic psychology*, 44(2), 141-154.

<https://doi.org/10.1177/0022167804263067>

Butler, L. D., Blasey, C. M., Garlan, R. W., McCaslin, S. E., Azarow, J., Chen, X. H., Desjardins, J. C., DiMiceli, S., Seagraves, D. A., Hastings, T.A., Kraemer, H. C.

- & Spiegel, D. (2005). Posttraumatic growth following the terrorist attacks of September 11, 2001: Cognitive, coping, and trauma symptom predictors in an internet convenience sample. *Traumatology*, 11(4), 247-267.
<https://doi.org/10.1177/153476560501100405>
- Calhoun, L. G., & Tedeschi, R. G. (1999). *Facilitating posttraumatic growth: A clinician's guide*. Routledge. <https://doi.org/10.4324/9781410602268>
- Calhoun, L. G., & Tedeschi, R. G. (2014). *Handbook of posttraumatic growth: Research and practice*. Routledge. <https://doi.org/10.4324/9781315805597>
- Cattaneo, L. B., Stylianou, A. M., Hargrove, S., Goodman, L. A., Gebhard, K. T., & Curby, T. W. (2021). Survivor-centered practice and survivor empowerment: Evidence from a research–practitioner partnership. *Violence Against Women*, 27(9), 1252-1272. <https://doi.org/10.1177/1077801220935196>
- Clay, R., Knibbs, J., & Joseph, S. (2009). Measurement of posttraumatic growth in young people: A review. *Clinical Child Psychology and Psychiatry*, 14(3), 411-422. <https://doi.org/10.1177/1359104509104049>
- Cleary, E., Curran, D., Kelly, G., Dorahy, M. J., & Hanna, D. (2022). The meta-analytic relationship between secondary traumatic stress and vicarious posttraumatic growth in adults. *Traumatology*. Advance online publication. <https://doi.org/10.1037/trm0000373>
- Cohen, K., & Collens, P. (2013). The impact of trauma work on trauma workers: A metasynthesis on vicarious trauma and vicarious posttraumatic growth. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(6), 570–580. <https://doi.org/10.1037/a0030388>

- Cohen, M., Gagin, R., & Peled-Avram, M. (2006). Multiple terrorist attacks: Compassion fatigue in Israeli social workers. *Traumatology*, 12(4), 293-301. <https://doi.org/10.1177/1534765606297820>
- Cohen, P., Kasen, S., Chen, H., Gordon, K., Berenson, K., Brook, J., & White, T. (2006). Current affairs and the public psyche: American anxiety in the post 9/11 world. *Social Psychiatry and Psychiatric Epidemiology*, 41(4), 251-260. <https://doi.org/10.1007/s00127-006-0033-7>
- Cohn, M. A., Mehl, M. R., & Pennebaker, J. W. (2004). Linguistic markers of psychological change surrounding September 11, 2001. *Psychological science*, 15(10), 687-693. <https://doi.org/10.1111/j.0956-7976.2004.00741.x>
- Collins, S., & Long, A. (2003). Working with the psychological effects of trauma: consequences for mental health-care workers—a literature review. *Journal of psychiatric and mental health nursing*, 10(4), 417-424. <https://doi.org/10.1046/j.1365-2850.2003.00620.x>
- Cooper, M. (2009). Welcoming the Other: Actualising the humanistic ethic at the core of counselling psychology practice. *Counselling Psychology Review-British Psychological Society*, 24(3/4). <https://doi.org/10.53841/bpscpr.2009.24.3-4.119>
- Coyle, A., & Wright, C. (1996). Using the counselling interview to collect research data on sensitive topics. *Journal of Health Psychology*, 1(4), 431-440. <https://doi.org/10.1177/135910539600100402>

- Craig, C. D., & Sprang, G. (2010). Compassion satisfaction, compassion fatigue, and burnout in a national sample of trauma treatment therapists. *Anxiety, Stress, & Coping*, 23(3), 319-339. <https://doi.org/10.1080/10615800903085818>
- Creswell, J. W., & Poth, C. N. (2016). Qualitative inquiry and research design: Choosing among five approaches. Sage publications.
- Crotty, M. (1998). The foundations of social research: meaning and perspective in the research process. London: Sage.
- Day, K. W., Lawson, G., & Burge, P. (2017). Clinicians' experiences of shared trauma after the shootings at Virginia Tech. *Journal of Counseling & Development*, 95(3), 269-278. <https://doi.org/10.1002/jcad.12141>
- Dekel, R. (2010). Mental health practitioners' experiences during the shared trauma of the forced relocation from Gush Katif. *Clinical Social Work Journal*, 38(4), 388-396. <https://doi.org/10.1007/s10615-009-0258-5>
- Dekel, R., & Tuval-Mashiach, R. (2012). Multiple losses of social resources following collective trauma: The case of the forced relocation from Gush Katif. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4(1), 56-65. <https://doi.org/10.1037/a0019912>
- Delker, B. C., Salton, R., & McLean, K. C. (2020). Giving voice to silence: Empowerment and disempowerment in the developmental shift from trauma 'victim' to 'survivor-advocate'. *Journal of Trauma & Dissociation*, 21(2), 242-263. <https://doi.org/10.1080/15299732.2019.1678212>
- Denzin, N.K. (2001). The reflexive interview and a performative social science. *Qualitative research*, 1(1), 23-46. <https://doi.org/10.1177/146879410100100102>

- DiMaggio, C., & Galea, S. (2006). The behavioral consequences of terrorism: a meta-analysis. *Academic emergency medicine*, 13(5), 559-566.
<https://doi.org/10.1197/j.aem.2005.11.083>
- Douglas, I., Hodgson, R., & Lawson, N. (2002). Industry, environment and health through 200 years in Manchester. *Ecological Economics*, 41(2), 235-255.
[https://doi.org/10.1016/S0921-8009\(02\)00029-0](https://doi.org/10.1016/S0921-8009(02)00029-0).
- Drury, J., Cocking, C., & Reicher, S. (2009). The nature of collective resilience: Survivor reactions to the 2005 London bombings. *International Journal of Mass Emergencies and Disasters*, 27(1), 66-95.
<https://doi.org/10.1177/028072700902700104>
- Dunn, J. L. (2005). Victims” and “survivors”: Emerging vocabularies of motive for “battered women who stay. *Sociological inquiry*, 75(1), 1-30.
<https://doi.org/10.1111/j.1475-682X.2005.00110.x>
- Eatough, V & Smith, J. (2017) Interpretative phenomenological analysis. In C. Willig & W. Stainton-Rogers (Eds.) *Handbook of Qualitative Psychology 2nd Edition* (pp. 193-211). London, UK: Sage. <https://doi.org/10.4135/9781526405555.n12>.
- Eidelson, R. J., D'Alessio, G. R., & Eidelson, J. I. (2003). The impact of September 11 on psychologists. *Professional Psychology: Research and Practice*, 34(2), 144-150. <https://doi.org/10.1037/0735-7028.34.2.144>
- Elliott, R., Bohart, A. C., Watson, J. C., & Murphy, D. (2018). Therapist empathy and client outcome: An updated meta-analysis. *Psychotherapy*, 55(4), 399-410.
<https://doi.org/10.1037/pst0000175>

- Elliot, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38(3), 215-229. <https://doi.org/10.1348/014466599162782>
- Figley, C. R. (1985). From victim to survivor: Social responsibility in the wake of catastrophe. In C. R. Figley (Ed.) *Trauma and its wake*, (pp. 398-415). Routledge.
- Figley, C. R. (1993). Compassion stress: towards its measurement and management. *Family Therapy News*, 24(3), 1–2.
- Figley, C. R. (1995). Compassion fatigue: Toward a new understanding of the costs of caring. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (pp. 3–28). Baltimore: The Sidran Press.
- Finklestein, M., Stein, E., Greene, T., Bronstein, I., & Solomon, Z. (2015). Posttraumatic stress disorder and vicarious trauma in mental health professionals. *Health & social work*, 40(2), e25-e31. <https://doi.org/10.1093/hsw/hlv026>
- Finlay, L., & Gough, B. (2008). Reflexivity: A practical guide for researchers in health and social sciences. John Wiley & Sons.
- Frawley-O'Dea, M. G. (2003). When the trauma is terrorism and the therapist is traumatized too: Working as an analyst since 9/11. *Psychoanalytic Perspectives*, 1(1), 67-89. <https://doi.org/10.1080/1551806X.2003.10472886>
- Frechette, J., Bitzas, V., Aubry, M., Kilpatrick, K., & Lavoie-Tremblay, M. (2020). Capturing lived experience: Methodological considerations for interpretive

- phenomenological inquiry. *International Journal of Qualitative Methods*, 19, 1-12. <https://doi.org/10.1177/1609406920907254>
- Freedman, T. G. (2004). Voices of 9/11 first responders: Patterns of collective resilience. *Clinical Social Work Journal*, 32(4), 377-393. <https://doi.org/10.1007/s10615-004-0538-z>
- Freedman, S. A., & Tuval-Mashiach, R. (2018). Shared trauma reality in war: Mental health therapists' experience. *PloS one*, 13(2), e0191949. <https://doi.org/10.1371/journal.pone.0191949>
- French, P., Barrett, A., Allsopp, K., Williams, R., Brewin, C. R., Hind, D., Sutton, R., Stancombe, J., & Chitsabesan, P. (2019). Psychological screening of adults and young people following the Manchester Arena incident. *BJPsych open*, 5(5), 1-6. <https://doi.org/10.1192/bjo.2019.61>
- Gadamer, H. (1990/1960). *Truth and Method*. New York: Crossroad.
- Gilmore, A. (2018). *What and who makes Manchester creative?* <https://www.alc.manchester.ac.uk/about/stories/what-and-who-makes-manchester-creative/>
- Giuliani, M. (2016). Sensemaking, sensegiving and sensebreaking: The case of intellectual capital measurements. *Journal of Intellectual Capital*, 17(2), 218-237. <https://doi.org/10.1108/JIC-04-2015-0039>
- Green, B. L. (2003). Traumatic Stress and its consequences. In B. L. Green, M. J. Friedman, J. de Jong, T. M. Keane, S. D. Solomon, J. A. Fairbank, B. Donelan & E. Frey-Wouters (Eds.), *Trauma interventions in war and peace: Prevention,*

practice, and policy (pp. 17-32). Springer Science & Business Media.

