Vicarious Resilience Among Ethnic Minority Counsellors Working with Attempted Genocide Survivors

by

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Abstract

Survivors of attempted genocide are persecuted for their ethnic, racial, national, and/or religious identities (United Nations, n.d.a). Throughout the migration journey, genocide survivors are exposed to various forms of violence and trauma (Rieder & Elbert, 2013). Despite the potential negative effects of trauma, there is a variability of responses to adversity among genocide survivors (Hedglen, 2016) which suggest possibilities for resilience. Racialized and ethnically diverse mental health practitioners working with genocide survivors are likely to share experiences of having their own racial and ethnic identities threatened through experiences of racism, discrimination and systemic oppression (Lipscomb & Ashley, 2020). In light of research highlighting the resilience of genocide survivors, it is possible that these mental health practitioners can also experience vicarious resilience, or positive identity and practice transformations after bearing witness to survivors' stories of overcoming adversity (Hernandez et al., 2007). This qualitative study used basic interpretive inquiry to explore experiences of vicarious resilience among racialized and ethnically diverse mental health practitioners who have worked with resilient attempted genocide survivor clients within a counselling setting. Five self-identified racialized and ethnically diverse mental health practitioners participated in semi-structured interviews regarding their experiences. Thematic analysis of their disclosures revealed that intersections between their own identities and those of their clients led to: (a) increased attachment to and connection with their own ethnic group, heritage, and history; (b) an increased appreciation of their ethnic identity and its role in their lives and functions as a source of strength and resilience; and (c) shifts in professional practice and priorities towards trauma-informed care, assistance with removing systemic barriers, and greater political participation, education and advocacy regarding racism, discrimination, and microaggressions.

Preface

This dissertation is an original work by Mikaela Burgos Cando. The research project, of which this dissertation is a part, received ethics approval from the University of Alberta Ethics Board (REB), Project Name "The Experience of Vicarious Resilience Among Ethnic Minority Counsellors Working with Genocide Survivors", No. Pro00098068, January 22nd, 2021 – December 20th, 2021.

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CHAPTER 1

INTRODUCTION

The face of Canada is shifting. Canada is projected to see greater rates of immigration within the next two decades, which will be the main source of population growth (Canadian Citizenship and Immigration Resource Centre, 2022; Government of Ontario, 2022; Sivakumar, 2022). By 2036, 24% to 30% of Canada's population will be comprised of immigrants, which is a 9.3% increase from 2011. Within two decades, 57% of the immigrant population will originate from Asia (Statistics Canada, 2017a). Currently, 16% of the Canadian population identifies as belonging to visible minority groups (World Population Review, 2022). Approximately 22% of the national population is foreign-born, whereby 60% of these immigrants originate from Asia and South Asia, particularly China and India (World Population Review, 2022). Among Canada's Eastern and Western provinces of Ontario and Alberta, similar trends are observable. Increases in immigration in metropolitan areas such as Toronto and Calgary are projected, with 81% and 63% of the respective cities' populations being of immigrant status or identifying as the child of an immigrant (Statistics Canada, 2017a).

Canada's immigration plan will also include a target of refugees and protected persons amongst its immigrant population (Immigration, Refugees, and Citizenship Canada [IRCC], 2021a, 2022). Over the next three years, 18% of immigrants will be comprised of individuals of refugee status (Robitaille, 2022). Taken from the 1951 Geneva Convention, the definition of a refugee is someone who is "forced to leave their country of origin out of fear of persecution for reasons of race, religion, nationality, membership in a particular social group, or political opinion" (United Nations, 1951, p. 3). Unable to return to their country of origin, refugees are forced out of their homes as a result of persecution, conflict, violence and/or human rights

violations. By the end of 2021, 89.3 million people had been forcibly displaced for such reasons (United Nations High Commissioner for Refugees [UNHCR], 2022a). Among those displaced worldwide, 27.1 million were refugees, of which 69% came from conflict-affected regions in the Middle East, Central America, North Africa, and Southeast Asia (UNHCR, 2022b). The current war and crisis in Ukraine is also contributing to an influx of refugees. Without choice, refugees flee in hopes of finding a host country that will provide safety for themselves and their families, often encountering risk of capture and further psychological and physical injuries during the escape process (UNHCR, 2022a).

Refugees and Genocide Survivors

Refugees are differentiated from immigrants because immigrants move with choice, primarily for the purpose of improving their lives (UNHCR, 2016). In such cases, immigrants have the option to return to their country of origin and are provided with government settlement assistance in the initial years after their arrival in Canada. In contrast, refugees desperately seek to escape their country of origin due to life-threatening situations, and find themselves with precarious status even upon arriving in a potential host country, awaiting approval of their refugee claims, which have no guarantee of acceptance (UNHCR, 2016).

The journey of a refugee is challenging as they face consistent adverse circumstances. During the pre-migration journey, refugees can face traumatic events such as war, attempted genocide, separation from or loss of community and family, imprisonment and forced religious or cultural conversion, physical or sexual assault or trafficking, and torture (Prendes-Lintel, 2001). Upon fleeing their homes, refugees may experience treacherous journeys with high risk of starvation, physical injury, being captured and tortured, dying, or being separated from family and community members. The conditions faced by refugees can continue and be perpetuated

even once arriving to an initial place of asylum (Byrow et al., 2022; Prendes-Lintel, 2001; Sangalang et al., 2019). Once refugees arrive to a "safe" country on humanitarian grounds, refugees face an uncertain outcome and continual fear of deportation (Byrow et al., 2022; Prendes-Lintel, 2001). Refugees can also face complex challenges of learning a new language, accessing housing, education, employment, and other community services, attempting to re-build a social support network, the loss and restructuring of traditional familial social roles, and challenges with the acculturation process (Bakker et al., 2017; Hynie, 2018a; Prendes-Lintel, 2001; Tip et al., 2019). Spanning across the stages of pre-migration to post-migration, the many adverse events faced by refugees may lead to acute and chronic psychological effects, including high stress levels, depression, anxiety, and post-traumatic stress disorder (PTSD; Hynie, 2018a; Prendes-Lintel, 2001; Sangalang et al., 2019). However, there is a wide range of possible outcomes of the refugee experience on mental health, including mental health challenges or remarkable levels of resilience. For example, several studies have found that among refugee and attempted genocide survivor groups exposed to major traumatic life events, rates of PTSD range from 14.5% to 79% (Eytan et al., 2011; Eytan et al., 2015; Rieder & Elbert, 2013; Schaal et al., 2011), 4.9% to 48.4% for depression (Eytan et al., 2011; Eytan et al., 2015; Rieder & Elbert, 2013; Schaal et al., 2011), 37% to 59.4% for anxiety (Rieder & Elbert, 2013; Schaal et al., 2011), and 9.9% to 73.5% for risk of suicide (Eytan et al., 2015; Rieder & Elbert, 2013). This data highlights the simultaneous possibilities for both trauma and resilience.

Among the subgroup of the immigrant population considered to be refugees are genocide survivors. Genocide survivors are individuals who have survived any attempts to be destroyed, in whole or in part, as a national, ethnic, racial, or religious group (United Nations, n.d.a). Genocide survivors are "deliberately targeted because of their real or perceived membership to one of

[these] four groups" (United Nations, n.d.a, para. 10). Refugee genocide survivors flee their homelands with the hopes of finding a host country that will provide safety for themselves and their families (UNHCR, 2022a). Genocide survivors and refugees are groups of migrants who have experienced push factors or security risks that have forced them out of their countries of origin, leading to involuntary contact with diverse cultural groups in the host society (Berry & Sam, 2016). Both genocide survivors and refugees differ from indigenous populations. Indigenous peoples experience involuntary contact with diverse cultures similar to refugees and genocide survivors and have also faced multiple serious human rights violations and attempts at annihilation of their group and cultural identity. However, Indigenous peoples are considered sedentary as they are the original inhabitants of the lands and territories that have been seized from them and "forcibly incorporated into a larger nation-state" as part of Canada's colonial history (Berry & Sam, 2016 p. 19). Racialized groups in North America are most heavily represented within the immigrant, refugee, and Indigenous populations (Williams et al., 2022).

Defining Race, Ethnicity and Culture

Given that the population of immigrants and refugees in Canada is increasing, and the rate of racialized individuals living in Canada therefore continues to grow (Statistics Canada, 2018), it is important to understand and define the concepts of race, ethnicity, and culture. Race is defined as a social construct whereby individuals are categorized as belonging to specific groups based on superficial physical features, such as skin colour, hair color or texture, and facial features (American Psychiatric Association [APA], 2022; Wakefield & Hudley, 2007). As a social construct, race is based on the social process of how these patterned physical differences are perceived by others (Clair & Denis, 2015, as cited in Este et al., 2018, p. 4) and may lead people to falsely infer that specific physical features are associated with traits inherent to a

particular group, and be used to justify discrimination, violence and oppression (APA, 2022). Ethnicity refers to a group's identity that is defined by a shared ancestry, geography, religion, heritage, language, or nationality (Liebkind et al., 2016; Phinney et al., 2001; Wakefield & Hudley, 2007). Ethnicity is typically self-ascribed, rather than based on the perception of others (Liebkind et al., 2016). Levels of identifying with an ethnic group revolve around how one perceives their own ethnic group and their sense of belonging with the group, how one interacts with other ethnic groups, and how societal norms and beliefs shape one's ethnic identity (Liebkind et al., 2016; Verkuyten, 2005). Culture is a broader construct, reflecting a system of embedded knowledge, concepts, norms, beliefs, attitudes, values, customs, and behaviours of a particular group that are learned and passed down through generations (APA, 2022; Berry & Sam, 2016). Each culture is diverse, continuously changing over time, and greatly shaping how individuals make meaning of their experiences and form their own identities (APA, 2022).

Within society, constructs such as race, ethnicity, and culture can particularly lead to falsely constructed distinctions between individuals and groups that carry ideas of power and privilege (Wakefield & Hudley, 2007). At the individual level, both race and ethnicity form identities that are shaped by values and beliefs, societal oppression, and hierarchical differences (Miville & Ferguson, 2014), and can considerably influence one's health and psychological wellbeing (APA, 2022; Phinney & Chavira, 1992). Specifically in relation to ethnic identity, the process in which one formulates the meaning of their identity, which also consists of navigating these aforementioned social barriers, influences the development of an individual's openness to exploring and committing to one's own ethnic group. It also influences one's constructed sense of belonging and one's self-concept (Phinney, 1990). Race, ethnicity, and culture can all be used

to create systems of oppression and discrimination. The identities that form around these three concepts can also serve as sources of strength and resilience in people's lives (APA, 2022).

