

# Cost of Caring: Vicarious Trauma Among Guidance Counselors and Psychologists

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**Abstract** – This study sought to describe the lived experiences of vicarious trauma among guidance counselors and practicing psychologists. There were ten practicing registered guidance counselors and psychologists from Region 1 who served as respondents for this study who worked with trauma clients and had manifestations of vicarious trauma. An in-depth semi-structured interview protocol was used as the main data-gathering tool. Audio-recorded interviews were done on a one-on-one manner after permission was sought from the respondents and confidentiality ensured. Interviews were transcribed and using interpretative phenomenological analysis, main themes and sub-themes were identified. Findings revealed that respondents' lived experiences of vicarious trauma included engagement behaviors, changes in worldview, and physiological and psychological symptoms. The respondents ascribed meanings to their experiences namely, inner strength/grit, reality check, nurturance of the transcendental motive, recognition of psychological boundaries, emotion management, openness to experience and change, sense of appreciation, professional growth, and deepening of spirituality. Recommendations were given for guidance counselors and psychologists and organizations. Suggestions for future studies were likewise recommended.

**Keywords:** vicarious trauma, post-vicarious trauma growth, guidance counselor, psychologist, interpretative phenomenological analysis, qualitative study, social science

## 1. Introduction

Since the passage of Republic Act 9258 also known as the "Guidance and Counseling Act of 2004" and Republic Act 10029 or the "Philippine Psychology Act of 2009", hundreds have obtained their licenses to practice as professional guidance counselors and psychologists. Both bills acknowledge the importance of these professionals in nation-building and to ensure the public with services from experienced and trained individuals. Indeed, a seasoned and well-trained professional safeguards clients and guarantees them of quality services for optimal human growth and functioning. However, on the part of these professionals, the same do not immunize their psychological well-being from being subjected to the negative impacts of being repeatedly exposed to their clients' accounts of trauma or suffering.

The practice of counseling and psychotherapy can be emotionally charged, intense and involve empathic commitment in the pain of the client being helped (Helm, 2010). To practice empathy is a key component in said practices. As such, it is

regarded as a core condition in promoting positive outcomes in the therapeutic process.

Although empathy is indispensable in counseling and psychotherapy, paradoxically, it can have its downside especially when counselors or psychotherapists over-identify with their client's experiences as they are exposed on a regular basis to stories of suffering that oftentimes linger in the professionals' thoughts. Working with the psychological tool empathy can have its emotional costs to practitioners. In some cases, counselors and psychotherapists alike can be as traumatized as their clients. Gibbons et al. and McCann and Pearlman (1990) (as cited by Abendroth and Figley, 2013) found that the effect of repeated exposure to clients' accounts can lead to vicarious trauma for those working with traumatized persons. The constant emotional engagement and continuous exposure to clients' trauma material increases the risk for mental health professionals to experience the effects of vicarious trauma (Sartor, 2016). In a qualitative

study by Sui and Padmanabhanunni (2016) on vicarious trauma, they found that all psychologists who served as respondents reported symptoms of vicarious trauma including disruptions in cognitive schemas, symptoms characteristic of post-traumatic stress disorder, and somatic symptoms.

Vicarious trauma is a term first coined by Pearlman and Saakvitne in 1995 which pertains to the permanent change in the service provider resulting from empathic engagement with a client's or patient's traumatic background. The hallmark symptoms of vicarious trauma are disturbances in the professional's cognitive frame of reference in the areas of trust, safety, control, esteem and intimacy. Subsequent studies on this construct gave way to various definitions for vicarious trauma. One of the definitions is that it is the response of those persons who have witnessed, been subject to explicit knowledge of, or, had the responsibility to intervene in a seriously distressing or tragic event (Lerias & Byrne, 2003). Lugris (2000) says that vicarious trauma is the impact of a directly traumatized individual's experiences upon the people who listens to their accounts of suffering. Meanwhile, Lind (2000) defines vicarious trauma as traumatic stress which develops from the knowledge of a traumatizing event. According to American Psychological Association (2017), vicarious trauma is the latest term used to describe the phenomenon generally described as the "cost of caring."

Related literatures and studies on vicarious trauma have shown several risk factors for vicarious trauma. Perlman and Caringi (2009) identified three major contributing factors namely, aspects of the work, aspects of the provider, and aspects of the social-cultural environment. Aspects of the work pertain to the nature of work itself like hearing multiple stories of trauma or abuse while aspects of the provider include the professional's personal characteristics like personality and temperament, ego resources, coping styles, personal history, or support system. The latter also refers to professional characteristics like training and experience, theoretical orientation, or working style. Lastly, aspects of the social-cultural environment point to the fact that oftentimes, trauma victims belong to the

marginalized or low socio-economic profile groups. Hence, they receive treatment in public institutions where it is inexpensive and are usually underfunded and lack resources. The combination of clients' multiple needs and insufficient resources results to professionals' feelings of frustration, helplessness, and hopelessness.

Vicarious trauma may be experienced by a professional in several ways. The American Counseling Association (2014) describes how it manifests among professionals. They might avoid talking or thinking about the what the affected client have been talking about to the extent of almost being numb to it or be in a persistent arousal state. Generally the symptoms include: having difficulty talking about their feelings, free floating anger and/or irritation, startle effect or being jumpy, over- or undereating, difficulty falling or staying asleep, losing sleep over patients, worried that they are not doing enough for their clients, dreaming about their clients or their clients' trauma experiences, diminished joy toward things they once enjoyed, feeling trapped by their work, diminished feelings of satisfaction and personal accomplishment, dealing with intrusive thoughts of clients with especially severe trauma histories, feelings of hopelessness associated with their work/clients, and blaming others.

