DEALING WITH VICARIOUS TRAUMA AND MANAGING EMOTIONS WHILE PROVIDING ADVOCACY TO SURVIVORS OF SEXUAL ASSAULT

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TABLE OF CONTENTS

ABSTRACT

Hotline counselors and professional therapists who provide advocacy to sexual assault survivors are an understudied population. Researchers have begun to focus on the adverse affects of exposure to trauma on a continual basis and the vicarious effects of trauma (VT) experienced by counselors and therapists who interact with survivors of sexual assault. Little is known about the impact that VT has on counselor's/therapist's ability to help themselves in addition to helping others. This study describes how hotline counselors and therapists learn to manage their emotions, overcome symptoms of VT, and learn to deal with disturbing emotions resulting from direct exposure to trauma experienced by sexual assault survivors. The goal is to outline the factors that contribute to the counselor's and therapist's personal and professional development and explain how they learn to help themselves first before helping others.

CHAPTER 1:

INTRODUCTION

One Saturday afternoon in the fall of my junior year, while I was on call for the Sexual Assault Survivor Advocate's (SASA) rape crisis hotline, I received a call from a local detective reporting that a sexual assault had occurred the previous night. He asked me to go to the emergency room at the local hospital to provide advocacy for a survivor undergoing a rape kit exam. I felt a sudden rush of adrenaline, and quickly flipped through my manual to make sure I had packed all the things I needed to bring with me to the hospital, including a list of questions to remind me what I needed to ask the police and nurses on site. I took a few deep breaths on the drive over, reminding myself that the most important thing I could do would be to show up and be a support system. When I arrived at the emergency room's waiting area, Officer Jones of the local police department was already there, pacing around and taking notes in a small notebook. He gave me a little background information about the "survivor," Carly, and information about the assault, including a description of where it took place, and what the perpetrator looked liked.

After speaking with the officer, I waited anxiously for Carly to finish her examination. I was still nervous and occupied myself by taking notes, filling out paper work, and reviewing a section in my manual on how to handle a "hot call" (which is a sexual assault that has occurred within the past 24hrs). About 30 minutes later, a nurse emerged from the emergency room to greet me, saying, "You must be the victim advocate from SASA—follow me." As we walked towards the emergency room, she gave me a little background information about Carly and told me to take as

much time as I needed to be alone with her. I would be the first person to speak with her after her rape kit examination—not the police officer, and not even her friend in the waiting room.

When I entered the room, I saw a young woman: anxious, nervous, and uneasy. Carly didn't have to tell me how she was feeling—I could already sense the emotional and physical trauma she had endured. I could see she felt safe with me, because she immediately gave me details about the evening: where she was and what she remembered from the night before. She paused and asked me, "Did you get what you needed—is this for school or something?" I told her that I was there for her, not for information: "I'm here to check in with you, to talk to you about how you're feeling, and to make sure you get all of the help and support you need." Carly started to tear up, and I became a human sponge, absorbing all the emotions she was expressing. She was only a year older than me, and a college student as well, so I tried to put myself in her shoes and relate to her experience. I was just as shocked as she was, and I understood the concerns she was having about family and friends and their reactions. The more closely I felt I could relate to the trauma of her experience, the more difficult it became for me to separate myself emotionally.

Part of my role as victim advocate requires me to maintain a balance between being emphatic while at the same time avoiding any personal attachments to the client. When an emotional closeness develops during the sharing of the victim's experience and feelings, working as a victim's advocate can be personally draining and emotionally overwhelming. But the most rewarding aspect of this work is helping others, giving them the support and resources they need in order to begin to cope.

However, I always feel as though I could do more, and this is where my interest in writing an honors thesis came from. I know how to talk to people in crisis, and the skills I have learned through working with victims has made me more sensitive to their needs and concerns. I find it immensely satisfying when I can help guide them through the process of healing and recovery from the trauma they experienced.

With each and every new experience, I am learning both how to better assess my own emotional triggers and reactions, and how to be more effective in working with and helping others. And in doing so, I have increased my awareness about the lack of support and funding needed to accommodate therapists and volunteers, who are adversely affected and rarely compensated for the emotional strain they experience while helping victims of sexual assault. Examining the factors that contribute to the strain experienced by therapist and volunteers working for non-profit organizations and other victim advocacy groups, helps to understand what causes vicarious trauma and what can be done to prevent symptoms from arising. Research is needed to help organizations fulfill an ethical obligation to provide adequate resources and systems of support to the volunteers and members apart of their organization. Improving organizational systems of support can help alleviate symptoms of stress experienced by the counselor or therapist, whose emotional stability determines how effectively they can help others cope with symptoms of trauma. Therefore, there is a dire need for adequate services provided by victim advocacy organizations to clinicians and first respondents to crisis situations, such as SASA hotline counselors.

LITERATURE REVIEW

One of the key aspects of being a rape crisis hotline counselor and trauma therapist is learning to help oneself manage their emotions before helping those in crisis manage theirs'. These volunteers are frequently among those who are first to respond to survivors of sexual assault, therefore the care they provide early on can have a critical influence on the survivor's capacity to cope. The volunteer's level of experience and training in comparison to professionally certified therapists, can be a significant hurdle she must overcome in learning to be more effective in her role. The counselor relies mostly on the skills learned in school and supervised training which are strengthened primarily through the experience of providing support and simultaneously managing their emotions on a continual basis. However, many counselors and therapists often find difficulty learning to manage their emotions and maintaining emotional boundaries between themselves and the client.

The roles and dynamics of group work, emotion management skills, and personal motivations, have a significant impact on the choices that individuals make to become a counselor or therapist, as well as the changes they experience within themselves while protecting their sense of self and psychological well being. Specific skills acquired during training play a fundamental role in the counselor's capacity to cope with their own emotions, as well as the emotions of the caller. My research focuses on examining the individual's development into her role, the challenges she faced as a newcomer, and how she has become more effective in her role.

Counselors and therapists learn how to gain control over their emotions and feelings by practicing what Hochschild (1979) refers to as emotion work.

Hochschild's study of flight attendants and the "feeling rules" associated with providing services to strangers, mirrors the techniques used by hotline counselors and therapists to maintain a balanced emotional self while interacting with clients over the phone and in person. Hochschild refers to the process of managing one's emotions as performing a type of emotional labor, during uneven exchanges of emotions in public service work. Through practice and experience counselors and therapists become more skilled at managing their emotions by maintaining constant awareness of themselves, their triggers, and their reactions when exposed to trauma. Once counselors and therapists achieve a level of control and emotional awareness of themselves, they can help guide others to do the same. In some ways the counselor's and therapist's sense of self and feeling wholly competent is strengthened through their experiences while working with more experienced members in their field.

Jones (1997) found that one of the greatest challenges victim advocates face is finding a balance between their ability to maintain an emotional distance and at the same time develop an emotional closeness with the client. Victim advocates working with survivors in crisis situations express the difficulty they experience learning to show empathy, concern, and understanding, while at the same time not internalizing the trauma of the client. In addition, Jones describes the relationship between survivors and volunteers and potential transference of emotions resulting from frequent exposure to trauma. When the emotional boundaries become blurred between the counselor and the client, both become vulnerable and at risk for internalizing negative emotions and feelings associated with sharing the experience of trauma.

Similarly, van der Kolk (2001), in a study on the assessment and treatment of complex post traumatic stress disorder (PTSD) argues that "people's core sense of self, is, to a substantial degree, defined by their capacity to regulate internal states and by how well they can predict and regulate their responses to stress" (7). He believes that the longer we allow symptoms of the trauma to persist, the greater the likelihood of developing more serious psychological problems later on. He focuses on the treatment of traumatized patients and the complexity of factors associated to their experience and importance of careful assessment while providing care to clients.

According to Hellman and House (2006), using a small sample of advocates in the southern plains of the United States, rape crisis volunteers providing "direct-care service to victims of sexual assault are a much-understudied group" (117). The authors argue while many studies have encompassed Hochschild's theories of emotion work and emotion management in routinized service workers, there is still a "limited understanding of attitudes and behaviors associated with volunteerism in high-stress situations, such as those of sexual assault" (117). While there are many studies focusing on the volunteer role and experience, there are few that focus on negative factors affecting volunteers' level of commitment. This is why I've chosen to study volunteers working on a rape crisis hotline, for SASA (Sexual Assault Survivor Advocacy) and trauma therapists working as victim advocates, in order to better understand their role and the methods they use to avoid being triggered by the emotional trauma experienced by the survivor.

McCann and Pearlman (1990) were the first to use the term *vicarious trauma* to describe the negative factors affecting therapists and the secondary trauma

experienced by them. The term originated in an article by Terr (1985) addressing children's vulnerability to the trauma of others, however, current research uses the term vicarious trauma to refer specifically to the experiences of therapists and counselors providing advocacy to survivors of sexual assault. In the past, researchers have used the following terms interchangeably, *secondary traumatization* (Rosenheck and Nathan 1985), *compassion fatigue* (Figley 1995), and *burnout*, as well as vicarious trauma in studies discussing the trauma experienced by the therapists interacting with traumatized individuals. However, current research has attempted to differentiate the meaning behind each term, which by themselves do not encompass all the factors contributing to the experience of vicarious trauma.

Group Support and Commitment

Building in-group support systems within non-profit organizations is essential to sustain volunteer commitment and prevent negative feelings from snowballing into burn-out, vicarious trauma, compassion fatigue, and secondary traumatic stress. For example, Supergroup meetings (mini-groups comprised of four to six volunteers and their supervisors that meet monthly) conducted by SASA provide a safe and confidential space for counselors to debrief and share their experiences with one another. Organizations centered on building peer-support networks such as SASA, reinforce the value of ongoing training, addressed by Hellman and House (2006), for volunteers working under high stress conditions.

Lofland (2006) illustrates the ways in which "emotions generated within some support groups are used as resources to sustain commitment to the group" (138). Support from group members provides constant affirmation to counselors of their

importance through positive reinforcement which inspires them to keep doing the work that they do, gain a better understanding of themselves, and become more confident in their ability to help others. Moreover, new counselors and therapists rely heavily on the feedback they get from their support networks, both within the organization and in their personal lives to help them maintain a healthy balance between their private and public selves.

Leslie Irvine, in *Codependency Forevermore* (1999), studies the individuals and members of a 12-Step support group for those with codependency. Group support systems existing within volunteer organizations, and ones like Codependents Anonymous (CoDA), function in similar ways. They both provide a safe, open, and confidential space for its members to share their feelings with a group of people experiencing similar issues. Like a self-help group, support groups and team meetings provide a space for counselors and therapists to identify and explore their feelings in a place where their feelings can be normalized by those most similar to them. Support groups and debriefings enable counselors to make sense of their experiences, identify their progress, learn more about themselves, and pinpoint what they need to work on to improve the efficacy of care they provide to their clients.

Factors Affecting the Transition from Low to High-Level Commitment

Hellman and House's (2006) findings indicate that volunteers "serving victims of sexual assault report a psychologically stressful environment and often experience vicarious reactions to the trauma of victims" (117). Volunteer recruitment, training, and management practice play a key role in the hotline counselor's development and subsequent level of commitment to the organization. Other factors

have also been addressed as essential to an advocate's level of commitment, "such as a helping personality, the motivation to serve, and social support as influencing satisfaction" according to Omoto and Snyder 1995, 2002 (in Hellman and House 2006:118).

Sewell (2001) defines the relationship between teamwork and empowerment as the basis of an organization's foundation. Sewell argues that factors affecting an individual's sense of belonging are in part determined by the feedback and affirmation they get from other group members. He argues that organizations that weakly provide positive reinforcement to their members affect the individual's sense of belonging and thus negatively affect the level of commitment they show to the organization as a whole. He states that "ways of organizing that do not pay attention to workers' desires to form into teams run the risk of being badly received and ineffective in operation" (71). Therefore, his research focuses on how and why "we have always organized work around something that resembles . . .teams" (71).

Poor boundary maintenance and ineffective use of emotion management strategies, according to Hochschild (1979), is one reason that may lead individuals (counselors) to create an "illusion of boundary maintenance," that can impede their personal growth and development. One way counselors may create this illusion is by using humor to disassociate or desensitize themselves, creating a separation from themselves, their feelings, and the work that they do (135). Hochschild argues that this occurs when an individual's sense of self is challenged by performing emotional labor. She calls this "emotive dissonance," when individuals become so separate from

themselves and their feelings that, overtime, it causes them strain and may lead them to stop feeling altogether.

Who Volunteers? And How They Benefit

Naomi Abrahams (1996) "explores work in the community as a venue for women to stretch across class-based interests and race-ethnic identities even while both influence women's community involvements" (768). Abrahams suggests that one reason women may become involved in "service work (is) for the betterment of themselves, their families, and their communities" (768). From a feminist perspective, Abrahams addresses the connection between community service work and similar forms of "invisible work" that women do in order to meet the "unmet needs of community members and (by) redefining those needs as public responsibilities rather than private matters" (769).

Throughout history violence against women has been viewed as a women's issue, and therefore, a woman's problem. However, this is not the case, and sexual assault affects more than just women; it affects our entire community, including men, children, and members of the GLBT community. Defining sexual assault as a woman's issue not only marginalizes the experiences of those who do not fit the mold but silences many who fear that because they do not fit the mold of the stereotypical victim that they will not be believed. The advocates at SASA serve as prime examples of community volunteers who have made an extended effort to challenge social stigmas and beliefs about rape, by making the community and public effort to address the needs of survivors who have been silenced. Counselors engage in an unconscious battle "struggling for self-definition" in a society that reinforces the

stigmas associated with sexual assault, thus forcing counselors to reassess "the boundaries between self, family, and [their] community" while fulfilling their roles (770).

Many of those who choose to volunteer do so because they want to make a difference. Volunteering is seen as a way of "giving back to the community, gaining personal awards, and creating social change" (Abrahams 1996:772), for rape crisis hotline counselors and victim advocates. SASA volunteers are mostly female, but there are also males and members of the GLBT community, who volunteer as well. Some volunteers and counselors who are primary survivors of sexual assault have found helping others as a way to help themselves heal from their own experiences. Survivors helping survivors is "one avenue for exploring careers and/or developing identities centered on empowerment" (Abrahams 1996:775) and developing a more positive projection of themselves, by enhancing their sense of self and at the same time help others to do the same.

Counselors expressed how their individual experiences have had an impact on the future choices they made and have had an influence on their direction and course in life. According to Goffman "the self is seen as a product of the various means by which it is produced and maintained" (in Friedson 1983: 359). Volunteering helps individuals to reinforce a positive projection of themselves within society, through the support they get from their peers and the validation they receive for "one's efforts to do so" (359). In addition, Taylor and Pancer (2007) studied the association between the volunteers' amount of support from both outside members and the organization in relationship to the number of positive outcomes they felt in their community service

setting. In addition, Eccles and Barber (1999 in Taylor and Pancer 2007) discuss how volunteer work has had the most positive effect on young students whose lives they say have changed as result of their involvement in community service work (321).

Contrary to Goffman (in Friedson 1983) and Abrahams (1996), Lois (2003), in a study on search and rescue volunteers, describes the volunteers relationship to their work as arising from group interests and not motivated by the individual's need for personal reward and validation. She describes the process of socializing volunteers and individuals into heroes, and the challenges they face while proving their dedication to the group. Lois argues that, unlike American society's growing sense of individualism and decreasing dedication to the community (64), before becoming heroes the volunteer must put the interests of the community and others before their own. Volunteers within non-profit organizations similarly prove their dedication by adopting group norms and values and putting others before themselves.

Multidisciplinary Approaches to Studies on Vicarious Trauma

Rothschild (2006) was the first to integrate a multidisciplinary approach to the concept of vicarious trauma and the experience of individuals in helping professions, including sexual assault hotline counselors and trauma therapists in her book *Help for the Helper: The Psychophysiology of Compassion Fatigue and Vicarious Trauma*. Rothschild offers some common sense answers to healing from vicarious trauma and learning to cope with symptoms of it when they arise. She discusses how feelings arise unconsciously or consciously during the victim advocate's interaction with the clients, the impact over time can threaten their own sense of self. Rothschild, in her discussion on countertransference, declares that "even the best-trained and most

experienced psychotherapist is vulnerable to being touched or stirred by [her] clients" (16). She also makes note of the positive and negative aspects of being empathetic. She calls "conscious empathy a desirable capacity, [that makes] it possible for us to relate to the experiences of others" and which is a necessary part of the role of the hotline counselor (29). However, she also makes note of the potential "downside, particularly when it is not conscious and is therefore beyond one's ability to moderate and have control over" (29).