Recently, there has been a shift in language use around racial and ethnic minority groups in the mental health field to move towards referring to them as racialized groups. This is because the word minority is assumed to originate from an outsider perspective that may have negative connotations of related group members' having inferior status, rather than an insider perspective based on self-identified ethnic identity (APA, 2022). At the time this doctoral dissertation research study began, the words ethnic and racial minority were still widely in use and were used in all forms for research participants. Therefore, the terms racialized groups and ethnic and racial minority groups will be used interchangeably in this dissertation, keeping in mind the shift in language occurring in the field.

Understanding the Continuum of Daily Life Stressors, Adverse Life Experiences and Potential Traumas Racialized People Can Be Exposed To

Racialized and ethnically diverse individuals face the potential of experiencing a multitude of adverse and traumatic events throughout the lifespan, with attempted genocide being amongst the most extreme and severe. Daily stressors for racialized and ethnically diverse communities can include challenges such as language learning, safety concerns, barriers to accessing resources, socioeconomic concerns, and navigating social environments due to experiences of microaggressions, racism, discrimination, racial or ethnic profiling, systemic oppression, and other types of social inequities, which can have individual, familial, and communal impacts (Jeremiah et al., 2021; McBride Murry et al., 2018). Other challenges faced by racialized and ethnically diverse communities include those associated with trauma, such as adverse childhood experiences (ACEs; Cooke et al., 2014; Goldstein et al., 2020; Liu et al.,

2018; Mersky et al., 2021; Zhang & Monnat, 2022), racial trauma (Carter, 2007; Comas-Díaz et al., 2019), and the experience of persecution and torture or the threat of persecution and torture as part of the attempted genocide process (Sue & Sue, 2013; United Nations, 2009).

Trauma consists of the aftermath of either experiencing or witnessing a disastrous or atrocious event that leads to systems of control, connection, and meaning within the self to be overwhelmed (Herman, 2015). An individual's inherent ability to adapt to life is hijacked as a result of experiencing a "threat to life or bodily integrity, or a close personal encounter with violence and death" (Herman, 2015, p. 33). Adaptive behaviours, such as fight and flight, can occur to help mobilize the individual being threatened. However, if these behaviours are not effective, these adaptive reactions can go beyond the traumatic event and can persist in an altered state leading to concerns of trauma-related disorders (Herman, 2015). Traumatic events, such as ACEs, racial trauma, and persecution and torture, may contribute to a scope of negative outcomes for targeted groups (Mersky et al., 2021).

ACEs include different forms of abuse, economic hardships, witnessing neighbourhood violence, severe familial dysfunction, parental incarceration, family death, violent crime victimization, and discrimination and have been found to increase one's risk for negative physical and mental health outcomes (Liu et al., 2018; Mersky et al., 2021; Zhang & Monnat, 2022). ACEs have been found to be prevalent among racialized communities, particularly when considered in combination with their socioeconomic status (Goldstein et al., 2020; Mersky et al., 2021; Zhang & Monnat, 2022). The intersection between race/ethnicity and socioeconomic status can leave racialized and ethnically diverse individuals vulnerable to experiencing an increased risk of ACE exposure and other traumas as a result of the social and health inequities

(Goldstein et al., 2020). Also due to discrimination and racism, racialized youth are likely to further be vulnerable to cumulative ACEs (Cooke et al., 2014).

Racial trauma involves the real or perceived events of racism and racial discrimination that negatively emotionally impact an individual (Carter, 2007; Comas-Díaz et al., 2019). Events that lead to racial trauma include events involving physical harm, humiliating events, and vicariously witnessing other racialized individuals experience such events, which can threaten a person's sense of safety and security (Carter, 2007). Racial trauma can be exacerbated by other factors that make an individual vulnerable to further oppression, such as immigration, gender, and sexual orientation (Comas-Díaz et al., 2019). Similar to ACEs, cumulative racism can worsen racial trauma (Carter, 2007). As a part of their experiences of racism, discrimination, and racial trauma, racialized and ethnically diverse individuals are sent the message that their position in society is one of inferiority, exposing them to significant psychological adversity. They are left to develop and cultivate survival strategies or to try to integrate into the dominant social and cultural order of the surrounding society to some degree to engage in self-preservation. As a result of this process, some individuals may come to separate themselves from their own cultures, heritage, and language to avoid further racial victimization and adversity (Liu et al., 2019), while others may draw on their group affiliations to gain support and strength.

Refugees and genocide survivors may also experience other extreme forms of violence and trauma at the other end of the continuum of daily stressors and hassles related to their identities and systemic oppression. In the pre-migration journey, this population is likely to experience "atrocities of war, torture and killing, sexual assault, incarceration, and a continuing threat of death" (Sue & Sue, 2013, p. 467), in addition to witnessing various forms of violence, fearing for their own lives and those of their families (Sue & Sue, 2013), resource deprivation

(Hassan et al., 2015), religious/cultural/political conversion or indoctrination, restriction from further procreation of a targeted group, and forced family separation (United Nations, 2009).

The effects of the scale of trauma can have both short and long-term effects. In terms of ACEs, one ACE can lead to the exposure of additional ACEs in the future (Atkinson et al., 2015, as cited in Liu et al., 2018). Certain racialized populations have been found to have low overall health or be at risk for chronic illness (Liu et al., 2018). Among Black and Latinx youth, negative outcomes have been found to include depression and anxiety (Zhang & Monnat, 2022).

Regarding racial trauma, individuals who have been exposed to racism can experience long-term effects on physical health such as heart disease, cancer, and stroke. Research has identified a dose-response effect, whereby more frequent experiences of racism contribute to poorer overall health status. Especially when there is repeated racial trauma, mortality rates can increase (Chae et al., 2015). Among groups who have directly or vicariously experienced racial discrimination, greater vulnerabilities to psychological symptoms such as anxiety, depression, and post-traumatic symptoms have been reported (Anderson & Stevenson, 2019; Comas-Díaz et al., 2019), in addition to negative effects on the sense of self and the trust of others (Carter, 2007), which can have individual and communal impacts (Comas-Díaz et al., 2019). In regards to the trauma faced by refugees and genocide survivors, psychological effects include PTSD (Eytan et al., 2011; Eytan et al., 2015; Rieder & Elbert, 2013; Schaal et al., 2011); depression (Eytan et al., 2011; Eytan et al., 2015; Rieder & Elbert, 2013; Schaal et al., 2011), anxiety (Schaal et al., 2011), and suicidality (Eytan et al., 2015; Rieder & Elbert, 2013), which may continue in the post-migration stage and be exacerbated by daily stressors, socioeconomic and sociocultural factors and experiences of discrimination (Eytan et al., 2011; Eytan et al., 2015; Jeremiah et al., 2021; Marshall et al., 2005; Rieder & Elbert, 2013; Schaal et al., 2011). When

refugees experience such challenges, daily stressors, which also include experiences of racial trauma, can negatively impact their physical and psychological health causing difficulties with blood pressure, anxiety, and sleep, for instance (Jeremiah et al., 2021). A range of reactions to trauma can thus occur.

Despite the potential negative effects of trauma, there is also the possibility for positive adaptation. Patterns of resilience have been found amongst survivors of trauma. Resilience is defined as the process of adapting to and overcoming significant adversity through positive experiences and protective factors, and by accessing resources (Cénat & Derivois, 2015; Luthar et al., 2000). Some factors that can influence the resilience process include self-esteem, personality disposition, availability of support systems, familial environment, and cultural contexts (Cicchetti & Lynch, 1993; Lynch & Cicchetti, 1998; Flynn et al., 2004; Fonaghy et al., 1994; Garmezy, 1985; Harvey, 2007). Among children, family resilience is a particular factor that has been found to lower the negative effects of ACEs (Goldstein et al., 2020), in addition to the access of safe neighbourhoods and schools, strong family values and interdependence, and social support (Goldstein et al., 2020). In terms of racial trauma, racial and ethnic identity, particularly how an individual believes broader society views their racial group and their own sense of belonging to and identification with their ethnic group, can buffer the negative effects of racial discrimination among Black youth (Seaton & Iida, 2019). Moreover, there is a varying range of impact among genocide survivors that indicate both distress and resilience. Factors, such as social connection with family, community, and society have been found to contribute to resilience patterns among refugees and genocide survivors (Beiser, 2014; Hedglen, 2016; Paigne, 2015).

Although genocide survivors experience patterns of resilience, the experiences of survivors can include the most immense form of trauma, given the accumulation of traumatic events over time that have attempted to annihilate a survivor's identity and existence. Genocide survivors have been subjected to factors such as social breakdown of family and communal systems, and the potential loss of identity, which have wide-spread implications that span across various realms of life (Evans-Campbell, 2008; Eytan et al., 2011; Eytan et al., 2015; Rieder & Elbert, 2013).

Over the last few decades Canada has welcomed many different groups of refugee attempted genocide survivors. As of 2021, Canada welcomed approximately 2850 survivors of Islamic State militants, such as those of Yezidi descent (Immigration, Refugees and Citizenship Canada, IRCC, 2021b). In addition, since the 1994 genocide, 8000 Rwandans have immigrated to Canada (Marson, 2016, as cited in Yohani & Kreitzer, 2020). Yezidi's have been particularly resettled in metropolitan areas in the east and west coast, such as Toronto and Calgary (IRCC, 2021b). Individuals who are attempted genocide survivors from Afghanistan at the hands of the Taliban have also been welcomed to multiple regions of Canada as refugees in the past decade and more recently (Government of Canada, 2022a).

