Building Vicarious Resilience through Community Service Worker Solidarity with Clients and Co-Workers

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Traumatology, or the field of traumatic stress studies, has become a dominant focus of interest in the mental health field and has great relevance to community psychology practitioners and counsellors. This conceptual review paper explores the concept of trauma in relation to its impact on community workers and volunteers. It will focus on the themes of trauma and resilience as it relates to people working in the community service industry and any protective or support mechanisms that can be of assistance for these community workers/volunteers. The notion presented is that people who suffer from symptoms of PTSD and/or vicarious trauma and are engaged in community service, can develop vicarious resilience and levels of healing through witnessing the resilience of other people they are assisting, coupled with the assistance of professional help. With the correct supports in place, community workers/volunteers can positively process personal trauma experienced, while still working simultaneously with other people's trauma.

Keywords: PTSD, vicarious trauma, altruism, vicarious resilience

This conceptual review paper explores vicarious resilience as it interfaces with post traumatic stress disorder (PTSD) and vicarious trauma. Radey and Figley (2007) have previously raised concern that literature on trauma treatment has focused on "disorders, psychopathology, dysfunction, and problems" and suggested that this needed to be balanced with more focus on "altruism, compassion, resilience, success, and thriving" (p. 208). The notion presented in this paper is that the process of assisting others can in part contribute as a healing agent for processing trauma. The accumulative negative impact that trauma can have, can be curbed through utilising a support network and drawing upon other people's stories of resilience to build vicarious resilience. Hernandez et al. (2010) highlight the importance of vicarious resilience as "a dimension of experience that counteracts the normally occurring fatiguing processes that trauma therapist experience" and that it "strengthens therapists' motivation, helps them find new meanings and discover ways to take care of themselves" (p. 67). This paper will explore vicarious trauma and vicarious resilience as to how they interface with people who are engaged in community service.

The term 'vicarious' is something experienced as a result of exposure to the activities of other people, rather than engaging in the activities personally. Vicarious trauma is the adverse impact on care workers from interfacing with others who have suffered from trauma (Hernandez-Wolfe et al. 2015; McCann & Pearlman, 1990). Of interest in this paper, is the way people can navigate and process personal trauma while being exposed to other people's trauma. People can use personal trauma and a sense of vulnerability as a motivation to reach out to others. This conceptual review paper will focus on the three main areas of: motivation in helping others as it relates to altruism; the impact that helping others can have in relation to personal trauma/resilience; and protective/support mechanisms that can be of assistance for the worker/volunteer that enables them to thrive when exposed to other people's trauma.

Research in this area has important implications for people such as case or support workers and volunteers in community group settings, community programmes and group therapy. I include volunteers, as although they may not be trauma therapists or social workers, the context and experiences they share in their work are similar to that of other practitioners and is worthy of exploration. The term 'community worker/volunteer' will be used throughout the paper when referring to the people giving community support, so as to broaden the relevance of the study beyond health practitioners to those offering general community assistance.

Method and Analysis

This article uses a systematic method of merging, interpreting and linking information with relevant theoretical notions within broader research literature. It incorporates a literature review on themes within traumatology studies as it pertains to stressors, trauma, PTSD and vicarious resilience. It reflects on the constructivist self-development theory (Pearlman, 2013; Saakvitne et al., 2000), a methodology of interest to practicing community psychologists, as an alternative to traditional clinical methods; and grounded theory (Glaser and Strauss, 1967; see also Bandura, 1986; Luthar, 2003, 2006; Walsh, 2016) in exploring the notions of vicarious trauma and vicarious resilience to generate ideas and theory.

A metasynthesis methodology (Jensen & Allen, 1996) is utilised initially to establish the parameters and frames of research as it relates to the notions of PTSD, vicarious trauma and vicarious resilience. An inductive thematic analysis is then used, identifying patterns and themes related to the notions of exploration (Braun & Clarke, 2006). The main underlying theme of this study is how people can experience a level of healing and resilience in their life, while still offering support to others, even though they may have suffered from PTSD and/or vicarious trauma themselves. The lives of community workers/volunteers can be enriched and resilience built through hearing other people's stories of perseverance and recovery and observing the resilience that they have shown in facing personal challenges. The importance of having protective factors in place and organisational support will be highlighted also.

