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Vicarious Exposure to Trauma and Growth in Therapists: The Moderating Effects of Sense of Coherence, Organizational Support, and Empathy

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Therapists who work with traumatized individuals can experience psychological growth following this vicarious exposure to trauma. The purpose of the present study is to examine the variables that may moderate such vicarious posttraumatic growth. Therapists (N = 118) completed measures of vicarious exposure to trauma and growth, as well as empathy, sense of coherence, and perceived organizational support. Results showed that having a strong sense of coherence negatively predicted growth (β = −.28, p = .001), whereas empathy was a positive predictor (β = .37, p < .001). Empathy also moderated the exposure to growth relationship when growth involved relating to others (β = −.20; p = .018). Organizational support did not predict growth. This has implications for the recruitment, training, and supervision of therapists working with individuals who have experienced trauma.

Traumatic experiences may have negative psychological consequences. Although research has often focused on effects of direct experience of trauma, some people, like therapists, are vicariously exposed to traumatic experiences through their work (Pearlman & Saakvitne, 1995). Such vicarious exposure to trauma, including listening to descriptions of horrific events, can have negative (e.g., McLean, Wade, & Encel, 2003) and positive consequences (e.g., Arnold, Calhoun, Tedeschi, & Cann, 2005). Positive outcomes have been termed vicarious posttraumatic growth, defined as "psychological growth following vicarious brushes with trauma" (Arnold et al., 2005; p. 243). This study investigates whether such positive effects on therapists are moderated by individual differences and organizational factors.

Research on vicarious posttraumatic growth is relatively new and there are no specific explanatory models. Several models, however, do explain posttraumatic growth following direct trauma exposure (e.g., Tedeschi, Park, & Calhoun, 1998) and have been applied to situations where professionals, like therapists, have experienced the negative effects of vicarious exposure to trauma. Although less widely examined, positive changes as a result of vicarious exposure to trauma have been recorded (e.g., Arnold et al., 2005; Brady, Guy, Poelstra, & Brokaw, 1999; Pearlman & Saakvitne, 1995; Schauben & Frazier, 1995), but to date only two studies have investigated vicarious posttraumatic growth specifically using quantitative measures (Linley & Joseph, 2007; Linley, Joseph, & Loumidis, 2005). There are two points of interest here. First, both studies measured vicarious exposure to trauma, the assumption being that greater exposure would produce more growth. Evidence for this was inconsistent with only one of the two studies reporting a relationship (Linley & Joseph, 2007). Second, both studies identified several other key predictors of growth, including therapist sense of coherence, empathy, the therapeutic bond, and social support (Linley & Joseph, 2007; Linley et al., 2005). Consistent with theories of growth and regardless of extent of vicarious exposure to trauma, these studies suggested that factors specific to the therapist, the therapeutic relationship, and the working
environment predicted whether the therapist experienced growth in relation to their work.

These studies, however, only tested direct relationships between predictor variables and vicarious posttraumatic growth. Theories suggest that the relationship between vicarious exposure and growth will be moderated rather than directly affected by psychosocial factors. Moderator variables affect the strength or direction of a relationship between a predictor variable and an outcome variable (Baron & Kenny, 1986) and are theoretically important because they are often assumed to be variables that predate the predictor (Kraemer, Kiernan, Essex, & Kupfer, 2008). They are also important in terms of understanding the ways in which health care professionals can be supported in their work.

Previous studies have identified several key potential moderators of vicarious posttraumatic growth in therapists, including sense of coherence and organizational support (Linley & Joseph, 2007; Linley et al., 2005). Sense of coherence describes the extent to which the world is seen as comprehensible, manageable, and meaningful and has been strongly linked to positive responses to stress (Antonovsky, 1987) and positive changes in therapists (Linley et al., 2005). Environmental factors, however, such as organizational support, are also associated with a therapist’s vulnerability to vicarious traumatization (Pearlman & Saakvitne, 1995) and have a significant influence on posttraumatic growth in other professions (e.g., Paton, 2005). Assessing the moderating effect of sense of coherence and perceived organizational support on growth is a key aim of the present study.

Empathy is another potential moderator variable. It is key to the therapeutic relationship (Hojat, 2007) and is particularly relevant to vicarious exposure to trauma in the therapy setting. Empathy is the art of understanding, reflected in perspective taking, standing in another’s shoes, tolerance, openness, uncritical judgment, and unconditional acceptance (e.g., Hojat, 2007). The empathic connection has also been described as a gateway of vulnerability that can lead to negative outcomes for the therapist (Badger, Royse, & Craig, 2008), although it has also been reported as a factor that sustained therapists in their work (Harrison & Westwood, 2009). In fact, an empathic response to vicarious trauma might be a mechanism through which positive changes occur.