<https://doi.org/10.1007/b100536>

Green, J., Spivack, O., Khaki, Z., O'Donnell, J., & Bailey, A. (2018). Different kinds of major incident require different mental health responses [Editorial]. *BMJ* 360.

<https://www.bmj.com/content/360/bmj.k1144.full>

Greenbank, P. (2003). The role of values in educational research: The case for reflexivity. *British educational research journal*, 29(6), 791-801.

<https://doi.org/10.1080/0141192032000137303>.

Hamilton, S. (2018). Compassion fatigue: the cost of caring. *Emergency Nurse New Zealand*, 6-7.

Hansen, M. B., Nissen, A., & Heir, T. (2013). Proximity to terror and post-traumatic stress: a follow-up survey of governmental employees after the 2011 Oslo bombing attack. *BMJ open*, 3(7), 1-5. [https://doi.org/10.1136/bmjopen-2013-](https://doi.org/10.1136/bmjopen-2013-002692)

[002692](https://doi.org/10.1136/bmjopen-2013-002692)

Harvey, M. R. (1996). An ecological view of psychological trauma and trauma recovery. *Journal of traumatic stress*, 9(1), 3-23.

<https://doi.org/10.1002/jts.2490090103>

Health and Care Professions Council. (2016). *Standards of conduct, performance and ethics*.

<https://www.hcpcuk.org/globalassets/resources/standards/standards-of-conduct-performance-and-ethics.pdf>.

Heidegger, M. (1962/1927). *Being and Time*. Oxford: Blackwell.

- Hernández, P., Engstrom, D., & Gangsei, D. (2010). Exploring the impact of trauma on therapists: Vicarious resilience and related concepts in training. *Journal of Systemic Therapies*, 29(1), 67-83. <https://doi.org/10.1521/jsyt.2010.29.1.67>
- Hernández, P., Gangsei, D., & Engstrom, D. (2007). Vicarious resilience: A new concept in work with those who survive trauma. *Family process*, 46(2), 229-241. <https://doi.org/10.1111/j.1545-5300.2007.00206.x>
- Hernandez-Wolfe, P., Killian, K., Engstrom, D., & Gangsei, D. (2015). Vicarious resilience, vicarious trauma, and awareness of equity in trauma work. *Journal of humanistic psychology*, 55(2), 153-172. <https://doi.org/10.1177/0022167814534322>
- Hervik, P. (2015). Xenophobia and nativism. In N. J. Smelser & P. B. Baltes, *International Encyclopedia of the Social & Behavioral Sciences* (pp. 796-801). Elsevier. <https://doi.org/10.1016/B978-0-08-097086-8.12167-1>
- Hind, D., Allsopp, K., Chitsabesan, P., & French, P. (2021). The psychosocial response to a terrorist attack at Manchester Arena, 2017: a process evaluation. *BMC psychology*, 9(1), 1-20. <https://doi.org/10.1186/s40359-021-00527-4>
- Hirschberger, G. (2018). Collective trauma and the social construction of meaning. *Frontiers in psychology*, 9, 1-14. <https://doi.org/10.3389/fpsyg.2018.01441>
- Howitt, D., & Cramer, D. (2010). Introduction to qualitative methods in psychology. <https://www.pearsonhighered.com/assets/samplechapter/h/o/w/i/Howitt%20Web%20Sample.pdf>

- Huggard, P., & Unit, G. (2013). A systematic review of the measurement of compassion fatigue, vicarious trauma, and secondary traumatic stress in physicians. *Australasian Journal of Disaster and Trauma Studies*, 2013(1), 37-44.
- Hurdsfield, G. (2018). Community Resilience and Visual Art: Responses to the Manchester Arena attack [Unpublished Manuscript]. Manchester Metropolitan University.
- Husserl, E. (2014). Phenomenology. For *Encyclopaedia Britannica* (R. Palmer, Trans. and revised). doi.org/10.1080/00071773.1971.11006182. (Original work published 1927).
- Hyatt-Burkhart, D. (2014). The experience of vicarious posttraumatic growth in mental health workers. *Journal of loss and trauma*, 19(5), 452-461.
<https://doi.org/10.1080/15325024.2013.797268>
- Iqbal, A. (2015). The ethical considerations of counselling psychologists working with trauma: Is there a risk of vicarious traumatisation. *Counselling Psychology Review*, 30(1), 44-51. <https://doi.org/10.53841/bpscpr.2015.30.1.44>
- Inbar, J., & Ganor, M. (2003). Trauma and compassion fatigue: Helping the helpers. *Journal of Jewish Communal Service*, 79(2/3), 109-111.
- Innes, M., Roberts, C., Preece, A., & Rogers, D. (2018). Ten “Rs” of social reaction: Using social media to analyse the “post-event” impacts of the murder of Lee Rigby. *Terrorism and Political Violence*, 30(3), 454-474.
<https://doi.org/10.1080/09546553.2016.1180289>

- Janoff-Bulman, R. (1989) Assumptive worlds and the stress of traumatic events: applications of the schema construct. *Soc Cognit*, 7(2), 113–136.
<https://doi.org/10.1521/soco.1989.7.2.113>
- Jayawickreme, E., Infurna, F. J., Alajak, K., Blackie, L. E., Chopik, W. J., Chung, J. M., Dorfman, A., Fleeson, W., Forgeard, Frazer, P., Furr, R. M., Grossmann, I., Heller, A. S., Laceulle, O. M., Lucas, R. E., Luhmann, M., Luong, G., Meijer, L. McLean, K. C., ... Zonneveld, R. (2021). Post-traumatic growth as positive personality change: Challenges, opportunities, and recommendations. *Journal of personality*, 89(1), 145-165. <https://doi.org/10.1111/jopy.12591>
- Jenkins, S. R., & Baird, S. (2002). Secondary traumatic stress and vicarious trauma: A validation study. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*, 15(5), 423-432.
<https://doi.org/10.1023/A:1020193526843>
- Johnstone, L. (2018). Psychological formulation as an alternative to psychiatric diagnosis. *Journal of Humanistic Psychology*, 58(1), 30-46.
<https://doi.org/10.1177/0022167817722230>
- Joinson, C. (1992). Coping with compassion fatigue. *Nursing*, 22(4), 116-118.
<https://doi.org/10.1097/00152193-199204000-00035>
- Joseph, S. (2004). Client-centred therapy, post-traumatic stress disorder and post-traumatic growth: Theoretical perspectives and practical implications. *Psychology and Psychotherapy: Theory, Research and Practice*, 77(1), 101-119. <https://doi.org/10.1348/147608304322874281>

Kadambi, M. A., & Ennis, L. (2004). Reconsidering vicarious trauma: A review of the literature and its' limitations. *Journal of Trauma Practice*, 3(2), 1-21.

https://doi.org/10.1300/J189v03n02_01

Kaniasty, K., & Norris, F. H. (2004). Social support in the aftermath of disasters, catastrophes, and acts of terrorism: altruistic, overwhelmed, uncertain, antagonistic, and patriotic communities. In R. J. Ursano, A. E. Norwood, & C. S. Fullerton (Eds.), *Bioterrorism: Psychological and public health interventions* (pp. 200–229). Cambridge University Press.

Kashyap, S., & Hussain, D. (2018). Cross-cultural challenges to the construct “posttraumatic growth”. *Journal of Loss and Trauma*, 23(1), 51-69.

<https://doi.org/10.1080/15325024.2017.1422234>

Keinan-Kon, N. (1998). Internal reality, external reality, and denial in the Gulf War. *Journal of the American Academy of Psychoanalysis*, 26(3), 417-442.

<https://doi.org/10.1521/jaap.1.1998.26.3.417>

Killea, A. (2018, May, 18th). ‘We use singing as Therapy’: Inspirational choir helps children who survived Manchester arena bombing. *Mirror*.

<https://www.mirror.co.uk/news/uk-news/we-use-singing-therapy-inspirational-12558509>.

Kirmayer, L. J., Sehdev, M., Whitley, R., Dandeneau, F. S., & Isaac, C. (2009).

Community resilience: Models, metaphors and measures. *Journal of Aboriginal Health*, 5 (1), 62–117.