The next section will define some important terms within the overall field of traumatology and mental health research to provide a foundation for understanding trauma and vicarious resilience as it relates to the physical, emotional and mental health of people.

Defining Terms – an Overview

Various terms have been used to describe the negative impact of working with, or simply being with, people who have experienced trauma such as: compassion stress, compassion fatigue, (Hegney, et al. 2014), empathic stress (Hernandez et al., 2010) and vicarious traumatization (Diehm & Rowland, 2015). Terms such as burnout (Maslach & Leiter, 2016); saviour syndrome (Adam & Taylor, 2014); co-victimization (Frank et al., 2012); and countertransference (Haynes et al., 2011) have also been used. Some of these terms are interchangeable, while others capture a slightly different aspect or emphasis regarding the impact of working with or being with people who have been traumatized.

The key construct of this paper is the concept of vicarious resilience as it interfaces with PTSD and vicarious trauma. It is important to first provide some background on these two terms, before exploring the notion of vicarious resilience. To understand these terms, it is important to firstly turn to the Diagnostic and Statistical Manual of Mental Disorders. The diagnosis of PTSD was included for the first-time in the DSM-III (American Psychiatric

Association, 1980) with an inclusive outline of the symptoms experienced by a wide variety of traumatized persons. It was viewed as a psychiatric disorder that could be diagnosed and treated. The Diagnostic and Statistical Manual (DSM-IV) of Mental Disorders (American Psychiatric Association, 2000) outlines that some of the contributors to PTSD include: experiencing the threat of death, injury to oneself or another, or finding out about an unexpected or violent death, serious harm, or threat of the same kind to a family member or close person are considered traumatic events; including domestic violence, incest and rape (Scheper-Hughes, 2008).

Descriptions of what constitutes a traumatic event such as captured in Category [criterion A] in the DSM-III and DSM-III-R descriptions of PTSD did, however, indicate that merely learning about another's traumatic experiences can be traumatizing. A revision in the DSM-IV (American Psychiatric Association, 1994) focuses on people (treaters) who worked with psychologically and physically traumatized patients. The DSM-5 documents that the criterion for PTSD may relate to indirect forms of traumatic exposure that are work-related, repeated or extreme (American Psychiatric Association, 2013). Various terms have been used to describe these indirect forms of traumatic exposure. For example, constructs such as secondary trauma stress, vicarious trauma and vicarious traumatization are used interchangeably in literature. For the purpose of this article the term ‘vicarious trauma’ will be used for simplicity and clarity. The next section will define the notions of PTSD and vicarious trauma in more detail to enable a clear understanding of the terms being used in this paper.

PTSD and Vicarious Trauma

PTSD occurs through having direct exposure to traumatic events or stressful contexts. A traumatic event is one that temporarily overwhelms an individual’s resources to cope, causes extreme upset and can lead to long-term psychological symptoms (Briere & Scott, 2015). Possible symptoms of PTSD are: intrusive thoughts, interrupted sleep patterns with regular night tremors, generalised anxiety, being restless and agitated, concentration difficulties and memory problems, difficulty in trusting others and sustaining in-depth conversations, sadness, depression and a lost hope for the future. Lars et al. (2014) notes, however, that memories relating to PTSD, even after long storage, can become weakened, strengthened, or simply updated and Elsey and Kindt (2016), point out that unwanted memories can be altered. How then does vicarious trauma differ to PTSD?

Vicarious trauma relates to having exposure to other people who have experienced trauma, rather than being the person first hand experiencing the trauma or a traumatic event. Vicarious traumatization is a term coined by McCann and Pearlman (1990), to describe negative effects on care workers as a result of their empathic engagement with traumatized individuals. Hernandez-Wolfe et al. (2015), define vicarious trauma as “the cumulative effect of working with traumatized clients, involving interference with the therapist’s feelings, cognitive schemas and worldview, memories, self-efficacy, and/or sense of safety” (p. 157).