In the present study, we tested two key hypotheses in a sample of therapists, who worked with trauma. We hypothesized (a) that the extent of vicarious exposure to trauma would positively predict growth in therapists, and (b) that preexisting levels of sense of coherence, perceived organizational support, and empathy would moderate the relationship.

**Method**

**Participants and Procedure**

After receiving approval from the Lancaster University and local United Kingdom (UK) National Health Service ethics committees, a recruitment e-mail containing a survey weblink was sent to registered therapists. Registered therapists were identified (N = 1,852) using UK therapist registers (British Psychological Society, British Association of Behavioural and Cognitive Psychotherapies, Association of Cognitive Analytic Therapists). Only volunteers who confirmed that they had worked with trauma clients were eligible to participate (e.g., Pearlman & Mac Ian, 1995). Of those, 151 responded (8.2% participation rate) to an e-mail solicitation; however, only 118 participants completed all questions (6.4% completion rate). These rates are low in comparison to previous studies (e.g., 32% Pearlman & Mac Ian, 1995), but are only estimated. Spam e-mail filtering may have reduced e-mail view rates (Porter & Whitcomb, 2007). On completion (or exit) from the survey, all volunteers and participants were directed to a debriefing page.

Participants (men: n = 38; women: n = 80) ranged from 27 to 73 years of age (M = 45.97, SD = 11.67) and worked in private practices or clinics (27%), the public sector (32%), or a combination of these settings (41%). Their careers varied from 1 to 50 years duration (M = 13.77, SD = 10.56) with an average of 14.18 hours (SD = 6.06) spent per week with clients. Gender, age, and experience distributions are similar to previous studies (e.g., Linley & Joseph, 2007; McLean et al., 2003; Pearlman & Mac Ian, 1995), as was the weekly hours spent with clients (Linley & Joseph, 2007 reported M = 12.64 hours, SD = 6.6). Finally, there were no differences between participants who did and did not complete all the survey questions, in gender, χ²(1) = 1.79, p = .271; age, τ(134) = .247, p = .247; or ethnicity, χ²(7) = 6.31, p = .504.

**Measures**

Demographic information requested included gender, age, current relationship status, ethnicity, qualifications as a therapist, work setting, working fulltime/parttime, training orientation, practice orientation, length of time working as a therapist (years), hours per week with clients, use of personal therapy, personal trauma history (yes, no), and supervision (frequency, orientation).

Vicarious exposure to trauma was measured through duration of therapy career (years), hours per week with clients, percentage of vicarious exposure to trauma over last month (0, 1–20, . . . 81–100) and exposure to clients who could be classed as suffering from PTSD (5-point Likert scale). The percentage of career involving vicarious exposure to trauma was measured twice, using a 10-point scale of percentages (0, 10, . . . 100) and by requesting an exact number to represent the percentage.

However, these measures do not represent cumulative vicarious exposure (McCann & Pearlman, 1990a). Therefore, we weighted career vicarious exposure to trauma [(career years/100) * % career exposure] by the percentage of a fulltime (FT) working week spent with clients (10 hours = 25% FT). A therapist with a 5-year career working with clients for 15 hours per week, of which 30%
was spent with trauma clients, would receive a vicarious exposure
to trauma score representing .61 years of specifically vicarious
exposure to clients with trauma (1.5 years \times .41). This value was
used as the vicarious exposure to trauma predictor variable in all
further analyses.

A number of self-report measures were also used as described
below.

The 20-item Jefferson Physician empathy scale (Hojat et al.,
2002) was developed to measure clinician empathy using 7-point
Likert scales. The original authors gave permission to amend the
wording to ensure relevance to therapists. For example, “patient”
was changed to “client” (e.g., Linley & Joseph, 2007). The coefficient
\( \alpha \) for this sample was .77.

The short form of the Sense of Coherence scale (Antonovsky,
1987) has been used with therapist samples (Linley & Joseph,
2007) and contains 13 items scored using 7-point Likert scales.
Higher scores represent a greater sense of coherence. The coefficient
\( \alpha \) for this sample was .85.

