Vicarious Resilience: A New Concept in Work With Those Who Survive Trauma

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This study explores the formulation of a new concept: vicarious resilience. It addresses the question of how psychotherapists who work with survivors of political violence or kidnapping are affected by their clients' stories of resilience. It focuses on the psychotherapists' interpretations of their clients' stories, and how they make sense of the impact that these stories have had on their lives. In semistructured interviews, 12 psychotherapists who work with victims of political violence and kidnapping were interviewed about their perceptions of their clients' overcoming of adversity. A phenomenological analysis of the transcripts was used to describe the themes that speak about the effects of witnessing how clients cope constructively with adversity. These themes are discussed to advance the concept of vicarious resilience and how it can contribute to sustaining and empowering trauma therapists.

Keywords: Vicarious Resilience; Resilience

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This article proposes a new concept called vicarious resilience (VR), based on a qualitative study of the experience of psychotherapists who work with victims and families of victims of political violence. The formulation of this idea draws on a synthesis of several different areas of clinical theory, research, and practice. The first relates to the vicarious impact of trauma survivors' stories and experiences on the professionals who work with them. This phenomenon has been analyzed primarily through the concepts of vicarious traumatization (VT), secondary traumatic stress, empathic stress, and compassion fatigue (Figley, 1998). The second relates to resilience, exploring the way in which trauma survivors access adaptive processes and coping mechanisms to survive and even thrive in the face of adversity (Masten & Coatsworth, 1998; Walsh, 2003). The third relates to a category of traumatic stress that, although specific and outside the awareness of many practicing mental health professionals, is actually common throughout the world: politically motivated

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violence, including kidnapping, disappearance, assassination, torture, and other forms of persecution (Danieli, Rodley, & Weisaeth, 1996). Survivors of these forms of violence are represented in significant numbers in countries that are experiencing war and ethnic, religious, or political conflict. They are also common within refugee and asylum-seeker populations in countries of refuge. These forms of violence affect families and communities, as well as those who are directly physically injured.

Through our association with programs and professionals involved in the treatment of survivors of torture and political violence, we have had the opportunity to observe the complexity of the psychotherapeutic process in this context. A torture treatment center, Survivors of Torture, International, with which we are affiliated, developed a program focusing on the recognition and management of VT in professional staff who come into contact with torture stories in the course of their work (D. Gangsei, C. Green, & C. Anderson, personal communication, 2001, Survivors of Torture, International). We noticed that among the psychotherapists working with torture survivors, some made specific reference to the inspiration and strength they drew from working with clients whom they sometimes described as ''heroes.'' We developed an interest in integrating vicarious learning and resilience in theory and practice by proposing the concept of VR.

The concept was first tested by interviewing mental health providers who spoke of their positive experiences while working with survivors of torture (Engstrom, 2004). This led us to speculate that work with trauma survivors has the potential to affect and transform therapists in a unique and positive manner. This change may be a common and natural phenomenon, as is VT, although the mechanisms by which VT and VR develop are likely to be different. Introducing this concept into the professional vocabulary may help therapists develop a useful resource to strengthen the work they do by focusing on a process that is different from VT but generated in similar relational dynamics.

This exploratory study tested whether therapists working with traumatized populations learn something about overcoming adversity from their clients—a process that we propose to call VR. Because of the novelty of the idea and the need to learn about the possibility of developing this concept, we chose a qualitative inquiry as the best method for our investigation. We formulate a preliminary description of the component elements of VR, through the phenomenological analysis based on our research, to guide future research and application to clinical situations.

The Stressful Consequences of Working With Trauma Survivors

VT, *secondary traumatic stress*, *empathic stress*, and *compassion fatigue* are all terms that have been coined to describe and explain the negative effects of working with traumatized individuals, families, and systems. Although these terms are sometimes used interchangeably (Sexton, 1999), we offer a definition for each of them to help clarify the concept that we are introducing in this article.