Rothschild (2006) argues that counselors and therapists who are better able to help themselves are the ones most successful at helping others. Accordingly, she claims that those who unsuccessfully manage their emotions, are the ones most susceptible to the experience of burn-out, compassion fatigue, vicarious trauma, and secondary traumatic stress, which accounts for the difficulty they experience coping with the negative emotions that arise while helping others (Figley 1995; McCann and Pearlman 1990; Rosenheck and Nathan 1985 in Rothschild 2006:12-13).

More recently, researchers have begun to address the short-comings of working with victims of trauma and sexual assault, as well as, the responsibility for organizations to monitor the effect that working with victims of sexual assault has on the caretaker (Bell, Kulkarni, and Dalton 2003). Bell et al. argue that vicarious trauma can significantly alter "important beliefs, called *cognitive schemas*, that individuals hold about themselves, other people, and the world" as a direct result of working with victims of sexual assault (464).

To a large extent, becoming a hotline counselor requires individuals to conform to a set of group norms and adopt the collective values of the organization.

Volunteers become hotline counselors by learning scripts and developing new schemas, perspectives, and judgments about themselves in relation to the world around them. The personal changes that volunteers and therapist undergo are all part of the transition from a newcomer status to becoming a complete member. Therefore how well individuals manage their emotions, and how they are socialized into their role during training, determines how well they are able to cope.

CHAPTER 2:

METHODS

In this chapter, I first describe the theoretical framework in which I chose to assess and evaluate my research findings. Next, I discuss my role as a researcher and my personal motivations for choosing to do this study. Thirdly, I address how I developed a relationship with the organization and how I established a positive rapport with it's members. Fourthly, I will outline my research goals and purposes for conducting my research. Next I will describe the setting and environment in which I chose to do my research. Then I will discuss who my subjects were and describe what kinds of people get involved in this type of work. Afterwards I will detail how I conducted my interviews, and discuss the ethical concerns regarding my role as a researcher and how I managed my data collection to maintain the confidentiality of my participants and the organizations they are a part of. Lastly I will share the biggest obstacles and personal challenges I faced as a researcher and how I dealt with those challenges.

Building a Theoretical Framework

Before establishing a theoretical framework from which to draw my findings, I spent many hours researching theories of emotion, reflecting on my findings, and constructing a sense of purpose for my research. I began making subtle shifts in focus from the role of the hotline counseling in helping others, to how they apply the skills that they learn during training and on the hotline to help themselves. In order to better understand how these individuals help themselves, I wanted to understand how effectively they were able to help others and the connection between the two. Before

beginning my honors thesis I was already familiar with theories of emotion management and in order to make sense of my findings I needed to create a theoretical framework that included multiple disciplines and perspectives.

I was introduced to theory of emotion management during a summer course entitled Self in Modern Society and became inspired to switch majors and pursue a degree in sociology instead of psychology. The course was taught by a graduate student whose passion for the topics discussed in class, challenged me to look deeper into the theory of emotion in relation to how individuals construct their sense of self, and manage their identity in spite of social and cultural change. We also read *The Managed Heart* by Hochschild and another article entitled "Managing Emotions in an Animal Shelter" by Arnold Arluke, which was the focus of group research paper and project. Since then I have become curious to see the connections between emotion management and identity management and how to expand my understanding of existing theories, by applying them to new settings. I discovered the power of theory to give us insight into the meanings we hold about ourselves based on our interactions with others and the degree to which some of us can be so affected by what others think and feel that it causes us to change the way we feel about ourselves. In particular, I wanted to understand how we interpret our experiences based on the way we process the emotions we feel. I also wanted to understand how our interactions with our surrounding environment and the people in it, can cause us to feel differently.

Sociology became my way of making sense of my experiences, and my sense of self in relation to the world around me. Throughout my coursework I have learned

how to apply the theories taught in class to the way I interpret the experiences of others and have become more aware of the interconnectedness of social factors that have contributed to my understanding of people in general. With new understanding and developing a new perspective has enabled me to be more accepting of myself and others, which has developed into a deeper sense of compassion for the experiences of others as well as my own.

Critical thinking in Sociology taught me the opposite of being more critical of others and our surroundings in a negative way, but more like having the ability to see the bigger picture and be able to apply the concepts we learn in class to real world settings. Being a critical thinker involves being open to the changes we experience as a society, and understand how we register what we learn and how it can ultimately have an affect on our sense of reality and distort our perceptions. From a feminist methodological standpoint, my studies and life experiences enabled me to challenge the " dominant conceptions of how truth can be known" (Ramazanoglu and Holland 2002: 32) by dissecting traditional "binary thinking in western thought" (33) and instead incorporating a more diverse set of factors and measurements to see the social world through multiple lenses (32). I found more truth in combining a diversity of sources to formulate my own viewpoints, than accepting any one persons perspective as enough proof to establish something as fact.

Feminist Methodology challenges " dominant conceptions of how truth can be known" (Ramazanoglu and Holland 2002: 32) by dissecting traditional "binary thinking in western thought" (33) and instead incorporating a more diverse set of factors and measurements to study the social world (32). I examined how individual,

social, and environmental factors are interwoven together to create an accurate representation of the reality of one's experiences. Taking this approach meant recognizing the uniqueness of individual experiences as a way to empower victims.

My Role

For three years I volunteered for a non-profit organization called Sexual Assault Survivor Advocates (SASA), as a rape crisis hotline counselor and spent the last few months of my time volunteering as an office assistant. I began the pursuit of my honors thesis research during my senior year and after two years of being a hotline counselor. As an insider and active participant, my role as a researcher and my motivations for choosing this study were heavily influenced by my subjective experience as a volunteer, hotline counselor, and office administrative assistant. As an in-group member, I took on the role of both the hotline counselor and researcher. I found myself in a "struggle between objectivity and subjectivity" in relation what is called "Cartesian Dualisms" (33). In order to legitimize my findings I had to make sure that I selected a diverse number of individuals give a broader understanding of what it's like to be a hotline counselor for someone else. Therefore, my subjective experiences and personal opinions have been integrated within my research and have factored into the way I analyzed and interpreted my findings, as well as the literature I chose to review to help support the development of my thesis.

I see myself as taking on the role of an "observer-interactant-participant-inverstigator" in this particular research setting. Upon gaining "complete membership" to SASA in November 2004, I spent more than three years getting know members of the team, which helped establish my position as not only an insider

but also as significant member among a "cast of characters" all of whom I have direct access to for interviewing and observation.

However, in order to establish myself as a legitimate researcher, I had to dedicate more of my time interacting with members of the team, beyond the required formal and informal meetings held each month. My role required me to not only sign up for my hotline shifts per month, but to also attend more than my monthly Supergroup meeting. I planned to attend as many meetings as possible in order to facilitate the initial scheduling of interviews with a number of participants, who were most accessible to ask in person at the meetings and group events. In exchange for their input and spending time interviewing with me, I felt I needed to give back more in someway. I extended my efforts because I wanted to show a sense of appreciation and gratitude for the knowledge I had gained through the experience of working personally with many of the members during past trainings and while volunteering for SASA.

Personal Motivations

There are many factors which motivated me to conduct this particular setting. One of the most salient motivating factors is that I am able to "start where I am" in my own "nest" where I can further examine an organization which I am already a part of (Lofland J., Lofland L., Snow, and Anderson 2005). A setting in which I can commit to a certain number of hours per week to an organization I already volunteer up to 40 hours a month to. In this particular setting I am already designated as a "full-fledged participant." As a "full-fledged participant" I have complete access to most if not all aspects of the organization. I am able to communicate with the

"gatekeepers" who are in control of new membership as well as those in control of the entire organization itself (Adler and Adler 1987 in Lofland et al. 2005).

Since the time I gained entrée into the organization up until now I believe I have established a certain degree of trust with my fellow SASA team members. In November 2005, I was awarded the Helping Hands Award for the level of commitment I showed in managing my role as a hotline counselor. That month was by far the most emotionally demanding month for me as hotline counselor, in the middle of preparing for midterms I took many shifts and received many calls, including three hotcalls (sexual assaults occurring within the past 24hrs), requiring me to go to the emergency room twice in one month to provide advocacy to sexual assault survivors under going their rape kit examination.

Re-establishing My Role as a Committed Volunteer and Researcher

After about two years, at the end of the fall semester my senior year, I took a break from SASA for a few months. Afterwards, I decided to go back and re-established my commitment to the organization last spring, taking a few shifts and attending the monthly meetings. When I came back I was greeted and welcomed back in way that felt as though I had never taken a break, it was as if they knew I was coming back and expected I would. My experience coming back led me to believe that I was not the first to do this and that many counselors who have shown a commitment to SASA over the long-term have done the same at some point.

As my research progressed so did my methods of gathering data. This past summer I decided to become more involved with the organization, by volunteering as an intern in the office. I wanted to take on a role that I assumed required less emotion

work and cognitive restructuring and involve more of what I considered to be mindless tasks, such as data entry, filing, and answering phones. After being a hotline counselor for two years I wanted stay involved but take on a different role within the organization, however with that role came a new set of standards and expectations of me as a volunteer. At the time it seemed like a good idea, a way to get to know the staff and understand how non-profit organizations like SASA operate. However my new role was not what I expected it to be like, and working in the office required me to show more of a commitment than I anticipated. I quickly found this out when the client services coordinator at the time wanted to put my in charge of the summer garage sale, a task I felt totally unprepared for: making signs, posters, flyers, walking around the neighborhood posting flyers on random apartment buildings in the area and on street poles; and going through people's junk and old clothes that were being donated to SASA to help us raise money. Looking back, it was worth doing something for a greater cause, even doing something I initially found to be arduous and time-consuming, because underneath all the junk I made an important discovery, a breakthrough in my research.

I had uncovered the archival records (Lofland et. al. 2005) of one man's graduate level coursework and research. I later found out that he was student at a local graduate school where he studied psychotherapy and that he recently passed away. I was shocked when I looked at the date on his Master's thesis which indicated that he graduated only a year ago in 2005. In boxes contained all of his books, papers, notebooks, clothes, picture frames, furniture, his whole life in boxes including his diploma. I could not believe they were going to throw away all of his work, and

because of that I feel very fortunate to have had the opportunity to have gain access to information that has proven to be an invaluable asset to the development of my thesis. At the time sifting through junk seemed like chore, however, unexpectedly it became the most significant breakthrough in my research findings. I became so consumed by this man's work (while sifting through dozens of boxes and thousands of papers to find articles related to my topic) that it sparked a newfound motivation within myself to continue writing and began finding answers to the questions that were coming up for me while analyzing my data.

Reading his work has given me deeper insight into the field of psychotherapy and the dynamic relationship between the client and the counselor/therapist, occurring in trauma therapy settings and on rape crisis hotlines. My findings have been significantly influenced by this man's work and archival records of the journal articles he had studied throughout his coursework. Incorporating psychoanalytic research, transpersonal psychological studies, and sociological research has given me a deeper understanding of the theory of emotion and how it applies to the development of an individuals sense of self in relation to those around them.

After making these new findings everything else in my life became secondary, including the level of commitment I was able to make to SASA. I formally left SASA at the end of summer and felt that it was something I needed to do to help me focus myself and my writing. After I left I was able to maintain a positive rapport with the organization and making it clear to them how much I valued my experiences volunteering for their organization and keeping in touch with a few of the administrative members. In fact after I left the client services coordinator had

contacted me because she came across a few articles that she thought I could help me with my research.

Research Goals

At the heart of feminist theory is the "goal of emancipation" (35) which is "critical to the production of feminist knowledge . . .what constitutes progress, and who envisages what should be transformed for whom, remain contested and often confused and contradictory" resulting from Young (1985) questioning "notions of progress and individual notions of agency" (35). Therefore it was critical for me to establish a theoretical standpoint that I could use to ground my ideas in and establish a set of legitimate and logical conclusions based on the information I gathered. I want to make clear that the goal of my research was not to point out the weakness in order to undermine the integrity of organizations such as these as a whole, but to find ways to improve upon the quality of treatment and care provided to sexual assault survivors. While keeping a positive rapport with SASA I wanted to do something to help those I know and are closest to cope with trauma, including survivors, clinicians, counselors, and the victim advocacy programs I have been in contact with. In order for a "massive social transformation of interlinked forms of oppression" (35) to begin, we as individuals can learn to understand how we can more effectively combat symptoms and signs of its opposing forces, so that we can help educate others to do the same and increase the public awareness.

I am writing this research paper to understand why there are so few studies on service providers in assisting trauma survivors and how a lack of adequate research and findings affects the kinds of training and support provided to victim service

providers. The effectiveness of the treatment clinicians and volunteers can provide to trauma survivors is influenced by the diversity of resources available to them to help others cope with crisis, and be able to meet their individual needs and know who to refer them to for more support.

Awareness is the key to understanding. But I want to do more than merely be aware—I want to *do* something to help make change happen in the lives of those whom I have spoken. Since I have had experience with working with trauma survivors I can develop a more thorough understanding of my own experiences by learning from the mechanisms experts in their field have used to support and enhance the level of treatment they can provide to those in need.

What I do today and the choices I make for myself now have a significant influence on the person that I will be, and the degree to which I allow my experiences to shape the person that I am and the way I see the world today. While working on the hotline, I have seen the difference that one person can make. By simply believing in someone who is otherwise dismissed and questioned by everyone else, I can impact their life for the better. My experience helping others has taught me more about myself, and has influenced what I want to do and who I hope to be one day. It has also been a source of inspiration for me to pursue an honors thesis and provide evidence of the emotional trauma associated with sexual assault and the complex emotion management strategies used by those who provide advocacy and services to victims of trauma in crisis situations. By detailing the experiences of the counselors and professional therapists, I hope to provide a nuanced understanding of the role that therapist and hotline counselor play while providing support to victims of sexual

assault and how their experiences ultimately have an effect on their sense of self and purpose in life.

Setting

The main focus of my research has been conducted in settings which involve face-to-face interaction among group members, such as the SASA office, monthly team meetings, monthly Supergroup meetings, holiday parties, fundraising events, and an annual volunteer appreciation day event. However some settings are not as tangible and involve interaction among participants over the telephone. This is one aspect of my settings I will be unable to observe and will have to gather data through interviewing the counselors myself. Those on the receiving end of the hotline may include individuals who participate in the answering service, active hotline counselors, office staff, or a wide-array of potential callers some whom remain anonymous. Information exchanged over the telephone between counselors and callers is strictly confidential and may be difficult for me to include in my data collection and analysis portion of my research.

The most tangible physical settings I can describe are the main office and team meeting settings. The main office consists of approximately seven separate rooms, designated to individuals staffed in the office. Those who have their own office are the case manager, the executive director, the client services coordinator, the adult education coordinator, and other significant members of the SASA staff who work along side these executive member positions. Upon walking into the office, the first thing I see is the front desk, which is staffed when clients or guests are expected to arrive, otherwise no one ever sits there. The front desk is usually covered in flyers

for upcoming events, new member training session flyers, business cards, magnets, and other pamphlets pertaining to sexual assault survivors.

As an organization, SASA attracts individuals from all walks of life to come and volunteer their time. Most volunteers are 20 years or older, and the executive staff is on average much older than the active hotline counselors. The majority of individuals volunteering and working for SASA are women and men make up the minority of participants on the team. Each staff and volunteer member is assigned their own roles and responsibilities to the team and contributes in their own way.

The principles which guide SASA's movement to end sexual assault has a lot to do with the way in which counselors not only interact with the caller, but how we interact with one another. One of SASA's biggest concerns about the general behavior of their staff, is that they always keep certain openness to each other and to callers a well. Some behavioral norms that would describe SASA's volunteers is being respectful of one another, always maintaining an open communication with one another, being responsible, committed to one's roles and duties on the team, and being an all around good listener to both the callers and to the rest of the team.

One of the critical components to being a member on the team is signing up for at least two to three, 12 hours shifts a month. It is the counselors responsibility to sign up for shifts and to find someone to cover for them if they are unable to take calls for a shift they had previously signed up for. This would be an example of a formal rule that has been established by the SASA executive members. It is also required that we attend the monthly team meeting, which takes place in the same location at the same time the first Thursday of every month. Some of the more

informal roles of the counselors would be participating in Supergroup meetings. There are four Supergroups, consisting of approximately 8-10 counselors per group, and led by two senior members of the staff. These meetings are usually held in a more informal settings such as someone's apartment or house. Supergroup meetings generally do not abide by a set agenda like the team meetings do and contain more non-SASA conversation among participants. The Supergroup meetings are a great place for new and old counselors to interact and socialize with one another while eating dinner (potluck style), in a more comfortable setting. Supergroup meetings are a time for counselors to discuss any calls they have had in the previous month, and talk about their feelings and how they handled a particularly difficult call. These meetings are particularly useful for new members to get helpful suggestions and critical feedback on the techniques they used by the more experienced members on the team.