Vicarious trauma can occur, for example, through having contact with someone who has experienced a hostage situation, been in a war zone, or in some type of sudden accident. Crisis workers such as emergency support personnel, medical services and mental health professionals who have dealt with other people’s trauma can be impacted by the associated trauma. Other people such as social workers, case workers and community volunteers can all be affected by working with survivors of trauma and can experience a level of physiological pain through listening to details of violence and abuse. This extends to religious leaders, family

members or friends who offer support to people who have witnessed or experienced traumatic events. An example would be families who live with a family member who is a Vietnam veteran, or have had military deployments in places such as Iraq or Afghanistan and this family member struggles with PTSD.

Symptoms of vicarious trauma may include "sleep difficulty, fear, intrusive thoughts, irritability, tiredness, avoidance, anxiety, and depression" (Hernandez-Wolfe et al., 2015, p. 161). Vicarious trauma may also impact a person's beliefs about the world, that it is no longer safe (Diehm & Rowland, 2015) and their personal belief in humanity can be shattered. It can disrupt an individual's confidence, self-esteem, and trust towards others. A person may become emotionally overwhelmed, withdraw socially and loose connectedness to others. They may exhibit the same characteristics as the people they are in contact with and become more hypervigilant in their interaction with the world, themselves and their family. There are protective or mitigating factors, however, that can be of assistance to those living with or those working with people in the community service industry. The focus of this paper is on people who are community workers or volunteers who offer assistance to others who have experienced trauma and subsequently experience the accumulation of vicarious resilience.

Protective Factors in Dealing with Trauma

The toll suffered in working in a people service industry can be detrimental to a person's well-being, when there is acute stress associated. Hernandez et al. (2010) point out the potential for people to be psychologically harmed by doing trauma work, due to the toxicity of that work. Sodeke-Gregson et al. (2013) affirm that therapists working with trauma clients are at high risk of being negatively impacted by their work and in particular develop secondary traumatic stress, what I have referred to as vicarious trauma. Community workers/volunteers usually have some level of awareness of the accumulative risks to their own mental health in hearing traumatic stories and yet they accept that this is all part of their line of work. This may be related to trauma experienced first-hand or through hearing the accounts of others, such as traumatic migration encounters, persecution, unemployment/ poverty, violence, sexual assault, victimization and other abuses. In this situation, the community worker or volunteer may share some of the same life experiences experienced as with those being helped, a context Nuttman-Shwartz (2014) describes as 'shared trauma' and 'shared traumatic reality'.

There are protective factors, however, that people (who have exposure to other people's trauma) can draw from. There are mitigating factors for community workers/volunteers to navigate PTSD or vicarious trauma. Pack (2013) highlights that it is imperative that workers be educated about self-care and well-being. What then are some protective factors against stressors and trauma that have been shown to be of assistance as it relates to self-care?

Increased levels of social support provided by family, friends and work colleagues is associated with reduced levels of traumatic stress (Dunkley & Whelan, 2006). Scales and Scales (2016) have noted that a supportive community, friendships, positive family relationships; as well as therapy, helping others, sense-making, new knowledge, and faith all contribute to the process of healing from trauma. Other common recommended practices include engaging in creative leisure activities to help a person 'switch off' from thinking about stressors such as: exploring nature, having hobbies, playing or listening to music and watching movies, while also avoiding excessive exposure to television programs such as the news (due to stories of trauma frequently being presented). Helpful physical practices might include: reducing alcohol consumption, maintaining good nutrition, ensuring adequate sleep and

exercising regularly. A person's spirituality also serves as a therapeutic resource, providing a sense of personal support to face life circumstances. The area of religion or spirituality can be utilised for coping with despair, a protection against some of the negative impacts of trauma and can contribute to vicarious resilience (Edelkott et al., 2016) and post-traumatic growth (Abbott, 2015). People may use a combination of these as protective factors to assist in trauma recovery.

People also often find strength in rising above their own trauma and emotional reactions through offering fortitude to others. This dynamic has been referred to as compassion satisfaction, a contentment or pleasure derived from professionally helping others and knowing that this help is making a positive difference in the world (Killian et al. 2017). This is not limited to health care workers, counsellors or community practitioners. It shares the same impacts as it relates to volunteers assisting people through a deep-seated expression of what might be referred to as altruism.