The Perceived Organisational Support Scale measures employ-
ees’ perceptions of the extent to which the organization values their
contribution and cares about their well-being (Eisenberger, Stingl-
hamber, Vandenberge, Sucharski, & Rhoades, 2002). The short
form has eight items rated on 7-point Likert scales. The coefficient
\( \alpha \) for this sample was .95.

The Post Traumatic Growth Inventory is a 21-item question-
naire, where items can be endorsed from 0 = “I did not experience
this change as a result of my therapy work: to 5 = “I experi-
enced this change to a very great degree as a result of my therapy
work” (Tedeschi & Calhoun, 1996). The measure gives an overall
score and scores on five subscales, New Possibilities, Relating to
Others, Personal Strength, Spiritual Change, and Appreciation of
Life. Higher scores indicate a greater experience of growth. The
coefficient \( \alpha \) for this sample was .95.

Data Analysis

Standard transformations were applied to skewed data. Two vari-
ables did not approximate normality following transformation
(perceived organizational support: \( W = .97, p = .009 \); vicari-
ous exposure to trauma: \( W = .97, p = .008 \)). As normality is
not critical for a valid regression (Lumley, Diehr, Emerson, &
Chen, 2002), raw data were used in these cases. After standard
“centering” transformations, interaction terms were created using
the cross products of the hypothesized predictor and moderator
variables (see Baron & Kenny, 1986).

RESULTS

Participants had therapy careers spanning 1 to 50 years, with
half of that (47.5%) spent working with trauma clients (see
Table 1). However, in real time (career vicarious exposure to
trauma \( \times \% \text{ of FT} \)), participants spent an average of 2.47 years
\((SD = 2.73)\) working with these clients. Participants self-reported
a high sense of coherence (13–40, 41–54, > 54 = low, medium,
and higher scores, respectively) and were highly empathic, where
50% of the sample scored between 115 and 128 (possible range
20–140), Therapists perceived that they experienced moderate lev-
eels of organizational support. Finally, scores were consistent with
a moderate level of vicarious posttraumatic growth in relation to
therapy work. A single sample \( t \)-test comparison of scores from
another published study using therapist populations \( (M = 42.77
\text{ treated as a population value; Linley et al., 2005}) \) gave \( t(117) =
-1.15, p = .25 \), indicating no significant differences in the levels
of growth between the two studies. The internal consistency of all
relevant measures was satisfactory (Table 1).

Occupational and demographic variables were also examined.
Therapists who had previously received personal therapy reported

Table 1. Descriptive Statistics for Predictor, Moderator, and Outcome

<table>
<thead>
<tr>
<th>Variable</th>
<th>( M )</th>
<th>( SD )</th>
<th>25th Percentile</th>
<th>75th % Percentile</th>
</tr>
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<tr>
<td>VETT (years of career)</td>
<td>2.47</td>
<td>2.73</td>
<td>0.60</td>
<td>3.67</td>
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<tr>
<td>Empathy</td>
<td>121.20</td>
<td>9.53</td>
<td>115</td>
<td>128</td>
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<tr>
<td>Sense of coherence</td>
<td>67.89</td>
<td>10.88</td>
<td>60</td>
<td>77</td>
</tr>
<tr>
<td>Perceived organizational support</td>
<td>28.06</td>
<td>11.72</td>
<td>21</td>
<td>37</td>
</tr>
<tr>
<td>Total posttraumatic growth</td>
<td>40.46</td>
<td>21.82</td>
<td>23.50</td>
<td>57.50</td>
</tr>
<tr>
<td>Relating to Others</td>
<td>12.83</td>
<td>7.95</td>
<td>7</td>
<td>19.00</td>
</tr>
<tr>
<td>New Possibilities</td>
<td>9.93</td>
<td>6.38</td>
<td>4.75</td>
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</tr>
<tr>
<td>Personal Strength</td>
<td>8.19</td>
<td>5.00</td>
<td>3.75</td>
<td>13.00</td>
</tr>
<tr>
<td>Spiritual Change</td>
<td>1.94</td>
<td>2.36</td>
<td>0</td>
<td>3.00</td>
</tr>
<tr>
<td>Appreciation for Life</td>
<td>7.55</td>
<td>3.58</td>
<td>5.00</td>
<td>10.00</td>
</tr>
</tbody>
</table>

Note. \( N = 118 \). VET = Vicarious exposure to trauma,
significantly more growth than those who had not previously had personal therapy, $r(116) = 11.89, p = .001$. There were no differences in growth, however, between those who reported a personal trauma history and those who did not ($p > .05$).