Aside from vicarious trauma being a distressing experience among guidance counselors and psychologists, the same impairs their competence in practice. Sartor (2016) in her study found that mental health professionals, particularly counselors, with higher levels of vicarious trauma had lower levels of self-efficacy or perceived ability to counsel clients. The study of Baranowsky (2002) resulted to the discovery that therapists could make their intervention hasty as an outcome of vicarious trauma. Vicarious trauma can also lead to life dissatisfaction, can permeate work and home, can lead to health problems, can make a person feel out of control, and manifestation of symptoms of post-traumatic stress disorder (Lubimiv, 2012). Furthermore, vicarious trauma reduces their capacity or interest in bearing the suffering of others (Figley, 2002).

The problem of vicarious trauma among counselors and practicing psychologists as they

work with traumatized clients can negatively affect multiple facets of the professional's life – behavior, emotions, relationships, beliefs, success, and health and may actually be an occupational hazard (Berscheit, 2013). The recently passed Mental Health Act of 2017 specifies that mental health professionals shall have the right to a safe and supportive working environment. This implies that the mental health of individuals in the helping profession is an issue of concern. As such, the conduct of this study is very relevant and necessary as this will pave the way for increased awareness about vicarious trauma as well as the development of programs or self-care plans to address such phenomenon. This study will attempt to ascertain a deeper understanding of vicarious trauma from the perspective of guidance counselors and practicing psychologists and the meanings they derive from this phenomenon. This will serve as information to move forward the possibility of expanding the scope of the Magna Carta of Public Health Workers or Republic Act 7305 to mental health professionals in other settings besides health related institutions and to those in private practice. One of this act's aims is to promote and improve the social and economic well-being of the health workers, their living and working conditions and terms of employment. It will also explore their self-care practices so as to provide other guidance counselors and psychologists with a benchmark to maintain optimal health and also provide information to agencies about what nature of support they can offer to their employees.

### **1.1. Objectives of the Study**

The purpose of this phenomenological study is to describe the lived experiences of vicarious trauma among guidance counselors and practicing psychologists.

## **2. Methodology**

### **2.1. Research Design**

This is a qualitative approach to research with an interpretative phenomenological design. The

respondents for this study were practicing registered guidance counselors and registered psychologists who are working full-time in academic or clinical settings. The respondents had manifestations of vicarious trauma and worked with clients who were sexually abused, physically abused, polyvictimized, neglected, bullied, and traumatically interrogated.

### **2.2. Subjects of the Study**

Although there is no prescribed sample size for qualitative researches and that it is greatly contingent upon the design being used, Creswell (2013) found in his review of a number of qualitative studies that the number of respondents typically ranges from three to ten for a phenomenological study. In view of the foregoing, ten participants whose work locations were within Region 1 were selected through convenience sampling. Additional participants were not sought as almost all the initial participants had similar answers to the interview questions.

Ten participants were interviewed for this study; six females, and five males. Five of the participants are registered guidance counselors, four are registered psychologists, and one is a registered guidance counselor and registered psychologist. The work settings of the participants were in clinical and academic institutions. Five are working in clinical settings and an equal number are in academic settings. The age range of the participants is 24 to 51 years old with one to 25 years of practice.

### **2.3. Data Gathering Tools**

An in-depth interview using a semi-structured interview protocol that was designed by the researcher was used as the main data-gathering tool for this study. It was further refined after being piloted (Cramer & Howitt, 2011) to ensure that the questions are appropriate for the purpose of the study and whether it will allow the participant to freely respond in terms of experiences and views. In this light, the semi-structured interview schedule was tried out to two participants before the actual data gathering and modified according to the suggestions of the panel members during the

proposal defense. All questions were stated in an open-ended manner to invite the respondents to open up and talk. A semi-structured, rather than a structured, interview was opted in anticipation of emerging issues that were also explored for the study.

The interview schedule was prepared in such a way that it was contextualized within the scope and delimitation of the study. It consisted of two parts. The first part mostly covered questions to obtain data regarding the profile of the respondents. Part two were questions pertaining to the lived experiences on vicarious trauma and self-care among the respondents.

#### **2.4. Ethical Considerations**

With the conduct of this research, some ethical concerns were addressed.

Primarily, all interviews were voluntary. Communication with potential participants through personal interaction, phone call, and emails was done before finalizing their inclusion in the study. During this phase, the nature of the study was presented and questions were properly addressed.

Prior the interviews, confidentiality was assured through the informed consent which was sent to them personally or electronically. It was later verbally ascertained to the respondents at the onset and conclusion of the interviews. Codes were used to identify each respondent to maintain their anonymity.

Rapport was established and sensitivity was observed during the interview to ensure that the well-being of the respondents was maintained optimal as they relived their experiences. Further clarifications from the respondents were accommodated and ample time was dedicated to discuss the nature of the study. They were also told that the interview may be stopped anytime should distressing feelings arise.

After analysis, data was kept in a password-protected computer folder personally owned by the researcher and will be discarded after five years. All electronic files will be permanently deleted files in order to protect data from misuse.

#### **2.5. Data Gathering Procedures**

The interviews were conducted in person and through dialogue. The time and place were decided upon by the respondents. The interviews were audio-recorded after permission from the respondents had been sought. A thorough transcription and coding of the individual interviews were performed for analysis.