Australia has been a nation in the past with a strong ethic of voluntarism. This comes from a sense of altruism reflected in helping others. There are strong personal benefits for people offering their services to others in a voluntary manner. Vollhardt (2009) has previously suggested that altruism motivates people to care for others and that meaningfulness is found through supporting their well-being.

Of note, is that people volunteer to help others, even when they are facing circumstances of hardship themselves. Vollhardt (2009) presents the idea that altruism 'born of suffering' motivates and mobilizes individuals to help others in ways that invite greater action and engagement. The very act of helping another can also have a mirrored effect in giving back personal positive benefits, even when people may struggle with their own issues. People may experience a sense of invigoration and resilience through their drive and purpose in life, seeing the other people's lives improve for the better through the assistance they offer. They can learn adaptive coping mechanisms to process trauma, experience personal growth in their lives and develop resilience. The next section will focus on the notion of 'vicarious resilience'

Building Vicarious Resilience

Community workers/volunteers have their own life issues, such as past or present grief that may not have been effectively dealt with. However, hearing the stories and encounters of other people overcoming life circumstances and trauma can provide strength and inspiration. This can be used as a resource for recovery from past trauma for the community worker/volunteer. Some people being assisted, may have felt overwhelmed by life challenges, and yet simultaneously are able to share stories of overcoming and building resilience through their circumstances. People sharing their past triumphs in 'beating the odds' and rising above their previous personal challenges, can impact the community worker/volunteer positively as an offset to hearing stories of various abuses that people might have encountered. This can be a rich resource that has not been given much acknowledgement. This occurrence defies dominant logic and breaks the expected sequence of cause and effect that some clinical psychologists might expect. This paper asserts that through this process, the community worker/volunteer is building vicarious resilience.

The term vicarious resilience (Hernández et al., 2010) is used to describe the way people can use adaptive coping mechanisms to thrive in the face of adversity. Ungar (2013) points out that resilience extends beyond the individual and to the relationship between the

therapist and the client as a shared experience. The community worker/volunteer is able to draw strength from the stores of resilience from the person they are helping.

The concept of resilience is more than a simple ability, personality trait or developed skill set. Here, resilience is understood as the capacity of individuals to navigate their way to health-sustaining resources, including feelings of wellbeing, when exposed to significant adversity (Ungar, 2006), particularly through utilising interpersonal relations (Wilson, 2012). It includes good mental health, functional capacity and social competence (Olsson et al., 2003). Resilience is "a dynamic concept, which is linked to emotional regulation and associated with the ability to use internal and external resources in order to flexibly apply various coping strategies and/or emotional expression to meet the needs of a stressful situation" (Nuttman-Shwartz, 2014, pp. 3-4). Levine et al. (2009) conceptualize that resilience is shown through a lack of vicarious trauma following adversity.

In the context of clinical work, vicarious resilience refers to the "unique, positive effects that transform therapists in response to witnessing trauma survivors' resilience and recovery process" (Killian et al., 2017, p. 23). Pack (2014) describes vicarious resilience simply as the ability to 'bounce back' after empathetic engagement with traumatic events. Herandez-Wolfe et al. (2015) point out that "trauma therapists learn about overcoming adversity from witnessing and participating in trauma survivors' own recovery processes" (p. 157). They potentially can be transformed by their clients' resilience.

Vicarious resilience is built when people are able to witness the positive impact of the recovery process of the people they are helping. Hunter (2012) highlights that "compassion satisfaction and the development of vicarious resilience counter-balanced the intense difficulty of bearing witness to clients' traumatic experiences and the potential for vicarious traumatization" (p. 179). Silveira and Boyer (2015) note that witnessing the resilience of victims of trauma, impacts the personal and professional lives of people who are working with them. Community workers/volunteers are able to strengthen their own well-being by what Hernandez et al. (2010) describe as "appreciating and incorporating what they learn from their client's healing process" (p. 68). The community worker/volunteer's role in one sense has a reciprocity in that they are assisting others and yet growing in vicarious resilience themselves within a shared traumatic reality (Dekel & Nuttman-Shwartz, 2014).