Kitchen, T. (2001). Planning in response to terrorism: The case of Manchester, England. *Journal of Architectural and Planning Research*, 18(4), 325-340.

- Kiyimba, N., Buxton, C., Shuttleworth, J., & Pathe, E. (2022). *Discourses of Psychological Trauma*. Springer International Publishing AG.
- Kohli, D., & Padmakumari, P. (2020). Self-Care, burnout, and compassion fatigue in oncology professionals. *Indian Journal of Occupational and Environmental Medicine*, 24(3), 168-171. https://doi.org/10.4103/ijjem.IJOEM_201_19
- Krupnik, V. (2019). Trauma or adversity?. *Traumatology*, 25(4), 256-261. <https://doi.org/10.1037/trm0000169>
- Killian, K. D. (2008). Helping till it hurts? A multimethod study of compassion fatigue, burnout, and self-care in clinicians working with trauma survivors. *Traumatology*, 14(2), 32-44. <https://doi.org/10.1177/1534765608319083>
- Knudsen, H. K., Roman, P. M., Johnson, J. A., & Ducharme, L. J. (2005). A changed America? The effects of September 11th on depressive symptoms and alcohol consumption. *Journal of Health and Social Behavior*, 46(3), 260-273. <https://doi.org/10.1177/002214650504600304>
- Landau, J., & Saul, J. (2004) Facilitating family and community resilience in response to major disaster. In F. Walsh and M. McGoldrick (Eds.), *Living beyond loss: Death in the Family* (pp. 285–309). New York: Norton.
- Langdrige, D. (2007). Phenomenological psychology: Theory, research and method. Pearson education.
- Lansen, J. & Haans, T. (2004). Clinical supervision for trauma therapists. In J. P. Wilson, & B. Drozdek (Eds), *Broken spirits* (pp. 347-384). Routledge. <https://doi.org/10.4324/9780203310540-20>

- Leisenring, A. (2006). Confronting “victim” discourses: The identity work of battered women. *Symbolic interaction*, 29(3), 307-330.
<https://doi.org/10.1525/si.2006.29.3.307>
- Levine, S. Z., Laufer, A., Stein, E., Hamama-Raz, Y., & Solomon, Z. (2009). Examining the relationship between resilience and posttraumatic growth. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*, 22(4), 282-286.
<https://doi.org/10.1002/jts.20409>
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child development*, 71(3), 543-562.
<https://doi.org/10.1111/1467-8624.00164>
- Maher, C., Hadfield, M., Hutchings, M., & de Eyto, A. (2018). Ensuring rigor in qualitative data analysis: A design research approach to coding combining NVivo with traditional material methods. *International Journal of Qualitative Methods*, 17(1), 1-13. <https://doi.org/10.1177/1609406918786362>.
- Maker, A. H. (2005). Post 9/11: Combating racism in the sanctity of healing--A clinical process dialogue. In M. Rastogi & E. Wieling (Eds.), *Voices of color: First-person accounts of ethnic minority therapists* (pp. 155–167). Sage Publications, Inc. <https://doi.org/10.4135/9781452231662.n9>.
- Manning-Jones, S. F., de Terte, I. & Stephens, C. (2015). Vicarious posttraumatic growth: A systematic literature review. *International Journal of Wellbeing*, 5(2), 125-139. <https://doi.org/10.5502/ijw.v5i2.8>
- Manning-Jones, S., de Terte, I., & Stephens, C. (2017). The relationship between vicarious posttraumatic growth and secondary traumatic stress among health

professionals. *Journal of Loss and Trauma*, 22(3), 256-270.

<https://doi.org/10.1080/15325024.2017.1284516>

Maslach, C. (1998). A multidimensional theory of burnout. In C. L. Cooper (Ed.)

Theories of organizational stress (pp. 68-85). Oxford.

McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for

understanding the psychological effects of working with victims. *Journal of*

traumatic stress, 3(1), 131-149. <https://doi.org/10.1007/BF00975140>

McCormack, H. M., MacIntyre, T. E., O'Shea, D., Herring, M. P., & Campbell, M. J.

(2018). The prevalence and cause (s) of burnout among applied psychologists:

A systematic review. *Frontiers in psychology*, 9, 1-19.

<https://doi.org/10.3389/fpsyg.2018.01897>

McCormack, L., & McKellar, L. (2015). Adaptive growth following terrorism: Vigilance

and anger as facilitators of posttraumatic growth in the aftermath of the Bali

bombings. *Traumatology*, 21(2), 71-81. <https://doi.org/10.1037/trm0000025>

McLeod, J., Stiles, W. B., & Levitt, H. (2021). Qualitative research: Contributions to

psychotherapy practice, theory and policy. In M. Barkham, W. Lutz, & L.G

Castonguay. (Eds). *Bergin & Garfield's Handbook of Psychotherapy and*

Behavior Change (pp.51-86). Wiley.

Merleau-Ponty, M. (1962). *Phenomenology of Perception*. London: Routledge.

Merrill, S., & Lindgren, S. (2021). Memes, brands and the politics of post-terror

togetherness: following the Manchester bee after the 2017 Manchester Arena

bombing. *Information, Communication & Society*, 24(16) 2403-2421.

<https://doi.org/10.1080/1369118X.2021.1942957>

- Mirbabaie, M., & Marx, J. (2020). 'Breaking' news: uncovering sense-breaking patterns in social media crisis communication during the 2017 Manchester bombing. *Behaviour & Information Technology*, 39(3), 252-266.
<https://doi.org/10.1080/0144929X.2019.1611924>
- Moran, D. (2002). *Introduction to phenomenology*. Routledge.
<https://doi.org/10.4324/9780203196632>.
- Moskowitz, A., Heinimaa, M., & van der Hart, O. (2018). Defining psychosis, trauma, and dissociation: Historical and contemporary conceptions. In Moskowitz, Dorahy, M. J., & Schafer, I. (Eds.), *Psychosis, trauma and dissociation: evolving perspectives on severe psychopathology* (pp. 7-29). Wiley.
<https://doi.org/10.1002/9781118585948>
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks: Sage.
<https://doi.org/10.4135/9781412995658>
- Munley, P. H., & Johnson, P. D. (2003). Theory and practice: Ernest Becker: A vital resource for counselling psychology. *Counselling Psychology Quarterly*, 16(4), 363-372. <https://doi.org/10.1080/09515070310001636779>
- Naturale, A. (2015). How do we understand disaster-related vicarious trauma, secondary traumatic stress, and compassion fatigue? In G. Quitangon, C. R. Figley, M. R. Evces (Eds.), *Vicarious trauma and disaster mental health* (pp. 93-110). Routledge. <https://doi.org/10.4324/9781315761343-16>
- Neria, Y., Gross, R., & Marshall, R. D. (2006). Mental health in the wake of terrorism: Making sense of mass casualty trauma. In Y. Neria, R. Gross, R. D. Marshall, & E. S. Susser (Eds.), *9/11: Mental health in the wake of terrorist attacks* (pp. 3-

14). Cambridge University Press.

<https://doi.org/10.1017/CBO9780511544132.003>

Neuman, W. L. (2000). Social research methods: qualitative and quantitative approaches. UK: Allyn and Bacon.

Nizza, I. E., Farr, J., & Smith, J. A. (2021). Achieving excellence in interpretative phenomenological analysis (IPA): Four markers of high quality. *Qualitative Research in Psychology*, 18(3), 369-386.

<https://doi.org/10.1080/14780887.2020.1854404>

Norris, F. H., Friedman, M. J., Watson, P. J., Byrne, C. M., Diaz, E., & Kaniasty, K. (2002). 60,000 disaster victims speak: Part I. An empirical review of the empirical literature, 1981–2001. *Psychiatry: Interpersonal and biological processes*, 65(3), 207-239. <https://doi.org/10.1521/psyc.65.3.207.20173>

Ogińska-Bulik, N., & Kobylarczyk, M. (2015). Relation between resiliency and post-traumatic growth in a group of paramedics: The mediating role of coping strategies. *International Journal of Occupational Medicine and Environmental Health*, 28(4), 707-719. <https://doi.org/10.13075/ijomeh.1896.00323>

Orlans, V., & Van Scoyoc, S. (2008). A short introduction to counselling psychology. Sage. <https://doi.org/10.4135/9781446216118>

Palm, K. M., Polusny, M. A., & Follette, V. M. (2004). Vicarious traumatization: Potential hazards and interventions for disaster and trauma workers. *Prehospital and disaster medicine*, 19(1), 73-78.
<https://doi.org/10.1017/S1049023X00001503>