Subjects

The subjects of my research are compromised of a group of volunteers and few professional therapists who work specifically with survivors of sexual assault. In total I interviewed eleven people, nine counselors from SASA, and two professional therapists from an organization that provides services to victims of crime, including sexual assault survivors. The majority of my research and findings have come from members of the Sexual Assault Survivor Advocates (SASA), an organization located in a small mountain town in the West. Sexual Assault Survivor Advocates (SASA) is a non-profit organization that provides a 24 hour rape crisis hotline service to members in the surrounding community. SASA provides hotline counseling services,

on-site victim advocacy to survivor's undergoing rape kit examinations and some individual and group counseling services. SASA functions as a resource to survivor's of sexual assault and provides free and confidential hotline counseling services, as well as providing referrals to clients and follow-up to help meet their individual needs.

Training

All volunteers are required to complete a mandatory 40-hr training, that involves teaching counselors how to respond to survivors on the hotline and how to be effective and emphatic listeners. Many of the skills they learn through training and interaction with other members contributes to the overall success of the organization, as well as the satisfaction felt by those volunteering their time. "Fostering strong, supportive relationships between volunteers" (Black and DiNitto 1994: 78) is one of the primary goals of this particular organization's techniques for retaining its volunteers as well as reminding those who volunteer, the significance of their commitment to an organization. Normalizing one another's feelings is one way in which counselors can reinforce one another's feelings and be supportive. The support from group members combined with constant affirmation, positively reinforces the importance of their role, and continues to inspire them to keep doing the work that they do.

Part of the training process involves familiarizing new counselors with the language associated and related to debriefing and providing counseling services to survivor's of sexual assault. One such example of the specificity of word choice used

by members of the rape crisis hotline, occurs when referring to their client as a "survivor" rather than a "victim." Differences in word choice and usage influences our ability to communicate and empower the survivor. For instance "words [in effect] can shape how we think and the beliefs we hold" (Everly and Mitchell 2000: 211) and within organizations such as SASA, being consistent to usage of words consistent with the broader scope of sexual assault advocacy groups, helps to maintain the strength and power of their rhetoric (their voice). Thus, when words are used in context are inconsistent with clinical definitions they lose the strength of the meaning they once held. Everly & Mitchell refer to this process in the words of a famous poet T.S. Eliot, "that words decay with imprecision" (2000: 211).

The role of a rape crisis hotline counselor is not a volunteer opportunity for everyone. In fact organizations such as S.A.S.A. require an extensive screening and interview process before perspective volunteers are invited to training. In addition, even those who do make it to training are not guaranteed a position on the hotline. Final decisions and cuts are not made until the prospective volunteers have proven themselves to be capable of fulfilling the organizations requirements and expectations they have of their volunteers.

Lois (2001) argues that the "exchange of emotions" (138) between the counselor and the survivor, plays a fundamental role in the formation of the "rapid and intimate bond" (132) by "strangers (who) support people in crisis" (132). The establishment of an emotional bond with the survivor, coupled with the development of a heart connection to them, are the two most important goals the counselor tries to accomplish early on in the call. Lois describes the exchange of feelings between the

counselor and the caller as being part of a "socioemotional economy" (138), in which callers can feel comfortable expressing themselves in a safe and confidential space. As an organization, their goal is not to fix the caller's problems, but rather to help guide them through the process of healing. Kemper and Reid (in Lois 2001) describe the way counselors create "a sense of mutual obligation" by what Goffman (in Lois 2001) describes as making themselves emotionally "accessible to others" (142).

Supergroup meetings conducted by SASA (Sexual Assault Survivor Advocates) provide a safe and confidential space for counselor's to debrief and share their experiences with one another. Organizations centered on building peer-support networks such as SASA, reinforce the "value of ongoing training for volunteers serving in a high stress environment" (Hellman & House 2006: 122). Recent studies have set a precedent for sexual assault victim advocates and organizational leaders to provide counselor's with adequate support and training deemed necessary to "improve a volunteer's self-efficacy and . . . perhaps increasing the volunteer's sustainability" (122).

Everly and Mitchell (2000) provide research on what they call "the debriefing controversy" and a shift in focus within crisis intervention research. Their study investigates the "effectiveness of crisis intervention" (211) and the "need to now focus upon 'who' does crisis intervention, to 'whom' and in 'what specific situations' (211) underlying "the foundation of the field of crisis intervention" (211). Essentially, rape crisis hotline counselors serve as listeners rather than therapist. Their job is not to give advice, "problem solve," or fix the client, they are there for the client to "debrief" and talk about their experience. As a result, when counselor do speak, what

they say, and the words they choose to express their understanding or another's situation or the words they choose to help normalize the caller's feelings, contain more power than they would under another context.

The Interview Process

The majority participants I chose to interview are either counselors and/or staff volunteering for and working for this organization. In addition I also interviewed a few local professional therapist who provide services to victims of sexual assault and crime. I was able to pool my research participants from a phone and email list provided by the organization, which I had been approved access to as a volunteer and member of their staff. I also had access to the organization's resource manual and list of referrals provided to hotline counselors, which I used to contact local professionals. I was able to use SASA's resource guide to create my own list of referrals and specialist in the field, and who are licensed professionals and experts in their field in terms of their knowledge about the effects of sexual assault and how to effectively treat victims of sexual assault. In addition, whenever possible interviewed participants in person, either by going to the office and finding them there, or by approaching them after group meetings, to make appointments with them.

In preparation for each interview I prepared an interview packet, consisting of an informed consent form, and an "interview guide" (Lofland et. al. 2005: 105). I used a method of "intensive interviewing" (Lofland et. al. 2005: 17), a combination of natural conversation and "semi-structured interviewing involving the use of an interview guide consisting of a list of" 13-17 open-ended questions, to direct the conversation, however not to impede the natural flow of the dialogue between us

(Lofland 2005). The interviews were not tape-recorded and all of the participants responses were hand written by me. As a result, in my data analysis sections, when referencing the interviewees, I have chosen not to include direct quotations, but have worded their responses based on the notes I had written down at the time of the interview. The interviews lasted for about an hour. I met the volunteers either at their home or at SASA's main office. At the beginning of each interview, I had the volunteers sign an informed consent form for my records and handed back to them a copy signed by the human researchers committee that approved my research. The informed consent form was provided to them at the beginning of the interview in order to give them some background information about the study and to inform them of their rights and right to privacy as a participant. Although I did collect identifying information about them, for my own personal records, I did allow them to choose a pseudonym, for me to use when referring back to their interview in my research paper. So far, I have interviewed nine volunteers, all of whom are female, and range in age from 21 years old to 53 years old, as well as two female professional therapist from another organization.

Developing a base of trust was one of the most important factors that enabled me to ask more in depth questions during the interviews and the more I listened the more they opened up. Creating a safe and open space for them to talk, enabled me to get personal in-depth accounts of their experiences at the point at which they felt willing to share more personal feelings, opinions, beliefs and their most significant life experiences. While interviewing my fellow hotline counselors I could easily relate to the stories they told and the experiences they have had. My shared

experiences with the hotline counselors, allowed them to feel more comfortable opening up to me and being honest about their feelings, rather than if I was a stranger and non-member. Keeping a flexible interview schedule and making myself easily accessible to those interested in being interviewed, helped to establish a certain comfort level with my participants, and my willingness to adapt to their schedule, rather than assign them a time and place myself.

During interviews, being a good listener meant allowing myself not to listen to the voice in my head interpreting what they were saying as they were saying it, but challenged myself to quiet my mind in order be a better listener and interviewer. I found that the better I listened and took notes, the more questions came up at the end I wanted to ask which allowed the interviewee to control the pace of the interview and the level of depth they wanted to share with me about their experiences. Saving the majority of my questions until the end forced me to listen more and think less, rather than waste their time by interrupting them midway through their response to prevent losing *my* train of thought. When that did happen, it completely changed up the flow of the interview and I had to remind them afterward what it was they were saying originally before going off on a tangent. When I conducted interviews with clinical professionals I had to be more prepared to listen, because they had very different experiences and roles compared to the volunteers and non-profit workers I interviewed previously, and were paid professionals in their field with years of experience and academic achievements to prove that they would be very important sources of information for me. Based on their educational backgrounds and career history I felt that there was a lot I could learn by listening and allowing them to lead

the discussion about topics and a profession I knew very little about. The questions I asked them were focused more on uncovering their life experiences, professional experiences and academic history. I focused less on following the questions in the sequence I had planned out and went with the flow of the interview. The purpose of interviewing professionally trained therapists was to get information specific to vicarious trauma in order to gain a better understanding of the experience of trauma and vicarious trauma from a clinical standpoint. While probing further at the appropriate moment to address the coping strategies they used to prevent feeling burnt out or experiencing vicarious trauma.

Throughout my research so far, I have kept a journal of some general thoughts or questions that came to mind during field observation or during the interviews. I found that writing down ideas as they came to me, in no specific order, helped me to keep a written track of any new developments in order to avoid repeating ideas already mentioned. Writing down my thoughts helped prepare me for each interview, and ask questions pertaining to information I knew little about and that they could possibly explain and or give me more information and resources to study further on my own. After each interview I recorded in my journal basic information about the interviewee, including details about their general behaviors, the location, and any significant changes in mood or emotions felt during the interview. All the notes taken during the interviews were transcribed from my written transcripts to typed files on my computer saved under secured and personally locked settings.

Code of Ethics and Maintaining Confidentiality

After three years of being a volunteer and victim advocate I have become more familiar with the issues regarding confidentiality and the limitations to the information that can be shared with members outside the organization. As a researcher I have spent hours completing online tutorials and quizzes as part of fulfilling the University's Human Researchers Committee (HRC) requirement to conduct a qualitative research study and to protect the safety of participants and make sure that the research being conducted does not harm them in any way shape or form. One of the key ethical issues surrounding the role of the hotline counselor is the importance on maintaining the caller's confidentiality. As a hotline counselor and researcher I have a duty to protect the confidentiality of the clients I have spoken to and maintain their anonyminity.

In order to maintain confidentiality and anonyminity of the interviewees identity and the organization to which they are associated, I had to create pseudo names for them. I have also created alternative acronyms and organizations titles to preserve their anonyminity. As a researcher and ex-member of SASA I have to follow the ethical principles required by me to conduct research and in order to maintain the ethical value of my research to members in the community. One significant reason confidentiality is so important, relates to the purposes of practicing feminist methodology. Feminist theories are essentially meant to empower not disempower and or marginalize groups of people in society. Also the purposes of doing research are not to cause harm therefore maintaining confidentiality is significant to maintaining the integrity of the organization and to promote the overall well-being of

the community.

Obstacles and Challenges

One of the most time-consuming and detail-oriented tasks I had to complete before getting started was getting permission from the University's research committee to begin, and proceed with the interview and data gathering process. It took many months of e-mailing back and forth with the university's committee representative to ensure I had met all the requirements. As my research progressed, so did the ideas I wanted to incorporate, and the literature I chose to review, all of which, had to be updated, signed, and approved my designated honors counsel representative and finally re-submitted to the university's research committee representative.

I incorporated both the subjective experiences of the counselors and professionals working with sexual assault survivors and other objective forms of research in support of my thesis. I was inspired in part by Ruddick (1980 in Ramazanoglu and Holland 2002) who challenges feminist researchers "to think differently, to ask new questions, make new connections, to value the intuition and skills, . . .and to value [our] own experiences" as "legitimate sources of knowledge" which have otherwise been "devalued by the dominance of claims to rationality and objectivity" (52). So that we can recognize the value of personal experience and that it "is not the same as subjectivity being separate from, or superior to, objectivity" (Ramazanoglu and Holland 2002: 53). Essentially encouraging feminist to draw from "personal knowledge, in light of feminist theory" enables women to share their "experiences in living gendered lives in conditions of social inequality" (52).

One of my biggest challenges was maintaining my moral and ethical obligation to sustain the integrity of the organizations to which I have been apart of, and be clear that my findings are in no way shape or form attempting to place blame for the causes of adversity faced by those I interviewed. However, I have accounted for the likelihood that readers may find it is almost impossible to completely ignore the fact that my subjective experiences as a hotline counselor have definitely influenced my opinions and the topics I have chosen to write about. Which highlights one of my biggest concerns and personal obstacles placed in the way of my research goals, being overly sensitive to the feelings of others as a researcher my prevent one from seeing things they are afraid others may reject or prove otherwise, but that's all part of the research process, overcoming mental setbacks. I also challenge myself to be conscious about how I interpreted my data, by making sure to give the most accurate representation of the experiences of those I interviewed (which is ethical obligation as a researcher). Meaning I was careful to avoid pulling their words out of context and made sure to use their words in the way that best supported the point they were trying to make. By putting myself in their shoes it forced me to see another's point of view based on the experiences they shared with me. What I had trouble seeing at the time is what I chose to focus on in my literature review, in order to challenge myself to really grasp concepts that I was unfamiliar with. At the same time I was cognizant of how my beliefs and opinions could potentially cloud my ability to stay objective. of the point they were trying to make. I may have unconsciously incorporated a general a myriad of experiences from my past, including my childhood, and not just my experiences at SASA. While at the same time,

incorporating the experiences of those I interviewed, along with my own subjective experiences, to give me a broader and more complete perspective of the extent to which our own experiences influence the choices we make and how we see ourselves, as well as the extent to which we are affected by the trauma experienced by others. I wanted to incorporate how the social climate within our environments can determine the potential we have at any point in time to cope and how our experiences and the way we are socialized within our environments can eventually shape our perspectives and how we learn to see the world.

CHAPTER 3:

DEFINING VICARIOUS TRAUMA AND THE PSYCHOLOGICAL IMPACT OF LONG-TERM EXPOSURE TO VICTIMS OF SEXUAL ASSAULT

In this chapter, I will be discussing the adverse effects of working in professions and volunteer organizations that provide advocacy to victims of sexual assault, and how the emotions generated through such interaction can potentially leave the therapist or counselor traumatized. While there are many studies focusing on the volunteer's role and experiences, only recently has research begun to focus on negative factors affecting volunteer's level of commitment, and the long-term effects of repeated exposure to sexual assault victims and victims of trauma. I will also discuss the processes underlying the transference of emotions from the victim to the hotline counselors and therapists serving victims of sexual assault.

Existing psychology-based studies on trauma have focused solely on how an individual's interpretation of events may determine the feelings they associate with experiences (Watson and Shalev 2005). Psychologists would argue that therapist's feelings which exist prior to interaction are what cause vicarious traumatization, whereas sociologists believe and *new* feelings can arise that are not contingent on existing internal triggers. My data supports that new feelings can arise from present circumstances and experiences, not just by activating sources of pain vaulted in memories of the past. Whereas psychology-based studies over-emphasize individual's prior problems and the individual's need to change, thus masking the need for change at the organizational level (Callahan 2002). I will address both the individual and social factors that contribute to one's experience of vicarious trauma

by analyzing the feelings that arise in hotline counselors and therapists during interaction with victims of sexual assault. I will simultaneously unveil the predictive factors that contribute to the trauma experienced by caregivers, the circumstances under which the helper is most negatively affected, and how they can avoid becoming vicariously traumatized.

Findings indicate that volunteers "serving victims of sexual assault report a psychologically stressful environment and often experience vicarious reactions to the trauma of victims" (Hellman and House 2006: 117). Oftentimes volunteers working with victims of trauma have difficulty maintaining boundaries between themselves and the caller/client. This inability to separate oneself emotionally can lead to a series of negative emotional repercussions.

DEFINING VICARIOUS TRAUMA [VT]

When counselors forget how to differentiate between surface levels of acting and deep acting (Hochschild 1983), they lose control over their emotions and ability to make sense of them. Surface acting refers to the emotional reactions we show and express on the outside and throughout our social interactions. However, deep acting occurs when individuals have managed to internalize the feelings of others in ways that lead to changes to one's sense of self. Unlike surface acting, deep acting includes both our conscious and unconscious emotional reactions triggered by our interactions, and can sometimes involve hidden processes of emotion management the individual has yet to identify. Surface levels of acting do not elicit that same empathic response from the counselor or therapist. Deep acting can cause counselors and therapists to become overwhelmed and feel a loss of control over their emotions, and find

themselves mirroring the disempowerment and lost sense of control the client is experiencing.