Racialization of the Psychology Workforce

With a changing Canadian population with unique needs for mental health support, employment fields are also changing to gradually become more diverse. Visible minorities in the workforce have increased over the last decade, particularly in metropolitan areas (Government of Canada, 2016). Approximately 63% of visible minorities in the workforce are under the age of 45, and only a third of the visible minority members of the workforce were born in Canada (Government of Canada, 2016, 2019). By 2036, 39% of those between 15 and 64 years of age,

the working-age population, will identify as belonging to a racialized group, which is a 20% increase from 2011. Those originating from a South Asian background will continue to be the predominant racialized group (Statistics Canada, 2017b). Similar increases will also be observed in eastern and western Canadian provinces. Both Alberta and Ontario are predicted to have more than 40% of the working-age population be comprised of workers belonging to racialized groups (Statistics Canada, 2017b). Within the field of education, children of immigrants, who are more likely to also be visible minorities, are more likely to attain a university education than non-visible minorities (Government of Canada, 2016). When the workplace is representative of the Canadian population, it tends to flourish as a result of enhanced decision-making, innovation, and fairness (Government of Canada, 2016).

In the psychology workforce, there is a reported increase in ethnic and racial diversity within the last two decades (American Psychological Association, 2017; American Psychological Association, 2020a). The American Psychological Association (2020a) has tracked racial identities of psychologists and indicated that the field of psychology is becoming more diverse. In 2018, 26% of the psychology workforce identified as an ethnic or racial minority under the age of 36, whereas only 8% identified as either an ethnic or racial minority psychologist over the age of 50 (American Psychological Association, 2020a). Diversity in the field of counselling psychology allows for inclusion and representation of varying perspectives related to theory and practice, and it can challenge dominant assumptions in the field (Awais & Yali, 2013). Although statistics from the United States may not reflect the current ethnic and racial makeup of the psychology workforce in Canada, the Canadian Psychological Association (CPA) unfortunately does not track ethnic and racial identities of psychologists (Williams, 2021).

The paradox of having more racialized mental health professionals is the fact that the counselling and psychology profession developed in the Western European context. Therefore, its conceptualizations of client problems and healing methods stem from a worldview that is distant from many racialized people and genocide survivors' experiences, and that does not necessarily effectively prepare them to provide the type of support such groups may require to repair social harms to their identities, promote social justice and advance their human rights (Arthur, 2022; Sue & Sue, 2016). For example, analysis of research published in psychology journals over the past few decades has shown that the research does not adequately represent the experiences of diverse groups, nor is inclusive in studying race as a factor that impacts development, behaviour, and patterns of thought (DeJesus et al., 2019; Roberts et al., 2020). Calls for greater diversity in the research and participant recruitment process are being made to better inform culturally appropriate interventions and strategies (Roberts et al., 2020; Rowley & Camacho, 2015). When research is more inclusive towards the experience of ethnic and racial minorities, a field such as counselling psychology can begin to move towards being more applicable to the needs of an ever-growing diverse society (Roberts et al., 2020). However, inclusion of more diverse research populations is by no means sufficient to make the profession more responsive to racialized populations.

In their seminal work on moving towards a Critical Race Psychology, which involves integrating Critical Race Theory with psychological science, Salter and Adams (2013) encouraged psychologists and other mental health professionals to: (a) question and challenge the universal assumptions about psychological processes that are assumed to be natural and normal; (b) use methodologies that align with the ways of knowing and experiencing the world that draw from the lived experiences of marginalized and oppressed peoples; and (c) become

critically conscious of their own transformative power in changing racism and oppression as an embedded feature of everyday life, interactions, and systems, including healing systems in the field.

Arthur (2022) has presented a model of culturally-infused and socially just counselling that appears responsive to these recommendations. The model has four domains. Domain I: Salience of Client and Counsellor Identities, engages the counsellor in a process of critically reflecting on their own identity, assessing and appreciating the client's identity, and acknowledging the subjectivity of one's own worldview. Domain II: Critical Reflection on Counsellor and Client Social Location, involves counsellors comparing their own and their clients' social locations and any associated current and historical injustices that may impact the client's health and wellbeing in order to form a commitment to value-based and socially just practice. Doman III and IV involve building a helping relationship that is responsive to the client's identity, social location and experience, and choosing a combination of micro-level interventions (therapy strategies) and macro-level interventions (assistance with systems navigation, advocacy, rights-based education, etc.) to advance the clients' identity, wellbeing and human rights.

Applying our profession in the ways above may be challenging for ethnic minority mental health professionals who are themselves exposed to the same adverse social conditions that their clients are faced with. Alternatively, working with clients who are also members of racialized groups may serve as a catalyst or opportunity for such reflective and transformative changes in one's identity and professional practice that are not automatically facilitated by counselling training. Existing research suggests that didactic education and training are

insufficient in producing this type of change towards culturally responsive, anti-racist, and socially just practice (Arthur, 2022).

As postulated by Arthur (2022) above, when examining the experience of individuals and groups, understanding the role and influence of context and social location is essential. Particularly when exploring the experiences of ethnic and racial minority groups, examining social context generates the space to understand the intricacies of intersectionality (multiple levels of identities clients hold) and the role various systems and institutions may have on the thoughts, behaviours, and development of such individuals and groups (Anyiwo et al., 2018; Crenshaw, 1989; Roberts & Rizzo, 2021). Therefore, it is necessary to acknowledge the current sociopolitical context of our time.

The current sociopolitical climate is tumultuous. Pandemics have rampaged the global community causing dominant and traditional systems to be shaken and questioned. COVID-19, a viral pandemic, has infected more than 517 million people worldwide and has led to more than 6 million deaths (World Health Organization, 2022). In Canada, more than 3.8 million people have been infected and COVID-19 has led to more than 40 thousand deaths (Government of Canada, 2022b). The physical and psychological impacts on individuals have been significant, particularly for ethnic and racial minority groups globally (Bassett, 2021; Kirby, 2020). Concerns regarding health equity, structural racism, and social determinants of health have been raised and are suspected to significantly contribute to the higher infection and death rates from COVID-19 among ethnic and racial minorities (Centers for Disease Control and Prevention, 2022).

The corresponding uprising, or the unveiling of racial discrimination and violence has also been referred to as a racism pandemic (Addo, 2020; American Psychological Association,

2020b; Lipscomb & Ashley, 2020). Since the start of COVID-19, heightened racial discrimination and violence against certain racialized groups has further decreased physical and psychological safety for such groups. A form of racial discrimination has included racist behaviours at governmental and social levels that target Asian racial groups who are perceived to be associated with the origination of COVID-19 (Addo, 2020; Lipscomb & Ashley, 2020). Although unrelated to COVID-19, the salience of racial violence towards racial minorities, particularly racially Black persons, has also been brought to the forefront at a global level, with the publicized media coverage of the killing of George Floyd. Due to the resulting population uprising and visibility and awareness of anti-Black racism, state violence, and systemic racism, citizens have globally been challenging such violence with greater force (Walker et al., 2021).

For mental health practitioners working with clients who have faced negative effects in relation to the many health and sociopolitical challenges of our time, it can be difficult for practitioners themselves to not be negatively impacted. Practitioners can face direct and indirect outcomes of racial violence and discrimination, which can exacerbate levels of distress (Carter, 2007; Lipscomb & Ashley, 2020; Odusanya, 2016; Robino, 2019). Racialized and ethnically diverse practitioners are particularly at risk of also experiencing psychological and emotional distress in relation to the civil unrest, which can present challenges when working with racialized and ethnically diverse clients (Bor et al., 2018; First et al., 2020; Galovski et al., 2016, Goode-Cross & Grim, 2016; Lipscomb & Ashley, 2020). These challenges can be compounded for racialized and ethnically diverse practitioners by the already prevalent risk of experiencing varying levels of racism and discrimination within the workplace, which contribute to chances of burnout and secondary traumatic stress (Goode-Cross & Grim, 2016). At a general level, negative psychological effects in working with clients who have themselves faced traumatic

events can be another challenge for all practitioners. Effects such as vicarious trauma, or the

negative cognitive changes that occur as a result of a practitioner's exposure to a client's trauma

material, like perceiving the world to be an unsafe place and fearing future or ongoing

victimization (Pearlman & Mac Ian, 1995), can pose challenges for the mental health,

relationships, and worldviews of the practitioner when they undergo similar challenges to that of

their clients or are empathically engaged with the traumatic material of their clients (Doorn et al.,

2020; Gupta et al., 2022; Pearlman & Mac Ian, 1995). Further negative effects can be

experienced by mental health practitioners in the sense of exposure to high client life adversity,

high client workloads, and a low sense of clinical self-efficacy (Bride et al., 2007; Figley, 1995;

Stebnicki, 2007).

The Potential for Vicarious Resilience

While the literature on the negative effects of working with trauma on mental health

practitioners has been largely developed, a shift in focus to the positive impacts of working with

trauma and the acknowledgment of opportunities for resilience has more recently occurred (Burt

& Eubank, 2021). In their pioneering work on positive psychology, Seligman and

Csikszentmihalyi (2000) argued that the prevailing focus in the field of psychology on human

weaknesses or psychopathology has led psychologists and counsellors to overlook powerful

human strengths like courage, spirituality, and perseverance in the face of significant life

adversity. They identified positive psychology as an umbrella term for a proposed paradigm shift

in the field to focus on positive emotions, positive character traits, and enabling institutions.

Positive psychology theory entails recognizing that positive and negative emotionality co-exist,

and that wellness is about the relative strength of positive qualities and emotions as opposed to

negative ones (Seligman & Csikszentmihalyi, 2000). The theory of positive psychology has

direct parallels with the occurrence of vicarious resilience, or the process in which one is positively transformed by witnessing another's capacity to cope and positively adapt following adversity (Hernández et al., 2007).

Vicarious resilience, a more recent concept, focuses on the personal and professional positive impact experienced by therapists after being exposed to their client's resilience, or positive adaptation in the aftermath of trauma or major life adversity (Acevedo & Hernandez-Wolfe, 2020; Hernandez et al., 2007). When space is created for vicarious resilience, a psychologist can experience positive shifts in their personal and professional worlds which further foster their inherent strengths (Hernández et al., 2010). In light of the information presented earlier about Critical Race Psychology, working with populations like attempted genocide survivors may offer opportunities for learning, growth and reflection about how counselling practices can be altered to incorporate social justice, human rights, anti-racism, or alternative healing modalities emphasized within clients' own cultural communities. Furthermore, existing research has found that counsellors can experience positive transformations when bearing witness to a client's positive adaptations after trauma, particularly when working with survivors of political persecution, such as an enhanced faith in their own ability to overcome life stressors and adversity (Hernandez et al., 2007). However, to date, no research study has examined how working with racialized attempted genocide survivors impacts the ethnic and racial identities of the counsellors working with them. This is despite the present sociocultural and political climate that has heightened the salience of ethnic and racial identities. Given the growing involvement of ethnic and racial minority mental health practitioners in the field of psychology and the importance of social context in understanding the experiences of marginalized groups, it is integral to strengthen the literature in relation to how ethnic and racial

minority mental health practitioners who witness the resilience of their clients experience vicarious resilience.