- Papendick, M., & Bohner, G. (2017). " Passive victim—strong survivor"? Perceived meaning of labels applied to women who were raped. *PLoS one*, 12(5). e0177550. <https://doi.org/10.1371/journal.pone.0177550>
- Paré, G., Trudel, M. C., Jaana, M., & Kitsiou, S. (2015). Synthesizing information systems knowledge: A typology of literature reviews. *Information & Management*, 52(2), 183-199. <https://doi.org/10.1016/j.im.2014.08.008>
- Park, C. L. (2013). Trauma and meaning making: Converging conceptualizations and emerging evidence. In I. J. Hicks & C. Routledge, *The experience of meaning in life: Classical perspectives, emerging themes, and controversies* (pp. 61-76). Springer, Dordrecht. https://doi.org/10.1007/978-94-007-6527-6_5
- Park, C. L., Aldwin, C. M., Fenster, J. R., & Snyder, L. B. (2008). Pathways to posttraumatic growth versus posttraumatic stress: Coping and emotional reactions following the September 11, 2001, terrorist attacks. *American journal of orthopsychiatry*, 78(3), 300-312. <https://doi.org/10.1037/a0014054>
- Pearlman, L. A., & Mac Ian, P. S. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional psychology: Research and practice*, 26(6), 558-565. <https://doi.org/10.1037/0735-7028.26.6.558>
- Pearlman, L. A., & Saakvitne, K. W. (1995). Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors. W. W. Norton & Co.
- Peterson, C., Park, N., Pole, N., D'Andrea, W., & Seligman, M. E. (2008). Strengths of character and posttraumatic growth. *Journal of Traumatic Stress: Official*

Publication of the International Society for Traumatic Stress Studies, 21(2), 214-217. <https://doi.org/10.1002/jts.20332>

Pfefferbaum, B. J., Devoe, E. R., Stuber, J., Schiff, M., Klein, T. P., & Fairbrother, G. (2005). Psychological impact of terrorism on children and families in the United States. *Journal of aggression, maltreatment & trauma*, 9(3-4), 305-317. https://doi.org/10.1300/J146v09n03_01

Poulin, M. J., Silver, R. C., Gil-Rivas, V., Holman, E. A., & McIntosh, D. N. (2009). Finding social benefits after a collective trauma: perceiving societal changes and well-being following 9/11. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*, 22(2), 81-90. <https://doi.org/10.1002/jts.20391>

Poynting, S., & Perry, B. (2007). Climates of hate: Media and state inspired victimisation of Muslims in Canada and Australia since 9/11. *Current Issues in Criminal Justice*, 19(2), 151-171. <https://doi.org/10.1080/10345329.2007.12036423>

Prati, G., & Pietrantonio, L. (2010). The relation of perceived and received social support to mental health among first responders: a meta-analytic review. *Journal of Community Psychology*, 38(3), 403-417. <https://doi.org/10.1002/jcop.20371>

Pringle, J., Drummond, J., McLafferty, E., & Hendry, C. (2011). Interpretative phenomenological analysis: A discussion and critique. *Nurse researcher*, 18(3), 20-24. <https://doi.org/10.7748/nr2011.04.18.3.20.c8459>

- Pulido, M. L. (2007). In their words: Secondary traumatic stress in social workers responding to the 9/11 terrorist attacks in New York City. *Social Work*, 52(3), 279-281. <https://doi.org/10.1093/sw/52.3.279>
- Raskin, J. D. (2002). Constructivism in psychology: Personal construct psychology, radical constructivism, and social constructionism. *American communication journal*, 5(3), 1-25.
- Rauvola, R. S., Vega, D. M., & Lavigne, K. N. (2019). Compassion fatigue, secondary traumatic stress, and vicarious traumatization: A qualitative review and research agenda. *Occupational Health Science*, 3(3), 297-336. <https://doi.org/10.1007/s41542-019-00045-1>
- Rennie, D. L. (2004). Reflexivity and personcentered counseling. *Journal of Humanistic Psychology*, 44(2), 182-203. <https://doi.org/10.1177/0022167804263066>.
- Rimé, B. (2020). Collective responses to collective traumas: synchronization and collective resilience. In D. Jodelet, J. Vala & E. Drozda-Sendowska (Eds.), *Societies Under Threat* (pp. 201-211). Springer, Cham. https://doi.org/10.1007/978-3-030-39315-1_16
- Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships: As developed in the client-centered framework (Vol. 3). New York: McGraw-Hill.
- Ross, J. I. (2006). Political terrorism: an interdisciplinary approach. Peter Lang.

- Rowling, L. (1999). Being in, being out, being with: Affect and the role of the qualitative researcher in loss and grief research. *Mortality*, 4(2), 167-181. <https://doi.org/10.1080/713685968>.
- Rozas, L. W., & Klein, W. C. (2010). The value and purpose of the traditional qualitative literature review. *Journal of evidence-based social work*, 7(5), 387-399. <https://doi.org/10.1080/15433710903344116>
- Russell, J. S., & de Orellana, P. (2020). Public Communications Leadership: #CrisisComms and the Manchester Arena Attack. *The RUSI Journal*, 165(5-6), 22-35. <https://doi.org/10.1080/03071847.2020.1845099>
- Saakvitne, K. W. (2002). Shared trauma: The therapist's increased vulnerability. *Psychoanalytic dialogues*, 12(3), 443-449. <https://doi.org/10.1080/10481881209348678>
- Sabasteanski, A. (2005). Patterns of Global Terrorism: US Department of State Reports with Supplementary Documents and Statistics (1st ed.). Berkshire.
- Saldaña, J. (2021). The coding manual for qualitative researchers. Sage.
- Sandelowski, M., & Barroso, J. (2002). Finding the findings in qualitative studies. *Journal of nursing scholarship*, 34(3), 213-219. <https://doi.org/10.1111/j.1547-5069.2002.00213.x>.
- Sartre, J-P. (1956/1943). *Being and Nothingness*. New York: Washington Square Press.
- Saul, J. (2013). *Collective trauma, collective healing: Promoting community resilience in the aftermath of disaster*. Routledge. <https://doi.org/10.4324/9780203842188>

Schmid, A. P. (2011). The definition of terrorism. In Schmid (Ed.), *The Routledge handbook of terrorism research* (pp. 39-157). Routledge.

<https://doi.org/10.4324/9780203828731-10>

Schuster, M. A., Stein, B. D., Jaycox, L. H., Collins, R. L., Marshall, G. N., Elliott, M. N., Zhou, A. J., Kanouse, D. E., Morrison, J. L., & Berry, S. H. (2001). A national survey of stress reactions after the September 11, 2001, terrorist attacks. *New England Journal of Medicine*, 345(20), 1507-1512.

<https://doi.org/10.1056/NEJM200111153452024>

Schwandt, T. A. (1998). Constructivist, interpretivist approaches to human inquiry. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Landscape of Qualitative Research: Theories and Issues*, (pp. 221-259). Thousand Oaks, Sage Publications.

Seeley, K. (2003, March). *The psychotherapy of trauma and the trauma of psychotherapy: Talking to therapists about 9–11*.

<https://citeseerx.ist.psu.edu/document?repid=rep1&type=pdf&doi=3b78f00de12b8784810d79d761ee5b5ba2fe54c5>

Seidman, I. (2012). Interviewing as qualitative research: A guide for researchers in education and the social sciences. Teachers college press.

Serlin, I., & Cannon, J. T. (2004). A humanistic approach to the psychology of trauma. In D. Knafo (Ed.), *Living with terror, working with trauma: A clinician's handbook*, (pp. 313-330). Jason Aronson.

Shand, L. K., Cowlshaw, S., Brooker, J. E., Burney, S., & Ricciardelli, L. A. (2015). Correlates of post-traumatic stress symptoms and growth in cancer patients: A systematic review and meta-analysis. *Psycho-oncology*, 24(6), 624-634.

<https://doi.org/10.1002/pon.3719>

- Shaw, R. (2010). Embedding reflexivity within experiential qualitative psychology. *Qualitative research in psychology*, 7(3), 233-243.
<https://doi.org/10.1080/14780880802699092>
- Shinebourne, P. (2011). The Theoretical Underpinnings of Interpretative Phenomenological Analysis (IPA). *Existential Analysis: Journal of the Society for Existential Analysis*, 22(1), 16-31.
- Simms, J. (2015). Features of Posttraumatic Growth Among Victims of the Northern Irish "Troubles" Is It Possible? A Case Study Analysis. *Journal of humanistic psychology*, 55(2), 127-152. <https://doi.org/10.1177/0022167814533993>
- Sinai, J. (2008). How to define terrorism. *Perspectives on terrorism*, 2(4), 9-11.
- Smith, J.A. (2004). Reflecting on the development of Interpretative Phenomenological Analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1(1), 39-54.
- Smith J. A., Flowers, P., & Larkin, M. (2021). Interpretative phenomenological analysis: Theory, method and research. London: Sage.
- Smith, J. A., Jarman, M., & Osborn, M. (1999). Doing interpretative phenomenological analysis. In M. Murray & K. Chaimberlain (Eds.) *Qualitative health psychology: Theories and methods* (pp. 218-240). Sage Publications Ltd. <https://doi.org/10.4135/9781446217870.n14>.
- Smith, J.A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 53-80). London: Sage.
- Smith, J. A. (2011). Evaluating the contribution of

- interpretative phenomenological analysis. *Health psychology review*, 5(1), 9-27.
<https://doi.org/10.1080/17437199.2010.510659>
- Stamm, B. (2010). The concise manual for the professional quality of life scale.
https://www.academia.edu/42287328/The_Concise_ProQOL_Manual?auto=citations&from=cover_page.
- Staub, E. (2005). The Roots of Goodness: The Fulfillment of Basic Human Needs and the Development of Caring, Helping and Nonaggression, Inclusive Caring, Moral Courage, Active Bystandership, and Altruism Born of Suffering. In G. Carlo & C. P. Edwards (Eds.), *Moral motivation through the life span* (pp. 33–72). University of Nebraska Press.
- Staub, E., & Vollhardt, J. (2008). Altruism born of suffering: The roots of caring and helping after victimization and other trauma. *American Journal of Orthopsychiatry*, 78(3), 267-280. <https://doi.org/10.1037/a0014223>
- Stevens, G. J., Dunsmore, J. C., Agho, K. E., Taylor, M. R., Jones, A. L., & Raphael, B. (2013). Coping support factors among Australians affected by terrorism: 2002 Bali bombing survivors speak. *Medical Journal of Australia*, 199(11), 772-775. <https://doi.org/10.5694/mja13.10540>
- Stürmer, S., Snyder, M., & Omoto, A. M. (2005). Prosocial emotions and helping: the moderating role of group membership. *Journal of personality and social psychology*, 88(3), 532-546. <https://doi.org/10.1037/0022-3514.88.3.532>
- Suler, J. (2004). The online disinhibition effect. *Cyberpsychology & behavior*, 7(3), 321-326. <https://doi.org/10.1089/1094931041291295>.