The experience of secondary trauma stress, also known as vicarious trauma and compassion fatigue (Figley 1995 in Zimering, Munroe, and Gulliver 2003), occurs when a counselor internalizes the caller's feelings and becomes emotionally traumatized by the experiences of the caller. Recent studies (Bride 2007; Hellman and House 2006; Trippany and Kress 2004; Zimering et. al. 2003) have suggested that vicarious trauma is more than just a reaction to being exposed to sexual assault victims, and is more than a feeling of being overwhelmed by the sharing of another's experience. In fact, research shows that VT can lead to "profound changes in the core aspects of the therapist self" (Trippany et al. 2004:31), especially while providing advocacy to sexual assault survivors. Herman (1992) argues that there are clinical consequences occurring when "trauma is contagious and the effects of treating trauma survivor's . . . parallel those of primary trauma, [and that] a clinician's work with patients may be adversely affected" (in Zimering et. al. 2003).

Not only is work affected, but vicarious trauma can potentially have a deep impact on the counselor's emotional well-being, inducing anxiety, and impacting their sense of self. In many ways the experience of vicarious trauma can elicit self-defeating beliefs in the counselor and lead them to question their ability to effectively help others. This is especially true when the counselor's and therapist's view of the world becomes highly charged, so that their perceptions of themselves, the client, and their sense of reality become distorted (Bennett-Goleman 2001).

Countertransference and Transference

Psychology-based studies on client-therapist relations indicate that the counselor's emotional reaction "involves the unconscious feelings of the therapist" during their interaction with the client and can result in the "countertransference" of emotion. Countertransference occurs when a therapist responds in ways that mirror the client's reactions (Eisenbud 1978:73). The opposite effect can also occur, when the client's "feelings and attitudes that were originally experienced with regard to significant others in the past . . . are now displaced or projected upon the therapist." This is called a "transference" of emotion in the field of psychology (Saretsky 1978). More recently, the term "vicarious trauma" has been used to address the secondary emotional reactions to trauma experienced by mental health professionals and volunteers serving as hotline counselors for victims of sexual assault. Thus the term "vicarious trauma" encompasses both the effects of countertransference and transference during the interaction between trauma therapists and hotline counselors and their clients. Essentially vicarious trauma defines both the emotions arising as a direct result of interacting with the client or those indirectly resulting from the knowledge of having experienced symptoms of trauma while helping significant others, such as family, friends, and co-workers.

Symptoms of VT

According to Figley (1995), vicarious trauma is more than just burnout or the "psychological stress of working with difficult clients;" it refers to those specifically working with victims of trauma and sexual assault (in Trippany, Kress, and Wilcoxon 2004: 31). Unlike burn-out, VT has a severe effect on the hotline counselors' and

professional therapists' sense of self and perception of their environment, and has been described "as a traumatic reaction to specific client-presented information" (32). Figley (1999 in Bride 2007) draws a parallel between vicarious trauma and what he calls Secondary Traumatic Stress (STS). He describes both "as the natural, consequent behaviors and emotions resulting *from knowledge* about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person" (63). For example, SASA hotline counselor Juliette recalls the changes she underwent as a direct result of her experiences interacting with survivors:

> I've become more aware of things that happen. More aware of my surroundings. More aware of things that make me feel uncomfortable and places I shouldn't be. I have better intuition. Being here seems creepy in some ways, hearing stories of men going to girl's places. I even check the back seat when I get in my car now. Hearing stories, it feels like everyone could be, anyone could be a victim. I'm more aware of what's around me.

The most difficult calls often leave a lasting impact on the counselor. The majority of counselors I interviewed showed signs of distress when dealing with clients they were most unprepared for. Many of the counselors I spoke to described how handling such distressing callers also had a significant impact on their everyday lives outside their role as a counselor. Symptoms of vicarious trauma include "headaches, nausea, sleeplessness, feelings of personal vulnerability, and sexual difficulties," in addition to the safety concerns mentioned previously by Juliette (Adams, Matto, and Harrington 2001: 363).

Brian E. Bride (2007) conducted a psychological research study on social workers' experience of secondary traumatic stress [STS] while assisting "survivors of childhood abuse, domestic violence, violent crime, disasters, and war and terrorism"

(63). He indicates that the lack of "published studies that examine the prevalence of STS among social workers," lead him to evaluate the extent to which individuals are affected in these professions (64). Although researchers have identified the problem of VT and how it occurs, few studies show exactly how many people have truly been affected by this phenomena. One such study attempts to measure the prevalence of vicarious trauma among a sample of master's level clinical social workers (Betts, Matto, Harrington 2001). In contrast, my study participants were mostly comprised of undergraduate students. Little is known about the prevalence of vicarious trauma among hotline counselors because organizational standards and age requirements vary, making it difficult for researchers to measure exactly who is being affected and why. In addition, researchers' progress has been delayed due to the fact that "standardized clinical interviews specific to secondary traumatization have not been developed" to examine factors such as social pressure, organizational expectations, and what influences and deters counselors experiencing symptoms of VT from coming out and sharing their feelings (Zimering et. al. 2003: 3). Some of those I interviewed expressed feelings of uncertainty and fear of the potential of being seen as a failure by showing any kind of incompetence. For example, SASA hotline counselor Sophie, when asked how she felt after the first few calls, replied that she was . . .

> unsure if she was saying the right thing at the time. The actual experience of taking calls was different from role plays we practiced during training, and afterwards I would go over the call in my head. Sometimes I felt calm, felt like I did all right, felt a little relief, but I was definitely afraid of missing a call.

Those who felt they might have done something wrong when speaking to callers on the hotline were less likely to share and elaborate on those feelings in

comparison to feelings stemming from calls they felt went well. Feelings such as inadequacy and incompetence can arise as a direct result of engaging with callers SASA counselors feel the most unprepared for, such as suicidal clients. For example Juliette describes how she dealt with a suicide caller, stating that . . .

> It's really hard to deal with someone who is suicidal and unwilling to contract with you. The ones that don't show a whole lot of emotion. The caller seems numb and helpless. And you want to help but you don't know how. Even after talking with them, they don't always end up contracting a suicide prevention plan of action with me. I get shook up, worried, and it can be hard to sleep.

If feelings like the ones Juliette experienced are not dealt with, those feelings can potentially "result in isolating the practitioner from the very sources of peer support that are necessary in order to resolve the trauma" (Fox and Cooper 1998: 143). Counselors may then become hesitant to address callers they feel unprepared to speak to. As a result, research shows that those caregivers who fail to identify the problem when it arises and seek help early on may inhibit their ability to help others and may be among those most likely to experience vicarious trauma.

According to Zimering, Munroe, and Gulliver (2003), the "factors predictive of secondary traumatization include insufficient training, identification with the victims, insufficient support in the workplace and insufficient social and familial support." They also address an important difference in findings between Jenkins and Baird (2002) whose study "found that personal trauma history correlated with secondary trauma symptoms." Schauben and Frazier's (1995) findings suggest that in some cases personal trauma history did not negatively affect one's ability to help others, but rather that all other factors in addition to one's trauma history determined individual level of success as a counselor and professional.

Managing Emotions and Symptoms of VT

Bennett-Goleman (2001) describes the personal schemas we develop and the degree to which they can be changed and challenged through personal development. The schemas, as described by Bennett-Goleman, "are basic beliefs about yourself, [and] conditioned habitual patterns of the mind" (2). When therapists become aware of their own malapadative schemas they can begin to recognize how negative thoughts can challenge or change the way in which they interpret reality, with thoughts coloring their beliefs, emotions and reactions (Bennett-Goleman 2001). Therapists have the power to offset the potential negative effects of schemas by being aware of the habitual patterns of their mind, catching these automatic thoughts, and "challenging them in the moment they arise, to begin to break free of the hold of those thoughts" (5). Therapists can achieve these skills through training, their academic career, and early work experience. In addition, therapists and counselors, while attempting to identify and problem-solve their own issues, can learn how to avoid getting stuck in the negativity of thoughts that may arise from their interactions with others and gain more emotional leverage over their feelings and reactions (5).

In reading "Mindfulness Therapy" by Bennett-Goleman (2001), I noticed a parallel between the emotion management strategies identified by Hochschild (1983) and strategies therapist use within the cognitive therapeutic approach to helping others. If emotion management strategies can be used to help counselors and therapists identify their feelings and emotions, as well as the origins of their existence, then cognitive therapy can help one identify counterproductive thoughts and know that they are not obligated to believe their thoughts (Bennett-Goleman

2001). If we apply the cognitive therapeutic approach to "information-processing theory," counselors can break the chain of processing their emotions in a way that would lead to either the reinforcement of negative schemas they hold or cause the development of negative schemas they hold of themselves.

Thus, new feelings arising from the knowledge acquired through experiences is one of the most influential factors that can result in a change in one's perspectives, for better or worse. An example of a positive change in one's perspectives, is found in the words of Sophie a hotline counselor : "hearing stories from survivors that are male, like the one who came during training to tell his story was hard . . .you don't think these things happen, but they do." In many ways changes to one's perspective can bring about a greater awareness about victims of sexual assault, and unveiling the myths surrounding who gets assaulted, can be a positive learning experience in the end that leads to positive individual change.

Worse, Zimering et al. (2003) argues that "a clinician whose views of trust and safety have been undermined might be unable to respond [as] effectively to [the] traumatized patients." This provides evidence that, unlike burn-out, the experience of vicarious trauma can have an everlasting impact on the counselor's sense of self and affect their perspective on the world around them. As a result, the degree to which they believe their trust and safety needs are met, can negatively affect the counselor's and therapist's perspectives. At the same time, it affects the quality of care they can provide to the client who is experiencing similar feelings of distrust within their environment.

The role of a rape crisis hotline counselor and the role the therapist is multidimensional, and it is through their experiences and practice with the emotion management techniques that they learn how to better assess their feelings as well as the feelings of the caller. Volunteers who find their experiences most rewarding are those who can best adapt to the strategies they learn during training. Zimering (2003) expresses that the greatest pitfalls to trauma work also have the potential to bring great rewards, if they (the therapist/counselor) responds constructively. However, when counselors are no longer able to mange their emotions, their level of commitment to their role decreases, maybe even before they finish training. For example, SASA hotline counselor Sophie shared with me the sense of accomplishment she felt as a newcomer: "making it through training helped me prove to myself that I was cut out for this. Some people dropped out because they couldn't handle what we talked about."

Available Support Systems

Sometimes talking about one's experience is not always the most helpful mode of therapy for sexual assault survivors and hotline counselors, who while sharing their experiences, emotionally relive them. Not only is there a transference of emotions occurring from client to counselor/therapist, but also a potential transference of emotion occurring among counselors and professionals while debriefing. One interviewee, Carol, talks about the ethical issues regarding clinicians in the field sharing their own stories in sessions and for them to question whether or not it can be helpful to client. She explains that in group therapy settings, there can be certain "pockets" in which individual transference of emotions can occur. Sharing

certain stories in a group setting can inadvertently trigger another individual within the group, thus impacting how the impacted feels. This illustrates a hotline counselor's reluctance to share negative feelings within group settings, because they do not want to affect others by sharing something that has affected them personally.

Organizational efforts need to be made to incite change that can provide more services and support to hotline counselors serving victims. Additionally, necessary adjustments need to be made, not only to the care provided to their clients, but also to the level of support given to their volunteers and co-workers. Some of the changes SASA has made as an organization occurred midway through my study during a group meeting, when they introduced a couple of trauma therapists who provide counseling to hotline counselors, showing that changes have already started and this problem has already been addressed among SASA's organizational leaders.

Reluctant Newcomers

Newcomers are most susceptible to experiencing symptoms of VT by "continu[ing] in this behavior even if they are overextended or suffer illness," in order to prove their competence early on and garner acceptance from the more experienced members (O'Leary 1997: 139). On the other hand, the more experienced members may be more susceptible because they have grown to identify *too* closely with the survivors, either through their own personal experiences or years of experience working on the line, and may "see this confluence as unavoidable since their work is them and they are their work" (139). Surprisingly, the majority of the hotline counselors who I interviewed described feeling nervous before their first shifts. Not only did they feel uncertain and questioned their ability, but they were told that "it

was normal for them to feel this way" and that through experience they would get better at it and eventually feel more comfortable. Although many of the counselors felt more competent after a few shifts, they recalled very vivid memories of their first calls and how it affected them emotionally. One counselor, Sophie expresses . . .

> to hear it and be the only person they can talk to is kind of scary when you're a stranger but you are trying to help them. I thought it wouldn't affect me as much as is does and has, but we can't fix them and it's hard knowing we never can. After a call you ask yourself, did I say or do the right thing? Is this person better now? It's hard to know afterward if you helped them.

The Long-term Effects of VT

van der Kolk (2001), in a study on the assessment and treatment of complex post traumatic stress disorder (PTSD), argues that "people's core sense of self is, to a substantial degree, defined by their capacity to regulate internal states and by how well they can predict and regulate their responses to stress" (7). He claims that the longer we allow symptoms of the trauma to persist, the greater the likelihood of developing more serious psychological problems later on. Consequently, repeated exposure to victims of sexual assault and the sharing of their experiences may have a significant impact on the counselor's emotional well being (Trippany et al. 2004). The role of hotline counselors and victim advocates requires them to engage with clients on a deep and personal level and such "exposure can lead to a transformation within the psychological functioning of counselors" (31).

Studies show that some experiences may have a lasting impact and lead to "disruptions in basic cognitive schemas about [a counselor's] trust in oneself and others and beliefs regarding safety" (Wasco and Campbell 2002: 121). Some of the changes in perceptions expressed by those I interviewed, described an increase in awareness about sexual assault arising from their experiences working with clients.

When one hotline counselor was asked what she found to be the most challenging aspect of her role, Tessa, replied . . .

> learning about other peoples horrible experiences sometimes can give me a negative perspective on things. You question how someone could do this? Treat someone like this? You, as a hotline counselor experience second hand horrible experiences.

Wasco and Campbell (2002) describe "the lasting impact of working closely with rape survivors" (120) and the "intrapsychic effects of indirect exposure to rape on caregivers" (120). Arguing that . . . a transformation . . .occurs within a therapist after bearing witness to clients' . . . experiences" (120). Whereby, many of the emotions generated between counselors and their clients are "rooted in, the open engagement of empathy, or the connection, with the client (Trippany et al. 2004:31).

Those most likely to experience vicarious trauma, can be classified under what O'Leary' (1997) describes as the four characteristics pertaining to confluent individuals. According to O'Leary, confluent individuals possess one or all of the following qualities:

> a weak boundary between oneself and the world; absence of a sense of self involving denial of wishes and emotions; caretaking of others or objects and a sense of dependence on others or objects" (140).

O'Leary (1997) definition of confluence, explains why certain kinds of people get stuck in situations that make them vulnerable to "let[ting] other individuals hurt them repeatedly" (140). Many of the hotline counselors I interviewed expressed some form of "feel[ing] responsible for others to such an extent that if the other person is hurt, depressed or angry, they may feel guilty even if they had nothing to do with the onset of the problem and are unlikely to relax until the particular difficulty is resolved" (140). Which explains why its so difficult for counselor's to separate themselves (emotionally) from the client after a call ends, because there is to some extent a

lasting emotional impact on the counselor's sense of self when they feel they could have or should have done more to help alleviate the client's distress. O'Leary warns individuals of the potential for these symptoms to lead to the "experience of anxiety and confusion and may [cause them to] withdraw into personal and social isolation" as seen in counselor's experiencing vicarious trauma and reason as to why they leave. Counselor's when becoming burnt-out my separate themselves from the organization entirely, sometimes taking a "break" from SASA events and meetings for a certain period of time until they feel ready to come back.

CONCLUSION

On a more positive note, how can reliving trauma and facing what we are most afraid of help empower ourselves, our emotional strength, and give us the courage to face the world and not feel threatened and/or powerless anymore? Levine (1997) argues that in order to prevent the experience of being overcome with negative emotions, there exists a "potential (for) traumatic experiences [to] be prevented and an individual [can develop a] resiliency to later threatening situations" (39). There are certain kinds of people drawn to this line of work, and in many ways helping others can help volunteers and victim advocates help themselves cope with life's most trying and traumatic experiences. The purpose of training is not to teach counselors how to avoid the experience of pain altogether, but to be prepared for when it comes unexpectedly and have the skills and capacity to cope with feelings of discomfort when they arise. It is often through this process that counselors become better prepared to help others, by learning how to help themselves first, and by strengthening themselves emotionally for their role. Factors such as inadequate

support from inside and outside members, educational backgrounds, and length of training can be studied in order to expand the volunteer and therapist's understanding of how those factors affect their level of commitment. As well as how organizations assess the extent to which "volunteer recruitment, training, and management practice" (Hellman and House 2006: 118) also play key role in the hotline counselor's development and their level of commitment to the organization.

