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The emotional impact of research: A reflexive account of a counsellor-turned-PhD researcher's experience of vicarious trauma

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Abstract: This article presents a personal and reflexive account of my experience as a counsellor-turned-researcher who experienced vicarious trauma as a counsellor and the impact this had while conducting counselling-related PhD research. I explore what is meant by “vicarious trauma” and the “emotional impact of research”, as well as presenting my own account to illustrate the impact of vicarious trauma on the qualitative research process. It is hoped that by sharing this account, other researchers, who may be negatively impacted by their research, will feel less isolated. Further, the use of post-critical ethnography as my PhD research methodology demands researcher reflexivity and critique of their positionality. This article is a way of achieving this. The article also contributes to the call for researcher self-care to be an institutionally recognised requirement of research approval as researcher wellbeing is often not prioritised in the way it is for research participants.

Keywords: Qualitative research, vicarious trauma, counselling, psychotherapy, self-care, post-critical ethnography

This article offers a personal, autobiographical, and reflexive account of my experience as a PhD researcher living with vicarious traumatisation and the emotional impact this had on me, specifically during my research. While there is existent literature on vicarious trauma and research (see below), these are told from the perspective of experiencing vicarious trauma as a result of conducting research. My personal reflections of already having vicarious trauma prior to starting research offers a different perspective on the emotional impact of research.

Through combining the experience of vicarious trauma acquired through counselling practice with its re-emergence when gathering research data, an original insight into the

emotional impact of research may be garnered. I argue that the positionality of counsellor-turned-researcher, affords a unique position to discuss the emotional toll of research. While this a highly subjective account of the emotional impact of research, I hope that it resonates with readers who may have experienced – or be experiencing - something similar. It has been argued that honesty about the emotional impact of research can support other researchers who may otherwise blame themselves for any “unwanted emotions” experienced while doing qualitative research (McQueeney & Lavelle, 2017, p. 88). Similarly, silence around emotion in research can leave the researcher feeling vulnerable (Hubbard, Backett-Milburn & Kemmer, 2001, p. 119). It is with this sense of solidarity that I offer a reflexive account of the emotional toll of research. Writing this article has allowed the realisation that I was not always consciously aware of the emotional impact of conducting research. To paraphrase a line from my favourite

book, vicarious trauma has “gone through and through me, like wine through water, and altered the colour of my mind” (Brontë, 2003 [1847], p. 110) and this article is a reflexive account of how the altered “colour of my mind” has impacted my research consciously and unconsciously.

The rationale for choosing to write reflexively about my personal experiences is twofold. Firstly, to be able to critically consider my own actions and behaviours, and then try to understand how these may have impacted the research process, has felt like the bridge between being a counsellor to becoming a researcher. This is because as a counsellor, being reflexive is an ethical practice, through becoming self-aware and considering one’s role in the interpersonal dynamics of the therapeutic relationship (Hedges, 2010). Etherington (2004) has suggested that being a reflexive researcher is a natural progression from be a reflexive counsellor; my own experience supports this argument.

Secondly, reflexivity in qualitative research has become more commonplace, allowing the researcher to consider how their subjective experiences and understandings may have affected the research process and vice versa (Finlay & Gough, 2003). Reflexivity offers a way for researchers’ to critically engage with their role in their research, be it their methodologically choices or how they represent their participants. It permits the “complexity and messiness” of research to be acknowledged and presented (Finlay, 2017, p.120). In this way, reflexivity has allowed space to explore the unsanitised reality of the emotional impact of undertaking research while living with vicarious trauma. For qualitative researchers, the question “is not whether we embrace reflexivity but how” as contained within the concept of reflexivity is various typologies that the researcher can select in line with their epistemological and methodological stance (Finlay, 2017, p. 124).

The methodological approach of my PhD research is post-critical ethnography (Noblit, Murillo & Flores, 2004; Anders, 2019) which takes a political stance, emphasises the need for researcher reflexivity and for the researcher to critique their own positionality. Post-critical ethnography permits “a way of doing ethnographic work that include[d] not only a critique of power, but also a critique of self” (Anders, 2012, p. 100). My reflexivity in this context is more than personal confessional. Instead, I have sought to critically probe the impact of my subjectivity and positionality, taking the reflexivity into a post-humanist realm (Gemignani, 2017).

