Vicarious Trauma: Research and History

By Nathan Richards

It has been nearly two decades since the term "vicarious trauma" entered the lexicon of psychological conditions. In early descriptions by Karen Saakvitne, PhD and Laurie Anne Peralman, PhD in 1990, the co-authors of numerous articles on the subject, defined vicarious trauma (VT) as a "pervasive effect on the identity, world-view, psychological needs, beliefs, and memory systems of therapists who treat trauma survivors."

Saakvitne and Pearlman went on to state that VT can create "changes in the most intimate psychological workings of the therapist's self" and its impact can result in "dire consequences for the therapist's personal and professional life, including loss of personal relationships and in some instances, preventable job or career changes." Since the early 90s, our understanding of the root causes of VT has evolved considerably. So too has awareness of the sign of its impact and strategies to prevent or manage it. As detailed in this overview of literature on the subject. The newest research on VT is shedding a light onto the cause of compassion fatigue as well as the societal and organizational norms that can either worsen or mitigate its impact.

Defining Vicarious Trauma

Prior to the advent of the term "vicarious trauma" and even after it was introduced, many other conditions described by psychologists and psychiatrists had similar cause and outward symptoms. Babette Rothschild, MSW, LCSW notes in her book *Help for the Helper* that vicarious trauma has also been popularly known as compassion fatigue, secondary traumatization, and simply, burnout.

Rothschild, who has been practicing psychotherapy since 1976 and is a member of the International Society for Traumatic Stress Studies, highlights the differences between each of these terms. She distinguishes vicarious trauma as an aggregation on the nervous system of the negative impact that is vicariously experienced. That is, in hearing the details of a patient's suffering, the therapist's body reacts (often subtly and unconsciously) to the description of the traumatic event as if she were experiencing it. Rothschild refers to secondary trauma as the noticeable sense of overwhelm that therapists may experience as they are serving as a witness to their clients' experiences.

Further terminology is offered by Charles Figley. In his book, *Compassion Fatigue: Coping With Secondary Traumatic Stress Disorder In Those Who Treat the Traumatized*, he settles on the term compassion fatigue after noting that in his earlier writing he has used the term burnout to refer to a type of secondary victimizaton. In his follow-up book, Figley describes compassion fatigue as the "episodes of sadness and depression, sleeplessness, general anxiety, and other forms of suffering that [therapists] eventually link to trauma work."

More recently, in her book, *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*, trauma worker Laura van Dernoot Lipsky comprises many elements of these other terms into her analysis of trauma exposure response:

"The depth, scope, and causes are different for everyone, but the fact that we are affected by the suffering of others and of our planet-that we have a trauma exposure response-is universals. Trauma exposure response is only slowly coming to the fore as a larger social concern rather than simply an issue for isolated individuals. It was first recognized a decade ago in family members of Holocaust survivors and spouse of war veterans, but is has only recently attracted wide attention from researchers, who are working to assess its broader society implications."

Van Dernoot Lipsky offers a broad definition of the trauma exposure response and cites the wide array of professional and personal roles played by those who may be affected by it: "Generally speaking, a trauma exposure response may be defined as the transformation that takes place within us as a result of exposure to the suffering of other living beings or the planet. It can result from deliberate or inadvertent exposure, formal or informal contact, paid or volunteer work. When we refer to trauma exposure response, we are talking about the ways in which the world looks and feels like a different place to you as a result of you doing your work."

Among those at risk of VT, van Dernoot Lipsky includes: "…social workers, ecologists, teachers, firefighters, medical personnel, police officers, environmentalists, home health aides, military personnel, domestic violence workers, biologists, the staffs at animal shelters, international relief workers, social-change activists, those caring for an elderly parent or a young child-in short, anyone who interacts with the suffering, pain, and crisis of others or our planet."

Recognizing the Signs of VT

Experts in the field of trauma study have seen examples of vicarious trauma that result in the same type of post-traumatic stress disorder experienced by those who have suffered directly. But unlike most survivors of primary trauma, professionals exposed to secondary trauma may not even be able to identify the impact of their work and can overlook the symptoms of their exposure.

Without recognizing the impact of the trauma, recovering from it can be difficult. In his book, *Healing from Trauma*, Peter Levine, Ph.D. notes that when the body experiences trauma, "both mind and body mobilize vast amounts of energy in preparation" to deal with the threat. Without an opportunity to discharge that stored energy, "the body holds onto that high-energy, ramped-up state."

The ways in which secondary trauma can manifest itself range from psychological stresses and disorders to physical ailments. Like PTSD, the results of untreated VT can be observed as serious medical ailments. But in many cases, there are numerous non-medical signs that can be observed in order to diagnose the presence of a trauma exposure response.

Judith Herman describes some of the symptoms that therapists may encounter while working with their clients. "The most common constrictive responses [of vicarious trauma] are doubting or denial of a patient's reality, disassociation or numbing, minimization or avoidance of traumatic material, professional distancing, or abandoning the patient. The most common intrusive responses are assuming the role of the rescuer and stepping over boundaries that ultimately disempower the patient."

Mitigating the Impact of VT

With increased awareness of the root causes of vicarious trauma, professionals who work with suffering and crisis might attempt to avoid its impact. However, as noted by many researchers, those who serve in such roles are unlikely to be able to avoid VT entirely. The best hoope for working with trauma in a sustainable way is oten cited to be the development of regular wellness practices and a network of support that can help restore balance.

Judith Herman explains the almost inevitable impact of VT. "The therapist should expect to lose balance from time to time with traumatized individuals and needs a support system that includes a regular forum for reviewing his/her clinical work. The therapist must attend to the balance in her or her own professional and personal life, and attend to personal needs."

Figley goes on to explain, "Ironically…the most effective therapist are most vulnerable to this mirroring or contagion effect. Those who have enormous capacity for feelings and expressing empathy tend to be more at risk of compassion stress."

Qualitative studies have show that the most effective ways to mitigate the consequences of repeated exposure to vicarious trauma are structured self care practices that are incorporated into everyday life. These include movement and exercise, body therapy and massage, retreats, vacations, and community building.

The first step is to understand the impact vicarious trauma can have on the way individuals look at the world. As researchers continue to explore the cause and effects of vicarious trauma, they are helping to create the circumstances in which those who heal others can work to heal themselves personally while creating sustainability for their professional lives.