CHAPTER 4:

EMOTION MANAGEMENT STRATEGIES, BECOMING A HOTLINE COUNSELOR AND TRAUMA THERAPIST, AND THE PROCESS OF SOCIALIZING INDIVIDUALS

This chapter discusses the process of becoming a hotline counselor and the emotion management strategies volunteers learn during training and throughout their experiences volunteering on the rape crisis hotline. In addition, I will address the effectiveness of the strategies they use when learning to cope with symptoms of vicarious trauma and the role that the organization plays in providing ongoing emotional support and how individuals are socialized into their role. At the same time this chapter highlights the factors that contribute most to an individual's level of commitment, including the importance of peer support to combat symptoms of trauma and effect positive transformations within the counselor.

GAINING CONTROL OVER OUR EMOTIONS

Hochschild's (1979) study on "emotion work, feeling rules, and social structure" describes the effects of social forces on our ability to cope and interpret the way we feel. She studies how "social factors affect what people think and do about what they feel" (552). To a large extent, becoming a hotline counselor requires an individual to conform to a set of group norms and adopt the collective values of the whole in order to achieve "complete membership" (Adler & Adler 1987) on the team. Arluke (1994), who did a study on the emotion management strategies learned and practiced by those in charge of euthanizaing animals, discussed the trauma workers experienced when putting animals to sleep. He claims that "recurrent

patterns of action and interaction . . . reproduce those social structures" (345) that transform individual behavior and create a collective group identity among workers in an animal shelter. Thus, developing a sense of we-ness among shelter workers helps them to find emotional comfort and support from those who can identify most closely to their experiences and share an understanding of the emotional difficulties they encounter on the job. Arluke argues that workers in an animal shelter are emotionally socialized and trained to cope with negative emotions in ways I found similar to the way hotline counselors are socialized to manage the emotional trauma experienced working with victims of sexual assault. It is through the process of socialization, that counselors learn how to feel and "how to control and distance themselves from their [clients]" (345). In "learning to think differently," counselors develop and make use of emotion management strategies that teach them "how to feel differently." However, as Arluke mentions, "the extent to which they eliminate uncomfortable feelings" (346) has yet to be examined by researchers.

For Jasmine, a hotline counselor, uncomfortable feelings were not eliminated during training, and in fact were triggered during her interaction with other group members, aside from her interactions with the clients she spoke to. In Jasmine's case, debriefing did not prove to be a positive outlet for her to vent. For some hotline counselors, group settings were not the most comfortable place for counselors to express themselves and some found difficulty sharing their feelings because they did not feel a shared understanding with the other members during their small group debriefing sessions. When asked what the most effective aspects of meeting in smaller groups was, she replied . . .

> Not so effective for me. Do get some feedback and can see what other counselors get from it, but supergroup members don't know you from training. I feel more connected in team meetings, with everyone there.

Socializing Newcomers

Newcomers face group resistance early on the road to gaining acceptance from others. Newcomers attempt to prove themselves worthy of the role within the organization, not only by their actions, but by the level of commitment they show over the long term. Thus, in order to achieve their status as a complete member, individuals learn to be humble in their quest for acceptance and make it clear that their involvement is not for the personal gain. In fact, Lois (2002) found that "members who deviated [from group expectations and standards] were suspected of being motivated by self-interest" (66). As a result, in order to avoid being labeled as someone motivated by personal interest and gain, individuals may overcompensate in ways to prove themselves otherwise. In an effort to prove oneself, newcomers may overextend themselves by becoming too involved in the work they do, by signing up for more shifts than they can handle. Newcomers may spread themselves too thin when trying too hard to relate to everyone and may find themselves too involved emotionally while proving their commitment. Becoming too emotionally involved may make it more difficult for counselors to create that emotional separation between work and their personal life. As a result, developing too many unhealthy personal attachments may inevitably inhibit one's ability to create a sense of balance, when they fail to create a healthy separation between the two.

In some ways organizations unintentionally put strain on volunteers to prove themselves by adhering to group norms, values, and expectations to replace of their own. Bell, Kulkarni, and Dalton (2003) claim that supportive organizations are ones

that "create opportunities for social workers to vary their caseload and work activities, take time off for illness, participate in continuing education, and make time for other self-care activities" (466). This reinforces the idea that a counselor's level of commitment should not be measured by how many things they can do at once but a measure of how well they can do one thing at a time and at their own pace. Jasmine describes trying to do it all . . .

> I can sometimes be a call magnet [meaning she gets a lot of calls per shift]. [Which] can be overwhelming to get so many calls. I got three calls in one day. Occurring at all hours of the night. Two hotcalls within a 48hr period. I eventually had to get someone else to take calls for me because I couldn't finish the rest of my shift. I also do data entry for this internship, and take calls on supervision, I pretty much do everything on a daily basis.

Sometimes organizational strain can manifest itself into other aspects of the counselor's life, especially when dealing with those outside of the organization whose views may differ from the values and norms counselors have come to adopt. The new identity counselors form during this process is characterized by a loss of their sense of self. Changes to how counselors learn to identify themselves is due to the changes they must make in their thought process and beliefs about victims of sexual assault upon entering training for their role. It can be difficult for counselors when dealing with individuals outside of the organization who have not been exposed to similar viewpoints, to adapt to in-group expectations that defy general society's understanding, or lack there of.

During training counselors undergo a complete transformation, mentally and emotionally, while learning to conform to group standards. Jasmine, a SASA hotline counselor, discusses the strain of societal stigmas associated with sexual assault victims and how she dealt with victim blaming. She recalled being at work one day

during the time of a high profiled case in the news involving an athlete being accused of rape and hearing people at the bar where she worked make disparaging comments about the victim. She became so bothered by it that she called her partner to vent. She expressed . . .

> I always believe them. I'm on their [the survivor's] side, almost to a fault. On the hotline we're trained to believe them regardless. And cases in the media only cover 1% of false reporting, which causes controversy and precipitates false beliefs about victims of sexual assault. It's hard helping someone, when at work [outside of SASA] no one else believes her.

Lofland (2006) describes how through the process of "getting in and gaining the acceptance," newcomers rely on the more experienced members for reassurance and signs of acceptance into the group, during their transition into their role. When newcomers achieve a certain level of acceptance among other members they are in turn provided with a level of support they earn in exchange for the level of commitment that is shown by them. Gaining the acceptance of other members on the SASA team requires newcomers to be better listeners and avoid challenging the beliefs of those in superior positions. During training, newcomers learn to trust that those more experienced know what is best, because they have already been through this process themselves and want to help guide them. Laura, a SASA hotline counselor, describes her first impressions of the what the other counselors would be like, stating that,

> I thought all the other co-workers were wise, and thought that they all had it figured out and could handle every situation. But I looked up to those who have been on longer. You [as a newcomer] have so many resources, so you don't feel as intimidated.

On the other hand, Jenna describes her biggest challenge when trying to relate to other group members. She explains one experience as a newcomer on a hotcall . . .

> My hotcall buddy [a more experienced member that goes along with the newcomer for their first trip to the emergency room, for additional support] behaved differently than what I expected. She felt like she needed to take care of me because I wasn't American. It came as a shock to me. She did most of the work and she was more anxious than me. She felt like she needed to take care of me. I can take care of myself, but I didn't feel the experienced counselor trusted I could do it. Between counselors in support group. People feel discriminated. Yea the experience of being [from a different country with a different culture] is different, but I'm a well educated person. I'm not the stereotype and when I say things sometimes, other people in the group are like 'wow she's good at what she does.'

Throughout their growth as a hotline counselor, volunteers find more support from those they feel they can relate to most. They listen to those they feel most comfortable around and who free them from the worry of saying something wrong. While adapting to their role, counselors learn that even among their co-workers they may find trouble making a connection. So in order for them to avoid unintentionally insulting another counselor who may be more sensitive than others about certain issues, they speak to those who seem the most understanding and show the most patience while helping them to understand others better. Bell, Kulkarni, and Dalton (2003) found that those who showed the most signs of distress while working with victims of trauma were the younger and less experienced counselors (465). Which is one reason why hotline counselors may find trouble developing a shared understanding of certain issues is because they have little experience and are unaware themselves of how to integrate the memory of trauma into a healthy perspective, thus making it hard for them to relate to those who do suffer and are still suffering.

Confluence as a Precursor to Vicarious Trauma

O'Leary (1997) discusses the difference between confluence empathy. She defines confluence as "the absence or disappearance of a sense of separateness where

an emotional boundary [ceases] to exist between two individuals," and in part defines the point at which symptoms of vicarious traumatization have overcome an individuals sense of self and overridden the emotional boundary between themselves and the client.

"Merging" is what O'Leary (1997) calls the "elimination of difference" between the feelings of client and their own. The blurring of differences between one's feelings from another's can similarly be experienced by the hotline counselors working with victims of trauma. According to O'Leary (1997) this merging of identity between an individuals interaction with others, occurs throughout the process of socializing individuals into becoming hotline counselors. In many ways organizations promote a sense of confluence among their members "as a demand for likeness (to another person/object) and an inability to tolerate difference (from that person/object). Confluent individuals agree not to disagree" (138). Counselors and therapist must be wary of how "work confluence" affects them and "the proportion of their time" dedicated to their role as well as the time spent outside of their counselor/therapist role in order to avoid becoming over consumed. One counselor, Jenna, who at the time of the interview was a volunteer but has since left, when asked about her experience as a volunteer, expressed that . . .

> I go through cycles, there are times I feel comedic and sometimes too much is going on in my personal work . . .If I have my own issues how do I have energy to help others. [being a graduate student] challenges me to do school [but also how to] work with personal issues.

Preparation Prior to Establishing One's Commitment

The basics of learning how to manage ones emotions as a volunteer on the hotline begins during the required forty hours of counselor training. Newcomers are

taught to be cautious of developing particular attachments and given advice on how to control their emotions, by modeling the techniques used by the more experienced members. During training, counselors "learn how to feel" by using emotion management strategies, which help them to distance themselves emotionally by "adopting a different set of assumptions that may be inconsistent with [their] prior views" about victims of sexual assault (Arluke 2004: 346). Part of becoming a hotline counselor and therapist involves unveiling the stigmas and assumptions we hold and that society holds about victims of sexual assault. Counselors and therapists develop a broader understanding of the experiences or survivors during training to prepare them for their role to believe someone who may have already given up on the potential for any positive recovery from the trauma they experience.

According to Omoto and Snyder in Hellman and House (2006: 118), other factors "such as a helping personality, the motivation to serve, and social support" have also been found to influence volunteer and job satisfaction among those working with clients who are sexual assault victims, not to mention, their "subjective experiences" as well (David et al. 2003 in Hellman and House, 2006: 118). Crisis and trauma work is not for everyone, and organizations such as SASA look for specific qualities in their potential candidates.

In order to avoid the potential of burnout and vicarious trauma among newcomers, Bell, Kukarni, and Dalton (2003) argue that organizations must provide ongoing education to "help social workers to feel more competent and have more realistic expectations about what they can accomplish in their professional role" (467). In addition Bell et. al. address the organization's responsibility to "warn

applicants of the potential risks of trauma work and to assess new workers' resilience" (467). In order to avoid selecting volunteers who are unable or possess qualities that make them more vulnerable to vicarious trauma than others, SASA tries to identify those individuals before accepting them into the hotline counselor training. One member of the team in charge of the interviewing and initial screening process of new volunteers explains that she . . .

> Looks for people who are really open to challenging themselves on things they have learned all their life. [and show a willingness to] challenge the many societal myths [they may have learned in the past] and be able to look at the underlying impression . . .those willing to be non-judgmental about the relationship between the survivor and the perpetrator.

Learning the Scripts

Another technique used to manage emotions and avoid symptoms of VT is by learning and using "scripts" (Jones 1997: 146) to help guide hotline counselors through handling specific calls. Almost all the counselors found that role plays were the most effective aspects of training because it allowed them to practice and put to use the skills they had learned so far in training. Feedback from more experienced counselors during role plays helped "volunteers learn how to simultaneously rely on their emotions and the routine provided in training in their effort to begin building "*unpersonal* relationships with clients" (Jones 1997: 137). In addition, during training, counselors are exposed to a variety of experts in their field and experts in self-care. In training speakers share stories of their experiences and their own personal growth, which in turn help counselors prepare for their role. Counselors in turn benefit from their interactions with clinical professionals and other first respondents (i.e. D.A's, police officers, detectives) and the experiences they share with counselors in training.

Deep Acting vs. Surface Acting

The *role* of the therapist and hotline counselor requires more than just playing their part, it requires "deep acting" on their part (Hochschild 1983). Unlike "surface acting" which is simply pretending to feel like an actor or actress would, "deep acting" results in an emotional separation from ourselves and our feelings, when feelings happen to us. There is a reflexive relationship between the discloser and the listener. It is through this interaction that the passive listener (the hotline counselor/clinician) can be affected in adverse ways that can lead to symptoms of vicarious trauma. Therefore, counselors must stay conscious and observant of their own feelings, as well as the caller's, in the process of giving help, providing support, and listening. Practicing skills taught during training on an ongoing basis prepared hotline counselors with the knowledge they need to help themselves stay centered so that they can empower others without becoming powerless themselves.

Support Groups Functions

Support groups (also known within SASA as "supergroups") provide a safe space for counselors to express themselves and share the feelings that cause them to doubt themselves, in order to avoid the pitfalls that come from denying their feelings over the long-term (Rogers 1957). Supergroup meetings conducted by SASA provide a safe and confidential space for counselors to debrief and share their experiences with one another. It is in settings such as these that provide proof for the "value of ongoing training for volunteers serving in a high stress environment" (Hellman and House 2006: 122). A new precedent for sexual assault advocacy that reinforces the importance of group support to prevent the potential for vicarious trauma, victim

advocates and organizational leaders needs to be enforced in order to provide counselors with adequate support and training deemed necessary to "improve a volunteer's self-efficacy and . . . perhaps increase[e] the volunteer's sustainability" (122). SASA hotline counselor, Sophie expresses that . . .

> feedback from supergroup leaders helps the reassurance factor . . . I don't always think about the feelings that came up for me during that call . . .until we meet. Giving us positive feedback and discussing what we could have done differently. It helps listening to one another . . .learn more hearing how others handled calls.

In part, SASA's past success in maintaining its volunteers has been due to their efforts to maintain a sense of we-ness among its members and by reassuring counselors that the work they do is important to the SASA team. A newcomer, Sophie, explains that. . .

> there is no hierarchy . . .the one's most in charge, well they don't act like authority figures. They're there to help, very open, always there for you if you need anything, (they're very committed), when I found out there were 30-40 volunteers on staff . . . I couldn't believe there were that many people.

In order to maintain the confidentiality of their clients, SASA volunteers are limited to what they can share about their experiences while on call. Counselors have an obligation to maintain the privacy and uphold the integrity of the organization, by refraining from sharing internal matters with those on the outside. Therefore the obligation to maintain confidentiality puts an added strain on volunteers and therapists by limiting their options for support and debriefing. In effect, maintaining confidentiality further enhances an individual's dependence on in-group social and emotional support as an outlet to vent. For example, Laura, a hotline counselor expressed that . . .

> not being able to talk to anyone other than SASA about whats going on and can't tell them why . . .[when your] kinda upset, kinda weird, but you can't talk to them,

> especially when used to sharing things with closest friends . . .friends are like . . . that's so amazing, but that must be so hard.

EMOTION MANAGEMENT STRATEGIES

Normalizing, Listening, and Not Fixing

In order to gain a better understanding of "how others assess (their) emotional display" (Hochschild 1983: 57), experienced counselors provide the newcomers with constant feedback and "rule reminders" (57) to tell them how to act and how to feel. For example, supergroup leader Mike reminded the counselors at one of the Supergroup meetings, that . . .

> What we do best is listening. Our job is not to try and problem solve, but to help the caller figure out what's frustrating them, by helping them to identify their own feelings. There are two parts to every call, one part is the emotion building, empathy, bonding part, and only 10% of the call should involve problem solving and fixing. In the first five minutes of the call, regardless of what they're calling about . . . It's bonding time.