Trying to reflexively understand the subjective experience of the emotional impact of research is something which feels instinctual as a counsellor-turned-researcher and is congruent with the methodological approach of my PhD research. Reflexivity is not just a perfunctory step but “inquiry in itself” which can make its own contribution to knowledge (Gemignani, 2017, p. 185) Through the researcher’s emotional

reflexivity, the emotions elicited during the research process can be used as a type of qualitative data in itself (Lumsden, 2019). This reflexive account of the emotional impact of qualitative research is not presented as an obligatory methodological requirement, but as potential valuable data and analysis in and of itself.

Personal Background

I am a trained integrative counsellor who specialised in trauma work. The trauma work started in my training when I worked therapeutically with survivors of domestic and sexual abuse. I later specialised in work with refugees and asylum seekers. The period of time from starting my counselling training, to eventually stopping practice due to vicarious traumatisation was five years and what follows is my story.

My PhD research is looking at how white trainee counsellors understand race, racism and whiteness. To discover this, I used the methodology of post-critical ethnography (Noblit, Murillo & Flores, 2004; Anders, 2019). As stated above, this approach is one that understands the political aspects of research and requires the researcher to be reflexive, consistently critique their positionality and also take care in how research participants are represented in the research (Noblit, Murillo and Flores, 2004). This article is one way of demonstrating that reflexivity and consideration of positionality. The ethnographic aspect of the research reflects more traditional ethnographic approaches, requiring the researcher to immerse themselves in a cultural or group context (Angrosino, 2007). For my research, this meant spending six weeks with a group of white counselling trainees who were in their first year of training. Four of those weeks involved participant-observation and the following two weeks were spent conducting semi-structured interviews. How vicarious trauma affected both my experience as a counsellor and a PhD researcher is discussed below. To begin, it is important to clarify what is meant by “vicarious trauma” and the “emotional impact of research”.

Literature Review

Vicarious Trauma

McCann and Pearlman (1990) first coined the term “vicarious trauma” defining it as:

persons who work with victims may experience profound psychological effects, effects that can be disruptive and painful for the helper and persist for months or years after working with traumatized persons. (1990, p. 134)

It can be differentiated from “burnout” which can be healed with rest and personal/organisational changes, whereas vicarious trauma has a longer, if not a permanent, impact (Branson, 2018). Sanderson (2013) states that working with trauma can impact the practitioner’s view of the world, human nature and sense of safety, arguing that continued exposure to traumatic material can take its toll on the counsellor’s levels of compassion and result in feelings of powerlessness and hopelessness. Similarly, Pearlman and McCann (1995) found that therapists can be unsettled in five areas: safety, trust, self-esteem, control, and intimacy. They suggest that training/CPD, supervision, and self-care are imperative when working with trauma. In a metasynthesis on vicarious trauma (Cohen & Collens, 2013), it was found that trauma workers can be negatively affected emotionally and somatically (such as feelings of helplessness, sadness, anger, shock, frustration and numbness). Strategies for coping with these challenging emotions can include organisational, supervisory, and familial support and self-care, through hobbies and changing workload (Cohen & Collens, 2013). The impact on cognitive processes included questioning of the self, the world and sense of safety (Cohen & Collens, 2013).

However, Kessler et al (1995) found that being exposed to a traumatic stressor does not necessarily result in a diagnosable pathology. Similarly, Stamm (2002) suggests that it is possible that a person could be at risk of experiencing compassion fatigue and experience compassion satisfaction thus striking balance between the two. Indeed, there have been positive aspects noted by researchers in those who work with trauma. Bell (2003) and Spelvins et al (2010) both found that participants in their respective research studies felt more compassionate when working with others. Benatar (2000) identified an increase in self-worth and sense of empowerment and Shami and Ron (2009) discovered that participants found more meaning and value in their profession. Comparably, Tehrani (2009) demonstrated that being able to reflect upon ones work through professional or peer supervision coupled with a healthy lifestyle was associated with higher levels of personal growth and satisfaction with work performance. Cohen and Collins (2019) also recognised that while working with traumatised people can have long-term and short-term negative impact on trauma workers, there is potential for “vicarious posttraumatic growth” to occur through witnessing the client’s growth.