#### **2.6. Data Analysis**

An interpretative phenomenological analysis was utilized in examining the data gathered. With the basic assumption that persons make meanings out of their experiences, the application of this method enabled the researcher to describe the respondents' experiences effectively and how they made sense of these experiences (Cramer & Howitt, 2011).

The analysis began with familiarization of data and inscription of initial comments. The printed transcription was read until the researcher became acquainted with the data. Anything of interest and relevance were jotted down on the document and first annotations included early attempts at summarizing or interpreting the data. Further annotations were later done on confirmations or modifications in what were earlier noted.

Preliminary identification of themes followed wherein the researcher re-read the transcript and identified major themes in the answers of the respondents. Each theme was summarized with a brief phrase and with careful consideration that it accurately related with what the participants have said. The themes were expressed in a somewhat abstract or theoretical manner. To verify how accurately the themes reflect the experiences of the respondents, a tabular summary of the themes was sent to them electronically or was personally presented for validation and re-analyzed until a fit between the themes and their personal experiences was achieved.

The third step was to search for interconnections between themes. The list of themes was examined and connections between them were looked for. Similar but partially distinct themes were clustered to form superordinate

themes. These broader themes were the subject for further interpretation by the researcher.

The structure of superordinate and subordinate themes is visually presented through a table. Short phrases from the respondents' accounts were included to illustrate the various themes.

Three co-raters with post graduate degrees in psychology engaged in clinical practice were asked to evaluate appropriateness of the themes, their description, and their match to the significant verbatim responses from the initial coding until the identification of the subthemes. Consensus was sought for the final coding of themes and sub themes.

### 3. Results and Discussion

The following are the main themes identified during data analysis. Further analysis gave rise to subthemes clustered together according to how fitting they are to the more general main theme. The chronology of subthemes was set contingent upon the frequency of relevant verbatim answers.

#### 3.1. Lived Experiences of Vicarious Trauma

The Lived Experiences of Vicarious Trauma has four main themes namely, Engagement, Changes in Worldview, and Physiological and Psychological Symptoms, and Post-Vicarious Trauma Growth.

##### 3.1.1. Engagement

In the respondents' experience of vicarious trauma, it was common among them to have manifested some form of engagement behaviors with their clients prior to the appearance of other symptoms. These engagement behaviors consist of empathy, failure to disengage, sympathy, and countertransference.

##### 3.1.2. Empathy

It is common knowledge among helping professionals that empathy is one of the most important skills that a psychotherapist or counselor should possess. It creates the therapeutic relationship and is a tool that effects change in the

client. Empathy is the ability of people to "feel themselves into" the emotional lives of others or to converge emotionally with another (Hatfield, Rapson, & Le, 2009). However, as can be gleaned from the narratives of the participants on empathic engagements, it is remarkable how it simultaneously triggered the same emotions as being traumatized, helpless, fearful, and confused as their clients and likewise leaving the respondents vulnerable.

The participants shared feelings that depicted themes of attunement with their clients' experiences as if becoming a part of the client's trauma. For example, accounts like "*Parang I became a part of the trauma because I feel the trauma.* (It was like I became a part of the trauma because I feel the trauma.)" and "*you also feel yung helplessness parang ganon, nung person.* (You also feel the helplessness, something like that, of the person.)" pertain to this theme. Moreover, one of the respondents specifically described an attempt to emotionally empathize more than just being cognitively aware of the client's feelings. It was difficult for some professional that after being in sync with the client's emotions, they also started to imagine themselves being in the same situation as the client. Meanwhile, another respondent identified with the client's dilemma between stopping or continuing to love a father who hurts his own child.

##### 3.1.3. Failure to Disengage

In trying to empathically attach themselves with the clients, the respondents' experiences indicated a disadvantageous extent of connection losing their ability to effectively disengage themselves from the traumatic world of the clients and the clients themselves. It was further expounded by Figley (2002) that disengagement is the extent to which the psychotherapist can distance himself or herself from the ongoing misery of the client between sessions in which services are being delivered. A psychotherapist's ability to disengage the client also demands a conscious, rational effort to recognize that she or he must "let go" of the thoughts, feelings, and

sensations associated with the sessions with the client.

In the participants' attempt on perspective-taking through empathic engagement, some recognized that they have overly identified with their client as can be understood from accounts like "*Ah nung una, parang, how would I say it, parang yung awa, kasi noon I could not delineate yung own emotions ko with the emotions of the cliente.*" (At first, it was like, how would I say it, just like pity, because before, I could not delineate my own emotions with the emotions of the cliente.)" Aside from pitying, there seemed to be a cohesion between the professional's own emotions and the client's emotions. There is an experience of completely immersing one's self into the client's world and unsuccessfully leaving it as if not being able to take one's feet off from another's shoes.

### 3.1.4. Sympathy

Sympathy, rather than empathy, was distinctly exhibited in the narrations of the participants. The respondents felt sad for and pitied their clients which can be deduced from responses like, "*I felt compassion sa victim. Talaga masyan ka.* (I felt compassion for the victim. You really pity her.)" and "*I felt sad for him he had to experience that one.*" Oftentimes, empathy and sympathy are inadvertently equated. Although both concepts necessitate effort from the counselor to sensitively respond to the client's predicament, Clark (2007) claims that there are qualitative distinctions between these two processes and can have differences in therapeutic implications as well. Black (2004) and Wispe (1986) as cited by Clark (2010) differentiate that the primary intent in employing empathy is to express understanding of a client, whereas the focus of sympathy is a client's well-being in difficult or challenging circumstances. In addition, also as cited by Clark (2007), Eisenberg (2000) and Olinick (1984) explain that empathy stresses the counselor's active sharing of what the client is going through while maintaining some level of emotional detachment while sympathy is more of the counselor expressing concern for a person's distressful condition or situation.