One aspect of being a crisis hotline counselor involves learning how to think on your feet, and learning how to handle any type of call. Having empathy is one ingredient to developing a connection with the client, especially when interacting with someone you have trouble identifying with and are unprepared for. According to Churchill (2000), having empathy means that individuals "can learn to read the signals and identify someone's emotional state," perhaps even if they are unlike anyone we have ever encountered. Counselors feelings of anxiety and uncertainty, in part, are a result of the unpredictability of the calls they receive (Jones 1997). "The kinds of calls the volunteers handle [are not only] unpredictable . . . but [are also not] limited to rape" (Jones 1997: 131). SASA is listed in the phonebook as a "crisis hotline," in the past, which Mary at SASA believes has contributed to the volume of calls unrelated to sexual assault. However, changes have been made to address the

present circumstances, but by virtue of being labeled a rape "crisis" hotline, SASA unavoidably receives many calls from people experiencing problems beyond the scope of what SASA volunteers are trained to deal with. Jenna, as hotline counselor, describes a call she received on her first shift that illuminates the unpredictability of the callers' needs. She said . . .

> What's really complicated was a victim who was an addict . . . so you learn to understand her but by understanding what's going on around her. How's she living her life. Each client who calls is a different world and has its own issues and things going on and you, as a hotline counselor, have to see the bigger picture to cope.

Taking a Difficult Call

Part of training deals with not only how to respond to prank callers as well as people whose issues go beyond the scope of what SASA hotline counselors are trained to deal with. Significant portions of training are focused on how to respond to potential suicidal callers and cutters, as well as inappropriate callers, such as prank callers abusing the purposes of the hotline, or people wanting to talk about issues unrelated to sexual assault. Many counselors experience difficulty thinking of what to say and how to respond to inappropriate callers and difficult callers. For many of the new counselors, they found these types of callers to be particularly draining, one counselor Beth, described her shift as being . . .

> the worst night of my life getting this call, I was really intimidated by the caller, I tried to talk to her about coping mechanism, but she said that she's tried them all and the only thing that makes her feel better is cutting herself.

Like Beth, many counselors begin to feel helpless at this point in the call, tirelessly trying to be supportive and feeling helpless when dealing with a caller who is resistant to all possible suggestions and resistant to the counselor's attempts to

stimulate conversation about their feelings. When asked about what type of call she considered to be most difficult to take, one counselor Pilar replied:

> It's difficult when you want to do something for them, but there's not much you can do at that time. The best thing to do is talk about it afterward. And to think to yourself . . . Is there anything I could have done better?

When counselors were asked about what calls they considered to be most difficult to take, many felt that inappropriate and suicidal calls were most difficult to handle both mentally and emotionally. Counselor's feelings of doing something wrong are most evident when working with suicidal callers who have proven to be the most resistant to the counselor's helping efforts and at the same time the most needy and dependent on the counselor for support and reassurance.

In addition to suicidal callers, Pilar, describes the difficulty she faces when trying to help someone with mental health issues. Pilar expresses how torn she feels particularly when "you want to do something for them but there is not much you can do at that time." Part of her anxiety is due to the fact that they aren't trained to accommodate all clients in crisis, and often times hotline counselors rely on specialists in the field to refer callers to. One of SASA's staff members, whose role is to follow-up with callers expresses that,

> the most challenging to help . . . is someone who has multiple issues unrelated to sexual assault . . . housing issues, job, legal, and financial difficulty, all of these problems exacerbate their trauma.

Not only does having multiple issues exacerbate the trauma experienced by the survivor, but it also exacerbates the trauma experienced by the counselor and their feelings of powerlessness over another's troubling life circumstances. The more problems a caller has unrelated to sexual assault, the more difficult it becomes for the hotline counselor to help them. Counselors enter a state of helplessness when they

tirelessly try to alleviate the callers distress and find themselves to be ineffective when additional factors affecting the caller are outside of their control.

Boundary Maintenance

Counselors and/or therapists who may personally relate to a client's experience are more likely to be triggered depending on how recently the event happened and the extent to which they have personally dealt with those feelings. In order to protect counselors from being harmed by exposure to potential triggers during training, newcomers to SASA are carefully screened during the interview process to ensure that they are emotionally ready. Training can be very intense, and SASA makes sure that the counselors are not only prepared but are wary of the potential triggers that may come up during training. In the event that a volunteer is triggered, he or she may potentially experience symptoms of vicarious trauma or a re-experience of trauma from his or her past.

Learning strategies to maintain boundaries is one emotion management technique used by hotline counselors to prevent developing an emotional attachment to the caller, and the development of personal attachments and associations to those experiences they feel they can relate to most. Volunteers who have difficulty maintaining boundaries between themselves and the caller experience the greatest difficulty avoiding burnout and the potential for vicarious trauma. On the other hand, some counselors found the most difficulty speaking to callers who shared stories similar to their experiences, someone they felt they could personally relate to. During Jenna's interview she provided such an example when she said,

> the type of call that triggers something in your personal life can make it even more difficult to end the call, you feel more drawn to this person, and want to do everything you can to help them.

This is why counselors learn strategies to manage their emotions that include learning to "build and manage unpersonal relationships with" (Jones 1997: 125) survivors of sexual assault. Lofland (1989) was the first to use the term *un*personal to define how individuals are bounded in a relationships in public settings, and which are not completely "impersonal, because they are simultaneously characterized by social distance and closeness" (in Jones 1997: 127). However, many are not as successful practicing and doing what they learn during training. Tessa, when asked what she considered to be the most difficult call to take, replied

> The most difficult, I imagine, is dealing with a suicidal caller. I've done suicidal check ins before, asking them "Like have you ever thought of hurting yourself." But one young woman stood out to me, she had been gang raped. She had just moved back to town to live with her parents. She talked about having problems meeting new people and felt depressed. I had a one hour long conversation with this girl and thought to myself this girl seemed nice. I wanted to reach out more than an anonymous phone. Its hardest to end that call because I felt such a strong connection, I think I even told her at the end "I'll be your friend."

Volunteers are taught ways to not only manipulate their own emotions but also have the power to influence the feelings and emotions experienced by the caller (Jones 1997) by establishing a bond and making an emotional connection to their experiences. Therefore, a counselor's success is dependent on not only how well she is able to establish a bond with their client but how well she is able to detach herself emotionally once the call is over. In order to successfully detach oneself, individuals must be able to set boundaries for themselves early on, in order to ease the pain of disconnecting emotionally at the end of the call. Much of the counselors success depends on how well they are able to integrate these emotion management techniques into their personal lives, where they can practice and prepare for the more difficult challenges they face in their working relationships with the clients and

callers on the hotline. Laura, a counselor I interviewed stated that her experiences as a volunteer have . . .

> definitely empowered me. I am better at setting boundaries for myself and being able to know what's appropriate and what's not. Setting boundaries between who I want to talk to and about what.

Another victim advocate I interviewed, Mary, explains that "it's not about helping others without helping ourselves. It's not about sacrificing our own emotions to help someone else cope and understand their own." Counselors learn how to help themselves through the process of helping others and through their experiences volunteering and interacting with clients on the hotline. This is where counselor's learn the importance of practicing self-care on an on-going basis. One victim advocate and professional therapist, Carol, expressed the importance of practicing self-care in individual therapy. She described it as . . .

> finding out how to hold that space of compassion; helping them find their journey . . . not telling them. It's being a witness . . . like a midwife . . . . and if I notice I'm encroaching on this space, I would say something like, 'I think you could better be served if you check out' . . . and then give the client a referral, like another therapists or counselor better suited to accommodate the client's needs.

Counselors and therapist learn how to monitor their own emotional reactions and triggers throughout their experiences working with victims of trauma. Therefore, they practice self-care strategies on an ongoing basis so that they can protect themselves from emotional harm or vicarious trauma, which in essence can all have an affect on the quality of care they are able to provide.

Self-Care

Individuals practicing self-care on an on-going basis, have been one way in which many of those I interviewed used to maintain their sense of self, control, and an emotional equilibrium. By being mindful of themselves and practicing self-care

on a continual basis, counselors and professionals can activate their power to control their emotions, how they feel, and how they react. One of the interviewees, Debra, mentions that she has

> learned what works and what doesn't through hit and miss and mostly from experience . . . I try to be conscious . . . knowing how I function . . . and know that it's hardest to work with what makes me crabby.

One thing Debra practices most is self-awareness to help her identify triggers and how she reacts, while at the same time trying not to be overly self-critical. Bennett-Goleman (2001) advocates the idea that therapist who unleash their capacity to take "counterproductive, illogical thoughts, to untwist cognitive distortions, and to work with life events or their own thoughts" are one step toward developing a better understanding of themselves and their perception of others. Therefore a counselor's growth is strengthened by virtue of knowing their weaknesses and limitations, which according to Germer (2005) incorporates being mindful and finding "a way of relating to all experience – positive, negative, and neutral – such that our overall level of suffering is reduced and our sense of well-being increases" (4). Otherwise, counselors may become desensitized as a way of coping with unwanted or disturbing feelings associated with the work they do. The experience of vicarious trauma may be seen as a personal failure that causes counselors to lose their sense of self-compassion (Neff 2003:85) in addition to the vicarious loss of compassion for others.

Overall counselors, in comparison to the therapists I interviewed, generally expressed more feelings of self-doubt when first taking on their role. I asked what their first impressions of what working for SASA would be like, and if they've changed, how so? One staff member, Debbie, stated that it was . . .

> most difficult, and I wasn't fully prepared for the amount of emotion I feel doing this work. Taking on the victim's trauma and the effects of that stay with me and trigger me in my own life.

Managing the Private vs. Public

Carol, a professional therapist, said that one of the hardest things she had to learn to do is "managing the private and public; how family life affects work life." She explains the importance of being present, and learning to "sit with it." She says that by finding her balance she is better suited to emotionally help her clients balance their emotions. Carol has found that what has helped her most to prevent getting burnt-out has been to diversify the things she does. She has diversified her career by simultaneously managing a private practice, teaching seminars at the university, doing administrative work, studying psychological theory, and she really stressed the importance of self-care to parallel the process. When I asked Carol what she felt was the most challenging aspect of her role she first stated that . . .

> well there are three people here in the office and this question could be answered differently for all of us, but for me it's: getting my mind set so that my paradigm is shifted so that I can appreciate the value of advocacy work and how its different than other clinician work I have done in the past.

She explains how she has "incorporated lots of ways of doing self-care" to minimize the chances of her experiencing burnt-out and feelings of being overwhelmed. Which is another example of the importance of ongoing self care among mental health professionals working with trauma and sexual assault survivors.

Some of the questions that came up during my research were, "Do people knowingly become involved within organizations such as SASA to gain a better understanding of their own life experiences, by helping others better understand their own?" Does the re-experience of painful events in our lives occur because we subject

ourselves to potential triggers into our own memory banks and are ready to face the past and ready to move forward? Is the experience of vicarious trauma, our body's reaction telling us we are not ready and have reached a block within the healing process?

One licensed professional, Debra, was asked, "Have you ever felt burnt out" from work and how do you re-focus and get centered when feeling overwhelmed and stressed?" She replied "Yes" and stressed the importance of self care. Some of the methods of self-care Debra practices are things like stretching after work or exercising outdoors. She describes coping with stress on the job as . . .

> burn out stuck in our bodies and finding the means to get it out of her body . . .exercising every morning . . . being intentional and making time for it."

Debra pointed out that . . .

> This may not be true for everyone, people get triggered differently. When it's overwhelming busy and I feel like I can't give everybody the care they need, which is not the time to get anxiety. So instead I get re-centered by remembering to pace myself in the time between cases, to take a breath, and when I don't have time to do this in between spaces in my work schedule is when its the most important time for me to practice self-care. During these times is when its most necessary for me to take care of myself so that I don't subject myself to the potential of getting burnt-out and or harming myself. Which is why when I get overwhelmed its important for me to get out and do something.

CONCLUSION

Part of training and learning to help others requires the counselor and therapist to know their limitations and be able to set boundaries for themselves. In order to recognize their own weaknesses, counselors must rely on those around them to help them identify what they need to work on. Counselors find strength in their role by showing a willingness to communicate what they need personally from their available sources of support, so that they can themselves and more effectively help

others. It is through the process of giving and receiving support from their peers and co-workers that counselors and therapists learn to understand how their own personal histories affect how they interact with others and their capacity to cope. Counselors and therapists find the most success when they are aware of what they need and can identify the aspects of their role that they find most challenging. In order to get the help they need, counselors and therapists must make a personal assessment of what resources work best for them and be able to communicate how others can help them more effectively. Therefore, it's important for counselors and therapists to get the help they need and receive adequate support from others so that they can begin coping and dealing with negative emotions, which can cause disruptions to their working relationships, as well as the bond they are able to establish with their client.

In treating victims of trauma, clinicians and hotline counselors have been trained in ways to assess and recognize the potential triggers for the memories that may cause them the most harm. Counselors who have yet to achieve the success of knowing themselves and how to heal from their own experiences are the most susceptible to being triggered by others. In order to help their clients, counselors and therapist must help themselves, and organizations need to provide on going education to help establish healthy self care and emotion management strategies among their volunteers and members. The more aware they are of their potential to experience vicarious trauma, the more effective they will become at establishing healthy habits and methods of helping themselves. Success is achieved when individuals in helping professions and volunteer positions personally improve upon

their strengths and move past personal weaknesses that affect the quality of care they can provide to survivors of sexual assault.

CHAPTER 5:

OVERCOMING SYMPTOMS OF VICARIOUS TRAUMA AND STAYING COMMITTED

In this chapter, I will be discussing how feelings, thoughts, and emotions lead to vicarious trauma, and the transformation that occurs within the therapist's and counselor's sense of self once they learn how to successfully manage their emotions. Specifically, how through the process of learning and applying emotion management strategies, individuals can overcome the obstacles necessary to maintain a long-term commitment to their role as a hotline counselor and/or trauma therapist. Including how their personal motivations affect an individuals ability to adapt to their role, how their interactions (with everyone other than the client) affects the degree to which they stay committed and feel a sense of belonging, and what eventually causes them to detach or fall victim to vicarious trauma.

EMOTIONAL INTELLIGENCE (EQ)

The ability for counselors and therapist to learn, adapt, and practice the skills they learn determines their level of success. Churchill (2000) argues that one's "emotional intelligence [EQ]" determines not only how we interpret the emotions we feel and how we process them, but also our capacity to have control over them. Churchill argues that managing our emotions is something we can all learn to do, and that awareness and developing a better understanding of our own emotional triggers is key to empowering ourselves and our sense of control. What counselors and therapist feel and how they interpret their emotions to some extent determines how they can help others to manage their emotions. The degree to which we can identify and assess

how our feelings and emotions affect us, helps us to recognize what causes us to feel that way and then assess what preventative measures we can take to keep our emotions from taking control over ourselves.

Churchill's findings suggest that Emotional Intelligence (EQ) indicates an individual's ability to apply the skills they learn and accounts for 80% of our intelligence. According to Churchill, the difference between our IQ and our EQ, is that EQ encompasses the strategies we use to problem solve, whereas IQ is based strictly on our "cognitive skills." In addition, intrapersonal intelligence or social intelligence can be classified under our overall emotional intelligence. Churchill defines the aforementioned terms as . . .

> me dealing with others, how I deal with you, recognizing emotions in others (i.e. not just accepting face value, reading between the lines) and using this information as a guide for building and maintaining relationships.

In terms of hotline counseling and therapy, these findings suggest that we all have an internal capacity to control our emotions, and that by tapping into resources and support systems to help us cope can in turn provide us with, "constructive ways to use and harness [our] emotions" to prevent the experience of negative emotions.

According to Churchill (2000) . . . .

> An emotionally intelligent person's reasoning is often based on images; they can make connections between different domains and look at a problem from different perspectives. They can see the big picture, but can also focus on any relevant details and take them into account. If they encounter difficulties in finding a solution to the problem, they will translate the problem description and use other knowledge (very often from past experience of similar case scenarios) to find the appropriate answer.

OVERCOMING SYMPTOMS OF VICARIOUS TRAUMA

Mindfulness

Another way counselors and therapists can learn to manage their emotions is by being mindful and aware of their feelings, which according to Bennett-Goleman (2001), requires an assessment of two factors, one being cognitive and the other mental. Therapist are better able to help others if they can help themselves pinpoint those "hidden emotional patterns, bringing them into light of awareness," (4) and by finding positive outlets to express themselves to help balance their emotions. It is through this process of transformation that individuals learn to activate a belief within themselves and the power their mind has over the emotions they feel.