The prevalent strategy for dealing with challenging client work is through self-care, although self-care can often be neglected by counsellors and psychotherapists as they often focus on their clients’ wellbeing (Norcross & VadenBos, 2018). Norcross and Guy (2007) put forward various methods of self-care, including the development of self-empathy, to “notice, value and respond to your own needs as generously as you attend to the needs of your client” (Norcross & Guy, 2007, p. 16). Hughes (2014) highlights the need for professional self-care. This may

include personal therapy, participating in further training, increasing supervision, and re-considering whether to work with certain issues, groups or organisations. Saakvitne and Pearlman (1997) recommend the key tools of self-care in relation to vicarious traumatisation are sleep, exercise, rest and taking holidays.

Taking these studies into account, it would seem that working with traumatised clients does not necessarily lead to vicarious traumatisation and self-care is a priority in minimising its likelihood. Nonetheless, vicarious trauma appears to be a risk factor associated with working with traumatised clients and although it can express itself in various ways, vicarious trauma seems to negatively alter the counsellor’s perceptions of the self, others and society.

Emotional Impact of Research

In the same way that counselling and psychotherapy has an emotional impact on the practitioner, conducting qualitative research can also take an emotional toll on the researcher. Almost two decades ago, it was argued that the emotional aspect of research is neglected (Hubbard, Backett-Milburn & Kemmer, 2001), something that Fenge et al (2019) also recently contended, showing that the emotional impact of research remains an overlooked and under researched topic. Despite this oversight, emotions can serve as both a distraction and a means of insight into research (Woodthorpe, 2009) and have “epistemological significance” as they will influence the researchers way of knowing and interpreting the research data (Hubbard, Backett-Milburn & Kemmer, 2001, p.135).

Kumar and Cavallaro (2018, p. 648) have defined four ways that can make research emotionally challenging:

[researching] sensitive issues, personal trauma previously experienced, experience of traumatic life events during research, and unexpected events that arise during research in what was previously not identified as a sensitive issue.

To deal with this argue for the need for researcher self-care at both individual and institutional levels (Kumar & Cavallaro, 2018). Eriksen (2017) has also called for researcher self-care to be institutionally incorporated through researcher training programmes. Likewise, suggestions for institutional support through academic supervision and the inclusion of researcher psychological well-being as a necessary step to the ethical approval of projects have also been made (Fenge et al, 2019; van der Merwe & Hunt, 2019; Moran & Asquith, 2020). Rager (2005) suggests the qualitative researcher uses self-care strategies such as counselling, journaling, and speaking to peers as a way to manage the emotional impact of research. For novice researchers, she also recommends institutional

support through self-care education (Rager, 2005). Sherry (2013) has written of their use of self-care to navigate feelings of vulnerability when conducting sensitive research. Comparably, it has been put forward that researcher reflexivity is needed throughout the research process, as emotional responses may be unpredictable, and the need to share the emotional challenges with fellow researchers, alongside formal and informal institutional support (Hubbard Backett-Milburn & Kemmer, 2001). This call for researcher self-care echoes the use of practitioner self-care in counselling and psychotherapy.

In reference to the methodological approach of critical ethnography, McQueeney and Lavelle (2017) recommend incorporating emotional labour into the research process through the use of “emotional reflexivity”. They suggest contextualising emotions into the wider socio-political circumstances that the research is taking place in, using emotions to critique power relations in the research and through using the researcher’s personal biography, i.e., past experiences, to understand the emotional response to the research and the participants (McQueeney & Lavelle, 2017).

There is limited literature regarding vicarious trauma and research, despite it being a potential risk factor for researchers conducting research with traumatised participants, sensitive topics or in traumatic situations (Campbell, 2002; Dominey-Howes, 2015; Fairchild, 2018; Nikischer, 2018; van der Merwe and Hunt, 2019; Berger, 2020). However, as working therapeutically with trauma can lead to posttraumatic growth and positive feelings (Stamm, 2002; Shami and Ron, 2009; Collens and Cohen, 2019), posttraumatic growth may be achieved by researchers (Berger, 2020) and researching trauma may have compensatory factors such as influencing policy and practice changes (Moran and Asquith, 2020).

Official Guidelines

Despite the potential emotional impact of research on the researcher, official research ethics guidelines do not necessarily reflect this. The British Sociological Association’s ethical guidelines (2017) rightly emphasises the need for ethical conduct in relation to participants, ensuring that “the physical, social and psychological well-being of research participants is not adversely affected by the research” (British Sociological Association, 2017, p. 5). Similarly, they recognise the importance of the “safety” of researchers (British Sociological Association, 2017, p. 4). However, they do not elucidate on what constitutes “safety” for researchers in the same way they do for research participants. This means that the psychological well-being or the researcher may be overlooked in preference of physical safety in the field. Likewise, it has been suggested that institutional ethical

approval process can overlook the wellbeing of the researcher (Fenge et al, 2019) and that researcher wellbeing is often not prioritised in the way it is for research participants (Kumar and Cavallaro, 2018).