**Intercorrelations**

Participants provided measures of vicarious exposure to trauma in several different ways. All these measures were moderately correlated with each other (all $r > .6$) but not related to growth, all $r < .15$, all $p > .13$. Demographic variables did not significantly correlate with any of the predictor variables, which also did not correlate with each other (see Table 2). There were, however, some correlations with outcome variables. Older age was related to high general vicarious posttraumatic growth, and personal strength and appreciation of life scores. Therapists, who worked as part of a clinic rather than in private practice, and those who received more supervision, reported higher levels of spiritual change. In addition, the experience of personal trauma was related to lower scores on the New Possibilities subscale. Finally, participants with higher empathy and those with lower sense of coherence reported higher levels of growth, both generally and on the Relations to Others and Personal Strength subscales. Empathy was also positively correlated with New Possibilities and Appreciation for Life subscales.

**Regression Analyses**

Moderation analyses were carried out with overall growth as the outcome variable. Vicarious exposure to trauma was entered into the first block, with sense of coherence, empathy, and perceived organizational support entered into the second block. Finally, the interaction terms were entered into the third block. The results are shown in Table 3 and findings are reported in relation to each hypothesis.

In line with Hypothesis 1, vicarious exposure to trauma positively predicted growth ($p = .001$). The relationship remained reliable when all other possible main effects and moderators were included in the model. In relation to Hypothesis 2, levels of empathy, sense of coherence, and perceived organizational support did not moderate the relationship between vicarious exposure to trauma and general growth. However, when considering the five separate subscales of the growth, it was found that empathy was a significant moderator ($\beta = -.20; p = .018$) of the relationship between vicarious exposure to trauma and relating to others. No significant moderation was found in the other subscales.

We explored the moderating effect of empathy by calculating mean growth values for low, medium, and high levels of empathy and vicarious exposure to trauma (Jose, 2008; see Figure 1). Medium values are based on the mean and low and high levels of the variable are one standard deviation below and above the mean, respectively (Aiken & West, 1991). Figure 1 shows that higher levels of empathy ($M + 1 \text{ SD} = 130.73$) were associated with the highest levels of growth, with medium ($M = 121.2$) and lower levels of empathy ($M = 1 SD = 111.67$) associated with the medium and lower levels of growth, respectively. This difference was most strongly evident with lower levels of vicarious exposure to trauma. Moreover, the positive relationship between vicarious exposure to trauma and growth was only present for those therapists self-reporting the lowest levels of empathy, with medium levels of empathy linked to a weaker trend.

Sense of coherence was not a moderator of the relationship between vicarious exposure to trauma and growth (all $p > .05$). However, therapists who self-reported a higher sense of coherence were likely to experience lower levels of growth. Perceived organizational support did not moderate the relationship between vicarious exposure to trauma and growth ($p > .05$), and was not a reliable predictor of growth scores.

**DISCUSSION**

This study investigated vicarious posttraumatic growth by examining the moderators of the relationship between vicarious exposure to trauma and growth, including sense of coherence, empathy, and perceived organizational support. Overall, cumulative exposure to traumatized clients, empathy, and sense of coherence predicted levels of growth. As we discuss below, only empathy played a moderating role in these relationships.

Previous research has been inconsistent on the relationship between vicarious exposure to trauma and growth (e.g., Lev-Wiesel, Goldblatt, Eisikovits, & Admi, 2008; Linley & Joseph, 2007). In the present study, higher cumulative levels of vicarious exposure to trauma predicted higher levels of growth. The finding that recent and relative measures of vicarious exposure to trauma did not predict growth, whereas a cumulative measure did, is consistent with McCann and Pearlman’s (1990a) description of vicarious...
Table 2. Correlation Matrix for Demographic Details, Sense of Coherence, Empathy, Perceived Organizational Support and Posttraumatic Growth

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<td>1. Gender</td>
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<td>2. Age</td>
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<td>3. Marital status</td>
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<td>4. Education</td>
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<td>5. Work setting</td>
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<td>6. Supervision</td>
<td>-0.17</td>
<td>0.13</td>
<td>-0.01</td>
<td>-0.16</td>
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<td>7. Personal trauma</td>
<td>-0.05</td>
<td>-0.21*</td>
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<td>8. SOC</td>
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<td>-0.07</td>
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<td>9. Empathy</td>
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<td>11. PTG</td>
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<td>0.36*</td>
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<td>0.93*</td>
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<td>13. PTG NP</td>
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<td>-0.09</td>
<td>-0.07</td>
<td>0.04</td>
<td>-0.19*</td>
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<td>0.04</td>
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<td>0.90*</td>
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<td>15. PTG SC</td>
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</tbody>
</table>