- Summerfield, D. (2001). The invention of post-traumatic stress disorder and the social usefulness of a psychiatric category. *Bmj*, 322(7278), 95-98.
<https://doi.org/10.1136/bmj.322.7278.95>
- Tajfel, H., & Turner, J. C. (1979). "An integrative theory of intergroup conflict," in W. G. Austin and S. Worchel (Eds.), *The Social Psychology of Intergroup Relations* (pp. 33–47). Monterey, CA: Brooks/Cole.
- Taku, K. (2013). Posttraumatic growth in American and Japanese men: Comparing levels of growth and perceptions of indicators of growth. *Psychology of Men & Masculinity*, 14(4), 423-432. <https://doi.org/10.1037/a0029582>
- Tedeschi, R. G., & Calhoun, L. G. (1995). *Trauma and transformation*. Sage.
- Tedeschi, R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of traumatic stress*, 9(3), 455-471. <https://doi.org/10.1002/jts.2490090305>
- Tedeschi, R. G., & Calhoun, L. (2004). Posttraumatic growth: A new perspective on psychotraumatology. *Psychiatric Times*, 21(4), 58-60.
- Tedeschi, R. G., & Calhoun, L. G. (2004b). A clinical approach to posttraumatic growth. *Positive psychology in practice*, 405-419.
<https://doi.org/10.1002/9780470939338.ch25>
- Tennen, H., & Affleck, G. (2009). Assessing positive life change: In search of meticulous methods. In C. L. Park, S. C. Lechner, M. H. Antoni, & A. L. Stanton (Eds.), *Medical illness and positive life change: Can crisis lead to personal transformation?* (pp. 31–49). Washington, DC: American Psychological Association. <https://doi.org/10.1037/11854-002>

- Thorne, S., Kirkham, S. R., & O'Flynn-Magee, K. (2004). The analytic challenge in interpretive description. *International journal of qualitative methods*, 3(1), 1-11.
- Thorpe, M. R. (2013). The process of conducting qualitative research as an adjunct to the development of therapeutic abilities in counselling psychology. *New Zealand Journal of Psychology*, 42(3), 35-43.
- Tonnies, F., & Loomis, C. P. (2002). *Community and society*. Courier Corporation.
- Tosone, C. (2006). Therapeutic intimacy: A post-9/11 perspective. *Smith College Studies in Social Work*, 76(4), 89-98. https://doi.org/10.1300/J497v76n04_12
- Tosone, C., Nuttman-Shwartz, O., & Stephens, T. (2012). Shared trauma: When the professional is personal. *Clinical Social Work Journal*, 40(2), 231-239. <https://doi.org/10.1007/s10615-012-0395-0>
- Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative social work*, 11(1), 80-96. <https://doi.org/10.1177/1473325010368316>.
- Vachon, M., Bessette, P. C., & Goyette, C. (2016). " Growing from an Invisible Wound" A Humanistic-Existential Approach to PTSD. IntechOpen. <https://doi.org/10.5772/64290>
- Valecha, R., Oh, O., & Rao, R. (2013). An exploration of collaboration over time in collective crisis response during the Haiti 2010 earthquake. In R. Baskerville & M. Chau (Eds.), *Proceedings of the International Conference on Information Systems (ICIS)* (pp. 1– 10). Milan, Italy: Association for Information Systems.
- Vázquez, C., Pérez-Sales, P., & Hervás, G. (2008). Positive effects of terrorism and posttraumatic growth: An individual and community perspective. In S. Joseph &

- P. A. Linley (Eds.), *Trauma, recovery, and growth: Positive psychological perspectives on posttraumatic stress* (pp. 63–91). John Wiley & Sons, Inc.
<https://doi.org/10.1002/9781118269718.ch4>
- Vicary, S., Young, A., & Hicks, S. (2017). A reflective journal as learning process and contribution to quality and validity in interpretative phenomenological analysis. *Qualitative Social Work*, 16(4), 550-565.
<https://doi.org/10.1177/1473325016635244>
- Vollhardt, J. R. (2009). Altruism born of suffering and prosocial behavior following adverse life events: A review and conceptualization. *Social Justice Research*, 22(1), 53-97. <https://doi.org/10.1007/s11211-009-0088-1>
- Vollhardt, J. R., & Staub, E. (2011). Inclusive altruism born of suffering: the relationship between adversity and prosocial attitudes and behavior toward disadvantaged outgroups. *American Journal of Orthopsychiatry*, 81(3), 307-315. <https://doi.org/10.1111/j.1939-0025.2011.01099.x>
- Von Glasersfeld, E. (2013). *Radical constructivism*. Routledge.
<https://doi.org/10.4324/9780203454220>.
- Whalley, M. G., & Brewin, C. R. (2007). Mental health following terrorist attacks. *The british journal of psychiatry*, 190(2), 94-96.
<https://doi.org/10.1192/bjp.bp.106.026427>.
- Wayment, H. A. (2004). It could have been me: Vicarious victims and disaster-focused distress. *Personality and Social Psychology Bulletin*, 30(4), 515-528.
<https://doi.org/10.1177/0146167203261892>

- Williams, E. N., & Morrow, S. L. (2009). Achieving trustworthiness in qualitative research: A pan-paradigmatic perspective. *Psychotherapy research*, 19(4-5), 576-582. <https://doi.org/10.1080/10503300802702113>.
- Willig, C. (2013). *Introducing qualitative research in psychology*. McGraw-hill education (UK).
- Wilson, N., d'Ardenne, P., Scott, C., Fine, H., & Priebe, S. (2012). Survivors of the London bombings with PTSD: A qualitative study of their accounts during CBT treatment. *Traumatology*, 18(2), 75-84.
<https://doi.org/10.1177/1534765611426793>
- Woolfe, R. (2010). *Handbook of counselling psychology* (3rd ed.). Sage.
- Wu, X., Kaminga, A. C., Dai, W., Deng, J., Wang, Z., Pan, X., & Liu, A. (2019). The prevalence of moderate-to-high posttraumatic growth: A systematic review and meta-analysis. *Journal of affective disorders*, 243, 408-415.
<https://doi.org/10.1016/j.jad.2018.09.023>
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and health*, 15(2), 215-228. <https://doi.org/10.1080/08870440008400302>
- Yehuda, R. (2002). Post-traumatic stress disorder. *New England journal of medicine*, 346(2), 108-114. <https://doi.org/10.1056/NEJMra012941>
- Young, J. K., & Findley, M. G. (2011). Promise and pitfalls of terrorism research. *International Studies Review*, 13(3), 411-431.
<https://doi.org/10.1111/j.1468-2486.2011.01015.x>
- Young, S. L., & Maguire, K. C. (2003). "Talking about Sexual Violence." *Women & Language*, 26(2), 40-52.


Zoellner, T., & Maercker, A. (2006). Posttraumatic growth in clinical psychology—A critical review and introduction of a two component model. *Clinical psychology review*, 26(5), 626-653. <https://doi.org/10.1016/j.cpr.2006.01.008>

Appendices

Table of Contents

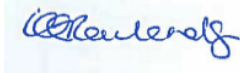
A	Confirmation of Ethical Approval (School of Environment, Education and Development).	224
B	Advertisement	226
C	Participant Information Sheet	227
D	Consent Form	232
E	Sample Questions	234
F	Distress Protocol	235
G	Participant Debrief Sheet	237
H	Process of drawing together of emergent themes	239
I	Initial themes and Sub-themes for individual participant	240
J	Initial draft of final themes	241
K	Contribution of Initial participant themes to final sub-theme generation.	242

Appendix A: Confirmation of Ethical Approval (School of Environment, Education and Development).