In contrast, the British Association for Counselling and Psychotherapy’s own research guidelines (BACP, 2019, p. 43) do state that researchers mental health may be impacted during counselling and psychotherapy research, including:

developing psychological responses to stressors such as the ‘burn out’ caused by the vicarious traumatic stress of repeatedly hearing harrowing accounts of events.

However, at the time of conducting my research I was no longer a member of the BACP and did not follow their guidelines. My research is sociologically focused as it situates the findings into wider critical discourses about race, racism and whiteness, and counselling provided the contextual environment of the research, not the research focus per se. Thus, following the BACP’s research guidelines was not appropriate and I was not aware of their reference to the mental health of the researcher.

My Experience of Vicarious Traumatism in Counselling and Research

In my final year as a trainee counsellor, I undertook a placement working with refugees and asylum seekers. This meant working with highly traumatised clients, (whose issues included experiences of FGM, war, torture and modern-day slavery and sex-trafficking), all while still learning how to be a counsellor. On reflection, putting a trainee in this situation is contestable and potentially unethical; something the organisation later recognised by stopping student placements. To mitigate this, I immersed myself in learning about trauma, was honest in supervision and committed to learning about the socio-political situations my clients had come from. Nonetheless, after six months I decided to leave and pursue other placements. Looking back, and unbeknownst to me, perhaps the seeds of vicarious trauma had been sown and my decision to leave was an unconscious act of self-care. However, I had enjoyed working with the clients and felt privileged to witness their stories, so when the organisation contacted me post-qualifying and offered part-time work, I felt capable and motivated. Moreover, I felt a passion for the work, strongly believing this particular group of clients were ones who were ignored and whose stories deserved to be heard. This feeling was evidenced at a micro level by other counsellors not wanting to hear the sort of work I was doing and at the

macro level by the socio-politics of the day, namely Brexit. To understand this work more, and specifically what it meant to me a white woman working with clients from various ethnic backgrounds, I tailored my master's degree to my counselling practice by focusing on working with refugees and asylum seekers and the role of race in cross-racial counselling practice. However, the combination of the stories I was hearing, undertaking trauma-training, writing my masters assignments and dissertation, as well as doing some temporary lecturing work, meant that I came increasingly fatigued. Despite teaching others about working with trauma, ironically, I was missing the signs that I was becoming vicariously traumatised myself.

The conscious transition from "coping" to "traumatised" took place in the short space of a fortnight in June 2018. Despite not recognising the initial signs in myself, things became frighteningly obvious when I found myself feeling physically sick in the carpark before starting work (one time almost vomiting). I came to feel tearful and anxious all the time. I began automatically switching off the news as I could not "hold" any more stories of inhumanity. I started seeing the world as a dark, negative place in contrast to my previous perspective the world being mainly populated by well-intentioned people. I disconnected from my faith and my spiritual side. Then the nightmares started, terrifying amalgamations of the stories clients had told me, in which I was helpless and terrorised (thus becoming situated in the same position as my clients). Additionally, I have had ME for many years and suffered a relapse in my physical health, showing the somatic expression of the vicarious trauma. Of course, with the exception of the nightmares, these symptoms had built up overtime (I now realise that there had long been "butterflies" in my stomach before sessions), but it seemed to me they were so gradual they were unrecognised until each one violently demanded my attention.

I knew I had to act and spoke to my supervisor and manager immediately, asking for a break. Initially, it was for a month and then six months. I saw my last client in July 2018. Over two years later I have still not gone back to counselling practice and I am not sure I ever will, partly because of the reasons described here but also because the break allowed me to critique the socio-politics of counselling in a way I had not done before (Smith, 2020). What is interesting, is that I now realise how I would use "burnout" to describe what I was feeling when in reality it was/is vicarious traumatisation. Branson (2019) differentiates the two by noting that while they share the characteristic of being acquired cumulatively, they diverge in their temporal effect. Burnout can be improved with changes to the work environment and rest, whereas vicarious trauma can be permanent (Branson, 2019). Perhaps using the word "burnout" provided emotional distance from the reality of what I was experiencing, but in my heart, I knew it was vicarious trauma. There was/is a sense of shame and failure

that the label carries, as it leads me to question "was I not a good enough trauma counsellor if I became traumatised myself?". This has carried into the PhD, with the thought "what if the vicarious trauma limits my abilities as a researcher"? Writing this article is a way to challenge that thought.