The purpose of this qualitative study was to explore the experiences of ethnic and racial minority mental health practitioners when witnessing their clients overcome adversity in counselling. Specifically, this study aimed to understand how ethnic and racial minority mental health practitioners make meaning out of their experiences in working with attempted genocide survivor clients whom they perceive to be resilient. Ethnic and racial minority counsellors hold marginalized identities that make them vulnerable to various types of victimization, such as racism and discrimination, as well as systemic oppression; therefore, they may be uniquely impacted by the resilience of attempted genocide survivors, who are targeted for annihilation due to their unique ethnic and cultural identities. The intersection between practitioners ethnic and racial minority status and those of their resilient attempted genocide survivor clients emphasizes degrees of similarity in their experiences of threat towards their own identities. The primary research question that guided this study was "How are racial and ethnic/cultural minority counsellors working with attempted genocide survivors ethnically, culturally, personally, professionally, and socially impacted by their clients' resilience?" The following sub-questions were used to further guide this study: (a) What meaning do minority counsellors make of their ethnic/cultural identity and its impact on their lives as a result of having worked with a resilient genocide survivor? (b) How do minority counsellors interpret the interaction between their ethnic identity and those of their clients in facilitating their own and their clients' resilience? (c) What kind of meanings and commitments do minority counsellors develop in relation to social justice, human rights, and ethnic and racial equality after working with resilient genocide survivors? (d)

How is their professional practice and role in working with other clients affected by the process of working with a resilient genocide survivor?

The results of this study yielded several important implications for both the identity development process and professional development of ethnic and racial minority mental health practitioners. Working with resilient attempted genocide survivors made counsellors own racial and ethnic identities more salient and helped them draw on these identities as a source of strength in overcoming their own experiences of life adversity. The counsellors spoke about how they began to use their own identities as a tool for ethnic empowerment of other clients, as well as about several different types of shifts that occurred in their clinical practice and overall life priorities that would enhance their clinical effectiveness and enable them to better support other clients exposed to serious victimization and human rights violations.

Overview of Dissertation

In the next chapter, I provide an overview of existing research on the experiences of refugees and attempted genocide survivors, the development of ethnic and racial identity, and the experience of ethnic and racial minority mental health practitioners in the field of psychology. I also review literature on the various negative and positive impacts on mental health practitioners when working with clients who have experienced trauma, focusing more closely on existing research on resilience among genocide survivors and the new area of vicarious resilience, comparing vicarious resilience to other related constructs such as vicarious trauma and post-traumatic growth. The literature review chapter concludes with a statement of the problem and the study research questions and the gaps in knowledge the research attempted to address. The basic interpretive inquiry method used in this study is presented in chapter three, including the foundational philosophical assumptions used to guide this study and the ethical considerations

involved. In the fourth chapter, I outline the results of the study. The final chapter of the

dissertation links the findings of this study to the existing literature and presents the study's

implications for research and practice, along with the study's limitations.

CHAPTER 2

LITERATURE REVIEW

Experiences of Refugee Attempted Genocide Survivors

Derived from the Greek language, *genos* meaning race or tribe, and *cide* meaning killing, the term genocide was coined by Raphael Lemkin in 1944 to identify the destruction of a nation or ethnic group (as cited in Shaw, 2015). Attempted genocide survivors undergo extreme forms of persecution. Genocide consists of various acts of violence that have the intention of systematically undermining and extinguishing foundational aspects of a group's identity, livelihood, and culture, including: (a) their language, (b) religion, (c) family bond and ties, (d) lineage, (e) cultural and communal practices, (f) artifacts, and (g) traditional institutions (e.g., places of worship), with the underlying purpose of eventually annihilating the group members (Shaw, 2015). It is considered to greatly impact the dignity of human beings and to violate their fundamental human right to exist, both as individuals and as social groupings (De Vito, 2011; United Nations, 2014).

Genocide often includes human rights restrictions on targeted groups implemented by various regimes. There are motives of prejudice, discrimination and exclusionary policies and practice against vulnerable groups. These violent oppressive acts are done with the intent to dehumanize and deny the identity and existence of a vulnerable group. Violent systematic practices also aim to humiliate a target group by attacking the community's livelihood (homes, farms, businesses) and cultural or religious foundations (symbols, places of worship) with the intent of breaking the group or changing the group's identity (United Nations, 2014). With social destruction as its central purpose, genocide destroys the social and cultural existence of a civilian group by impairing its foundational aspects and essentially ridding the group of their capacity to

self-perpetuate and defend their own identity (Shaw, 2015). Commonly used tools of violence in genocide include systematic physical and sexual assault, torture, killing, and ethnic cleansing (Shaw, 2015).

Genocide can lead to potent after-effects and leave strong psychological, social, and communal injuries and burdens. Through the experience of trauma, loss and displacement, genocide impacts the social fabric of a community. From individual to familial effects of trauma, genocide can impair social bonds and cultural identities, destroying previously healthy communities (Sarabwe et al., 2017). By rupturing familial and communal bonds and systems, genocidal violence produces collective trauma by devastating the very elements that sustain and conserve a sense of community, in addition to ethnic identity (Erikson, 1976; Kupelian et al., 1998). Considering that genocide aims to dismantle and annihilate the essence of a community, there are various individual experiences and responses to trauma that occur, which also impact familial and communal dynamics and systems (Evans-Campbell, 2008). As suggested by Evans-Campbell (2008), the effects of genocide do not occur at distinct levels, but rather have consequences that are interrelated across various levels of one's ecology, in which individual, social, and communal responses impact one another and lead to severe implications.

Refugee attempted genocide survivors seek safety in another country as a result of the need to flee war, violence, conflict or persecution (UNHCR, 2022a). Attempted genocide survivors, or refugees, are unable to return to their country of origin as a result of a "well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion" (UNHCR, 2022a). Generally, refugees have lower levels of wellbeing and mental health than other migrants (Beiser & Hou, 2017). Stressors, such as socioeconomic and interpersonal concerns, in addition to migratory experiences and policies,

which are often associated with the social and ecological context of the individual, can negatively impact the wellbeing of refugees (Li et al., 2016). Health-impacting concerns can also include perceived discrimination, a low sense of belonging to the host-country (Beiser & Hou, 2017), limited proficiency in the host language, difficulty obtaining employment commensurate with pre-migration educational qualifications (Hynie, 2018b), and social isolation (Kuo et al., 2020).

Social and political changes can also impact refugees. With global events such as the COVID-19 pandemic, refugees have been found to experience exacerbated levels of mental health concerns, such as higher degrees of stress, anxiety, depression, and post-traumatic stress disorder (PTSD; Sharif-Esfahani et al., 2022). When the sociopolitical climate is unstable, a lowered accessibility to resources can also impact the mental health of refugees, particularly of Black refugees (Abdelkerim & Grace, 2011; King et al., 2021). Social determinants of health can influence the mental health and wellbeing of both Black refugees and other racialized minorities (King et al., 2021). Thus, the environment and context of refugees can be impactful to the mental health and wellbeing of refugees, particularly when contextual factors, such as acculturation and social determinants of health are in question.

Post-Migration Barriers

As refugees begin to resettle, they face the complex challenges of learning a new language, accessing housing, education, employment, and other community services, and attempting to re-build a social support network (Prendes-Lintel, 2001). Adults often have a harder time acquiring the language of the new country than younger family members, leaving children to sometimes act as interpreters for older family members (Power & Pratt, 2012). This can cause family restructuring and the loss of traditional familial social roles of authority and

status. Language as a barrier to adapting to a host society, not only impacts one's ability to access necessary services to fulfill basic needs, but also impacts a refugee's wellbeing. When learning a new language, refugees can come to feel they have betrayed their native language or culture and may have feelings of low self-worth and inadequacy when the learning process is challenging for them (Chung & Bemak, 2012).

Fleeing to a new country consists of many sacrifices, such as the loss of one's previous employment and educational status, when foreign educational credentials are not recognized in the new society. Refugees often have challenges with recertification and with attaining qualified positions of employment and education in the host country that are parallel to those previously held in their countries of origin. With no choice but to start from the beginning, refugees can have feelings of hopelessness and inadequacy. Also, risk of unemployment can create gender role changes in the family, as women are forced to work to support the family (Chung & Bemak, 2012).

In the settlement stage and the adaptation stage that follows, the acculturation process is initiated, which is a process of psychological and social change due to intercultural contact in the host society, including possible alterations in a refugee's behaviours, attitudes and identity (Berry, 2006). Group-level changes include those associated with "economic, technological, social, cultural and political transformations" (Prendes-Lintel, 2001, p. 736) that compound the already challenging experiences of the refugee journey. During the acculturation process, refugees can experience challenges with their level of identification with the host and/or ethnic culture in which they have to navigate the preservation of their own ethnic and cultural identity and their adaptation to that of the host country (Phinney et al., 2001).

During the adaptation process, refugees can fall into one of four categories of acculturation: integration, marginalization, separation, or assimilation (Berry, 2006). Integration, being the most adaptive identity, consists of identifying with one's culture of origin while also integrating the beliefs and customs of the host culture. Marginalization, being one of the least desirable identities, is when one does not identify with their cultural system, nor with that of the host culture, and essentially is left feeling alienated from everyone around them. Separation involves one's segregation from mainstream society through their complete removal from the customs and cultures of the host country. Assimilation consists of the abandonment of one's own culture for that of the values, beliefs and norms found in the dominant host culture (Berry, 2006). It is important to note that the acculturation process is affected by the attitudes and policies of the host country in relation to immigrants, refugees, and cultural diversity. For example, marginalization is rarely ever a choice; experiences of persecution for being who they are in their home country, followed by experiences of racism and discrimination in the host country that prevent them from successfully integrating with people of other races, cultures, and identities can force immigrants into a marginal state (Berry, 2006). A strong ethnic identity can however be maintained if an individual has a desire to preserve it and if the host country encourages acceptance and multiculturalism (Phinney et al., 2001).