### 3.1.5. Changes in Worldview

Changes in Worldview is considered a main theme as it was universally experienced by the respondents who were vicariously traumatized.

McCann and Pearlman (1990) suggest that vicarious trauma involves enduring alterations to cognitive schemas which includes beliefs, assumptions, and expectations in relations to the self and the world. In a later study by Pearlman and Saakvitne (1995), they suggest that vicarious trauma encompasses 'profound changes in the core aspect of the therapist's self.' These statements imply that the phenomenon of vicarious trauma entails shifts in the therapist's subjective perceptions in his/her experience of the self, others, and the world.

### 3.1.6. Negative Perceptions

Disturbances in the professional's cognitive frame of reference in the areas of trust, safety, control, esteem, and intimacy were further identified as hallmark symptoms of vicarious trauma (Pearlman & Saakvitne, 1995). Subtheme 1, Negative Perceptions, embodies these characteristic symptoms. The narratives of the respondents indicated feelings of anxiety created by the awareness of insecurity and vulnerability as part of living. This roused consciousness resulted to alterations in personal beliefs regarding safety, security, and trust leading to worry about one's own and loved ones' safety. It also resulted to mistrust of others and vigilance.

Personal accounts like, "*Oops, naiiba yung perspective ko of the reality given na ito yun. So, iba na. Iba na yung naiisip ko kasi iniisip ko, safe ba ito or ano ba ito? Despite trying to make ways, parang sa loved ones, nagiging praning ka din eh, uy baka ganito. So I try to remind also my loved ones about ganito ganyan. Let us be more vigilant in terms of securing, safeguarding the safety of children. Kaya prang yung sinabi ko na para akong naprapraning.* (Oops, my perspective of reality is changing given that this is happening. So, it has changed. My way of thinking has changed because I am beginning to ask, is this safe or what is this really? Despite trying to make ways, for instance with loved ones, you become

paranoid, like ‘hey, this may happen.’ So I try to remind also my loves about things like this and like that. Let us be more vigilant in terms of securing, safeguarding the safety of children. Like I said, I was like being paranoid.)” can be understood that after being exposed to clients’ accounts of trauma, perspective about reality changes. Cognitive alteration was verbally expressed especially along the area of safety. This further resulted to fear and vigilance for the protection of loved ones and children in general. Some responses similarly suggest mistrust and vigilance as well as negative cognition about other people as being harmful.

### 3.1.7. Indignation

One of the symptoms of vicarious trauma identified by the American Counseling Association (2014) is free floating anger or irritation. Subtheme 2, Indignation, is equivalently defined as anger and frustration towards other people and the world in general motivated by the perception of others’ circumstances as being unfair or unjust. These feelings were mutually shared in the narratives of some of the respondents as their exposure to the details of trauma as experienced by their clients elicited aversive emotional responses.

After learning about the details of abuse, some respondents felt a sense of their indignation and frustration over the fact that the perpetrator was a relative and that the abuse took place within the home as can be deduced from responses like *“Bakit naisip niyang gawin yun? Di ba? Na parang abusuhin niya ito. As in ito yung ginawa niya. Yung mga tipong kahit nasa loob ng bahay di ba kasi halos yung iba parang incest or relative. So hindi mo sukat-akalain na sa ganitong lugar niya ginawa yung ganon. (Why did he think of doing that? Isn’t it? To abuse this individual. This is what he did. That even within the home, because most of the cases are incest. So, you wouldn’t think it was possible that he did it within this context.)”*. They began to ask why traumatic events happen and questioned perpetrators’ motivations.

### 3.1.8. Physiological and Psychological Symptoms

Main Theme 3 incorporates symptoms found to be collectively experienced by professionals who experienced vicarious trauma like psychological distress and those similar to the diagnostic criteria for Post-Traumatic Stress Disorder or PTSD. Additionally, physiological symptoms were determined as significant components of the vicarious trauma experienced by the respondents. Main Theme 3 was labelled Physiological and Psychological Symptoms which include undesirable or adverse changes in the physiological and psychological well-being of the respondents.

### 3.1.9. Intrusion Symptoms

Criterion B of the PTSD diagnostic criteria is intrusion symptoms. It is stated in the DSM-5 (American Psychiatric Association, 2013) that intrusion symptoms can be experienced in various ways which includes recurrent, involuntary, and intrusive distressing memories and as well as recurrent distressing dreams. Subtheme 1, intrusion symptoms captures said PTSD symptoms as it manifested among the respondents in the form of disturbing thoughts about the client and the client’s traumatic experience especially when one is not thinking about it.

Respondents openly recounted getting affected after hearing the traumatic stories of their clients. They further described that these stories linger and resulted to overthinking or rumination. Personal accounts like, *“So I think what was really really ano, what was really very striking was yung emotions. Yung you hear the stories and you get affected yourself. And then rumination. You think, you overthink about it. Naglilinger siya. (So I think what was really really striking was the emotions wherein you hear the stories and you get affected yourself. And then rumination. You think, you overthink about it. It lingers.)”* reflect these effects. Thoughts precipitously appear in mind causing them to start questioning why these things happen.