It is relevant to note that I tried to return to personal therapy to help with the vicarious trauma but found that being in a counselling room, even as the client, was triggering for me. Even as I type this, a wave nausea ripples through me at the thought of being in a counselling room. Therefore, healing from trauma can be complicated for the counsellor-turned-researcher when that trauma originated in the place one would logically seek help.

Three months after leaving counselling practice, I started a PhD in Social Justice. Inspired by my masters and counselling practice, my doctoral research has looked at white trainee counsellors understanding of race, racism and whiteness. In this way, I remained connected with the counselling world, but also had an opportunity to step outside of it by engaging with sociological concepts. Although physically and emotionally fatigued from the vicarious trauma, I was enthusiastic about the PhD and the opportunity it gave me to reach beyond counselling and consider it from a different perspective. However, although the nightmares had stopped, I still experienced anxiety and an avoidance of any media or literature that contained violence and human rights abuse. Nonetheless, I felt greatly improved from how I had been months before. This changed dramatically when I started the fieldwork in January 2020. Writing this article has provided the space and time to consider how it may have been inconspicuously present throughout the whole research process. Given this, I will outline different stages of my PhD research to reflexively show how vicarious trauma manifest itself.

A Personal Account of the Emotional Impact of the Research Process

It has been put forward that the researcher's emotional experiences "are as much a product of the research as are other data" (Hubbard, Backett-Milburn and Kemmer, 2001, p. 134). This account also shows emotional reflexivity in action, particularly of the effect of my personal biography on the research, (McQueeney and Lavelle, 2017), demonstrating how my own emotional experiences were interwoven through the research process.

Starting the PhD

I started the PhD already at an emotional and physical deficit. Still, I was excited, if apprehensive, to begin the PhD as this was something I had wanted to do for a few years. The fact the PhD is in Social Justice also provided a psychological benefit as it enabled me to somewhat separate from counselling and engage with new concepts and theories. My academic supervisors do not have a counselling background, which has also greatly helped as they offer a different, sociological, perspective. Despite this, I still decided to focus my research on a counselling context by researching white trainee counsellors understanding of race, racism, and whiteness. In part, this was a natural progression from my master's research, but it also provided a psychic safety net through a sense of familiarity. Nevertheless, I was creating an ongoing tension: focusing on counselling was both helpful (familiar) and harmful (vicarious trauma), with each state ebbing and flowing through the process. Starting the PhD, however, I was not aware of this tension, let alone how it would impact the research.

Conducting the Literature Review

My first task as a new PhD student was to start the literature review, through immersing myself in research papers and books related to my topic. I began by reading about the history and social construction of race and whiteness and the different types of racism. While it was challenging to do this at times, I valued the opportunity to learn new things, and reading/writing this part of the literature felt like a severing of my connection to counselling, albeit a temporary one. For the first time in five years, I was studying and writing about something other than counselling and this felt like an enormous relief. However, on reflection I can see that the anxiety did not cease, and it sustained through my fears about my family's safety (Pearlman and McCann, 1995; Sanderson, 2013) and imposter syndrome (Bothello & Roulet, 2019). The nightmares were becoming less frequent and vivid, but the avoidance of violence in the media was still present (and remains to this day).

After completing the first draft of 'race, whiteness and racism' section of the literature review, I moved onto the 'counselling and race' section. In contrast to my earlier enthusiasm, I found myself apathetic about writing the counselling section of my literature review. While it was easier to do in some ways as I knew the books and authors to include, my disinterest meant it was harder to become motivated. Re-reading this section now, I note there are parts I do not remember writing. This may indicate some dissociation between myself and the work, suggesting my need to psychically detach from counselling. However, I was not consciously aware of this at the time. Further, halfway through completing this section, I became

unwell and was hospitalised with a suspected mini-stroke. Luckily, brain scans showed this was not the case, but I was still physically unwell, experiencing 'cog fog' or mental fatigue, and felt emotionally drained.