Refugees can further experience cultural bereavement (Eisenbruch, 1991). Through the loss of family, social structures and cultural values, refugees can undergo a grieving process, as there is a loss of meaning and identity when adapting to a new culture (Khamis, 2021; Prendes-Lintel, 2001). Refugees, and attempted genocide survivors, can gradually lose their customs and behaviours, traditional practices, and their native language requiring the effort of multiple generations of the community to restore and then re-establish the community's ethnic identity

(Prendes-Lintel, 2001; Rosenberg et al., 2021; Weine et al., 2004). When acculturative stress occurs in response to the adaptation process, refugees can experience feelings of disorientation, fatigue, mood swings, irritation, restlessness, anxiety, and suspicion of individuals from the host culture (Prendes-Lintel, 2001). Overall, the challenges refugees experience in the host country, coupled with those of attempted genocide, can threaten the identities of survivors. The degree to and way in which survivors identify with their own culture, ethnicity, and community is then placed under significant pressure. These effects on identity are also expansive as they extend beyond the individual to affect the continuation of the collective identity of a particular group.

Ethnic and Racial Identity

It has already been established that attempted genocide represents the ultimate threat to individual and group identity, and may be compounded by other types of identity threats or identity de-valuation that can occur, such as racism and discrimination post-migration. Ethnic and racial minority counsellors working with refugee attempted genocide survivors are also likely to experience some of these identity threats, which may affect their identity development, as they share the social conditions of racialized groups in the host society of Canada. Therefore, it is important to understand existing research on identity in general and ethnic and racial identity development in particular. Identity is multifaceted; race, ethnicity, gender, and other identity variables like sexual orientation, gender identity, socioeconomic status, and ability/disability are all integrated to form an individual's whole sense of self and who they are (Wakefield & Hudley, 2007).

Erikson takes an interactive and societal approach to understanding identity development. Erikson (1950) states that one's identity develops through a process in which the individual's perception of the self and the world is shaped through the interaction between the self and

society. Ethnic and racial identity are two of the many facets of the self within this process of

discovery (Erikson, 1968). Similarly, Tajfel (1978) discusses the importance of intergroup

dynamics in forming identity through the theory of social identity. As a social psychological

theory, social identity theory describes how individuals perceive themselves to be a part of a

group and how individuals relate to other groups (Hogg, 2006). A group is defined as three or

more people who view themselves to share attributes that differentiate them from others. Social

identity theory aims to understand both intergroup dynamics and individual behaviours and

perceives an individual to have a sense of connection and value in belonging to a group.

Individuals who particularly identify with a group that lacks social power can especially be

aware of their group identity (Rivas-Drake et al., 2014) and can aim to protect their positive

sense of self in relation to their ethnic group when their ingroup is being threatened (Tajfel,

1982). The concept of identity is thus one that is formed through social interactions and social

contexts which become integrated into the sense of self (Josselson, 1994, as cited in Meca et al.,

2018). Identity can create a sense of belonging which makes it possible to define one's sense of

self in relation to a group and in relation to the world.

　　　Ethnic and racial identity are relational and bring attention to how one "understands

themselves and relates to others" (Marks et al., 2020, p. 156). Formed through intergroup

interactions, ethnic and racial minorities make meaning of their related experiences to then

integrate them into their identity (Erikson 1968; Marks et al., 2020). The internalization of racial

and ethnic identity functions as a guide in one's life to understand oneself and one's position in

the world (Cobb et al., 2019). All individuals are positioned within unique social categories and

roles that function as individual factors, but also intersect together to contribute to diverse

experiences. Social categories, such as race, ethnicity, and gender, interact to place individuals

and communities in positions of oppression, privilege, and power (American Psychological Association, 2019; Crenshaw, 1989). In relation to racial and ethnic identity, there can be a diverse range of experiences associated with privilege and oppression, which requires attention to the intersecting social factors that create heterogeneity within such groups (American Psychological Association, 2019). Racial and ethnic identity are thus situated within social, political, and historical contexts, which require particular emphasis (Marks et al., 2020). For example, ethnic minority men and ethnic minority women may be treated differently in society. This can be seen through the frequent racial profiling of ethnic minority males by law enforcement and the justice system, and the increased vulnerability for maltreatment and violence among certain groups of women (e.g., missing and murdered Indigenous women and girls). Given that racial and ethnic identity are formed through intergroup interactions, environmental messages and diverse forms of oppression significantly shape how ethnic and racial minorities make meaning of their identities when situated in an environment with a dominant group. A contextual lens in understanding racial and ethnic identity allows for concepts related to power, privilege, and systems of oppression to be considered and for their significant roles in defining ethnic and racial identities to also be understood (Johnson & Whitcomb, 2016).

Ethnic Identity

Defined as a subjective sense of belonging and connectedness to a particular ancestral group with shared heritage, ethnic identity binds groups of people who self-identify with a certain set of values, attitudes, and behaviours (Liebkind et al., 2016; Phinney et al., 2001). At the individual level, ethnic identity consists of how one identifies with a certain ethnic group and their feelings towards the group. At an interactive level, ethnic identity is formed through the social interaction of values, beliefs, and norms. At a societal level, how one identifies with their

own ethnic group is defined by systemic practices, norms, and beliefs (Liebkind et al., 2016; Verkuyten, 2005). Ethnicity can be navigated throughout these levels of identity. How one navigates and understands these different levels of ethnic identity can be integral to the psychological wellbeing of an ethnic minority individual (Phinney & Chavira, 1992). Although ethnic identity cannot be chosen, the salience, meaning, and role of ethnic identity in one's life can be malleable and dynamic (Liebkind et al., 2016).

Phinney's (1989) model of ethnic identity statuses is central to understanding the process of developing ethnic identity. Phinney's Four-Status Model of Ethnic Identity Development (1989) was derived from writings on ego identity development by Erikson (1968) and Marcia (1980). With the understanding that a whole and integrated identity could be formed through the exploration of one's own interests and abilities (Erikson, 1968), Marcia (1980) expanded Erickson's theory of ego identity by proposing four statuses of ego identity development (e.g., identity diffusion, identity foreclosure, moratorium, identity achievement) in which an individual undergoes a process of exploration and commitment to a particular identity. Identity diffusion is a status in which an individual has not explored or committed to an identity. A foreclosed status, however, involves a process in which an individual has committed to and accepted an identity without actually engaging in an identity exploration process. Opposite to the foreclosed status is the moratorium status. Being in the moratorium status of identity involves the exploration of identity without having made a commitment to a specific identity for oneself. Lastly, an achieved identity involves a stable commitment to an identity following the process of exploration (Marcia, 1980). As an individual progresses through these four statuses, one is said to experience a greater sense of psychological wellbeing given their exploration of meaning and commitment to a particular ego identity (Marcia, 1966).

In developing the theory, Phinney (1989) suggested four statuses or stages, similar to Marcia's ego identity statuses, regarding ethnic identity development. Ethnic minorities are proposed to undergo processes of exploration and commitment in which they learn about their ethnicity and its role in their life (Phinney et al., 2007). In the identity diffusion stage, an individual has barely or not explored their ethnic identity, is not aware of associated issues, and shows little interest in understanding their ethnicity (Phinney, 1989; Phinney et al., 2007). The foreclosure stage also consists of little exploration, but the individual has either a positive or negative sense of their ethnic identity due to what they have absorbed from their external world. In the moratorium stage, an individual is said to begin the process of ethnic identity exploration but is confused and unclear regarding the meaning associated with their ethnic identity. Lastly, in the achieved stage, an individual has engaged in exploration and has an internalized acceptance and understanding of their own ethnicity and feels a defined sense of belonging to their group (Phinney, 1989; Phinney et al., 2007). The development of ethnic identity is a process of meaning-making in terms of belongingness to one's ethnic group. The process of exploring the role of one's ethnicity and committing to an ethnic group fosters a sense of connectedness and further shapes one's self-concept (Phinney, 1990).

Certain factors can either facilitate or hinder progression through the ethnic identity statuses. Factors that support the development of ethnic identity include the awareness of the important issues related to an individual's own ethnic heritage and background, such as a group history, norms, core values and strengths, and the need to understand these elements (Phinney, 1989), an already high level of self-esteem, and positive social relationships (e.g., peer and family relationships). The presence of facilitative factors can help individuals explore experiences of oppression, can help people seek out positive role models within their ethnic

communities, and can help them develop a coherent understanding of how their community has persevered against adversity (Phinney & Chavira, 1992). Particularly among migrant populations, an individual's desire to keep their identity and the support they receive from their host-government to integrate into the host-culture can promote an individual's growth or maintenance of ethnic identity (Phinney et al., 2001). In contrast, factors that can hinder the progression through the statuses of ethnic identity include weakened familial relationships, difficulties in resolving issues related to ethnic identity, such as identity threats (Phinney & Chavira, 1992), pressure to assimilate into the host culture, and exposure to oppression towards one's own community (Bernal et al., as cited in Phinney et al., 2001; Phinney, 1989). These challenges can lead individuals to feel pushed away from and not explore their ethnic heritage (Phinney & Chavira, 1992), and can negatively impact the meaning they attach to their identity as an ethnically diverse individual (Bernal et al., as cited in Phinney et al., 2001). Therefore, it is critical to understand that there are social and contextual factors that can either promote or hinder the progression through these statuses of ethnic identity (Phinney et al., 2001).

Ethnically diverse individuals can experience positive effects as they progress through ethnic identity statuses. Ethnic minorities who experience a greater sense of belonging to their ethnic group can have a greater sense of wellbeing (Meca et al., 2018). Individuals who have reached an achieved status have been found to have lower levels of depressive symptoms (Seaton et al., 2006). In contrast, ethnic minorities within more transitory stages, or less committed stages (e.g., diffusion and moratorium), are more likely to experience depressive symptoms (Seaton et al., 2006). For example, those in the moratorium stage may experience more negative psychological effects due to their engagement in understanding and resolving related concerns and making changes in their own lives (Phinney & Chavira, 1992).