George S. Everly and Jeffrey T. Mitchell (2000) provide research on what they call "the debriefing controversy" and a shift in focus within crisis intervention research. Their study investigates the "effectiveness of crisis intervention" and the "need to now focus upon 'who' does crisis intervention, to 'whom' and in 'what specific situations' underlying "the foundation of the field of crisis intervention" (211). Reading this study made me curious to see how different levels of training, engagement, and educational backgrounds factored into one's interpretation and perception of their experiences and themselves. Do paid professionals have a greater capacity to cope with feelings arising from interactions with clients who are sexual assault survivors, than forty hour trained volunteers? I found that therapist in comparison to hotline counselors, overall seemed more prepared for their role and had more knowledge about what to expect from the clients and were more prepared

for how to approach and/or help the client. For example, Carol, a professional therapist describes her most memorable experiences throughout her career . . .

> I started out twenty years ago. One of my jobs was working at a hospice. I was working with individuals dealing with death and dying, while doing an internship for my masters on insight oriented therapy. I found my experiences to be tremendously helpful. Learning how to help understand why its affecting me, in relation to myself and my clients. In my thirties I did my doctoral work and that gave me an opportunity to focus on my psychological development. That's when you learn how to read yourself. So that your able to think about it [your feelings and emotions that come up doing this kind of work] and recognize and still be able to control it and deal with it outside of the session.

The most difficult part of the hotline counselor's role is the unexpected aspect of it, and what they have yet to learn through their academic, work, and life experiences. Whereas professional therapist, upon entering their role, are more prepared due to the experiences they have acquired throughout their extensive academic achievements and work experience prior to engaging with clients one-on-one.

Personal Motivations

One factor that can be predictive of the length of service of volunteers on a crisis hotline is their individual motivations they had prior to volunteering. When an individual's motivations for volunteering are constructed by an expectation for personal gain and or guided by assumptions about what they think it will be like, they may have already set themselves up for failure. When their actual experiences differ from their preconceived notions of what therapy work will be like, minor triggers and the beginning stages of acquiring their role may pose significant challenges to their self concept which may lead them to drop out and/or easily become burnt-out. Cohen 1973 (in Lois 2002: 67) refers this newcomers experience as "entry shock . . .(when) the reality of the group's norms abruptly disconfirmed their initial expectations."

Increasing individual awareness of the potential to experience negative emotions is one step toward preventing vicarious trauma and burnout, however individuals alone cannot support themselves. More importantly, organizations provide the structure in which counselors and therapists learn to manage their emotions and are aware of the kinds of support they need to cope with negative emotions. Therefore how well individuals function is based on not only what resources are made available to them (i.e. individual therapy and counseling services for rape crisis hotline counselors), but also the kinds of peer-support systems built within the organization. Organizations face the responsibility to raise awareness about vicarious trauma, so that counselors and therapists will be less apprehensive about sharing those negative feelings, associated with the work they do, with other group members.

Counselors find reassurance knowing that they are not alone and that everyone else has felt similarly at one point or another during their time at SASA. Newcomers are particularly vulnerable, because they may not know that a problem exists until someone else can help them identify what it is they are feeling and then how to cope with those feelings. Counselors have a tendency to lose touch with their emotions, when they do not allow feelings which would conflict with others into awareness and say only what they anticipate would be most pleasing to the other group members (O'Leary 1997: 140). For example, Laura shared with me, what she found to be the most effective aspects of group meetings, expressing how . . .

> Everyone gets a lot of time to themselves to get to talk about what they want to talk about. Getting to know a group of people, who are going through some of the same things . . . you get close. Have fun. Have intense talks about terrible things. You learn that you don't have to serious all the time, and that its okay to get down on yourself, because they help you get over the stuff that bothers us most.

Which explains why it would be most difficult for those struggling to perform their role to admit any feelings that would suggest any personal weaknesses they may have, because they may see other counselors like Laura who are better at coping than they feel they are able to. However, what they fail to see by not sharing, is how similar they are rather than different. For example, Sophie describes her experiences before coming to SASA . . .

> As a counselor you have this status as being among the "good people" so people tell you things they wouldn't normally tell you if you weren't a hotline counselor, its hard telling them, um I can't really help you with this or I can't handle this emotionally right now can we talk later . . .

Counselors begin to question whether or not this is the right role for them in life by creating self sabotaging beliefs of themselves. Individuals who create perceived differences between themselves and the other more experienced counselors, see themselves as not fitting in because they learn to doubt themselves when they do not get the reassurance they need. As a result counselors may end up feeling that they are less than capable of meeting group expectations. On the other hand, it may be difficult for those who want to help others to admit to themselves that they are not as good at helping others as they think they are, while coming to the realization that the one they should be helping is themselves.

Individuals who constantly question themselves, the value of the work they do, and are dependent on the need to have their feelings normalized by others and receive other positive reinforcements are most likely to question their own self-concepts when their feelings are not validated by other members on the staff. Individuals are motivated to engage with others in a way that reinforces a positive self-concept. Therefore, support from the most committed members is needed to

reinforce the new counselors sense of self and sense of belonging. Organizational support and attention must be paid to the newcomers who are most likely to see minor setbacks as indicative of future hardships, rather than see their potential to overcome those negative feelings with experience. For example, Jenna explains that . . .

> Support groups are one of my biggest challenges. Not feeling like its okay and getting checked in on, that your okay and that your doing everything you're supposed to do. What I really need and look for is someone like Cathy [the client services coordinator] and say something to her like, "I need you to normalize me." Its not just because of the people in the group but its that dynamic that just doesn't work for me, and make me feel better at the end of the day.

However when one's experiences and interactions with others yield negative feelings about ones competency in their role, those feelings can cause one to question how important it is for them to stay committed. When feelings are not validated by others, it sends a message to that individual that the amount of emotion work they put into performing their role has been undermined by those whose support and reassurance has not been granted. Feelings that are not normalized by peer-support networks have the potential to spiral into "emotional crises [which] may threaten individual's 'inner sense of self' and, to different degrees, threaten to disrupt and disorient the person depending" on fragile they are emotionally at that time (Lois 2001: 169). Therefore when counselor's and therapist's experiences with others yields negative feelings about oneself it makes it difficult for them to feel comfortable being themselves and expressing feelings to those they feel do not understand them and feel judged by. As a result, counselors become defensive and highly sensitized by the opinions of others, not only among their peers but among those on the outside, resulting from the perceived threat, posed by those within the organization, to their sense of self. In order to recover from this cognitive distortion precipitated by those closest to them,

counselor's find strength in challenging the beliefs that they perceive others to hold of them, by "becom[ing] highly self-aware and . . . redefin[ing] their selves during crises" (169). Internalizing and overcoming the lack of acceptance of others, occurs when counselors and therapists no longer allow others to dictate the feelings they hold of their selves, and gain confidence when they are able to maintain a sense of emotional stability on their own and stop being needy of others for reassurance and validation.

Interfering Personal Motivations

Individuals whose motivations for becoming a hotline counselor or therapist, is to help others thinking it will bring them personal reward and gratification are in it for the wrong reasons (Lois 2003). The path toward social change lies within those who genuinely strive to better themselves and at the same time wish to help guide others to do the same. In the field of counseling and professional therapy there lies a fine line between helping others and trying to change others. When counselors become fixated on changing others, they may find themselves powerless to the reactions they receive and which differ from the outcomes they had anticipated. Therefore trying to change callers can yield negative consequences, when the focus on the needs of others surpasses one's need to take care of themselves. Being an advocate and being empathetic does not mean sacrificing one's needs for another in order to stabilize another emotionally while losing one's sense of emotional stability. When one loses control over their senses, we become desensitized, and when we feel that we cannot control ourselves our awareness for perceived threats heightens as a result. Our view of reality becomes distorted when we are challenged by what we

have yet to understand and process completely. Which is why support groups and peers within organizations play a critical role helping counselors to identify the potential pitfalls of working with victims. While at the same time helping them to be aware of the symptoms of vicarious trauma and notice any changes in behavior they see in the newcomer as they arise and provide help to those who are unknowingly being affected by weakly practicing self-care and emotion management skills learned in training.

Personal fulfillment is reached when individuals no longer base their growth in relation to the growth they see in those around them, and the acceptance of others. It occurs when counselors are able to find a deeper meaning to the work they do while helping others, meaning that will motivate them to continue working despite minor setbacks and obstacles they encounter while improving their own skills at managing their emotions. Measuring ourselves based on the acceptance of others, especially in non-profit work, is a means to an end, because as soon as we do not get the validation we had hoped for, and when we feel others do not acknowledge our progress, we may begin to question ourselves and our purpose within the organization. Individuals seeking group-acceptance, have become fully enmeshed within organizations when a failure to reach group goals is accepted as a personal weakness. In the event this occurs, individuals may choose to disassociate from those whose acceptance has not been granted, in an effort to save face or by expressing a form of unwillingness to accept group goals and expectations of themselves. Therefore level of commitment may not only be affected by the therapists and counselor's direct interaction with the client, but influenced by the expectations and demands of the organizations to which

they are apart of. Not only do individuals need to make a better assessment of themselves prior to engaging in this type of work, but organizations while recruiting newcomers should be well aware of the individual's weaknesses and willingness to meet its requirements by, making their expectations of their volunteers clear before they begin participating.

Social systems that develop within organizations, and among volunteers and professionals associated with SASA, are primarily constructed by "affective connections among members of the system (in Callahan 2002:284). For example, Hoschild's (1983) study on emotion work illustrates the degree to which "society drives and individual to cognitively shape and control feelings in order to fit within that society, in order to achieve goals within that society. Therefore, learning how to use and apply emotion management skills can be considered as one type of instrumental action that motivates the newcomer to blend in and achieve what is expected of them while performing their role, and why they may display themselves in ways that enable them to fit in with the other counselors (284). Callahan argues that instead of seeing emotions as an "individual phenomenon" we should look at the potential for emotions "to be seen as an external or social phenomena that becomes embedded in the environment itself" (291). Callahan argues that in order to recognize these patterns of emotional structuration we must address a "need for change at the larger organizational level" (292) in order to start making changes at the individual level.

Challenges and Transformations

Part of a therapists personal growth comes from accepting the fact that they can never expect change to come from someone else, and learn to accept the fact that they are powerless over another's feelings. Counselors learn to accept that they have no control over others through their experiences and interpretations, in addition to their level of training or educational background. Shainberg (1983) illustrates the key transformation that therapist's undergo when working with clients in this way. She claims that when counselors learn to let go of their thoughts, and stop trying to fix, they become better listeners (Shainberg 1983). By making a conscious effort to be aware of one's thoughts and judgments, counselors and therapist can better prepare themselves to be active listeners by identifying the caller's feelings, instead of focusing on feelings within themselves the caller is triggering (Shainberg 1983). In this way counselors can best help others by letting the client make sense of their experiences themselves without telling them how or what they should feel. For example, Sophie expresses . . .

> I didn't always listen as well to what people were feeling, its something I would automatically do. I realized that it doesn't always help to tell others what to do and see how I affect people like my mom. In order to see things better myself I had to learn to see how listening, advice, and guidance is a better way to help others see things on their own, including myself.

The role of the hotline counselor is to help others make sense of their experiences, and as an added bonus to helping others, counselors and therapists may learn from the experiences that lead them to a better understanding of themselves.

Trungpa (1983) argues that the basic role of the therapist "is to become full human beings and to inspire full human-beingness in other people." Similarly, counselors are best able to help others when they fully understand the importance of

being open and come to understand the meaningfulness of the work they do for survivors of sexual assault. When counselors and therapist are unsuccessful at being true to themselves then "working with others is a question of being genuine and projecting that genuiness to others." The role of the therapist is not try to figure out people based on their past but rather for them to develop a sense of fearlessness in the face of the unknown which is necessary to work patiently with others (Trungpa 1983).

Part of accepting the unknown aspects of being a first respondent to individuals in crisis situations, requires learning to let go of our past failures while on the job and avoid using the past as a indicator for future failure. Especially for hotline counselors who's role requires them to put themselves in unfamiliar territory, and forces them to interact with others on a very deep and personal level. Bennett-Goleman (2001) suggest that in order to have "empathy [for] our distorted thoughts . . . means understanding how we perceive and how our perceptions are colored and swayed by hidden meanings" (25). Counselors and therapist in the field can accomplish this by learning to be more accepting of one's past inadequacies and not allow past mistakes to deter them from reaching their potential for future successes.

Normalizing the feelings of others requires the therapist in part to create and open space, let go of their own fears of failure and the embarrassment they may feel by saying the wrong thing. Trungpa explains that in order to cultivate basic healthiness in others requires the therapist to cure their own impatience and learn to be more accepting of others, regardless whether or not we may understand them. Trunpga (1983) alludes to the idea that whether or not therapist's can personally

identify with the experiences of another should not be a measure of how capable the therapist feels in helping that individual, but that being there and listening is just as effective. Trugpa (1983) specifically speaks to psychotherapist and their role as the helper to commit to their patients fully, in the sense that they pay attention and actively listen to survivors whose experiences require them more so than any ordinary medical work position would require them to. She describes the relationship between the therapist and the client as more of a "long term commitment" that strengthens over time, with patience and the development of a certain trust that enables the client to freely express themselves and share their feelings.

STAYING COMMITTED

Many of those who I interviewed expressed being at either the beginning of a transition in their lives or coming to an end of a transition, that marked a significant personal change or achievement. Changes such as switching majors (as an undergraduate), attending their first year of graduate school, finishing up graduate school and beginning a new profession, applying for graduate school, or even changing professions and giving up a more profitable profession for a position at this particular organization. Witnessing changes at the individual level proved to have an affect on the organization as a whole. When individuals transition out of their older role required rebuilding and acquiring new staff members, it adds stress to existing members who were forced to expand their role to make-up for the loss of participation from the less dedicated members. In addition, individuals within organizations have the potential to cause organizational strain, when they fail to follow-up with the commitments they have made, and force others to do more work

than they had anticipated. For example, taking on too many shifts and cases, and over-extending oneself to ease the stress on others within the organization can eventually lead to feelings of being overwhelmed and cause burn-out among volunteers and therapists. For example, Jenna expresses . . .

> I go through cycles, sometimes I feel comedic, and sometimes too much is going on in my personal work. If I have my own issues to deal with how do I have the energy to help others. My work in graduate school challenges me to try and do school and work through my personal issues. Its hard finding a balance between my school work and being a hotline counselor on call, I can't do everything I want to sometimes.

In fact, Frazier (in Zimering et al. 2003) found that "the greater the percentage of survivors in a provider's caseload, the greater the number of secondary trauma symptoms reported." Similarly, one of the trauma therapists I interviewed, Debra, mentioned balancing herself by dividing up the caseloads among her colleagues depending on each one's individual capacity. Debra, who is also the executive director of an organization assisting sexual assault survivors, found it necessary to meet the individual needs of her co-workers in order to avoid overwhelming one another with more work or cases they could handle at once.

Individuals undergoing major transitions in their life, may see SASA as an organization to which they can form attachments to help themselves through their personal transitions. In fact, Bell et al. (2003) found that age mattered in terms of the counselors ability to cope with these symptoms, and found that "younger and less experienced counselors exhibit the highest levels of distress" (465). Although working with sexual assault survivors, and the knowledge they obtain through training may help them cope with their own experiences, the process may be emotionally draining and may require newcomers to cope with a great deal of stress on the job, in addition the stress related to their academic work and achievements. In

many ways work stress can manifest itself in ways that "contribut[e] to personal relationship difficulties at home," and in terms of students living away from home, it can have an affect on their ability to relate and develop relationships to the people they meet and interact with for the first time (465). It may be difficult for the younger hotline counselors, who while transitioning into adulthood, to overcome both the pressure they put on themselves to succeed as well as the pressure the perceive to exist while meeting organizational requirements. In fact, the pressure that counselors put on themselves much of the time exceeds the expectations that organizations have of them, and counselors while attempting to live up to their own expectations of themselves as hotline counselors may find that they are unable to manage both academic and personal pursuits in life to the extent they believe will determine their level of success in life.

On the other hand, volunteering can give its members a sense of purpose, and direction in life, by situating them in a place where they can learn to help others and focus less on themselves. While counselors learn to be more accepting of others, they learn to be more accepting of themselves. Learning to help others cope with their trauma may help to alleviate the distorted perceptions the counselor has of themselves and their capacity to have control over their lives. When hotline counselor Debbie was asked why she chose to volunteer, she expressed that is was a way for her to get more involved "doing something this important and valuable to the community and family as a whole." Another counselor Jasmine explained that she wanted to get involved in something . . .