After the hospitalisation and a few weeks rest, I continued with the literature review (a neurologist later confirmed that my symptoms were an "evolution" of the ME). It is only in writing this, 18 months later, that I have made the connection between writing this specific section of the literature review with such a decline in physical health and well-being that it necessitated hospitalisation. This illustrates that the effect the vicarious trauma can have emotionally, cognitively and somatically (Cohen & Collens, 2013). It also highlights its insidious impact on the researcher, in that reading and writing about counselling and thus becoming re-connected to it, triggered a severe response.

While my PhD supervisors are able to objectively evaluate my literature review and assess it to be at the required academic level, I have found that it becomes intertwined with my counselling practice and conjures memories of those two weeks in June 2018. In this way, vicarious trauma's effect on my literature review was found in my physical decline while writing it, and the ongoing avoidance to re-visit this section. It is significant that I have not been consciously aware of this until now.

Fieldwork

The fieldwork was undertaken at a college offering a Foundation Degree in Counselling and I focused on first year trainees. The methods used in my research was participant-observation of seminars which was done over four weeks, semi-structured interviews, which were conducted over two weeks, and document analysis of course materials. Over a month before I began the fieldwork, I went to the college and gave a presentation to the potential participants, to introduce myself and the research. Participation was voluntary and they could withdraw consent at any time. I gave a brief background of my counselling research and practice, including vicarious traumatisation, as a way to be transparent and honest with the group, meaning that consent provided was fully informed. After the presentation, I invited the group to ask any questions. There was only one about the research, the rest focused on my work as a counsellor and vicarious traumatisation. I was happy to answer and left the group feeling excited about the fieldwork.

A few weeks later, I began the fieldwork by observing seminars. I also gave feedback in skills practice as a way of participating and to express my gratitude in the group allowing me to join them. At first, I found it exciting to be back in the

environment and was able to re-connect with my own first year enthusiasm for counselling. However, this was but a brief interlude as within a week of returning, the vicarious trauma symptoms returned. Sleep became restless, punctuated with the client-story nightmares, the anxiety returned as did a general despondency. I found that I was able to “bracket” (Joyce & Sills, 2010, pp. 18-20) this while with the participants, build positive connections with them and remain focused on the research. But for days afterwards I would experience “after-shocks”. Of course, whether I was truly able to “bracket” the vicarious trauma during my time with the participants is moot and unquantifiable. I cannot fully evaluate its impact on the data collection. However, I am aware that on one occasion, during a class seminar, talk turned to a topic that closely related to a traumatic experience with a client. I caught myself staring into space, taken back to the counselling room with the client, my pen suspended above my notebook, failing to record or observe what was happening in the classroom. How many other times did this happen without my realising? It is not possible to tell. Here, the question of “*what if the vicarious trauma limits my abilities as a researcher?*” feels at its most pertinent, if not haunting.

To the research interviews, I was able to bring my counselling experience through empathy, advanced listening skills, use of silence and reflection. This was an instinctive way of being, rather than an artificial affectation. Indeed, it has been suggested that qualitative researchers need to develop emotional intelligence to connect with participants at a deeper level (Collins & Cooper, 2014). Arguably, this is a skill the counsellor can bring with them to the field of research. However, this was complicated by the vicarious trauma I was carrying with me. It is only in writing this, that I have been able to consider how triggering this must have been to me: sitting face-to-face with another person, talking for approximately an hour, in which I listened empathically, was conscious of the ethical well-being of the other person and reflected the underlying meanings to their words. The only difference being that I had a set of questions to ask and the interviews were being audio-recorded. That I did not “see” this until now is interesting.

Reaching out and Speaking Up

With encouragement from my husband, I decided I needed to reach out and tell my academic supervisors what was happening. This became a pivotal moment and they expressed concern, support, and signposting to student services. I also spoke to the counselling course tutor about what was happening, and they also showed support. This collective care and prioritisation of my well-being was like seeing a lighthouse beacon while adrift on stormy seas. I had not experienced this

care or support by my counselling organisation when I first experienced the vicarious trauma in 2018, which perhaps impacted the severity of the symptoms. This illustrates how institutional support is a necessary requirement to cope with the emotional aspect of research (Hubbard, Backett-Milburn & Kemmer, 2001; Fenge et al, 2019). Perhaps it was this sense of care that has helped me to be honest about vicarious trauma and research, inspiring the sharing of this story in solidarity with others who may experience the same. Speaking up also includes this article and demonstrating the reflexivity and questioning of my positionality as expected by post-critical ethnography (Noblit, Flores & Murillo, 2004).