Another outcome of the achieved status involves a developed understanding of other ethnic groups (Phinney et al., 2007). A strengthened sense of security regarding one's own ingroup can protect an ethnic minority person from the effects of outgroup threat towards their ethnic group. As a result, achieved individuals can have a more positive and open attitude, and be more accepting of others (Phinney et al., 2007). The positive outcomes of an achieved status appear to be most helpful to a person when an ethnic minority person can also integrate the host culture. As reflected in the acculturation literature, a balance in which both ethnic identity and the host cultural identity is central to an ethnic minority person's self-concept allows the individual to experience a high level of ethnic belonging and an overall greater sense of wellbeing (Meca et al., 2018). As previously mentioned, positive evaluations of one's ethnic group have been found to be positively related with academic adjustment and attitude, self-esteem, wellbeing, acceptance by peers, more positive social interaction, a greater sense of mastery, and feelings of competence in social settings (Phinney, 1989; Phinney & Chavira, 1992; Rivas-Drake et al., 2014). However, when members of ethnic minority groups have an overly elevated sense of pride, affirmation, and group esteem, such individuals have been found to more likely experience depressive symptoms and health risks (Rivas-Drake et al., 2014). Thus, the integration of both ethnic and host cultural identity is most effective in fostering wellbeing among ethnic minorities within diverse societies. A positive sense of self among minorities also involves the perception and understanding of racial identity, which is discussed in the next section.

Racial Identity

Racial identity is the sense of belonging that one feels toward a certain group in which "genetic, biological, and physical features" (Wakefield & Hudley, 2007, p. 148) are shared.

Racial identity involves the subjective meaning an individual ascribes to or perceives in their belonging to a particular racial group (Wakefield & Hudley, 2007). As a part of the process of meaning-making, racially marginalized groups "respond to and internalize race-related societal information into their overall identity or self-conceptions" (Alvarez & Helms, 2001, p. 218) which also shapes their perception of the value of their ingroup (Alvarez & Helms, 2001).

The Multidimensional Model of Racial Identity (MMRI; Sellers et al., 1998) was originally developed to understand the identity development of African Americans and later modified to understand the meaning other racial minorities ascribe to their race, particularly at certain points in time (Wakefield & Hudley, 2007). The MMRI consists of four dimensions: racial salience, racial centrality, racial regard, and racial ideology. *Racial salience* is the role of race as a part of one's self-concept at particular times and in certain situations. *Racial centrality* is defined as the stability of race in one's life. *Racial regard* consists of both positive and negative evaluations of one's ingroup. More specifically, *private regard* identifies how one views their own ingroup whereas *public regard* is how others perceive one's ingroup. Finally*, racial ideology* is one's perception of how one believes their ingroup should live and interact with others (Sellers et al., 1998; Wakefield & Hudley, 2007). In using the MMRI, the positioning within these dimensions do not determine any level of maturity or health in relation to one's racial identity; rather, how one perceives their race in relation to the self, the ingroup, and others is formed through the "intersection of individual racial identity and the demands of the environment" (Wakefield & Hudley, 2007, p. 149).

The MMRI parallels that of the Racial/Cultural Identity Development (R/CID) Model as proposed by Sue and Sue (1990). The R/CID outlines stages of development undergone by racially and culturally marginalized individuals in which they come to understand themselves in

relation to their own culture, the dominant culture, and the relationship between both cultures (Sue & Sue, 2016). Through the stages of conformity, dissonance, resistance and immersion, introspection, and integrative awareness, an individual is seen to progress through stages of identifying with and internalizing the dominant culture's assumptions of one's marginalized status, to challenging one's own assumption due to encountered dissonance. In later stages, an individual begins to abide with minority views and neglects dominant views and can begin to form an individual view of the self in relation to their own culture and can finally equally appreciate the value in both cultures (Sue & Sue, 2016).

Similar to the openness found in an achieved ethnic identity, individuals with more integrated racial identities tend to experience more acceptance towards themselves and other racial groups (Iwamoto & Liu, 2010). Those with integrated racial identities and higher racial centrality are more appreciative of their own and other racial groups and have a greater sense of affirmation and belonging, while also being aware of racial issues. More specifically, such individuals can experience greater feelings of purpose, an enhanced sense of direction, and can likely be more "open to positive relationships with others, regardless of race (Iwamoto & Liu, 2010, p. 87). In contrast, members of racially oppressed groups who exclusively identify with their own group may be vigilant of racial issues, carry greater feelings of mistrust toward the dominant group, and may experience feelings of social isolation (Iwamoto & Liu, 2010).

Similarly, members of racially oppressed groups who feel confused or ambiguous about racial issues and their identification with their own race can experience lower levels of self-acceptance, purpose in life, and difficulties with managing daily stressors (Iwamoto & Liu, 2010). It is possible, however, for racial minorities to re-evaluate their perception of their own racial group. When faced with challenges that may not align with their identities, racial

minorities can attempt to redefine their racial identity based on these new experiences (Seaton et al., 2006).

Experiences of Ethnic and Racial Minorities

Among ethnic and racial minorities, repeated experiences of racism can cause individuals to experience high amounts of psychological and physiological distress. Racism is a form of social bias in which qualities are seen to be associated with a certain group which create social differentiations and result in multi-level forms of racial inequity (Este et al., 2018; Jones et al., 2013). Racism involves the assumptions that nature created behavioural differences between racial groups that are inherently biological, that a certain race is superior to others, and that society builds institutions prioritizing a particular racial group based on the assumption of racial biological difference and superiority (Jones et al., 2013). Racism has interactive effects at individual, institutional, and cultural levels. At the individual level, racism consists of holding a negative bias towards a certain group as a whole, in which behaviours are then used to discriminate against a person for their group membership (Jones et al., 2013). At this level, there are attitudes and beliefs that certain groups are inferior and is demonstrated through discriminatory behaviours, gestures, and forms of communication, for instance (Este et al., 2018). Institutional racism is defined as the oppression and subjugation caused by ethnocentrically designed systems, policies, and accepted norms on racialized and ethnically diverse individuals and groups (Jones, 1997). Often responsibility is placed on the personal traits and efforts of racialized and ethnically diverse individuals, but little attention is placed on the social and political forces that produce, perpetuate, and sustain the challenges faced by such populations, further protecting such systems and institutions and the created differential privilege (Henry & Tator, 2010 as cited in Este et al., 2019; Sue & Sue, 2013). Policies and practices can

often be "ethnocentric, monocultural, and inherently biased" (Sue & Sue, 2013, p. 121).

Practices rooted in a dominant culture shape standards, theories, and processes which can

negatively impact how the experiences of racialized and ethnically diverse individuals and

groups are perceived, conceptualized, and ultimately treated. Within the field of counselling, this

has involved the stereotyping, discrimination, and oppression of racialized and ethnically diverse

peoples, and the restricted access to psychological services (Sue & Sue, 2013). Through a

broader lens, structural racism is the overall creation of racial inequity that privileges certain

groups over others when multiple institutions and systems (e.g., education system, health system,

criminal justice system) engage in creating a hierarchy of power (Este et al., 2018). Across all

forms of racism, when racism is acted upon, discrimination has occurred. Discrimination is

defined as the actions and behaviours used to treat others differently based on their group

membership. Such forms of discrimination can be seen at the individual level and institutional

level through preferential application of policies and practices (Jones et al., 2013). In relation to

racism, discrimination includes actions that are targeted towards an individual on the basis of

race that aims to exclude, place burden on, or withhold or limit access to resources (Ontario

Human Rights Commission [OHRC], 2012).

Microaggressions are another form of racial and ethnic victimization inflicted upon

racialized individuals and ethnically diverse individuals. Microaggressions are subtle in nature

and consist of implicit expressions of prejudice that can either be intentional or unintentional and

can be communicated behaviourally, environmentally, or verbally through invalidations and

insults (Capodilupo & Sue, 2013; Sue et al., 2019). Some examples of microaggressions include

ascribing intelligence based on race, communicating colour blindness, and the pathologizing of

cultural values (Sue & Sue, 2016). Microaggressions can be categorized further into three other

forms of aggression that can occur with subtlety, can occur in situations in which alternate explanations veil the aggression, can reflect internal biases, and can occur in situations in which individuals are likely to be "colourblind" (Sue & Sue, 2013). A microassault is a clear, direct, and blatant verbal, nonverbal, or environmental attack that communicates a biased belief and attitude (Sue & Sue, 2013). The messages delivered through these attacks are clear and direct to the receiver, and they are conscious to the aggressor. Examples of microassaults include the use of explicit derogatory language and the exclusion from resources and employment positions toward an underrepresented group (Sue & Sue, 2013). Another form of a microaggression includes microinsults. A microinsult is an unintentional nonverbal or verbal comment directed toward an underrepresented group that is rude and demeaning and delivered as a hidden message (Sue & Sue, 2013). An example of a microinsult is when the accomplishments of a racialized person is reacted to with surprise and disbelief which communicates that the particular group is inferior in some way and should not be expected to supersede a certain expectation (Sue & Sue, 2013). A microinvalidation is an unintentional verbal comment or nonverbal gesture that excludes or dismisses the experiences of an individual from an underrepresented group (Sue & Sue, 2013). An example of a microinvalidation is when an individual dismisses and explains a racist experience of an underrepresented person to be associated with an alternate explanation that is inherent to their insecurities or misperception.

Microaggressions can be particularly harmful to the psychological wellbeing of ethnic and racial minorities (Capodilupo & Sue, 2013; Nadal et al., 2014). One negative outcome of microaggressions involves internalized racism. Internalized racism consists of accepting and applying negative racial stereotypes regarding one's own group towards oneself (Williams & Mohammed, 2013 as cited in Hughes et al., 2015). Liebkind et al. (2016) states that a negatively

internalized ethnic identity requires an individual to recognize these negative perceptions within themselves associated with their ingroup. Given that prejudice and discrimination can be threatening to the value of one's ethnic or racial group (Liebkind et al., 2016), experiences such as microaggressions and the outcome of internalized racism can strain an individual's psychological health and take away their ability to cope with challenges (Cobb et al., 2019; Hughes et al., 2015; Paradies et al., 2015; Smith, 2008; Yip et al., 2008). Sue and colleagues (2019) suggest strategies that can help racialized and ethnically diverse individuals to act against microaggressions. Often inaction can cause negative psychological effects that can also be jarring to the targeted individual. The strategies in Sue et al.'s *microintervention strategies* include making microaggressions clear and visible, defusing the microaggression, educating the offender about the underlying message of the microaggression, and accessing support. Often microaggressions are hidden and unintentional; naming the microaggression removes the power embedded in the message and makes the reality of the situation clear. Microaggressions can also be defused and disarmed by stopping comments, by showing disagreement, challenging the comment or action, and identifying its impact. Educating the offender involves opening a dialogue that brings attention to how comments are offensive, and it identifies and explores the offender's values and the source of their beliefs, empowering the target to respond against the aggression rather than accept its connotations. A final strategy is to seek external support, particularly when there are negative outcomes or minimal safety to intervening in relation to the microaggression. External supports include accessing support groups and seeking counselling, amongst others. These microintervention strategies can be used at the individual, institutional, and social policy level and provide racialized and ethnically diverse individuals and their allies

with the tools to defend themselves. The strategies can validate minority experiences, increase their sense of self-worth and self-efficacy, and affirm their racial and ethnic identities.