Note. N = 118. SOC = Sense of coherence; POS = perceived organizational support; PTG = posttraumatic growth; RTO = Relation to Others; NP = New Possibilities; PS = Personal Strength; SC = Spiritual Change; AoL = Appreciation of Life; VETT = Vicarious exposure to trauma. *Gender: Men (1) Woman (2). Single (0) Not single (1). N(education) = 104, certificate only (1); diploma only (2) master's (3) master's + certificate and/ diploma (4); doctorate only (5); doctorate + certificate and/ diploma and/ master's (6). *Private practice (0) Other (1). *Yes (1) No (2). *p < 0.05. **p < .01. ***p < .001.
traumatization as cumulative. They describe how each client’s story will reinforce the therapist’s gradually changing schema. This is also consistent with the cumulative effects of gradually changing belief systems through positive accommodation.

However, a specific aspect of the vicarious exposure to trauma–growth relationship, in particular relating to others, was moderated by empathy. For the least empathic therapists, higher levels of vicarious exposure to trauma predicted higher levels of relating to others. This relationship was weaker in more empathic therapists and not present in those with the highest levels of empathy. This novel finding suggests that people with highly empathic abilities are more likely to accommodate their relating-to-others schema, even if vicarious exposure is minimal. The empathic exercise (putting one’s self in the place of the client) may decrease distance between therapist and client, thus directly challenging personal schemas. A greater distance between less-empathic therapists and clients may require more exposure to challenge current schemas and trigger change. Clearly, further research is required to understand this relationship.

Empathy and sense of coherence were also direct predictors of growth. Consistent with previous studies (e.g., Linley & Joseph, 2007), therapists scoring higher in empathy reported the highest levels on every measure of growth except spiritual change. More empathic people may have more-flexible schemas and be prone to accommodation. Alternatively, an empathic connection may facilitate growth through a process of identification thus increasing the personal impact of the vicarious experience and the need to adjust current schemas.

In contrast, sense of coherence negatively predicted vicarious posttraumatic growth in the present study. Previous studies either reported no relationship with growth or a positive relationship (Linley & Joseph, 2007; Linley et al., 2005) perhaps due to differences between samples in coherence levels. The therapist sample in this current study expressed moderate to high sense of coherence, which could help therapists cope with an initial “seismic disruption” to their schemas caused by vicarious exposure to trauma. Therefore, the highly coherent therapist would have less opportunity to positively accommodate new information and less opportunity for growth.

Interestingly, organizational support did not predict or moderate growth. Previous research has not examined organizational support, although social support and supervision are important in encouraging therapists well-being (e.g., Schauben & Frazier, 1995) and moderate vicarious posttraumatic growth in other professions (Huddleston, Paton, & Stephens, 2006). It might be that social support and individual supervision are more pertinent for a therapist’s experience of vicarious posttraumatic growth, as has been found for those directly exposed to trauma (e.g., Borja, Callahan, & Long, 2006).

These findings are novel and contribute to the development of theoretical understanding of vicarious posttraumatic growth in therapists, with implications for training, supervision, and

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**Table 3.** The Relationship Between Vicarious Exposure to Trauma and Aspects of Posttraumatic Growth as Moderated by Perceived Organizational Support and Sense of Coherence