McCann and Pearlman (1990) used the term *VT* to refer to ''a transformation in the therapist's (or other trauma worker's) inner experience resulting in empathetic engagement with the client's trauma material'' (Pearlman & Saakvitne, 1995, p. 31). This concept describes how the cumulative effect of working with traumatized clients may interfere with the therapist's feelings, cognitive schemas, memories, self-esteem,

and/or sense of safety. It is a unique and inevitable consequence of trauma work. It does not reflect psychopathology in the therapist or the survivor client (Pearlman & MacIan, 1995).

Secondary traumatic stress refers to ''the experience of tension and distress directly related to the demands of living with and caring for someone who displays the symptoms of post-traumatic stress disorder'' (Figley, 1998, p. 7). It is based on the diagnostic conceptualization of acute stress disorder and posttraumatic stress disorder (PTSD). Figley developed the concept of compassion fatigue and described it as ''the convergence of traumatic stress, secondary traumatic stress and cumulative stress/burnout in the lives of helping professionals and other care providers'' (Figley, 2002, p. 124). In trauma work, the empathic listener is confronted with powerlessness and disruption. The length and intensity of traumatic stories naturally affect therapists in negative ways parallel to the impact of trauma on the client. Figley (1998) spoke of VT as a related term describing the transmission of traumatic stress by bearing witness to stories about trauma. Weingarten (2003) used the term *empathic stress disorder* to refer to severe stress reactions persisting over time, including burnout, VT, and secondary traumatic stress. Again, these terms depict the costs of helping when one is caring and sensitive to the needs of others. In sum, VT emphasizes the notion of cumulative stress, developing slowly over time from bearing witness, as a natural and inner experience of therapists; secondary traumatic stress and compassion fatigue emphasize the occurrence of symptoms parallel to PSTD.

Weingarten's proposed model (2003, 2004) illuminates additional complex factors that may influence the manner and degree to which therapists are affected by their exposure to violent scenarios. In her book, *Common Shock* (2003), Weingarten described four witnessing positions that vary depending on how aware and empowered the witness (e.g., therapist, health professional) is in relation to violent events. In Position One, the witness has both awareness of the implications of violent acts on others and the capacity for effective action. In Position Two, the witness holds a position of power or influence but is unaware of the meaning and implications of the violence for the victims. In Position Three, the witness has neither awareness nor power to take action. Finally, in Position Four, the witness has awareness or knowledge regarding the meaning of the events being witnessed but is helpless or unable to take action, or lacks avenues for doing so. Although therapists may find themselves in any of these positions at different times and in various contexts, Weingarten speculated that therapists who often find themselves in Position Four are most vulnerable to VT.

Resilience

According to Masten and Coatsworth (1998), *resilience* is an inference about someone's life based on a past or current adversity, and a pattern of positive adaptation to challenges. It is a description of a pattern, not a personality trait. Resilience stems from usual and normal human adaptive abilities. Studies focusing on the impact of social networks (Garmezy, 1991) found that extrafamilial relationships that support individuals unconditionally are consistent elements in survivors' stories. Luthar and Cicchetti (2000) asserted that personal characteristics are continually shaped by interactions between the person and the environment, and that protective and risk factors at various levels (familial, communal, and social) also interact constantly.

Context plays a fundamental role in providing opportunities and rewards for adaptive behavior. Bernard's (2004) research from her work with children, families, and schools confirmed that certain traits make a difference in how children cope with adversity. Some of these traits are a tendency to seek healing from pain, ability to draw lessons from experience, openness and spontaneity, humor, creativity, initiative, and compassion. In her work on protective familial, school, and community factors that prevent behavioral and emotional problems in children, Bernard explained how these systems have the capacity to enhance each other, strengthening and expanding ways to help children cope with adversity. Walsh (2003) has developed a family resilience framework to identify and target key family processes that may foster healing and reduce stress and vulnerability. These processes involve three domains of family functioning: family belief systems, organization patterns, and communication processes. Walsh places the foundations of resilience within an ecological, developmental, and relational perspective.

Finally, the emerging body of literature from positive psychology focuses on learning how to build strengths to thrive in life. Seligman and Peterson (2003) asserted that effective psychotherapies identify and nurture clients' strengths, promote personal control, and foster authentic relationships. This view is consistent with the idea that psychotherapy is about promoting resilience.