Further experiences of racism and discrimination, including anticipated discrimination, can contribute to psychological distress and a lowered sense of wellbeing. Racism and discrimination have been found to contribute to lowered self-esteem, greater feelings of depression, increased difficulties with behaviour, a decreased sense of satisfaction in life, and poorer mental health outcomes, overall (Cobb et al., 2019; Paradies et al., 2015; Wakefield & Hudley, 2007). However, when racial minorities are able to positively identify with and evaluate their group, racial minorities can experience greater self-esteem, a greater sense of mastery and competence, and lower symptoms of depression (Hughes et al., 2015). In this case, individuals emphasize positive aspects of their group to foster their psychological wellbeing (Yip et al., 2008). Racial and ethnic minorities who positively evaluate their ingroup can also have more effective coping skills when faced with discrimination and are likely to respond to discrimination by using more assertive strategies (Wakefield & Hudley, 2007). Furthermore, when ethnic and racial group identity are seen as significant or central in one's life, the effects of discrimination are mitigated as a strengthened identity may provide a sense of support, connection, and resource (Cobb et al., 2019; Iwamoto & Liu, 2010). In contrast, racial minorities who view their own group in a negative light but continue to identify with their own racial group, such as in the case of internalized racism, can experience a decreased sense of mastery and higher symptoms of depression (Hughes et al., 2015). Quintana (2007) recommends that a high level of ethnic and racial identity can function to effectively keep an individual connected to their group if they also have an ability to understand and think about issues of discrimination and prejudice critically so

as to buffer against their effects. Both ethnic and racial identity are thus associated with

psychological and social wellbeing (Wakefield & Hudley, 2007).

Acculturation itself can also cause psychological tension due to the process of cultural

integration (Berry, 2006). Acculturation can create cultural and psychological changes as a result

of coming into contact with another cultural group that requires an individual to examine how

they would like to be part of their own group and other groups in society (Berry & Sam, 2016).

Particularly among culturally diverse societies, this process of exploration becomes increasingly

complex given the many interacting ethnocultural groups (Berry & Sam, 2016). It is possible that

contact with other ethnic groups can create greater awareness of one's own ethnic identity and

can foster greater identification with one's ingroup (Liebkind et al., 2016).

The integration of both one's ethnic culture and that of the host culture can be effective

and adaptive in buffering acculturative stress (Bae, 2019; Berry, 2006; Phinney et al., 2001).

When both cultures are integrated, newcomers can effectively access resources from both

cultures to better cope with acculturative stress (Bae, 2019). When immigrants are found to have

high ethnic and racial identities but have a low host-cultural identity, they are likely to

experience greater psychological difficulties when confronted with discrimination (Choi et al.,

2020). Although ethnic and racial identity are supposed to provide a sense of belonging and

security (Phinney, 1991), a strong ethnic and racial identity can, in contrast, isolate the individual

by emphasizing their differences from that of the host culture or dominant group (Choi et al.,

2020) and make them more sensitized to events of racism or discrimination (Iwamoto & Liu,

2010; Shelton & Sellers, 2000).

As a protective factor, ethnic-racial socialization can be effective in sustaining the

wellbeing of ethnic and racial minorities. Ethnic-racial socialization is the opportunity to receive

information and knowledge about the values and views of one's own ethnic and racial group and how this acquired information relates to outgroups (Hughes et al., 2016). The transmission of knowledge regarding one's own cultural history, the awareness of racism, discrimination, and the necessity for caution towards outgroups, and the importance of equality across different ethnic and racial groups allows minorities to have a greater sense of wellbeing (Hughes et al., 2016; Wang et all., 2020). A meta-analysis by Wang et al. (2020) found that the transmission of cultural heritage led to an increase in self-esteem and lower externalizing behaviours among ethnic and racial minority adolescents. Similarly, ethnic and racial minority adolescents with higher levels of ethnic-racial identity development and greater socialization regarding their culture have been found to fare better psychosocially, academically, and have lower levels of delinquent behaviours in school (Xie et al., 2021).

On a grander scale, human rights need to be considered when discussing racism and discrimination. Human rights violations involve interference with the rights of all human beings that are based on race, sex, nationality, ethnicity, language, religion, or any other identity status (United Nations, n.d.b). Racism and discrimination are considered to represent a human rights violation (OHRC, 2012; United Nations, 1948). In the human rights framework, it is integral that all human beings have the right to "life and liberty, freedom from slavery and torture, and freedom of opinion and expression" (United Nations, n.d.b, para. 1), among others. Through the continuum of daily stressors, adverse life events, and potential traumas (including racial trauma and trauma related to attempted genocide) presented in the introductory chapter of this dissertation, ethnic minorities face unique challenges to positive ethnic and racial identity development outcomes (Comas-Díaz et al., 2019), as well as challenges to their overall emotional wellbeing and quality of life (Comas-Díaz et al., 2019; Sibrava et al., 2019).

For genocide survivors in particular, the effects of the identity-related persecution and trauma they face can have long-term and intergenerational effects that rupture the identity and social fabric of a community (Sarabwe et al., 2017). The effects of genocide are seen in its destruction of ethnic and communal identity, the destruction of systems, and the psychological aftermath of such violence (Evans-Campbell, 2008). As refugees, genocide survivors also face displacement, which creates many more challenges which include socioeconomic and health difficulties, and risk of discrimination and oppression during the migration journey (Beiser & Hou, 2017).

Challenges Faced by Mental Health Practitioners Working with Trauma and Genocide Survivors

Mental health practitioners who work with clients who have experienced trauma can often be exposed to the stories of their client. To process the trauma, practitioners often hear stories recalled repeatedly in a vivid manner which can elicit emotional, cognitive, and behavioural reactions in the practitioner (Bride et al., 2007). A significant amount of research has been dedicated to understanding the negative effects of working with clients who have experienced trauma due to various causes including war and genocide, and has led to the identification of reactions such as secondary traumatic stress (Branson, 2019; Bride, 2004; Figley, 2002a; Giordano et al., 2021) and vicarious trauma (McCann & Pearlman, 1990; McCormack & Adams, 2016; Pearlman & Saakvitne, 1995). Although not always related to the traumatic material of a client, practitioners can also be impacted by the high demands of the workplace and the persistent emotional care for their clients (Figley, 1995; Maslach, 2003). As a result, practitioners can experience reactions such as burnout and compassion fatigue. This section will provide an overview of the negative impacts practitioners may experience while

working in a high-demand workplace and the nature of the impact when working with trauma, paying attention to unique considerations when the service provider is an ethnic or racial minority clinician. Subsequently, the literature review will move on to consider the potential for positive impacts, by outlining models of resilience and vicarious resilience, post-traumatic growth, and related concepts and the state of existing research in this area.

Burnout

Sourced in external and organizational stressors, burnout is a result of sustained stress in the workplace (Maslach, 2003). Other forms of stress such as secondary traumatic stress and vicarious trauma are caused by the interaction with distressed clients that result in negative cognitive and emotional changes (Turgoose & Maddox, 2017); however, burnout is a result of high workplace demands that deplete a counsellor of their own resources (Maslach, 2003). Sustained stress in the workplace can occur in the form of high job demands and minimal available time, role conflict and role ambiguity, the absence of job resources, and a lack of professional support (Maslach, 2003). Due to such work demands, burnout can lead to an overwhelming sense of exhaustion, a feeling of cynicism and detachment from one's job, and a lowered sense of effectiveness and accomplishment in one's profession (Maslach, 2003). High levels of workload can contribute to a sense of exhaustion and cynicism, whereas low levels of self-efficacy are typically derived from a lack of available organizational resources to work effectively (Maslach, 2003; Maslach et al., 2001). Other workplace elements being deficient, such as employment role autonomy and control, reward and reinforcement, social support, equity, and the alignment of goals and expectations, can lead to the occurrence of burnout (Maslach & Leiter, 2005).

The effects of burnout can include both physical and mental health concerns (Maslach, 2003; Maslach et al., 2001; McCormack et al., 2018). Counsellor and other healthcare providers have been found to experience emotional exhaustion, fatigue and somatization, difficulties with emotion regulation, and a decreased need to interact with others (Maslach, 2003; McCormack et al., 2018). In addition, those experiencing burnout can gradually begin to show symptoms of anxiety and depression (Maslach et al., 2001). Given the significant effects of burnout, detaching from one's work, clients, and colleagues can be one form of coping with exhaustion. However, coping through detachment can have a negative impact on one's work performance (Maslach, 2003). Burnout has been associated with lowered commitment to the workplace, greater absenteeism from work, lowered efficacy in professional roles, and less workplace satisfaction (Maslach et al., 2001). Furthermore, behaviours that involve detachment and cynicism can interpersonally affect a counsellor's relationships with clients and colleagues (Maslach, 2003).

Compassion Fatigue

Figley (1995a) describes compassion fatigue as being a form of emotional exhaustion or emotional drainage that results from caring for others who are in persistent distress. Compassion is defined by Figley (2002a) as "bearing suffering" (p. 1434) of another, and when done consistently, can lower one's capacity or desire to continue to care for another. In counselling, clients often recall traumatic memories as a part of treatment. This can repeatedly expose a counsellor to traumatic material, which over time, can negatively impact the counsellor (Bride et al., 2007; Figley, 1995).

Figley (2002a) described factors that can contribute to the development of compassion fatigue through his etiological model. The following factors in Figley's model may contribute to the experience of compassion fatigue among counsellors: empathic ability or the ability to notice

pain in others; a concern for the pain of others and the desire to respond to their pain; exposure to the suffering of the client; responding empathically to a client's suffering by taking the client's perspective; and being left with no "emotional energy from the empathic response" (p. 1437).