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE</th>
<th>95% CI</th>
<th>β</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model 1: $F = 6.25, *R^2 = .05, *R^2_{adj} = .04$.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VETT</td>
<td>1.81</td>
<td>0.72</td>
<td>[0.38, 3.24]</td>
<td>.23</td>
<td>2.50*</td>
</tr>
<tr>
<td>Model 2: $F = 8.51, <strong>R^2 = .23, R^2_{adj} = .20, R^2_A = .18</strong>$.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VETT</td>
<td>1.81</td>
<td>0.67</td>
<td>[0.49, 3.13]</td>
<td>.23</td>
<td>2.71*</td>
</tr>
<tr>
<td>SOC</td>
<td>-4.59</td>
<td>1.39</td>
<td>[-7.35, -1.83]</td>
<td>-.28</td>
<td>-3.29**</td>
</tr>
<tr>
<td>Empathy</td>
<td>6.35</td>
<td>1.51</td>
<td>[3.36, 9.34]</td>
<td>.35</td>
<td>4.20**</td>
</tr>
<tr>
<td>POS</td>
<td>0.12</td>
<td>0.16</td>
<td>[-0.16, 0.46]</td>
<td>.07</td>
<td>0.95</td>
</tr>
<tr>
<td>Model 3: $F = 5.49, **R^2 = .26, R^2_{adj} = .21, R^2_A = .03$.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VETT</td>
<td>1.75</td>
<td>0.73</td>
<td>[0.30, 3.19]</td>
<td>.22</td>
<td>2.40*</td>
</tr>
<tr>
<td>SOC</td>
<td>-4.60</td>
<td>1.39</td>
<td>[-7.36, -1.84]</td>
<td>-.28</td>
<td>-3.30*</td>
</tr>
<tr>
<td>Empathy</td>
<td>6.77</td>
<td>1.52</td>
<td>[3.76, 9.77]</td>
<td>.37</td>
<td>4.46**</td>
</tr>
<tr>
<td>POS</td>
<td>0.13</td>
<td>0.16</td>
<td>[-0.18, 0.45]</td>
<td>.07</td>
<td>0.83</td>
</tr>
<tr>
<td>Exposure × SOC</td>
<td>-0.27</td>
<td>0.59</td>
<td>[-1.44, 0.89]</td>
<td>-.05</td>
<td>-0.46</td>
</tr>
<tr>
<td>Exposure × empathy</td>
<td>-0.86</td>
<td>0.47</td>
<td>[-1.79, 0.07]</td>
<td>-.15</td>
<td>-1.84+</td>
</tr>
<tr>
<td>Exposure × POS</td>
<td>-0.03</td>
<td>0.05</td>
<td>[-0.07, 0.14]</td>
<td>.06</td>
<td>-0.62</td>
</tr>
</tbody>
</table>

Note. CI = Confidence interval; VETT = vicarious exposure to trauma; POS = perceived organizational support; SOC = sense of coherence. Variables were entered into a hierarchical regression model with forced entry; $+ < .07$. The degrees of freedom for the ANOVAs of Models 1, 2, and 3 are 1 and 116, 4 and 113, and 7 and 110, respectively. * $p < .05$, ** $p < .01$, *** $p \leq .001$. 

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recruitment. Therapists may be aware of the pitfalls of vicarious exposure to trauma, but less conscious of the potential for growth. For example, the importance of empathy should be highlighted in training as not only beneficial for the client, but also for the therapist. Traditionally, therapists learn that the empathic connection is essential during therapy, with a positive relationship to clinical outcomes (e.g., Hojat et al., 2002), but also vicarious trauma (McCann & Pearlman, 1990b). Although not disputing these ideas, this study reveals a more complex picture of vicarious posttraumatic growth as cognitive change, which is different from psychological distress. Empathy reduces the psychological distance between therapist and client, and may enhance the impact of the vicarious experience and increase the need for accommodation of schema. The accommodation process can be a negative one (such as in the case of vicarious trauma), but it also opens the door for a positive one.

The above findings should be considered with the study’s limitations in mind. The moderation analysis was based on the assumption of the temporal precedence of the moderators (Kraemer et al., 2008), that empathy, sense of coherence and levels of perceived organizational support predate vicarious exposure. Although the significant moderating effect of empathy is consistent with this view, our correlational methodology does not exclude a different temporal sequence. Moreover, although we used a national recruitment strategy and recruited therapists from different orientations, there is the possibility of self-selection bias. The estimated response rate was low and the sample may not completely represent the therapist population. Findings should be generalized cautiously. Moreover, the correlational design used here and in other similar studies, allows uncertainty about the directionality of associations and causality cannot be inferred. There was, however, considerable variability in levels of vicarious exposure to trauma that does increase the validity of the findings. Other factors, such as the personality traits of therapists, type of traumatic event, and time elapsed since vicarious exposure may have also had a significant impact upon how the vicarious exposure to trauma was experienced and resultant levels of growth. Bearing this in mind, we can make several tentative suggestions in relation to clinical practice.

The results of this study suggest that growth experienced by therapists is predicted by cumulative vicarious exposure to trauma. The relationship with a particular aspect of growth, relating to others, was moderated by empathy. In general, however, higher levels of empathy were beneficial, though a higher sense of coherence, predicted less growth. This research has shed more light on some of the variables that predict whether not a therapist will experience growth. What is less clear is the process by which this occurs. As the literature, however, takes strides to answer these questions, the possible implications for therapists and the clients they are aiming to help are potentially valuable.

REFERENCES


Queries

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