An extensive literature supports the formulation that both VT and resiliency are natural human processes activated by exposure to stress. In this context, it is reasonable to propose that the psychotherapeutic environment also creates opportunities for a vicarious resiliency process. This is the proposal explored in this study.

Social and Political Violence: A Scenario

For this study, we selected a group of clinicians who work with a wide variety of families and individuals who have suffered traumatic events that are, without question, extraordinarily painful (i.e., kidnapping, torture, and/or assaults in the context of armed conflict). Bogotá, Colombia, offered a rich opportunity to explore the idea set forth in this article. Mass killings and retaliations have caused more than 4,000 politically motivated deaths per year in the last decade (International Crisis Group [ICG], 2002). In addition, the long-lasting armed conflict degraded with the involvement of independent armed groups involved in drug production, taxation, and trafficking. Since 1998, reports of the United Nations Office of the High Commissioner for Human Rights in Colombia have documented the situation, and reports of UN Special Rapporteurs, working groups, and other UN agencies and bodies have ratified that Colombia is today in a ''humanitarian emergency.'' Civilians commonly find themselves caught between the struggles of paramilitary groups and guerrillas. Both have continually violated human rights and international humanitarian law by kidnapping civilians for ransom or political motives and have committed an abundance of serious crimes against the population (massacres, expropriation of lands, forced recruitment of minors into the war, and kidnapping, among others). Kidnapping has been a particularly serious issue because it has increased over the years at an alarming rate, achieving a peak of 3,706 cases in 2000. In the period 2002–2005, however, the number of victims has decreased steadily to about half the year 2000 number (Fondelibertad, 2005).

METHOD

This qualitative, exploratory study was guided by grounded theory (Lincoln & Guba, 1985) and phenomenology (Creswell, 1998; Moustakas, 1994). Through inductive analysis, this study sought an in-depth understanding of the participants' comprehension of, and their views on, how clients' resilience had affected them. The following guidelines for trustworthiness in qualitative research were followed: interview guideline translation and consultation, data analysis triangulation, transferability, dependability, and data analysis saturation (Lincoln & Guba; Marshall & Rossman, 1999). Our research team included a female bilingual (Spanish/English) counseling psychologist and family therapist from Colombia (PH), a male bilingual (Spanish/English) clinical psychologist of European descent (DG), and a male social worker of European descent (DE). All of us have expertise in the areas of traumatic stress, compassion fatigue, resilience, and multicultural and cross-cultural psychology. In addition, two bilingual marriage and family therapy master's-level students from Mexico assisted us with transcription and data analysis.

We constructed a semistructured interview in English and Spanish. The formulation of interview themes drew from a study of mental health providers contracted with Survivors of Torture, International (Engstrom, 2004) and the researchers' clinical experience. Topics addressed in the interview were demographic and training background; clinical cases leaving a strong impression with the therapist in relation to coping with adversity; thoughts about how interviewees may have been positively affected by clients' ways of coping with adversity; the most challenging professional and personal aspects overcome in working with survivors of political persecution or kidnapping; observations of clients' ways of overcoming adversity; effects on and/or changes in the therapists as a result of listening to clients' ways of overcoming adversity; and thoughts on the concept of VR. A Colombian psychologist fluent in written and oral English reviewed both the English and Spanish versions of the interviews for accuracy.

The participant sample was purposefully selected according to intensity, chain, and politically important sampling (Patton, 1990). Participants were recruited through referrals from psychologists working in both governmental and nongovernmental organizations. To ensure a broad scope of experiences with political and social trauma, participants from a variety of political positions were invited to participate in the study (Shamai, 2005). Potential referral sources were contacted by telephone or electronic mail. The purpose of the study, as well as its potential benefits and risks, was discussed. A letter of invitation and a consent form were sent to all potential participants.

The participants were 1 psychiatrist from Colombia and 11 psychologists (8 trained in Colombia and 3 trained in Colombia and overseas; of these, 10 had completed graduate work beyond the bachelor of science in psychology degree). There were 9 females and 3 males in the participant group, all of whom worked with victims of kidnapping, displacement, and political violence. Their years of experience as psychotherapists ranged between 3 and 27 and between 1 and 18 working with this population. Their training in traumatic stress involved attendance and participation in continuing education seminars, individual and group study on the topic, development of research projects, and training in the workplace. Six participants had formal training in resilience, and 6 had become aware of this phenomenon during the course of their clinical work.