### 3.1.10. Hyperarousal Symptoms

Parallel to Subtheme 1 in physiological and psychological symptoms, the narratives are concrete illustrations of criterion E in the PTSD diagnostic criteria of the DSM-5 (American Psychiatric Association, 2013). This criterion includes alteration in arousal which may be evidenced by problems in concentration and sleep disturbances like difficulty falling or staying asleep. Based on this, the subtheme is accordingly regarded as Hyperarousal Symptoms.

As part of their vicarious trauma experience, some respondents shared that they had difficulty sleeping from constantly thinking about what their client experienced as can be gleaned from responses like, "*Nahihirapan din akong matulog sa kakaisip sa nangyari sa kanya.* (I had difficulty in sleeping because I was thinking about what happened to him.)". Some struggled staying mentally focused during work.

### 3.1.11. Psychological Distress

The study of Finklestein et al. (2015) found that mental health professionals who experience vicarious trauma are at increased risk for psychological distress. Thus, one of the subthemes recognized from the narratives is psychological distress that, based on the lived experiences of the respondents, can be described as the recognition of one's own emotionally distraught condition and generally feeling heavy or low. Moreover, Morrison (2007) similarly identified "feeling heavy" as a manifestation of vicarious trauma in the same way as the participants in this study described their experience.

Respondents also recalled that their vicarious trauma experience took them to a low point, generally feeling unwell and distraught. For instance, one respondent shared, "*And then I tell him (supervisor) na ganito ganyan ang then sabi ko nga, 'Is it okay for me to feel this?' (And then I tell him (supervisor), like this and that and then I say, 'Is it okay for me to feel this?')*" Furthermore, the respondents reported that they experienced vicarious trauma with feelings of heaviness; feeling weighed down after clients' impediment seemed to be passed on them.

### 3.1.12. Avoidance Behaviors

Deliberate avoidance behaviors were common experiences among the respondents. They employ personal mechanisms to escape or attempt to silence reminders and thoughts of the traumatic cases or events that usually triggered uncomfortable or distressing emotions.

Avoidance can be discerned in the respondents' narrations as some figuratively talked about shutting themselves off from aversive details of traumatic events. This can be inferred from accounts like, "*When I came back here sa, pauwi na, TV and then about news about sexual abuse and then yun nga, biglang yun Maalaala, sexual abuse din. Alam mo yun, parang shinut-down ko na kasi ayoko na ng, eto na naman? Parang nanggaling na nga ako sa ganitong mundo, pagbalik ko sa reality na, sa comforts of my home, ganon na naman ulit yung parang suka-suka na ako sa ganitong case, parang ganon.* (When I came home, in the TV there was news about abuse and then after that was Maalaala which was also about sexual abuse. You know, it was like I shut it down because I do not want it anymore, 'this again?' It was like I already came from this kind of world and when I return to reality, in the comforts of my home, it's the same thing, like I was full of it, this kind of case.)" They expressed displeasure in their experience wherein even when they were no longer in their workplace, reminders of trauma cases were inevitable even in the comforts of home. Some evaded having discussions with friends about the trauma cases being handled.

### 3.1.13. Physical and Emotional Burnout

Lubimiv (2012) says that vicarious trauma has some parallels with burnout which include symptoms such as exhaustion and feeling overwhelmed.

Burnout was an emergent theme from some of the respondents' narratives in relation to their vicarious trauma. These experiences included feelings of being tired and exhausted that developed over a period of time after listening to the painful experiences of the respondents' clients. Caseloads were saturated with abuse cases which



exhausted them physically and emotionally. Some respondents metaphorically described their experience of burnout that just like everyone else in the helping profession, each one eventually reaches its filling point comparable to a vessel. A sample account that describe burnout among the respondents are *“In the beginning, in my first two years, I really experienced burnout. I could remember it was 2007. It was my first time to receive a lot of child abuse cases. So basically, halos lahat pumupunta sa akin yung mga abuse cases and then na-feel ko talaga na I was burning out. I was really really drained emotionally.* (In the beginning, in my first two years, I really experienced burnout. I could remember it was 2007. It was my first time to receive a lot of child abuse cases. So basically, almost all abuse cases were given to me and the I really felt that I was burning out. I was really really drained emotionally.)”

### 3.1.14. Powerlessness

As can be drawn from the respondents' lived experiences, listening to stories of trauma can become overwhelming for some professionals. The Subtheme Powerlessness was similarly found in the study of Melius (2013) where she found feelings of being powerless or hopeless among her respondents that enforced beliefs about what they were or were not capable of, along with what was or was not possible for those with whom they worked. The American Counseling Association (2014) correspondingly identified feeling of hopelessness associated with their work or clients as one of the numerous manifestations of vicarious trauma among professionals. Sartor (2016) found in her study as well that counselors who had high levels of vicarious trauma had low levels of self-efficacy or perceived ability to counsel clients.

Part of the respondents' experience of vicarious trauma was also feelings of powerlessness as can be deduced from accounts like, *“Hindi ko alam ang gagawin ko sa client na ito. Kasanok matulungan detoy nga ubing? (I don't know what to do with this particular client. How can I help this child?)”*. For them, this meant feeling incompetent or unqualified to help their

clients and some convictions about clients' situations that it has no solutions. Powerlessness was described in this study as low levels of self-efficacy or perceived ability to help clients. They had overwhelming feelings of powerlessness about what they can do to help their client.

### 3.1.15. Somatic Symptoms

The somatic experiences of the participants in this research are similar to the findings of Melius (2013) that one the main themes she derived from her study was physical symptoms which included headaches and acute or chronic illnesses and likewise in De Ridder (1997) that most of the participants in his study mentioned that they experienced physical symptoms like headaches and stomach pains.