The process of developing vicarious resilience also involves reprocessing and changing thought patterns of past trauma. These mind maps or structures of thought patterns can be referred to as schemas. Denhof et al. (2014) highlight that: "individuals develop mental maps of the world and of themselves based upon their unique stream of experiences over time, including traumatic experiences (i.e., particularly highly charged experiences)" (p. 6). Any original schema is challenged if new information cannot be assimilated within these existing schemas.

In the context of vicarious trauma, McCann and Pearlman (1990) and Janoff-Bulman (1992) suggest that original schemas must be modified to assimilate new experiences. Joseph and Linley (2008) have presented the notion previously of a multifaceted structure as it relates to schemas and that some experiences can be accommodated positively (see also Tedeschi & Calhoun, 2008). Hernandez-Wolfe et al. (2015) note that "trauma therapists can be potentially transformed by their clients' trauma and resilience in ways that are positive" (p. 166). This relates to the same impact experienced by community workers/volunteers. Arnold et al. (2005) highlight that changing schemas (thought patterns) can build a sense of optimism. Vicarious

resilience is built in part on the foundation of thought patterns changing positively, through the hope shared by another person's life experiences and transformation.

Another area of importance in the development of vicarious resilience is the contribution organisational support may have to community workers/volunteers. Ungar (2013) highlights that resilience extends beyond the individual and to the relationship between the client–therapist, with colleagues and managers. Strengthening social networks of those who provide care to others, helps to manage and absorb the stress involved. Regular 'catch-ups' of community workers/volunteers with a programme coordinator and/or counsellor provides opportunities to receive empathic engagement and assistance. Consultation provides a useful objective reference point to gauge and monitor the strain or trauma experienced, as well as any positive life progression. Ludick (2013) highlights the importance of supportive and caring people in contributing to a healthy, positive cognitive mindset. Pack (2014) also notes that supportive supervision serves as one moderating factor with the potential impact of vicarious trauma.

Hunter and Schofield (2006) previously have noted the benefit that peer support and supervision has in providing opportunities for debriefing and sharing emotions. This is particularly relevant as it pertains to sharing the experiences of helping others and the impact it is having on the community worker/volunteer. Charles (2015) outlines that a supportive environment in which those providing a service can share their experiences, receive support and acknowledgment for their effort, is important for developing resilience. A support network is able to provide a layer of support for the community worker/volunteer to help navigate and process in a healthy way, any potential vicarious trauma experienced and this contributes to the building of vicarious resilience.

Implications for Practitioners, Community Workers and Volunteers

It is important that people working in the mental health field, be they practitioners or community workers/volunteers, understand that people can use vicarious trauma in a positive way to accumulate resilience and strengthen their emotional response to life challenges. Pack (2014) points out the paradoxical aspect as to any engagement in a client's traumatic disclosures, that it can be both the source of vicarious trauma and also the means through which vicarious resilience can be built. If a community worker/volunteer has suffered at any time in their lives from PTSD or vicarious trauma, there is potential to still bounce back and utilize these traumatic experiences to help others. There is also potential for personal healing through witnessing how others have worked through their own negative experiences, especially as it relates to notions of resilience.

An important aspect of a person developing vicarious resilience is in the provision of support given by an organization or institution with which the person works, what might be called 'organization support networks' (Hernandez et al., 2010). This organizational or institutional support can help community workers/volunteers to process their experiences adequately, whether they are positive or negative. Michalopoulos and Aparicio (2012) have previously noted that an increase in social support for social workers related to less severe levels of vicarious trauma. This includes the provision of relevant training to understand that the development of vicarious resilience is a shared process between - support workers and their clients; workers and their peers; and workers and their supervisors. Howlett and Collins (2014) note the importance of training in equipping volunteers in dealing with vicarious trauma, how to identify its debilitating consequences and ways of enhancing resilience against it.

Often, group training given for community/volunteer workers is helpful in understanding the expectations of the role they are undertaking but falls short in identifying and dealing with trauma and the dangers of vicarious trauma. Another likely shortfall in training programs is the lack of clarity given as to how much emotional support is appropriate in the services given by community workers/volunteers. It may be noted that providing emotional support is not expected of them, nor encouraged, but the trainers may find it difficult to quantify what that might look like in practical terms. This in particular relates to the area of offering friendship in the context of a community programme and indicators that they are overextending themselves emotionally in their service to others. This can clearly contribute to vicarious trauma.