PH conducted the interviews in Bogotá, Colombia. All interviews were audiotaped with the participants' permission, coded to protect anonymity, transcribed by a bilingual research assistant, and reviewed by one of the principal investigators for translation and transcription accuracy. During theme analysis and reduction, two of the principal investigators and research assistants constantly compared and contrasted the interview transcripts to identify recurrent phrases and themes in the data. A consultant reviewed the data analysis to add dependability to the study, and one of the principal investigators reviewed the final data analysis (Lincoln & Guba, 1985).

RESULTS

Clients' Effect on Therapists

All subjects described ways in which witnessing their clients overcome adversity affected or changed the therapists' own attitudes and emotions. Witnessing and reflecting on human beings' immense capacity to heal and reassessing the dimensions of one's own problems were the most common themes in this regard. For example, one of the participants stated, ''After working with people who have suffered these kinds of problems, your definition of a problem changes. One takes issues with more ease. One defines what is serious differently.'' Understanding the role of spirituality and religion and seeing clients as sources of learning were also typical responses. One such example shows how the therapist's vicarious learning translated into a more effective overall approach to her professional work:

> I always kept a distance from anything related to religious proselytism in my clinical practice but now I am curious about the role of other dimensions and how to use them in a neutral manner. If the person has spiritual resources, it is important to suggest that the client use it without advocating. It opened another dimension to me, sometimes we only focus on using psychological and social tools, and this limits our work.

By observing the value of spirituality in survivors' lives, this therapist incorporated another dimension into her work, anticipating that it will be valuable for her clients in the future.

Another therapist reflected on human beings' capacity to overcome adversity by identifying how one of the clients who affected her the most developed acceptance of the traumatic event, projected himself into the future, worked on a familial relationship, and took control of matters that could be controlled. This therapist spoke about her work with a soldier who endured an extremely harsh captivity and moved on with his life by making radical changes in his family relationships and professional choices. After surviving a long-term kidnapping by a guerrilla group, he started therapy. In her work with this client, the therapist witnessed outstanding transformations well beyond overcoming PTSD symptoms. This story reflected changes in the survivor's self-concept and heightened self-efficacy:

> A 22-year-old young soldier [was] kidnapped by the guerrillas He told me how during this time he suffered, was desperate, and thought recurrently about dying. At some point he started to think about God and realized that this situation was an opportunity. While reflecting on the word of God, he drew a figure that he interpreted as his father's image. He had not seen his father in years and he thought that he had to leave captivity to find him. His father was a peasant and was very old. He did not want to die without finding him and

> knowing if he was still alive. He spent a total of 27 months in captivity. Halfway into this captivity he found hope by focusing on his spiritual beliefs. He tried to find ways to exercise, eat, get sun, and think about how to plan for his life after captivity. After his release, he started treatment with me and went back to college. He finished a degree and changed his life. He looked for his father and found him alone and ill in his town. He lost his old buddies as a result of these changes, as he would not drink and go out as much. He transformed himself after this experience.

This client affected the therapist to the extent that, for the first time, she believed it was possible to recover from this kind of traumatic experience and that there was more to her work than dealing with anger, frustration, and pain. It reaffirmed her commitment to work in Colombia and for Colombians, and to continued work for the nongovernmental organization of which she was a part. She stated,

> This young man helped me a lot because I had been working for a long time with soldiers' families and kidnapped policemen and I received overwhelming frustration, pain, and anger. When I worked with them I represented the state—working for the only NGO dedicated to serving the kidnapped and with connection to the government. They came in very angry toward the government because of how it managed their cases, so in order to start therapy I had to let them vent and help them separate my work from their experiences with the government. However, I became someone who they could scream at in their pain and anger. My work with him helped me see that I could do more to help. It helped me see what I did, what worked, and how I could use this case as an example of hope and possibility for other clients.