Based on the respondents' narratives like, *“No makaawid nak koma diay balay, nagsakit diay ulok. (When I get home, I get a headache.)”* and *“Ang weakness ko kasi is the stomach, digestive system. When I get stressed because of the stories, I often experience yung hyperacidity or reflux. Yun yung usually na pinakamadalas kong nararamdaman. (My weakness is the stomach, digestive system. When I get stressed because of the stories, I often experience hyperacidity or reflux. That is what I usually experience.)”* they also had shared experiences of somatic symptoms in relation to their vicarious trauma. They remembered suffering from headaches upon getting home from work and enduring gastrointestinal problems as part of their experience.

### 3.1.16. Appetite Loss

Appetite loss is also one of the subthemes as it was conveyed by the respondents during the interviews. For example, one respondent narrated, *“So parang sa sobrang bigat ng story, I was not able to eat, I feel so down. I think that lasted for a day na I did not eat breakfast, lunch and then dinner. (The story was so heavy that I was not able to eat, I feel so down. I think that lasted for a day and I did not eat breakfast, lunch, and then dinner.)”* The respondents were extremely affected

by their client's story that they were not able to eat their meals and felt down.

This supports the American Counseling Association wherein one of the several ways that vicarious trauma is being experienced by professionals is over- or undereating.

### **3.1.17. Emotional Detachment**

Evidently, there were different ways in which the participants experienced vicarious trauma. Their exposure to the details of trauma became a stimulus, however, it is through the permutation of engagement behaviors that directly caused the changes in their worldviews as well as the emergence of psychological and physiological symptoms.

### **3.1.18. Post-Vicarious Trauma Growth**

This section presents both description and interpretation of the meanings that were personally attributed by the respondents about their lived experiences of vicarious trauma. As stated by Willig (2008), interpretative phenomenology is a version of phenomenology that does not separate description and interpretation to gain a better understanding of the nature and quality of a phenomenon.

In the mid-1990s, psychologists Richard Tedeschi, and Lawrence Calhoun propounded the post-traumatic growth theory (PGT) to explain the transformation that takes place after trauma. They believe that people who endure the distress that comes after hardships can often discover positive growth (Collier, 2016). It is defined as "the process of developing profound and healthy insights into living as result of surviving trauma" (Tedeschi & Calhoun, 1995).

After thorough analysis of the interview transcriptions, the participants of this study were able to make meaning of their experiences by the helpful insights they gained and the positive transformations they had. Just like other people who have gone through any sort of trauma, struggle existed at the onset but growth became eventual for the respondents.

Post-Vicarious Trauma Growth is described as finding a sense of personal growth after vicarious

trauma experience. Subthemes include Inner Strength/Grit, Emotion Management, Reality Check, Nurturance of the Transcendental Motive, Openness to Experience and Change, Recognition of Psychological Boundaries, Sense of Appreciation, Professional Growth, and Deepening of Spirituality.

### **3.1.19. Inner Strength/Grit**

In relation to the respondents' narratives, Joseph and Linley stated that (2008), "the struggle with adversity is one way that we may discover new strengths within ourselves, revitalize our relationships, and enhance our life's meaning." According to Tedeschi and Calhoun, one of the indicators of post-traumatic growth is personal strength and in the Post-Traumatic Growth Inventory they developed in 1996, personal strength is one of the subscales. Personal strength is also one of the subscales in the Thriving Scale (Abraido-Lanza et al., 1998) wherein the items were developed based on the Stress-Related Growth Scale by Park et al. (1996). Grounded on this information, the Subtheme Inner Strength/Grit was drawn. Changes in personal strength were likewise generally shared by the participants in the study of Barrington and Finch (2012).

Central to the experience of post-vicarious trauma growth among the participants was about the concept strength. They realized the importance of strength and observed positive changes in their own strength as well as in their clients despite their sufferings. The effect of vicarious trauma to the respondent was the development of personal strength and power in overcoming challenges and in avoiding unwanted consequences. With their experience in working with traumatized clients, perceptions about children shifted from regarding them as weak and incapable of rising up from their predicament to being strong and resilient children. They were able to discriminate between a victim and a survivor. As one of the respondents shared, "*Belief siguro na there are really strong kids. Kasi nung una sabi ko, Diyos ko, naapektuhan sila, paano ba sila makakabangon? But now my perspective is, there are really kids who are quite strong. They are not always victims. I mean they are not, they will not always be victims, eto na*

*yung pagdifferentiate ko probably sa survivors na they are not just victims na hanggang dun lang. 'This happened to me,' yung sob story ba. It does not stop there* (It's the belief that there are really strong kids. I used to think, 'My God, they are being affected, how will they rise up from this?' But now my perspective is, there are really kids who are quite strong. They are not always victims. I mean they are not; they will not always be victims. This is now hoe I probably differentiate the survivors that they are not just victims and that they will end there as victims. Like just a sob story, 'This happened to me.' It does not stop there.)"

### 3.1.20. Reality Check

A comparable finding was uncovered in the study of Barrington and Finch (2012) in which one of the themes after the meaning-making process of participants about their experience was changes in life philosophy. Similarly, for some of the participants in this study, they experienced changes in beliefs in such a way that they developed broader perspectives of reality. Initial response of shock that led to a growing sense of awareness was evident.