Data Analysis and Write-Up

After collecting the data and stopping the fieldwork, the acute reaction to the fieldwork dissipated, although the emotional and physical fatigue remained. I analysed the data using thematic analysis (Braun and Clarke, 2006). Decisions were made as to what include and exclude from the data set. I decided to use data that was directly related to my research question and excluded information the participants shared that was sensitive or highly personal. This was done in line post-critical ethnography’s concept of “representation” (Noblit, Flores and Murillo, 2004; Anders, 2019). Representation is concerned with the dissemination of the research findings and care taken with how participants are portrayed in the analysis. Some information was shared that was irrelevant to the research topic and its inclusion would be unethical as it could be emotionally harmful to the participants. Using McQueeney and Lavelle’s (2017) suggestion to contextualise the emotions of research into a wider socio-political context is relevant to this step of the research process.

The data analysis took place during the first wave of the COVID-19 pandemic and subsequent discussion of findings was written during the Black Lives Matter protests (Reuters, 2020). This meant that while the obvious signs of vicarious trauma had reduced, there was a globalised anxiety and restlessness that I (as many others were and continue to be) affected by. The emotional impact of this was a sense of urgency and taking refuge in the data analysis and write-up. The urgency was due to feeling as though the world was on fire, that the future was precarious and therefore I felt propelled by a need to “get it done”. On the other hand, analysing the data and writing the discussion of findings felt like a place of safety due to the familiarity of continuing with the PhD. Thus, this stage of the research seemed to be impacted less by the vicarious trauma but more by global events.

Writing this Article

Writing this article has afforded an opportunity to consider the impact of vicarious trauma on my PhD research more fully. However, this is not a “happily ever after” ending. Researching and writing this article proved more challenging than I had anticipated. I experienced another bout of anxiety, a frightening nightmare based on the stories of former clients and an increase in somatic pain. One ex-client seemed particularly “close” to me too, her traumatic story resonating in my mind.

Each re-write and edit of the article invoked a re-experiencing of some of the physical and emotional symptoms such as nausea and despondency. This was not caused by the writing process per se as writing is something that I enjoy and would like to pursue. Instead, the editing of this article kept reminding me of the seemingly permanent effects of vicarious trauma and a feeling that I “failed” as a counsellor and “wasted” my training, skills and knowledge. I know that these are not rational thoughts, but they continue to haunt me each time I re-visit this article. The support I received from the journal editor and reviewers has helped to mitigate some of these feelings and they have encouraged me to see the potential power and value in sharing my experiences with others who may be experiencing something similar. It is this hope that has enabled me to persevere with this article.

This supports the suggestion that vicarious trauma is not always a temporary state of being (Branson, 2019). Despite this, researching and writing this article is something I was not ready to do for a long-time, so its completion it is a victory in itself. Further, it has also removed the ever-present question of “*when will this end?*”. I can see now that the symptoms may lessen over time, but they will always be there, one way or another. This has allowed a sense of relief, acknowledging that my life is not in a suspended state of animation waiting to get back to the “old” me. Consequently, vicarious trauma will have an impact on my day-to-day life, my epistemological understanding of the world, including my PhD research and research data. This is pertinent to research which involves fieldwork with traumatised participants, as outlined in the literature review. Perhaps underdiscussed, is the counsellor-turned-researcher who has experienced vicarious trauma and then changes to a research focused career.

From personal experience, the call to post-critical ethnographic research (Noblit, Flores and Murillo, 2004) in which I built ethical relationships and genuine connections with my participants as well as reflexively questioning myself, seemed like a natural progression from counselling practice. Arguably, the relational and subjective aspect of qualitative research can stimulate the natural empathic qualities in the

counsellor. Therefore, while I may no longer be a practicing counsellor, those skills and the knowledge of my training have been transferred to the role of researcher. For example, for the counsellor-turned researcher, the research interview can somewhat replicate the counselling session.

Synthesizing the Experience

This personal account has shown that working with traumatised clients can lead to vicarious trauma (McCann & Pearlman, 1990; Pearlman & McCann, 1995), which can potentially have long-term consequences (Branson, 2019) and be exhibited in various ways (Cohen & Collens, 2013). It also shows the emotional aspect of undertaking qualitative research (Hubbard, Backett-Milburn & Kemmer, 2001; Kumar & Cavallaro, 2018), including the potential for researcher vicarious traumatisation (Campbell, 2002; Dominey-Howes, 2015; Fairchild, 2018; Nikischer, 2018; van der Merwe & Hunt, 2019; Berger, 2020).