Furthermore, the potential for multidimensional benefits of VR is demonstrated in this case; witnessing the client's recovery, the therapist reported, ''gave me hope back. Again I gained hope that the young men who were in captivity could be OK and would survive. There were possibilities that they would come back alive and not as affected as I thought. This was a very important lesson for me as a therapist.''

This therapist was working with military personnel and their families at a time when kidnappings escalated. She was also pregnant. She explained how she coped with the stress of her work as follows:

> I did not want my baby to get all these negative emotions. I gave a different meaning to my work. I used to talk to my baby, telling her that this was an opportunity to serve our country and to do something at this particular time, that this is what we had to do, that this was our job. I saw it as an opportunity that life brought to me.

Another case demonstrates how resilience processes at work in a community-level psychodrama intervention were therapeutic not only to the participants but also to the therapist, in unanticipated ways. This therapist worked with an entire community that had been affected by assassinations and displacement. A group of people were selected to bear the community's memory. She worked with this small group first to develop stories about what had happened before, during, and after the displacement, how they felt, and what they hoped for the future. These stories embodied a collective history that resonated deeply with all community members. In addition to storytelling, music and small drama pieces were incorporated to present at a community gathering. The event was witnessed by the community affected and other

communities. It sought to restore the collective memory about what had happened and give new meaning about where to go next. This work left a deep mark on the therapist. She reported experiencing empowerment and clarity with regard to formulating her own position with respect to social and political violence. She said, ''[I thought about] how to coherently sustain my opinion in the face of someone who is telling me the uselessness of my advocacy of love, to be able to sustain myself and say that noting all positions, I don't accept the use of weapons.''

A smaller number of subjects referred to their clients' engagement with the search for social and legal validation of the truth as a witnessed-resilience dynamic. In the Colombian context, most human rights violations are committed with impunity and are seldom punished; reparations are rarely awarded and even less often actually made. Nevertheless, these therapists described experiencing clarification and empowerment of their own values and political perspectives holding that social and legal validation and reparation are key processes in recovery.

Persistence and reassessment of the dimensions of one's own problems were general themes identified as personal changes by therapists. Responses included realizing that clients may have more strengths than assessed at the beginning of treatment, maintaining hope over time, developing tolerance to frustration, and compartmentalizing. One of the therapists spoke about his own learning process on self-efficacy, illustrating how he learned through direct exposure and modeling:

> I have to acknowledge that when working with people who live in unsafe conditions, I was afraid about what that would mean for me, my colleagues, and my family. My wife usually asked what could happen to me, what [it] would mean to our lives, and what could happen to our children. Now that I lead other professionals doing this work, I can say that I handle better the uncertainties brought by my work. Doing field work all over the country with all sorts of people[,] including the military, the paramilitary and the guerrillas[,] has helped. What helped was that I always found a person or a group of people who showed balance in approaching their interactions in difficult situations. This helped me overcome my fears. I could trust them and I could learn how to handle these difficult situations.

Another therapist spoke about the effect that one of her clients had had on her personally and professionally. She spoke about how tragedy became a part of this family's life and how she worked with the mother without really knowing that her work was so valuable to this client. The therapist learned what aspects of her work were useful and regained hope in her work with victims of kidnapping. In her words,

> I had a case of a client whose husband was kidnapped. He spent four and one-half years in captivity. She was a person with many resources, able to analyze and see facts clearly. She believed that her children could learn from her strengths and survive this situation. She never foresaw that her husband's captivity was going to last that long. However, she focused on her children. It was discovered that she had cancer. She never recovered from it and died three years later while her husband was still captive. I accompanied her until she died. She taught her children about finding and using their strengths and about coping with loss. I learned about how human beings have so many resources to face tragedy, the importance of spirituality, tolerance and the ability to survive. She left that message clearly to her sons and they survived well for eight more months until the father was released. She called me to the hospital the day she died and thanked me for teaching her how to die by talking with her

> about life. While everybody else spoke to her about death and dying, she said that I taught her and her children about life.

After working with this client, the therapist was motivated to articulate further her own therapy model and plan to do scholarly work on a psychotherapy model for working with such clients.