The respondents came to realize that after hearing about their clients' accounts of trauma, these things indeed happen in real life. To them, everyone is compelled to face these kinds of situations that happen in the real world. This can be gleaned by personal accounts like, *"It made me more realistic that these things happen. It's reality. But it did not really, ano nang word na ginagamit natin din, did it make me a negative person? Did it make me pessimistic? Hindi. For me, I'm more pragmatic, it is reality. This is something we have to face. This is something that is happening.* (It made me more realistic that these things happen. It's reality. But it did not really, what's that word that we use, did it make me a negative person? Did it make me pessimistic? No. For me, I'm more pragmatic, it is reality. This is something we have to face. This is something that is happening.)"

### 3.1.21. Nurturance of Transcendental Motive

In the study of Booysen (2005), the participants found joy in caring for the clients and thought of their experience in working at a trauma facility as a positive one. Likewise, Melius (2013) reported that the respondents were able to reconnect to the purpose of their work and were happy in helping trauma clients. The Subtheme, Nurturance of Transcendental Motive illustrates this common experience by the participants.

The experience of vicarious trauma was regarded by the participants positively as an insightful experience. As one respondent shared, *"Naappreciate ko yung meaning ng pagiging being ko na why did I have to undergo those experiences? Bakit ako napunta sa profession na ito? Yun yun. Alam mo yung parang, although challenging siya talaga, I was able to, I learned to embrace the profession as it is.* (I appreciated the meaning of my being like why did I have to undergo those experiences? Why am I in this profession? That's it. You know, it is like, although it's challenging, I was able to, I learned to embrace the profession as it is.)" It made them realize the sense of fulfillment and joy that can be derived from helping other people. What made their experience meaningful was being able to help even in small ways especially when clients were in difficult situations. Respondents also developed an acceptance for their profession despite its challenging nature. Moreover, their experience was a reminder of their moral obligation to help humanity within and outside work.

### 3.1.22. Recognition of Psychological Boundaries

Melius (2013) identified increased sense of boundary as one of the themes in her phenomenological study. One of her respondents shared, *"It is a really, really, really good thing to want to give of yourself and at the same time to not lose yourself while you're doing the work."*

Similarly, this subtheme describes the common experience of professionals wherein they were able to realize their limitations in terms of the extent to which they should relate with their clients. For example, respondents shared that through their experience, they learned to recognize

their own problems from other people's problems as can be understood in accounts like, "*I learned how to delineate yung problema ng ibang taong may problem kasi inevitable rin magkaroon ka ng emotional problems. Dapat alam mong idelineate yung problema mo sa problema niya.*" (I learned how to delineate the problems of other people because it is inevitable that you will also have your own emotional problems. You should know how to make a delineation between your own problem and another person's problems.)". They knew that they had to disown the problem that they perceived as something that was passed on to them. The respondents became more conscious of setting boundaries in terms of empathizing with clients.

### 3.1.23. *Emotion Management*

Affleck et al. (as cited in Tedeschi & Calhoun, 1996) reported that parents whose children were ill or at high risk for a serious illness indicated that "emotional growth" was a positive outcome when dealing with difficulties. Comparably, the subtheme, Emotion Management shows how the respondents of this study were able to handle their emotions better as a positive outcome of their experience.

One of the personal accounts like, "*It makes it easier also to handle your own emotions kung merong emotional impact. Mas madali mo siyang i-handle na. And the impact is lesser, not because para na akong na-immune, parang na-saturate, no. I think it's more because I could handle better yung emotions ko.*" (It makes it easier also to handle your own emotions if there's emotional impact. It becomes easier for you handle it and the impact is lesser, not because I have become immune or saturated, no. I think it's more because I could handle my emotions better" denote an improvement in emotion management among the professionals.

### 3.1.24. *Openness to Experience and Change*

In Linley's (2003) proposed dimensions of wisdom as both process and outcome of positive adaptation to trauma, he described a wise person as possessing characteristics like openness to experience and openness to change in the same

way that the participants in this study became more receptive of being vicariously traumatized because they understood that it can also be a learning experience.

As part of their experience, the participants of this study grasped the inevitability of vicarious trauma and looked at it as an opportunity for personal and professional growth. Some metaphorically likened vicarious trauma to an essential spice that enhances the flavor of food. They regarded it as a positive experience to also help them minimize experiencing the negative impact of their work. Others saw the necessity of vicarious trauma for professionals to improve on skills like empathy. According to them, a professional can better understand a client by experiencing trauma in a vicarious way. It can also be an opportunity to obtain useful insights that a professional can later use and give to a client within the therapeutic relationship. As can be gleaned from their responses like, "*I came to realize that it is a part of the profession. It's just like a spice in a meal that will make our work more delicious, flavorful. So, without it parang stagnant tayo. That's how I will see it. Para naman hindi ako masyado maapektuhan. That's in a positive way of looking at it.*" (I came to realize that it is a part of the profession. It's just like a spice in a meal that will make our work more delicious, flavorful. So without it, we become like stagnant. That's how I will see it so I won't get very much affected. That's in a positive way of looking at it.)"

### 3.1.25. *Sense of Appreciation*

The study of Barrington and Finch (2012) found that some of their participants indicated and increased sense of gratitude as part of their post-vicarious traumatization growth. This study resulted to a similar finding wherein, after learning about their clients' adversities in life, the participants became more appreciative of their personal circumstances.