 <p>Ref: 2020-8645-16489</p> <p>14/09/2020</p> <p>Dear Mr Matthew Morning, , Dr Jo Shuttleworth</p> <p>Study Title: Manchester Arena: Making sense of terrorism as both community member and therapist.</p> <p>Environment, Education and Development School Panel PGR</p> <p>I write to thank you for submitting the final version of your documents for your project to the Committee on 11/09/2020 13:52 . I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form and supporting documentation as submitted and approved by the Committee.</p> <p>COVID-19 Important Note</p> <p>Please ensure you read the information on the Research Ethics website in relation to data collection in the COVID environment as well as the guidance issued by the University in relation to face-to-face (in person) data collection both on and off campus.</p> <p>A word document version of this guidance is also available.</p> <p>Please see below for a table of the titles, version numbers and dates of all the final approved documents for your project:</p> <table border="1" style="width: 100%;"><thead><tr><th>Document Type</th><th>File Name</th><th>Date</th><th>Version</th></tr></thead><tbody><tr><td>Advertisement</td><td>Advertisement v3 180320x</td><td>18/03/2020</td><td>3</td></tr><tr><td>Consent Form</td><td>Consent Form (Online) v1 080420x</td><td>08/04/2020</td><td>1</td></tr><tr><td>Advertisement</td><td>Initial Email v1 240420</td><td>24/04/2020</td><td>1</td></tr><tr><td>Additional docs</td><td>Distress Protocol (Online) v4 170720x</td><td>17/07/2020</td><td>4</td></tr><tr><td>Data Management Plan</td><td>DMP V5 100920</td><td>10/09/2020</td><td>5</td></tr><tr><td>Additional docs</td><td>Ethics Application Amendments</td><td>10/09/2020</td><td>1</td></tr></tbody></table> <p>This approval is effective for a period of five years and is on delegated authority of the University Research Ethics Committee (UREC) however please note that it is only valid for the specifications of the research project as outlined in the approved documentation set. If the project continues beyond the 5 year period or if you wish to propose any changes to the methodology or any other specifics within the project an application to seek an amendment must be submitted for review. Failure to do so could invalidate the insurance and constitute research misconduct.</p> <p>You are reminded that, in accordance with University policy, any data carrying personal identifiers must be encrypted when not held on a secure university computer or kept securely as a hard copy in a location which is accessible only to those involved with the research.</p> <p>For those undertaking research requiring a DBS Certificate: As you have now completed your ethical application if required a colleague at the University of Manchester will be in touch for you to undertake a DBS check. Please note that you do not have DBS approval until you have received a DBS Certificate completed by the University of Manchester, or you are an MA Teach First student who holds a DBS certificate for your current teaching role.</p> <p>Reporting Requirements:</p> <p>You are required to report to us the following:</p> <ol style="list-style-type: none">1. Amendments: Guidance on what constitutes an amendment2. Amendments: How to submit an amendment in the ERM system3. Ethics Breaches and adverse events4. Data breaches	Document Type	File Name	Date	Version	Advertisement	Advertisement v3 180320x	18/03/2020	3	Consent Form	Consent Form (Online) v1 080420x	08/04/2020	1	Advertisement	Initial Email v1 240420	24/04/2020	1	Additional docs	Distress Protocol (Online) v4 170720x	17/07/2020	4	Data Management Plan	DMP V5 100920	10/09/2020	5	Additional docs	Ethics Application Amendments	10/09/2020	1	<p>Environment, Education and Development School Panel PGR</p> <p>School for Environment, Education and Development Humanities Bridgeford Street 1.17</p> <p>The University of Manchester</p> <p>Manchester</p> <p>M13 9PL</p> <p>Email: PGR.ethics.seed@manchester.ac.uk</p>
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Additional docs	Ethics Application Amendments	10/09/2020	1																										

We wish you every success with the research.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'K. Rowlands', is displayed on a light blue rectangular background.

Dr Kate Rowlands

Environment, Education and Development School Panel PGR

Appendix B: Advertisement



Have you worked therapeutically with those affected by the Manchester Arena Bombing?

Would you like to contribute to the growing literature surrounding the impact of terrorism on therapeutic professionals?

Participants needed for a research project entitled **"Manchester Arena: Making sense of terrorism as both community member and therapist"**. This project will explore therapist's experiences of responding to a terrorist attack as both community member and as a therapist of those directly affected. This will explore the way in which you made sense of your personal responses to the event, if and how you prepared for therapeutic work afterwards, any impact of the work that was undertaken, and the way in which these aspects interacted.

Please consider taking part if:

- You are a Counsellor, Clinical Psychologist, Counselling Psychologist, Psychotherapist or Psychiatrist.
- You are registered with either the BACP, UKCP or HCPC.
- You deliver psychological therapy as a part of your role.
- You have worked with a client directly affected by the Manchester Arena bombing (in attendance or working on the evening of the event).
- You have been in this position within 6 months of the event itself.
- Are willing to volunteer around an hour of your time.
- Are not NHS staff.
- You are currently receiving clinical supervision.
- You would define yourself as a community member of the Greater Manchester Area.

Please do not apply if:

- You do not work with clients in a therapeutic capacity (e.g. Administrative staff, security etc.).
- You are currently experiencing significant levels of distress.
- You feel that speaking about your work in relation to the event may lead to considerable distress.
- You were an attendee at the event itself.
- You were working outside the Greater Manchester Area.
- You know, or are known to the lead researcher.

What will I be asked to do?

You will be asked to take part in an informal, semi-structured interview about your experiences after the Manchester Arena attack in 2017 as a member of the local community and a therapist. Please be aware that due to the emotive nature of the event, you may experience some distress during this process. The utmost care and consideration will be taken throughout, but please be aware of this when deciding whether you be able to participate.

These findings will contribute to a developing understanding of the impact of terrorism on professionals and their work. It will also help to support professionals who may be presented with similar experiences in the future.

At this time, we are unfortunately unable to compensate you for your participation and therefore you will not be offered any payment for taking part.

If you are interested in taking part or would like to enquire about the research, please contact Matthew Morning (trainee counselling psychologist and lead researcher at Manchester University) at matthew.morning@postgrad.manchester.ac.uk.

Appendix C: Participant Information Sheet.



Manchester Arena: Making sense of terrorism as both community member and therapist.

Participant Information Sheet (PIS)

You are being invited to take part in a research study. The aim of the study is to explore how therapists experienced the Manchester Arena bombing in 2017, as both a member of the local community and a therapist of those affected. Before you decide if you would like to take part, it is important for you to understand why the research is being conducted and what it will involve. Please take time to read the following information carefully before deciding if you would like to take part and feel free to discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Thank you for taking the time to read this.

About the research

➤ **Who will conduct the research?**

Matthew Morning, trainee counselling psychologist, The School of Environment, Education and Development, The Manchester Institute of Education, University of Manchester.

➤ **What is the purpose of the research?**

This study aims to explore the way in which therapists make sense of their personal experiences of being a community member and a therapist working with those directly affected by the Manchester Arena bombing.

You have been chosen to participate in this study as you identify yourself as being a community member of the Greater Manchester area. You have additionally worked with at least one client affected by the event and were doing so soon after the event itself. You were also chosen because you work therapeutically with clients and because this work was within the Greater Manchester area.

➤ **Will the outcomes of the research be published?**

The findings of this research will be published in a student thesis which can be accessed by participants and may be published in an academic journal. This will contain anonymised quotations from interviews.

➤ **Disclosure and Barring Service (DBS) Check**

As part of their professional training, the researcher has undergone the appropriate level of Disclosure and Barring Service check (DBS).

➤ **Who has reviewed the research project?**

The research has received approval by the University Research Ethics Committee (UREC).

What would my involvement be?

➤ What would I be asked to do if I took part?

Firstly, you will be asked to read all of the information provided by the researcher and you will have an opportunity to ask any questions you may have. We will then arrange a time to meet as well as establishing a location that would be appropriate for the interview. This location will need to be somewhere quiet and somewhere in which the likelihood for distractions is low. This is to ensure that you are free to discuss anything related to the interview without this information being overheard by anyone outside of the interview. It is also important that this room is a safe space for you to be interviewed. The interview will also be outside of work hours to ensure the confidentiality of your participation and reduce disruption to your work.

The interview itself will be conducted using an online video conferencing platform (Zoom). You will be given instructions on how to access this closer to the date of the interview. You will then be asked to sign and return the informed consent form. In order to run Zoom to the standard required for the interview, we must ask that you use a device which is:

- Running either Windows 7, 8, 8.1, 10 or Mac OS X with MacOS 10.6.8 /(Snow Leopard) or later. Tablets and mobiles supporting Android or IOS may also be used.
- Running IE7+, Firefox, Chrome, Safari5+, Safari5+ as a browser.
- Connected to a stable and password protected Wi-Fi connection of 2mbps minimum.
- Has an integrated or external webcam and microphone.

You will then take part in a semi-structured interview which will be audio recorded. The researcher will ask you some questions related to your experiences of both personally and professionally responding to the Manchester Arena attack in 2017. The interview will last around 1 hour and you will be able to stop for a break at any time. You can also permanently stop the interview at any time without having to give a reason for doing so.

The interview will give you the opportunity to discuss your experience of being a community member following the Manchester Arena bombing whilst also working as a therapist with those directly affected. It is therefore important to be aware that it may also involve discussing some sensitive or distressing experiences. It is advised that you access any beneficial support you may have if this is the case. Support services can be signposted if this is necessary.

➤ Will I be compensated for taking part?

You will not be financially compensated for participation in this study.

➤ What happens if I do not want to take part or if I change my mind?

It is up to you to decide whether or not to take part. If you would like to take part, please confirm this with the researcher via email (matthew.morning@postgrad.manchester.ac.uk). If you do decide to take part you will be given this information sheet to keep and will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason and without detriment to yourself. However, it will not be possible to remove your data from the project once it has been anonymised as we will not be able to identify your specific data. This

does not affect your data protection rights. If you decide not to take part you do not need to do anything further.