Vicarious Trauma

This research naturally suggests the question of whether and how VR relates to VT. Although the interview protocol did not specifically query for it, VT was mentioned by all participants, confirming the established principle that work with trauma survivors can negatively affect the therapist. This issue is an integral part of the work with trauma survivors in contexts of political violence. Among the experiences subjects generally reported were anger, hopelessness, fear, feeling overwhelmed, and the frustrating awareness of the limitations of the therapy enterprise in addressing the massive traumas that their clients were confronting.

Vicarious Resilience

The themes emerging from this qualitative study indicate to us that therapists who work in extremely traumatic social contexts learn about coping with adversity from their clients, that their work does have a positive effect on the therapists, and that this effect can be strengthened by bringing conscious attention to it. Based on this data, we advance the idea that a specific resilience process occurs as a result of psychotherapists' work with trauma survivors: VR. This process is characterized by a unique and positive effect that transforms therapists in response to client trauma survivors' own resiliency. In other words, it refers to the transformations in the therapists' inner experience resulting from empathetic engagement with the client's trauma material. VR may be a unique consequence of trauma work. We argue that this process is a common and natural phenomenon illuminating further the complex potential of therapeutic work both to fatigue and to heal.

Confirmation of this notion comes in the subjects' own words. At the end of the interviews, they were asked directly to offer an opinion on the utility of the concept of VR. One responded,

> I believe that this process happens. For example, when you witness how resilient children are, you question why adults may not have the same resources. When one works in this field you live differently: You define the meaning of a problem differently, as difficulties to overcome, and that is a part of the work you do. I assure you that if I were working in another field, I would behave like before like seeing big problems because I couldn't pay something on time. This work generates a positive change as you generally may become more resourceful, less fearful, more dynamic, more resolute, more active and eager to question yourself permanently. When you witness someone coping with something like a kidnapping, you question why you don't cope better with your own losses. In other words, you develop your potential.

Another participant described her understanding as follows:

> I imagine that VR is about what I learned from the client and what I also bring into the situation, what I learned through others. With my resources and their resources, they teach

> me, because if I learn to suffer with them, I also have to learn to overcome the pain with them; it is a systemic process where we all learn through a relationship. I believe that this is a natural process inherent to the therapeutic relationship that we establish. If there is [a] relationship of mutual growth and respectful commitment, if they are resilient, I must be so too. The therapeutic relationship allows us to transform each other and grow.

VR is not the sum of all the positive experiences that therapists remember, nor is it a generic term for everything that motivates the therapist. The data from this study reveal a complex array of elements contributing to the empowerment of therapists through interaction with clients' stories of resilience. These elements are witnessing and reflecting on human beings' immense capacity to heal; reassessing the significance of the therapists' own problems; incorporating spirituality as a valuable dimension in treatment; developing hope and commitment; articulating personal and professional positions regarding political violence; articulating frameworks for healing; developing tolerance to frustration; developing time, setting, and intervention boundaries that fit therapeutic interventions in context; using community interventions; and developing the use of self in therapy. Awareness of the phenomenon and component elements of VR and introducing the concept into the professional vocabulary can guide therapists in strengthening themselves and their work.

For example, participants identified specific ways in which the experience of observing clients' resiliency affected the subjects' own attitudes, emotions, and behavior. These effects generalized beyond the therapy situation to significantly shape the subjects' perceptions of themselves, their relationships, and their environment. Participants reflected on the ways in which the therapeutic process interacted with and strengthened clients' resiliency. The benefits of empowerment accruing to the therapists in this study included increased understanding of the therapeutic process, increased understanding of the resiliency process, and an increased sense of efficacy in their work. Participants also understood the phenomenon of VR in relationship to the professional, social, and political contexts from which it emerged. These therapists learned by observing clients acting effectively in relation to larger forces and structures, and they observed their own competence and reflexive sense of efficacy as they themselves negotiated these structures. Finally, our work supports Weingarten's (2003) theoretical work on witnessing violence: The therapists' narratives reflect that, at their best, they were able to perform their work from a position of compassion, awareness, knowledge, and effective action (Position One witnessing).