Drawing from their personal experiences, the respondents became more grateful of their life circumstances after learning about the hardships of their clients as indicated in personal accounts like, "*Dun ko naintindihan na, okay aside from nangyayari ito sa realidad kasi syempre, parang*

*ako, parang ang swerte ko. Yung privilege kasi di ko na-experience yung ganitong klaseng trauma. So minsan may realization lagi na akala ko kapag may problema ako eh ang bigat. No. Meron pa. Napakasimple ng problema ko sa problema na dinadanas nung bata. Hindi lang nung bata but yung family, yung support system. (That is when I understood that, okay, aside from the fact that this happening in reality, I am fortunate. I feel privileged that I did not experience this kind of trauma. So sometimes, I have this realization that I thought my problems were heavy. No. There are heavier problems. My problem is very simple compared to the problems that the child is going through. Not just the child but the family, the support system.)". They realized how fortunate they are and compared to their clients, their problems are not as difficult as they thought they were.*

### 3.1.26. Professional Growth

The participants' experience on professional growth is comparable to results in a previous study where a change in self-perception manifested in the increased sense of confidence in their abilities as mental health professionals and as part of their post-vicarious traumatization growth experience (Barrington & Finch, 2012).

As a result of the analysis, another one of the common experiences of the participants was improvement in professional practice. This was illustrated in responses like, "*Yung exposure ko mas naging confident ako to handle na yung mga traumatic cases kasi I've been used to it dealing with this and I myself was able to discover some eclectic techniques in handling yung mga situations na yun. (Through my exposure, I became confident to handle traumatic cases because I've been used to it dealing with this and I myself was able to discover some eclectic techniques in handling those kinds of situations.)"* They revealed becoming better in a lot of areas in their practice especially in case management, and techniques. They realized how their experience with trauma cases has helped immeasurably and their actual experience supersedes training. The respondents also developed more confidence in

handling trauma cases and also uncovered new techniques in managing cases.

### 3.1.27. Deepening of Spirituality

One of the aspects of positive outcomes reported by persons who have experienced traumatic events is deepening of spirituality. As found by Arnold et al. (2005), one of the themes identified as part of post-vicarious traumatic growth is deepening in spirituality. Moreover, the Post-Traumatic Growth Inventory developed by Tedeschi and Calhoun (1996) identified spiritual change as one of the subscales and indicator of post-traumatic growth. In the same light, some of the participants' spirituality became deeper as a positive effect of their working with trauma clients and their own vicarious trauma experience.

As a component in the post-vicarious trauma growth of the respondents, some experienced positive changes in their spirituality. They became more prayerful after realizing the struggles of their clients. They realized that one must have something to hold on to when dealing with life's troubles. Some of the responses descriptive of this theme include, "*Syempre naiisip ko yung mga pinagdaanan ng mga clients ko kaya naging mas madasalin ako. (Of course I think about what my clients are going through so I became more prayerful.)"* and "*So in a way, parang sa akin, oo nga ano, and spirituality hindi naman necessarily na religion. Kasi marami akong clients na ganon, laging namemention na lumapit sa Diyos. So in a way, para sa akin, totoo nga na kailangan merong, dapat grounded ka on something whether it's God or any religion. Sa akin naman, mas nakikita ko yung positive effect. (So in a way, like for me, come to think of it, spirituality is not necessarily religion. Because I have a lot of clients who are like that, they always mention to hold on to the Lord. So in a way, for me, it is true that you need to have, you should be grounded on something whether it's God or any religion. So for me, I see more of the positive effect.)"*

#### 4. Conclusions and Recommendations

Vicarious trauma was experienced by the respondents in different ways. It includes changes in worldview and physiological and psychological symptoms. Negative perceptions and indignation comprise changes in worldview while intrusion symptoms, hyperarousal symptoms, psychological distress, avoidance behaviors, physical and emotional burnout, powerlessness, somatic symptoms, appetite loss, and emotional detachment make up the physiological and psychological symptoms. Remarkably, vicarious trauma seemed to stem from engagement behaviors like empathy, failure to disengage, and sympathy.

The respondents ascribed different meanings to their experience of vicarious trauma. To them, it is through their experience that they realized inner strength/grit, paved way for reality check, the nurturance of the transcendental motive, recognition of psychological boundaries, emotion management, openness to experience and change, sense of appreciation, professional growth, and deepening of spirituality.

From the interviews and results of this study, it was inferred that working with trauma clients indeed poses risks for professionals. The repeated exposure to details of trauma negatively impacts the professional along various areas including cognitive, emotional, physical, professional, and spiritual aspects.

For guidance counselors and psychologists, they should observe self-monitoring on a regular basis. Though empathy is indispensable in psychotherapy or counseling, they should learn how to set boundaries within the client-psychologist/counselor relationship.

Organizations manned by guidance counselors and psychologists have the obligation to provide prevention and intervention policies for their greatest resource. In organizations' respective manuals of operations, they may include one section dedicated to the promotion and obligation for self-care activities.

Consistent cliniquing must also be practiced to provide an avenue for the professionals to have their thoughts and feelings processed in a therapeutic way. Furthermore, there should be

diversification of caseloads based on expertise to avoid saturating the guidance counselors and psychologists with trauma cases. Ample time off from work is a privilege that must be enjoyed; thus, they should not be deprived of regular work breaks. Training and development opportunities must be made available to equip the professionals with necessary skills or enhance their ability to combat the harmful impacts of their work.

Although this study was able to explore how vicarious trauma is being experienced and significant information on various self-care practices was obtained, it has its limitations. Hence, proposals for further studies are forwarded: Quantitative researches may be done to obtain better understanding of the phenomenon and to determine how protective and risk factors can become predictors of vicarious trauma among guidance counselors and psychologists. The population may be further expanded to other helping professionals such as social workers, nurses, or first responders in emergency situations. Furthermore, the mediating role of self-care should also be explored to solidify its central role in the deterrence of vicarious trauma.

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