> more specific . . . part of the reason was my sister was raped in high school . . . didn't know if it [becoming a hotline counselor] was right at first . . . but feels good now

> that I am doing this work . . . help make the world a better place, even if it means helping just one person.

The kinds of calls that hit closest to home, and the clients which counselors feel they can most relate to, are sometimes the most difficult calls they can take.

Depending on how smoothly these transitions occur at the individual level they can shape how the organization operates and determines how effectively they can help their clients. For example, during particular periods of the year, such as summer, SASA expects many of their volunteers will be on leave so they are prepared to cover shifts with the few hotline counselors available. However, when there is a significant loss in participation during a period of year that comes unexpectedly, it may add strain that forces SASA to take action, such as preparing additional trainings to recruit and train new volunteers in response to their current deficit. For example, during the summer season many counselors, who are students. go on vacation or go home for a couple months, leaving many shifts to cover for those remaining during the summer months.

Organizational transitions occur, partially as a result of individuals coming and going, but is also related to changes occurring within society and among outside members. As society evolves and the individuals within them change, so does the role of the therapist and hotline counselor in responding to victims of trauma. From a sociological perspective, changes occurring within society can have a tremendous effect on the individual sense of self, depending on the mechanisms of which they have to successfully cope with these changes. As culture changes, people change, and new problems associated with those changes arise. In lieu of the major catastrophes that have struck our nation in recent years, researchers have begun to question the

effectiveness of the care provided by first respondents and those in the mental health care professions and the level of preparation they have in the event of an emergency. Researchers have only begun to assess what adjustments need to be made to current training requirements among mental health care professionals and first respondents (i.e. hotline counselors) and how to deal with these newly arising social problems to help others address and cope with their present circumstances (Zimering, Rose, Munroe, James and Gulliver, and Bird 2003).

Organizational Support to Effect Positive Change

According to Zimering (1997) the factors most predictive of secondary trauma "include insufficient training, identification with victims, insufficient supporting in the workplace and insufficient social and familial support." Hotline counselors can gain control over the way they feel by adapting the strategies they learned to manage their emotions, practicing those strategies on a continual basis, and by utilizing in-group support systems to decrease the emotional strain that leads to vicarious trauma. In addition those most vulnerable to experiencing symptoms of VT, are also the most likely to seek immediate gratification and positive reinforcement from alternative modes of therapy that may prove to be less effective than the more traditional methods they learn to reject. Therefore organization play an important role in preparing individuals for their role, and teach them early on how to "disengage from the emotional habits" that can ultimately undermine their livelihood of their future relationships (Bennett-Goleman 2001: 4).

The culture of an organization, and the people in charge of its structure, dictates how individuals work together and the level of support they receive from one

another. The general goals of the organization are to provide support to victims, however must be weary of undermining the significance of the support they give to their providers. The "Parsons' General Theory of Action provides a framework for linking emotions to organizational action" (Callahan 2002:282). Callahan applies this theory of action and its four functions: adaptation, goal attainment, integration, and latent maintenance. According to Callahan Parsons' General Theory of Action helps one to understand the complex social systems that make-up organizations and their ability to achieve their greatest potential for change.

CONCLUSION

Essentially, vicarious trauma is like a panic attack, if you ignore the signals leading up to it, it hits you, but if your mindful of the cycle that leads up to it you leave room for the potential to prevent the experience from ever arising. Seeing emotions as a social phenomena can help us to better understand the processes through which emotions arise and how hotline counselors are socialized within organizations and how they learn to deal with negative emotions. Organizations can help by increasing their awareness and understanding of how to help individuals manage their emotions, which in turn helps increase the counselors' capacity to control their own emotions even when sufficient support is not available to them. In order to the prevent vicarious trauma and help sustain the volunteer's level of commitment, individuals as well as the organization as a whole need to be aware and address the emotion management strategies and self care strategies that specifically help one to cope with symptoms of vicarious trauma as they arise. Therefore,

negative emotions triggered through interaction with sexual assault survivors can be avoided if counselor's and therapist are properly trained and prepared. In many ways the emotion management techniques learned during training, if used successfully will prevent volunteers from experiencing vicarious trauma.

CHAPTER 6:

CONCLUSION

The theory of emotion is very complex and when applied to the experiences of hotline counselors and therapists, it became increasingly evident that the experience of vicarious trauma is equally as complex as it is to describe the causes for it. What we do know is that losing control over our emotions has a deep impact on our ability to make sense of the reality of a situation. Our perceptions become distorted when we allow our emotions to take control. Counselors and therapists can thus become powerless when they allow the experiences of others to affect their own concept of reality. In order to enable caregivers to better serve victims, this phenomena must be studied.

What makes the concept of vicarious trauma so interesting and yet so difficult to understand is that its definition is based on emotions which are intangible and often difficult to describe. However, at the same time by expanding our definition of trauma it may in turn lessen the focus on the uniqueness of this experience when it is applied to counselors and therapist working with individuals in crisis situations. On the other hand, expanding our definition can help all individuals understand how they may be impacted in negative ways and vicariously traumatized by situations that mirror the emotional intensity of client/therapist and counselor/client relationships. Future research is needed that includes a greater diversity of viewpoints and experiences of trauma and vicarious trauma, to help counselors and therapist develop a more acute sense of what they are experiencing and know when they are experiencing symptoms vicarious trauma. Which is why my research provides a

broader understanding of how and why hotline counselors and professional therapist experience vicarious trauma.

The purpose of this study is to provide evidence showing that counselors do experience stress and symptoms of vicarious trauma while helping survivors. However, even when their sense of control is lost, counselors and therapists have various ways to cope with stress. In addition to in-group support systems, they get support from those outside the organization, such as family and friends. Such support is just as effective in helping counselors cope with negative emotions, and having the support of those closest to them helps caregivers establish a more concrete belief in themselves. This in turn empowers them to recognize their capacity to regain control over their emotions and their sense of self. This high level of support encourages introspection and allows counselors and therapists to recognize and learn from their mistakes, thus improving future care.

Experience, training, and education are the keys to unlocking our capacity to manage our emotions and gain awareness of imbalances within ourselves. Without such awareness, counselors and therapists have a high potential for vicarious trauma and burn-out. This inner sense of confidence is reinforced by support received from members within the organization, as well as support systems outside of work, such as family, friends, and individual therapy and counseling services. The amount of positive reinforcement received influences perceived levels of control over emotions, as well as perceptions of level of success and competence. When caregivers feel powerless in the face of societal judgments, stereotypes, and negative feedback, their

sense of vulnerability intensifies and the likelihood of developing "malapadative schemas" (Bennet-Goleman 2001:10) that undermine the potential for success increases.

Counselors and therapist become less effective when they interpret the negative emotions they feel as one reason to justify their incompetence and inability to successfully manage the emotions of their clients. When counselors begin to doubt themselves and their ability to help themselves, they begin doubt their potential to help others cope. As a result, counselor's tend to internalize the pain of others instead of focusing on moving past that pain and helping others to do the same. Counselors enter a stuck state when they fail to see signs of positive change within themselves while helping others.

Eventually, emotions that are not dealt with cause the counselor and therapist to lose hope, even when support systems are made available to them to help them find a healthy balance. In order to help heal the trauma of the survivors' experience, counselors must accept the emotional obstacles they encounter as simply stepping stones they must make along the path toward influencing positive change and helping others. However when the therapist's and counselor's do not practice self-care on an on going basis to manage their emotions, their viewpoint of others become as fixed and unchanging as they perceive their own capacity for enacting change. Counselors who do not practice self-care on an on-going basis are oblivious to the potential consequence of weakening their ability to maintain control over how they feel.

The most difficult periods a counselor encounters when dealing with unwanted and disturbing emotions marks the most significant point in a counselor's

growth. The point at which counselors face the greatest difficulty occurs when the strategies they use to manage their emotions become ineffective and they are forced to find new ways of coping in order maintain an emotional equilibrium. Those who possess the greatest potential for successfully helping themselves manage their emotions are those who can find the strength to move past these transitions. Those who are able to regain control over their emotions, show a willingness to be challenged and learn from their past failures. Counselor's find strength from the negative experiences they have, once they are able to gain control over the way they feel and how they react. As counselors and therapists become more emotionally resilient to their exposure to trauma they in turn become more effective in helping others and less affected by the experiences they share.

Understanding the underlying causes for counselors and therapists experiencing vicarious trauma may ultimately prevent them from disassociating the systems of support that can help them deal with unwanted feelings. Hopefully future research will reveal why counselors and therapist do not go to others for support and why they allow their feelings to isolate them and cause them to disassociate from their role as therapist or counselor. The foundation from which support systems are built, determines how well they function and how useful these systems of support can be to the individuals within them. Those in charge of building peer-networks can learn from what has worked in the past and been most helpful to committed volunteers and staff memebers. Feedback from current members is needed to improve upon existing peer networks and the types of organizational support provided, so that organizations can sustain each member's level of commitment. Not only must

counselors and therapist have access to and attend group support meetings, more attention needs to be paid to how well they participate and involve themselves within the organization. How well support groups function within organizations determines how affective these associations and the degree to which emotional connections are developed between individuals in need of each other's support. While at the same time understanding how affective connections made between members in support networks foster the counselor and therapist's personal growth. All of which determines how they come to understand themselves emotionally so that they can be more grounded and better prepared for their role in helping others.

Researchers studying the effects of vicarious trauma in helping professions are further along in understanding how people are affected by problems in society, and the impact that exposure to traumatic events and experiences can have on an individual's sense of self. Being aware of triggers and how to cope with stress are key to accepting and moving past the experiences in life that we have no control over. Therefore hotline counselors and professional therapists who educate themselves on an on-going basis about how they are affected are better prepared for when they are exposed to the real-life trauma experienced by victims of sexual assault. The skills they learn as hotline counselors, professional therapists and victim advocates benefit them in all aspects of their lives.

This study raises important questions for future research. One factor inhibiting the progress researchers are able to make is globalization. The constant mixing of people means societal problems are arising at a faster rate than individuals can adjust to them or know how to respond to them. Society generally progresses in this way:

problems occur first and then strategies to alleviate symptoms of those problems are created. On the flip side, the speed at which media and technology can transmit ideas benefits researchers. Access to resources is improved and the speed of data gathering is also increased.

Mass media and ready access to television, websites, and print media has also allowed broad dissemination of trauma stories. Such media can be personally damaging to those who are directly affected by similar trauma. Producers of such messages have a responsibility to take all individuals into account and show awareness of those who may be harmed by media intended to entertain. In particular, negative stereotypes and myths about sexual assault victims reinforce societal ignorance. This can lead to placing blame on others and seeing sexual assault as an individual problem. In many ways it is easier for people cope with social problems by staying narrow-minded. Ignorant people such as these are limited in terms of their understanding of social problems because they reduce problems that do not affect them to something that is wrong with the individual, rather than seeing how they in turn reinforce social stigmas that further marginalize the individual's experience.

Current research has identified the problem of vicarious trauma, when it arises and how it affects counselors and therapists working with victims of trauma. Future research needs to focus on what can be done to help individuals through the process of healing and recovering from their experience of compassion fatigue and vicarious trauma. Specifically strategies should be identified which help the helper move past the negative feelings and emotions that arise from their role as a victim advocate.

Therefore, the purposes of this study is to provide sufficient evidence to conclude that counselors do experience stress and symptoms of vicarious trauma while helping survivors cope. However, even when their sense of control is lost, counselors and therapist learn how to cope by utilizing organizational support systems for assistance and help gain a sense of control when they are emotionally disturbed by stories of trauma. In addition to organizational support systems, getting support from those outside the organization, such as family and friends proved to be just as effective in helping counselors cope with negative emotions. While at the same time having the support of those closest to them helped them to establish a more concrete belief within themselves, empowering them in ways to help them recognize their capacity to regain control over their emotions and their sense of self. Part of their growth, requires them to make mistakes and learn from them, by accepting the imperfections of the way they perform their role as imperfect as the world around them which too is continually evolving and changing. Therefore as they grow and change, so does the culture around them, and so will the methods they apply to coping with these changes occurring outside and within themselves.

Experience, training, and education are key to unlocking our capacity to manage our emotions and diminish potential that counselors and therapists do not experience vicarious trauma and the resulting burnout. The counselor and therapist's sense of confidence is reinforced by the support we receive from members within the organization, as well as the support systems we have access to outside of the

organization. The amount of positive reinforcements we receive influences the level of control we believe we have over our emotions, and determines our perceived level of success and competence in our role. When we feel powerless to societal judgments, stereotypes, and negative feedback, our vulnerability intensifies and the likelihood of developing "malapadative schemas" (Bennet-Goleman 2001:10) that undermine hotline volunteers' potential for success and can negatively alter the way we see ourselves.

Current research on hotline counselors and therapists identify the patterns of feeling and emotion that are directly and indirectly related to how we are socialized in our environments. Researchers studying the effects of vicarious trauma in helping professions are further along in comparison to the rest of society's understanding of how they are really affected by problems in society, and the impact that exposure to traumatic events and experiences can have on their sense of self. Being aware of our triggers and how we cope is key to accepting and moving past the experiences in life which we have no control over. Therefore hotline counselors and professional therapist who educate themselves, on an on-going basis about how they are affected, will in turn better prepare them for when they do expose themselves to the real-life trauma experienced by victims of sexual assault. The skills they learn throughout their experiences as hotline counselors and professional therapists and victim advocates, to cope with another's trauma, will benefit them in all aspects of their lives as well as throughout their career.

This study raises important questions for future research. Our world is rapidly changing and social problems are becoming visible at a faster rate and individuals and

organizations are finding it difficult to keep up. Society generally progresses in this way, problems occur first and then strategies for dealing with these problems are developed. However, the speed at which media and technology are able to transmit ideas can also benefit researchers in their ability to access resources. By speeding up the data gathering process so that they can begin analyzing a more diverse number of sources needed to develop potential solutions to these problems. In addition, future research needs to analyze the harm caused by rapid mass distribution. When ideas that contain very little evidence to develop concrete conclusions needed to establish truth, than our perception of what accounts for socials problems can be skewed by inadequate qualitative and quantitative research methods.

Learning to manage our emotions is one step toward preventing the occurrence of vicarious trauma, but emotion management strategies alone are not enough to help heal the wounds of trauma. Although training prepares the counselor and therapist for their role, it does not adequately prepare them for dealing with negative emotions when they arise and many counselors and therapist find that it is only through their experiences while performing their role that they come to really understand how they are impacted and what kinds of support they come to need. Managing trauma require a much deeper assessment of our individual capacity to heal, as well as the kinds of support we have access to help guide us through the process of moving past the pain and trauma. Studies that focus solely on emotion management do not encompass all the factors that contribute to an individuals experiences, which is why I have incorporated other studies on the ways emotions are transmitted between individuals and what research exists out there that discusses a

variety of methods on dealing with vicarious trauma and understanding its effects. Many studies have been done on professions in which emotional labor does not fit within their primary job description, however requires the professional to do a substantial degree of it that it affects their work productivity and their workplace environment. As research begins to study how therapists and counselors experience vicarious trauma, will provide organizations with the information they need to improve volunteer commitment. Not enough attention has been paid to the counselors and therapists experience of vicarious trauma, because it is assumed that it is their job to be empathetic, to feel the emotions of others and therefore choice they made to get involved in a helping profession and therefore not a social problem.

Organizational change is slow in part due to diminishing funding from donors and governmental sources. As a result, staff members are underpaid, and organizations lack adequate resources to address existing problems within organizations. Government funding limits the extent of how non-profits can use the money received. Therefore increased funding and organizational support can help reduce the prevalence of vicarious trauma among hotline counselors and therapist working with victims of sexual assault.

Current research has identified the problem, how it arises and how it affects counselors and therapists working with victims of trauma. However future research needs to revert its focus from figuring out how many people it affects, to developing strategies that counselors and therapist can use to manage the effects of vicarious trauma and prevent themselves from experiencing it. I hope that this research provides some insight into the experience and feeling of pain in the presence of

another who is currently suffering as a natural response of those who have empathy for others (Rothschild 2006:28). After having done the readings of existing studies about vicarious trauma, I have concluded that more research needs to be done that focuses on what can be done to help individuals through the process of healing and recovering from the experience of vicarious trauma. I hope that my research has helped to establish a better understanding of what strategies are needed to help the helper move past negative emotions and find strength throughout their experiences, whether positive or negative, so that they can help others similar to themselves, overcome symptoms of vicarious trauma.

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