Particularly important to useful application of the concept of VR is its relationship to VT. Based on the qualitative data obtained in this study, the authors conclude that VT and VR processes occur naturally and may co-occur in the work of therapists with survivors of political violence. In trauma work, the empathic listener is confronted with stories of powerlessness and disruption as well as resourcefulness and adaptation. Both types affect therapists; the degree to which they do so is influenced by factors including, perhaps, the length and intensity of the stories.

Clinical Implications

We believe that attention to vicarious resilience will enrich the process through which therapists and other healers working with trauma deal with the emotional aspects of their work. Understanding VR as a process equally as significant as VT underscores the complexity of trauma work and adds a valuable resource for

empowerment and survival. Both processes can be managed: VT can be identified and decreased, and VR can be identified and increased by developing awareness, purposefully cultivating and expanding it. Overall, the importance of developing the concept of VR within the field of traumatic stress in contexts of political violence stems from pragmatic necessities. First, it is a useful tool to counteract deeply fatiguing processes in which therapists may come to see themselves as ''victims'' of those who have been victimized. Learning to attend to both VT and VR supports the health and strength of those who choose to work in contexts in which brutal pain is always present. Second, awareness of VR processes may strengthen the experiences that already reinforce the motivation and persistence of therapists who work with survivors of political violence. Creating a conscious exploration of the phenomenon and a context in which to explore it may help therapists amplify and find new meaning in their work. Third, having this concept available for presentation in training and supervision settings can become part of guiding trauma workers to take care of themselves. Fourth, because the data show that vicarious learning generalizes to the broader context of therapists' lives, trauma therapists may use what they learn from their clients in their own times of crisis. Fifth, because clients often worry about the toxic effect of their traumas on their therapists, introducing the concept of VR to clients may facilitate the clinical work. Finally, awareness of VR can enrich and motivate therapists' conceptualizing of their clinical work and developing of their professional careers. Working with multiple systems and witnessing transformations in clients' storytelling were common interview themes. Some participants were inspired to expand their trauma work into teaching, writing, and research.

Methodological Issues

The exploratory nature of this research invites reflections on the methodology and consideration of directions for future research on the topic.

We were aware that the results of the study would be significantly shaped by the choice of interview questions. The selection of questions was rooted in clinical experience, a study of mental health providers contracting with Survivors of Torture International, and the professional literature. The authors attempted to account for our own biases by including an external auditor and using triangulation techniques. It is still possible that our expectations influenced the findings and that other dimensions of the phenomenon remain undefined. It is therefore important that other researchers replicate and extend this investigation.

A logically understandable but unplanned aspect of the analysis was the interaction between VR and VT. Although the interview focused on various dimensions of resilience and the effect of clients' resilience on their lives, all participants spontaneously interjected material about VT into their discussions. The content of their narratives thus strongly illustrated the simultaneous presence of both processes. However, questions about how these two processes coexist, when they are noticed, and how they interact in shaping therapists' experiences were left untouched and are worthy of future study.

The findings should also be considered in light of the limitations presented by the methodology. Although the sample size is consistent with the standard in the field (Lincoln & Guba, 1985), generalizability is limited. For example, participants' level of relevant clinical experience and training varied greatly. It is possible that different

results might have emerged if participants had had a more circumscribed range of training and experience.

Future research can further explore the components of the VR phenomenon, the dynamic process through which it affects and empowers trauma therapists, and what specific practices could help professionals benefit from VR processes. Other questions suggested by the existing analysis and open for further research include: Are therapists who have support more likely to experience VR? Are those who are more familiar with resiliency more likely to draw VR experiences from their clients? Are clinicians who have high rates of VT less likely to develop VR?

CONCLUSION

In conclusion, our research identifies vicarious resilience as a new concept in the field of trauma work. Further, the study supports the notion that VR is a natural process that has not previously been explicitly defined and described. Hence, its potential utility has not been fully realized. VR offers a counterbalance to the negative effects of trauma work on therapists. Indeed, this study suggests that therapists may find their ability to reframe negative events and coping skills enhanced through work with trauma survivors if they are open to, and aware of, the possibility and utility of vicarious resilience.

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