I have demonstrated how vicarious trauma arose throughout various stages of my PhD research, although some of these were only recognisable in retrospect through reflexivity. Where this article has offered a new perspective is that the vicarious trauma was not experienced because of the research but existed prior to it due to previous counselling practice.

It also joins the recommendations of others that researcher self-care becomes institutionally incorporated into research through education and as a requirement of ethical approval (Eriksen, 2017; Kumar & Cavallaro, 2018; Fenge et al, 2019; van der Mew and Hunt, 2019; Moran and Asquith, 2020). The support and care from my academic supervisors were fundamental in dealing with the impact of vicarious trauma on my research. Counsellors-turned-researchers are primarily positioned to make that self-care connection, this perhaps explains why the BACP (2019) explicitly recognise the psychological risks to the researcher in comparison to the ambiguity of researcher “safety” outlined by the British Sociological Association (2017). Further, personal therapy is also recommended during the research process (and potentially beyond) for traumatised researchers and/or those researching trauma. This could either be an aspect of self-care, or as a distinct requirement of institutional ethical approval. At the same time, it is recognised that this can be complicated for counsellors-turned-researchers who have experienced vicarious trauma because of their therapeutic practice.

From a counselling perspective, it has been argued that:

self-knowledge, strengthening one’s inner life, and self-care are not considered “a given” or “a luxury” but instead

are intentionally embraced as part of an essential ongoing process (Wicks, 2008, pp.167-168).

Arguably, this a notion that can be incorporated into academic research at individual and institutional levels. This would move researcher self-care from a personal responsibility to an institutional requirement. Doing so would allow researcher self-care to be positioned as a social justice issue, one which would recognise that “caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare” (Lorde, 2017 [1988], p.130). The politicisation of self-care as social justice issue would hopefully enable a collective and institutional acknowledgement that researcher self-care is an ethical necessity to navigate research and academia. This is particularly pertinent for marginalised groups working within academia, such as people of colour, disabled, LGBTQIA+, the working class and for those whose identities intersect.

Finally, it is important to recognise that self-care may also include stopping therapeutic practice altogether or deciding not to go ahead with a potentially traumatic research project. Prioritising one’s wellbeing over career or academic endeavours may be the ultimate act of self-care. However, it is not always possible to know in advance how traumatic counselling practice or a research project will be. I had not anticipated that I would be re-traumatised by conducting ethnographic research in a counselling environment with counselling trainees. Sharing these experiences honestly may offer a step toward a collective-care in both the fields of therapy and research, whereby sharing one’s personal experiences could help reduce isolation and stigma for others who are also struggling.

A recommendation for the fields of therapy and research is that that they both need to recognise the long-term impact of vicarious trauma. One step toward this recognition is to encourage open discourse about the reality of living with vicarious trauma. It is hoped this article is one contribution to that much needed conversation.

Concluding Thoughts

The ways in which the vicarious trauma manifest during the PhD research process echoed its insidious presence in my counselling practice. In short, it was not there, until it was obviously there. Writing this article has allowed me to recognise that perhaps it was affecting the research prior to the data collection but I simply did not “see” it. Its presence only became clear during the data collection (January-March 2020) echoing those two weeks back in 2018 when I became distressingly aware of the symptoms. However, as a counsellor-turned-researcher, I can bring self-care to the

future research and extoll the need for researcher self-care the way in which the idea is embedded into counselling practice.

Finally, research suggests that vicarious traumatisation seems to have long-lasting, if not permanent, effects on the individual (Branson, 2019). It makes sense, therefore, to reflexivity recognise that it will have an epistemic impact on research undertaken, especially when that research involves returning to emotional sites reminiscent of the initial cause of the vicarious trauma. As stated at the start of this article, vicarious trauma has “gone through and through me, like wine through water, and altered the colour of my mind” (Brontë, 2003 [1847], p. 110). Its effects may be permanent and at times invisible, meaning its influence on my research may not be quantifiable as it has changed the “colour of my mind” and thus, an objective assessment is not possible. However, honesty and transparency about the reality of living with vicarious trauma and the way it has (at times unknowingly) seeped into my research is an example of post-critical ethnography’s exhortation to researcher reflexivity and consideration of their positionality (Noblit, Flores and Murillo, 2004; Anders, 2019). It is also an act of solidarity with other counsellors and researchers who may experience something similar and a recognition of multiple emotional impacts of research.

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