Audio recordings will be taken during the interview and these recordings are necessary for the analysis process. You should be comfortable enough with audio recording to participate. You are able to request that your audio recording is removed from the study at any time and without the need to give a reason for doing so. This will equate to ending your participation in the study. It will not be possible to remove anonymised transcripts from the analysis process.

Data Protection and Confidentiality

➤ What information will you collect about me?

In order to participate in this research, we will need to collect information that could identify you, called “personal identifiable information”. Specifically, we will need to collect:

- Name
- Contact number/email address
- Audio recordings of the semi-structured interviews. This includes any audio recorded between the beginning and end of the interview.
- Address of the location you will be in during the interview (this is to ensure your safety as a participant in the event of an emergency and will be destroyed after the interview is concluded).

➤ Under what legal basis are you collecting this information?

We are collecting and storing this personal identifiable information in accordance with data protection law which protect your rights. These state that we must have a legal basis (specific reason) for collecting your data. For this study, the specific reason is that it is “a public interest task” and “a process necessary for research purposes”.

➤ What are my rights in relation to the information you will collect about me?

You have a number of rights under data protection law regarding your personal information. For example, you can request a copy of the information we hold about you, including audio recordings.

If you would like to know more about your different rights or the way we use your personal information to ensure we follow the law, please consult our [Privacy Notice for Research](#).

➤ Will my participation in the study be confidential and my personal identifiable information be protected?

In accordance with data protection law, The University of Manchester is the Data Controller for this project. This means that we are responsible for making sure your personal information is kept secure, confidential and used only in the way you have been told it will be used. All researchers are trained with this in mind, and your data will be looked after in the following way:

Your data will be anonymised at the point of transcription. A pseudonym will be given to the participants data and will be used when presenting the data in the finished project. Only the lead researcher and members of the research team will be aware of which participant has been assigned to which pseudonym.

In some cases, a transcriber external to the primary research team may be used. In this instance, personally identifiable data (e.g. names, places of work) will be removed from the audio files. The voice of the participant will remain as part of the audio recording. External transcribers will be required to sign a confidentiality agreement to further ensure the safety of participant information.

Data will be held on an encrypted and password protected device that will only be accessible to the lead researcher. Some anonymised quotations will be used in the main body of the written project. All other anonymised data will be stored for up to 5 years including contact information for participants. No data outside of the finished project will be shared with other organisations and this data will be deleted/destroyed at the end of the project.

Contact details may be retained to communicate the findings of the research to participants at the end of the study. You have the right to have your contact details removed at any point during the study. This information will be held until the project is completed and the findings are shared with participants. After this point all contact details will be deleted.

Potential disclosures:

Due to the sensitive nature of this study, individuals outside of the research team may need to be provided with details about your involvement in the study. These include the following:

- If, during the study, we believe that there is significant risk of harm to either yourself or others, we may need to inform the appropriate authorities.
- If, during the study, you disclose information about any current or future illegal activities, we have a legal obligation to report this and will therefore need to inform the relevant authorities.
- Individuals from the University, the site where the research is taking place and regulatory authorities may need to review the study information for auditing and monitoring purposes or in the event of an incident.

For audio recordings:

- The recordings will be transcribed by a member of the research team and all identifiable information will be removed on the transcription.
- The recordings may also be transcribed by an external transcriber, however, any audio information that would potentially identify the participant (e.g. names, place of work etc.) will be removed from the audio file before being passed to the external transcriber.
- The audio recordings will only be accessible to members of the research team and will be recorded with encrypted audio recording devices provided by the University of Manchester

Please also note that individuals from The University of Manchester or regulatory authorities may need to look at the data collected for this study to make sure the project is being carried out as planned. This may involve looking at identifiable data. All individuals involved in auditing and monitoring the study will have a strict duty of confidentiality to you as a research participant.

What if I have a complaint?

➤ Contact details for complaints

If you have a complaint that you wish to direct to members of the research team, please contact:

Dr Jo Shuttleworth CPsychol

Lecturer in Counselling Psychology, and HCPC Registered Counselling Psychologist

University of Manchester, Oxford Road, M13 9PL

+44 (0)161 275 8627

jo.shuttleworth@manchester.ac.uk

If you wish to make a formal complaint to someone independent of the research team or if you are not satisfied with the response you have gained from the researchers in the first instance then please contact

The Research Governance and Integrity Officer, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester, M13 9PL, by emailing:

research.complaints@manchester.ac.uk or by telephoning 0161 275 2674.

If you wish to contact us about your data protection rights, please email

dataprotection@manchester.ac.uk or write to The Information Governance Office, Christie Building, The University of Manchester, Oxford Road, M13 9PL at the University and we will guide you through the process of exercising your rights.

You also have a right to complain to the [Information Commissioner's Office](#) about complaints relating to your personal identifiable information Tel 0303 123 1113

Contact Details

If you have any queries about the study or if you are interested in taking part then please contact the researcher(s)

Matthew Morning

Trainee counselling psychologist

University of Manchester, Oxford Road, M13 9PL

Matthew.morning@postgrad.manchester.ac.uk

Appendix D: Consent Form



Manchester Arena: Making sense of terrorism as both community member and therapist.

Consent Form

If you are happy to participate please complete and sign the consent form below:

	Activities	Initials
1	I confirm that I have read the attached information sheet (Version 1, Date 08/04/2020) for the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	
2	I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself. I understand that it will not be possible to remove my data from the project once it has been anonymised and forms part of the data set. I agree to take part on this basis.	
3	I agree to the interviews being audio recorded.	
4	I agree that any data collected may be published anonymously in the form of quotations, within academic books, reports or journals.	
5	I understand that data collected during the study may be looked at by individuals from The University of Manchester or regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data.	
6	I understand that audio recordings may be transcribed by an individual external to the primary research team. This person will have signed a confidentiality agreement agreeing to operate under the same guidelines regarding confidentiality and data handling as the primary research team.	
7	I agree that any personal/anonymised data collected may be shared with researchers.	
8	I agree that the researchers may retain my contact details in order to provide me with a summary of the findings for this study.	
9	I understand that there may be instances where during the course of the interview information is revealed which means that the researchers will be obliged to break confidentiality and this has been explained in more detail in the information sheet.	

10	I understand that I have identified a location in which I can be interviewed. This location is adequately safe, secure and confidential, with a low chance of interruption. I am happy to take part in the study based on these requirements.	
11	I confirm that I have a device and internet connection that matches or exceeds the minimum specification for Zoom, as outlined in the Participant Information Sheet.	
12	I agree to take part in this study.	

Data Protection

The personal information we collect and use to conduct this research will be processed in accordance with data protection law as explained in the Participant Information Sheet and the [Privacy Notice for Research Participants](#).

Name of Participant

Signature

Date

Name of the person taking consent

Signature

Date

One copy of this form to be given to the participant and one to be kept as a record by the researcher.

Appendix E: Sample Questions



Manchester Arena: Making sense of terrorism as both community member and therapist.

Interview Structure

The following is a list of example questions that may be used during the process of the semi-structured interview. Responses will not be limited to these questions only, as natural flow of the interview is important in attaining some level of depth.

The following questions are broken into areas of a: Personal and community responses to the event, b: Personal preparation for therapeutic work and c: Subsequently working with those affected. Questions deviating from those identified below should focus on one of these areas.

- Can you tell me what it means to you to be a Manchester community member?
- Did being a community member change in anyway after the event, and if so, how?
- In what way, if at all, do you feel that your responses were influenced or informed by your work as a therapist?
- Were there any responses that were similar those of the surrounding community? Were there any that were different from that of the community?
- Do you feel that you needed to prepare yourself for therapeutic work any differently than usual? If so, in what ways?
- Did you feel as though the event had any implications for the way in which you worked? If so, in what way?
- In what ways, if any, did you feel as though being a member of your local community impacted preparation for work?
- Did the way you viewed your personal/professional responsibilities change, and if so, how?
- In what ways, if any, did the way you view yourself as a member of the community change in response to your work?

Supplementary questions

- Why was this important to you?
- What was significant about this?
- What did you take from this experience?
- What reflections do you have looking back at this?

Distress Protocol

Prior to study

Prior to commencement of the study, the participants will be given a participant information sheet with details of who to contact if they experience distress (e.g. Local G.P, Supervisor, Mind) and these details will be reiterated again with the participant at the conclusion of the interview process. The participant will also be reminded that they are able to pause or stop the interview at any time. The participant's interview location will be taken by the interviewer prior to the study to ensure that services can be directed to the participant's location in the event of an emergency.

During the study

Should a participant report or show signs of distress and feeling uncomfortable including crying, acute anxiety, panic **and high levels of stress** during or immediately prior to the interview, the following actions will be taken by the researcher. It is worth noting that due to data collection being conducted online, additional vigilance should be taken regarding participants emotional states and levels of distress. This is due to emotional distress being more difficult to accurately assess using online platforms:

Step 1

- Ask if the participant would like to take a break or temporarily pause the video and audio. Ask if they would like to take a break to get a drink and offer them some space if they require.
- Ask the participant how they are feeling, listen with empathy and offer support.