Another aspect to consider is the duration of time that community workers/volunteers spend with the people they are assisting, in relation to hours in a week and total duration of service in weeks/months. Spending a shorter duration of time with the people they are helping may equate to less exposure to vicarious trauma. For example, if there are signs that the community worker/volunteer is experiencing heightened vicarious trauma, then intervention is advisable, so as not to expose them to further stress. It is important to acknowledge that if people being helped are not showing positive progression in their lives, the chances of the development of vicarious trauma in the life of the community worker/volunteers is heightened. Alternatively, there may be some benefits in community workers/volunteers helping individuals over a greater duration of time, if the person being helped is showing resilience in the way they are navigating life challenges. Howlett and Collins (2014) highlight the value and impact it can have on workers who are able to witness posttraumatic growth of others. This is the area that contributes to the community worker/volunteer building vicarious resilience, through their observations of people showing resilience through life challenges.

More research is still needed, however, as to the types of interaction that triggers vicarious trauma or builds vicarious resilience. There are numerous factors that can either mediate or exasperate the stresses and trauma people face in their work. Some influences to consider might be: peoples' background and the types of challenges faced in life; any protective factors that may have helped them manage trauma or stress; the type of service industry they work or volunteer in; their experiences in helping people; the impact and observed changes that helping others may have had on them; and experiences in relating to any organisational support structures and training that may have been provided to them. Additional research is also needed in relation to the types of organisational support and training that contributes more specifically to the building of vicarious resilience within the life of the community worker/volunteer.

Summary of Recommendations

The following are a summary of recommendations. Community workers/volunteers can be assisted through:

- utilising self-care mechanisms in their personal lives to reduce stress and trauma.
- more effective training being provided for workers/volunteers to understand PTSD and vicarious trauma and how to navigate it.
- understanding the potential to bounce back and utilize traumatic experiences to help others, even after previously experiencing PTSD or vicarious trauma.
- gaining a new appreciation of the contribution of altruism in the process of self-healing from trauma and the positive impact of engagement with others who have shown

resilience in rising above previous life circumstances and trauma. This builds vicarious resilience in the life of the community worker/volunteer.

- being part of a support network to process and learn strategies to navigate any potential vicarious trauma experienced.
- the facilitation of weekly catch ups/debriefs for empathic engagement and assistance by the organisations they work through.
- monitoring the time frame of their engagement with those they are helping to minimize vicarious trauma being exasperated and maximising the development of vicarious resilience.
- more research being conducted, that explores what exasperates vicarious trauma, or alternatively builds vicarious resilience. Secondly, identifying the most effective types of organisational support and training that assists workers/volunteers.

Conclusion

This article has relevance to traumatology scholars, mental health practitioners, community therapists, case workers and community workers/volunteers. This paper has explored the notion that some people who are directly and/or indirectly exposed to trauma may cope well and even report positive outcomes, the out-workings of vicarious resilience. Such positive outcomes can occur even within the life of a person who may have previously experienced PTSD and then had exposure to the secondary impact of trauma, ie. vicarious trauma. This does not mean, however, that the community worker/volunteer experiencing the positive associated changes, will not experience further struggles or distress. It is in the way they process these that makes the difference in reshaping their thought processes, as to whether they manage to develop a healthy, positive outlook in their work and life in general.

Community workers/volunteers will experience trauma in one shape or another. They do face risks of traumatization in their life through having exposure to the trauma of the people they are helping. Self-care mechanisms outlined, however, have been shown to minimize the impact of stressors and trauma to some level. Training and support given by an organisation or agency to assist community workers/volunteers process post-traumatic memories is also a crucial contributor to building vicarious resilience. Of particular significance is the way community workers/volunteers can utilize the positive interaction and progressions of the people they are helping, for their own healing and resilience building, while guarding against the impact of further trauma. This in part can occur through witnessing the resilience of people, in their dealings with trauma.

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