Step 2

- If the participant would like to continue, state that the participant can take further breaks if they require and that you can offer support, including signposting to further support if necessary.
- If the participant would like to stop or appears highly distressed including, but not limited to significant panic/anxiety or continuous crying or upset, follow the actions in Step 3.

Step 3 (choose one of the middle steps, most applicable to your project)

- Stop the interview immediately.
- Mild distress: Encourage the participant to speak to local support services (including G.P, Supervisor, Mind or local counselling service) for support OR offer to do so for the participant. Local support services will be determined at the time of first contact as participants will likely be from a variety of different areas.
- Moderate distress: Support the client to contact a family member or friend and ask them to arrange to collect the participant, staying with the participant until they arrive.

- High distress: If the researcher believes there is a level of risk which indicates a threat to life or significant harm, they will immediately phone the police/an ambulance/mental health services for assistance but remain online with the participant until they arrive. The participants interview location will be used to direct emergency services to the participant if necessary.
- In all instances the researcher will seek support from their supervisor/line manager.

Follow-up actions (adjust as needed based on study requirements)

- Offer to follow up with a phone call the following day.
- Offer the participant the opportunity to withdraw from the study and for their data to be destroyed with no reason to be given for doing so.
- Recommend the participant contacts local G.P or support service (Mind, Manchester resilience hub, supervisor, counselling service etc.) if they continue to feel distressed.

Appendix G: Participant Debrief Sheet



Manchester Arena: Making sense of terrorism as both community member and therapist.

Participant Debrief Sheet

Thank you for participating in the research project. We hope that you have found it interesting and have not been upset by any of the topics discussed. However, if you have found any part of this experience to be distressing and you wish to speak to one of the researchers, please contact:

Jo Shuttleworth, Lecturer in Counselling Psychology, University of Manchester, jo.shuttleworth@manchester.ac.uk, +44 (0)161 275 8627.

As a working professional, you may wish to discuss your experience with a clinical supervisor/line manager/personal therapist.

There are also a number of organisations listed below that you can contact.

Organisations	
Local GP	Manchester Mind info@manchestermind.org (0161 769 5732)
Manchester Resilience Hub 0333009 5071 GM.help@nhs.net	Samaritans 116 123 jo@samaritans.org.uk
Men's Health Forum www.menshealthforum.org.uk	

*Please see below for a list of additional access points for support. Please note that **we cannot recommend any of the services.***

Additional sources of support

- Private therapy: BPS directory, BACP directory, counselling directory and the HCPC register can offer potential therapists with which to work. Please be aware that we are unable to contribute towards the cost of therapy.
<https://www.bps.org.uk/lists/DIR>
<https://www.bacp.co.uk/directory>
<https://www.counselling-directory.org.uk>

<https://www.hcpc-uk.org/check-the-register>

- Self Help Services (works actively with people in the Greater Manchester area on a number of difficulties including anger, anxiety and depression): <https://www.selfhelpservices.org.uk/>
Please be aware that services identified may incur a cost and that we will be unable to contribute towards this.

[illegible]

Appendix I: Initial themes and Sub-themes for individual participant

- ① Change.
↳ New reality
↳ Physical space
↳ ~~Life~~
- ② Community
↳ Defiance
↳ Values
↳ Diversity.
- ③ Personal
↳ closeness
↳ A story missed
↳ prof + pers.
- ④. Straddling dual positions
↳ Mourning
↳ Professional gap.
- ⑤ Information processing.
↳ In the moment
↳ Ongoing process
↳ unfolding knowledge.
- ⑥ Professional toll
↳ Drive + strength
↳ Workload
↳ Support.
- ⑦ - Forced narrative
↳ Natural processes
↳ Political interruptions
- ②.

Appendix J: Initial draft of final themes

Final Themes

- ① Northern Values - What community members value and what makes their response unique.
 - ↳ Defiance, drive and strength, response
 - ↳ Diversity, eclecticism, (but process is generalised).
 - ↳ Sharing + communicating
 - ↳ Growth
 - ↳ Being northern (values + values).
- ② Making sense - Related to understanding or change from 'normal' to something else.
 - ↳ Need for Information, Information processing
 - ↳ Unravelling experience, unfolding knowledge, In the moment, ongoing, natural.
 - ↳ Emotional response, safety/natural.
 - ↳ Change, changing community.
 - ↳ Normal + new, normality, new reality, physical space.
- ③ In, out and in between - Related to being part of or removed from the community.
 - ↳ Shared exp, overlapping exp, mourning, closeness, (parity in supervision).
 - ↳ Therapist embedded in the community, A small part, Roles + harmony (prof + comm)
 - ↳ professional + personal, professional gap, move away from comm, need for distance, "Not in it together".
- ④ Professional weight - challenges inherent to being a therapist.
 - ↳ (Embedded) in experience,
 - ↳ Workload, support.
 - ↳ Responsibility, YP needs help.
- ⑤ Power - Relates to the way in which differential power warps the recovery process.
 - ↳ Power as coercion, forced narrative, political interruptions.
 - ↳ Trauma into division, fracturing communities, Inclusive racism, a story missed.
 - ↳ Organisational impediments, Economy vs Humanism, The therapist (left behind).

Appendix K: Contribution of Initial participant themes to final sub-theme generation.

The contribution of participant themes to the final themes generated

Subsumed participant theme	Associated final sub-theme
Shaun	
Values	1.1 Northern souls at heart.
Response	2.1 Manchester feeling very different. 4.1 I need to talk about it 'cause it's stuck.
Eclecticism	1.2 We're all in this together, and part of the community.
Growth	1.2 We're all in this together, and part of the community.
Therapeutic Responsibility	4.2 A positive feeling of duty and responsibility.
Therapy community	2.2 We're all in this together, and part of the community. 5.1 In relation to my employer, I felt less well supported.
A small part of a bigger whole	1.2 We're all in this together, and part of the community.
Natural Safety seeking	2.1 Manchester feeling very different. 2.3 The situation is different and ongoing. 3.3 Choosing to distance myself.
Information	2.2 Wanting to know more.
Emotional Response	2.1 Manchester feeling very different. 2.3 The situation is different and ongoing.
Therapist left behind	5.1 In relation to my employer, I felt less well supported.
Community as generalised	3.2 To not be involved, it felt quite involved.
Intrusive racism	5.2 They are splitting up. 5.3 It was spun a very different way.
Two roles in harmony	3.1 We both had skin in the game.
Move away from community	3.3 Choosing to distance myself.
Shared experience	3.1 We both had skin in the game.
Robert	
New reality	2.1 Manchester feeling very different. 2.3 The situation is different and ongoing.
Changing physical space	2.1 Manchester feeling very different.
Defiance	1.1 Northern souls at heart.
Values of community	1.1 Northern souls at heart.
Diversity	1.1 Northern souls at heart. 5.2 They are splitting up.
Closeness	3.1 We both had skin in the game.
A story missed	5.3 It was spun a very different way.
Professional and personal	2.1 Manchester feeling very different. 3.1 We both had skin in the game.
Dual mourning	3.1 We both had skin in the game. 3.3 Choosing to distance myself.
Professional gap	3.2 To not be involved, it felt quite involved.
In the moment processing	2.2 Wanting to know more. 2.3 The situation is different and ongoing.
Ongoing process	2.3 The situation is different and ongoing.
Unfolding knowledge	2.3 The situation is different and ongoing.
Drive and Strength	1.1 Northern souls at heart. 4.2 A positive feeling of duty and responsibility.
Workload	4.1 I need to talk about it 'cause it's stuck. 5.1 In relation to my employer, I felt less well supported.

Support	4.1 I need to talk about it 'cause it's stuck.
Natural processes	5.2 They are splitting up.
	5.3 It was spun a very different way.
Political interruptions	5.2 They are splitting up.
	5.3 It was spun a very different way.

Alison

Unravelling experience	2.3 The situation is different and ongoing.
Normality	2.1 Manchester feeling very different.
Defiance	1.1 Northern souls at heart.
Sharing and communicating	1.2 We're all in this together, and part of the community.
	2.2 Wanting to know more.
Parity in Supervision	3.1 We both had skin in the game.
	4.1 I need to talk about it 'cause it's stuck.
Need for information and distance	2.2 Wanting to know more.
	3.3 Choosing to distance myself.
Not in it together	3.2 To not be involved, it felt quite involved.
In between	3.1 We both had skin in the game.
	3.2 To not be involved, it felt quite involved.
Overlapping experience	1.2 We're all in this together, and part of the community.
	3.1 We both had skin in the game.
	2.2 Wanting to know more.
Organisational impediments	5.1 In relation to my employer, I felt less well supported.

Kenny

Young people need help	4.2 A positive feeling of duty and responsibility.
It was better before	2.1 Manchester feeling very different.
	2.3 The situation is different and ongoing.
Power as coercion	5.2 They are splitting up.
	5.3 It was spun a very different way.
Economy vs Humanism	4.2 A positive feeling of duty and responsibility.
Embedded in experience	1.2 We're all in this together, and part of the community.
Embedded in the community	1.2 We're all in this together, and part of the community.
	3.2 To not be involved, it felt quite involved.
Emotional responses to division	5.2 They are splitting up.
Fracturing communities	5.2 They are splitting up.
	5.3 It was spun a very different way.