It can be difficult to avoid compassion fatigue when empathy is necessary to meet a client's needs, have a strong therapeutic alliance, and understand their inner world (Figley, 1995, 2002a). Moving through a client's pain, as if it were the counsellor's own, allows the counsellor to understand the client's experience and communicate unknown elements of the experience to the client (Rogers, 1992). However, when experiencing compassion fatigue, counsellors can find it difficult to engage in their further work with continued empathy (Turgoose & Maddox, 2017). In addition, certain counsellors may be more vulnerable to compassion fatigue if they have high levels of empathy for a client and have a history of trauma themselves (Turgoose & Maddox, 2017). Often compassion fatigue can be associated with feelings of confusion, helplessness, and isolation (Figley, 2002a).

Secondary Traumatic Stress

As a result of hearing the traumatic stories of a client, secondary traumatic stress (STS) can occur and take the form of psychological overwhelm when there is a desire to help someone who is suffering (Figley, 1995, 2002b). Symptoms similar to PTSD can be reflected in STS such as avoidance and intrusive thoughts associated with the traumatic stories of a client (Bride, 2004; Figley, 2002a). Three symptom-based categories of STS include intrusive cognition associated with the traumatic material, avoidance of emotions and cues associated with the trauma stories, and physical arousal (Bride et al., 2004). In the case of STS, symptoms can occur acutely after initial exposure to the suffering of another (Branson, 2011 as cited in Branson, 2019).

Moreover, STS is likely determined by the type of trauma material to which one is exposed (Ivicic & Motta, 2017). The hours spent with a client does not determine if a counsellor will develop STS; however, the type of content and the scale of trauma a counsellor witnesses through their client is a significant contributor to the development of STS (Ivicic & Motta, 2017). In addition, it can be common for counsellors and other health providers to also experience other forms of stress, such as burnout and vicarious trauma, in combination with STS (Cummings et al., 2021). In particular, STS can contribute to the development of burnout (Cieslak et al., 2014; Giordano et al., 2021). Among mental health workers who have worked with genocide survivors, symptoms of STS have been found to be prevalent (Denkinger et al., 2018; Iyamuremye & Brysiewicz, 2012). For example, Rwandan mental health workers who were themselves genocide survivors and were working with clients who were also survivors of the 1994 Rwandan genocide were found to experience symptoms such as a loss of control, feelings of anger, emotional fatigue, and demoralization. In addition, factors such as personal trauma, workplace burnout, and a lack of social support were found to contribute to the STS they experienced (Iyamuremye & Brysiewicz, 2012).

Vicarious Traumatization

Mental health service providers can be emotionally and cognitively affected when working with survivors of trauma. Survivors themselves can experience psychological challenges such as nightmares, flashbacks, and changes in cognitive schemas after experiencing a single traumatic event or multiple traumatic events (APA, 2022). In a parallel manner, mental health service providers, through their exposure to their clients' stories of trauma, can also experience both short- and long-term negative reactions that mirror those of their clients (McCann & Pearlman, 1990; McCormack & Adams, 2016). Changes can occur in one's

cognitive schemas and worldview of themselves and others. Although these effects are viewed as natural reactions to exposure to traumatic material, the negative effects of such exposure are significant (McCann & Pearlman, 1990).

Coined by McCann and Pearlman (1990), vicarious traumatization is the "transformation that occurs within the therapist (or other trauma worker) as a result of empathic engagement with clients' trauma experiences" (Pearlman & Mac Ian, 1995, p. 558). Through cumulative exposure, a counsellor experiences negative changes in their cognitive schemas or beliefs about themselves and the world which eventually interferes with their professional and personal lives (McCann & Pearlman, 1990; Pearlman & Mac Ian, 1995; Pearlman & Saakvitne, 1995). Moreover, counsellors can develop a thicker lens of scepticism and mistrust that negatively impacts their ability to trust others, skews their perception of the world as safe and meaningful (McCann & Pearlman, 1990; McCormack & Adams, 2016), impacts their ability to regulate emotionally, and interrupts their felt sense of connection (Pearlman & Saakvitne, 1995). In addition, counsellors can feel increasingly vulnerable and experience feelings of helplessness, inefficacy, bitterness, anger towards others, isolation, exhaustion, numbing, and anxiety (McCann & Pearlman, 1990; McCormack & Adams, 2016; Pearlman & Saakvitne, 1995). Impacts of vicarious trauma on counsellors can also reflect certain symptoms of PTSD, such as flashbacks, dreams, and intrusive thoughts that are associated with their client's trauma (McCann & Pearlman, 1990; McCormack & Adams, 2016; Pearlman & Saakvitne, 1995).

Witnessing the stories of trauma can cause counsellors to feel more vulnerable. Being aware of the atrocities experienced by survivors may bring a counsellor to feel helpless against the possibility of being harmed similarly to their clients. In addition, counsellors can become more emotionally raw as a result of being reminded of one's own personal pain from the past

which can not only be impactful for counsellors but, through countertransference, can also

negatively influence therapeutic treatment (Pearlman & Saakvitne, 1995). At a personal level,

the above-mentioned challenges can impact a counsellor's sense of self, worldview, and their

relationships with others. At a professional level, vicarious trauma can negatively impact a

counsellor's therapeutic boundaries, therapeutic efficacy, collegial relationships, and

professional development (Pearlman & Saakvitne, 1995). Certain factors may also make a

counsellor more vulnerable to vicarious traumatization, such as personal history of trauma,

meaning attributed to the client's trauma stories, years of professional experience, professional

development, current life stressors (Pearlman & Mac Ian, 1995; Pearlman & Saakvitne, 1995),

and the level of differentiation of self (Halevi & Idisis, 2018).

Hazards Among Ethnic Minority Mental Health Providers

There is currently limited research on the experience of burnout, compassion fatigue,

STS, or vicarious trauma among ethnic minority mental health providers. From the available

literature, mental health counsellors who identify as ethnic and/or racial minorities have been

found to experience similar symptoms of distress as other mental health workers. For instance,

Kwong (2018) examined the occurrence of burnout and secondary trauma among Asian-

American social workers. In their study, Kwong found a high positive association between

burnout and secondary trauma, in which both factors were also found to lead to lowered

compassion satisfaction. In addition, among Black mental health therapists, the number of hours

worked per week is positively associated with burnout, and work conditions are more highly

associated with burnout than with STS (Shell et al., 2021).

Unique factors have also been suggested to contribute to work hazards, such as burnout

and STS, among ethnic minority counsellors (Shell et al., 2021). Factors such as discrimination,

minority status stress, and feelings of being an imposter have been suggested to lead to greater feelings of exhaustion, inefficacy, and symptoms of STS. In a study by Shell and colleagues (2021), concerns of cultural, individual, and institutional racism as experienced by Black therapists both within the workplace and in society were found to be positively associated with burnout. In addition, concerns of racism were also indicated to negatively impact a Black mental health therapist's ability to cope with challenges (Shell et al., 2021). A positive association between real or perceived discrimination and burnout is also indicated among racial minority students in counselling psychology programs (Basma et al., 2021). In the study by Basma et al. (2021) experiences of discrimination were associated with burnout which included feelings of exhaustion, cynicism, and feelings of inefficacy among racial minority students. Basma suggested that the association between discrimination and burnout can be generalized to possible experiences for racial minority students within other contexts and can impact their professional development (Basma et al., 2021). Generally, African American university students are likely to experience greater minority status stress than other ethnic and racial minority students, whereas Asian American students are likely to experience high imposter feelings (Cokley et al., 2013). Both experiences of minority status stress and imposter feelings can increase psychological distress among racial minority students. In addition, imposter feelings can significantly contribute to poorer mental health (Cokley et al., 2013).

Regarding STS, Black therapists have been found to experience STS as a result of hearing stories of racial discrimination and racial trauma (Shell et al., 2021). In a study by Giordano and colleagues (2021), White therapists have also been found to experience STS when witnessing stories of racial trauma; however, researchers of this study state this result should be further researched by including a greater diversity in the participant sample population. For racial

and ethnic minority therapists, Goode-Cross and Grim (2016) explain it is possible this

population experiences greater burnout or STS as a result of over-identifying with clients'

concerns or because of socioeconomic differences and different stages of racial identity

development (Goode-Cross & Grim, 2016) that may push a therapist to work harder. As

mentioned above, ethnic and racial minority counsellors are vulnerable to the sociopolitical

environment which impacts them at both a personal and professional level. These concerns may

be added layers to their possible experiences of burnout and STS in the field of counselling.

Alongside the challenges faced by counsellors, opportunities for growth and flourishing are also

possible. In this next section I discuss the nature of positive psychology and recently discovered

potential positive impacts of working with populations that have experienced trauma and various

types of human rights violations.

Potential Positive Impacts of Working with Trauma and Attempted Genocide Survivors

Positive psychology is defined as "the study of the conditions and processes that

contribute to the flourishing or optimal functioning of people, groups, and institutions" (Gable &

Haidt, 2005, p. 104). It focuses on the positive experiences, traits, and systems that foster

functioning and wellbeing (Seligman, 2011). As a shift from a deficit perspective that examines

what is wrong with individuals and society, positive psychology aims to broaden the scope of

psychology by focusing on human strengths, resources, and adaptive capacities and the processes

and institutions that support their development (Seligman, 1999). Pawelski (2016) argues that

there are benefits to the indirect positive goals associated with mainstream psychology and to the

direct goals associated with positive psychology that focus on flourishing. Pawelski states a

balance between both approaches is necessary to facilitate human flourishing. By directly

addressing the conditions of a meaningful life (e.g., love, joy, wisdom, belonging), one can work

towards developing greater life satisfaction and value in one's life. However, it is also necessary to address the negative and challenging aspects of life and any resulting mental health difficulties or conditions to make more room for opportunities for growth. As Pawelski states, "If a farmer plants his crops but does nothing about the weeds, he is as unlikely to have a harvest as if he eliminates the weeds but plants no crops" (p. 361). Thus, a balanced use of both approaches is most beneficial for optimal human flourishing both in the short-term and long-term (Pawelski, 2016). In order to allow for opportunities of growth to occur it is important to understand what growth entails. Resilience is one form of adaptation and growth that occurs among individuals who have faced adversity (Luthar et al., 2000). In the following sections, I discuss the nature of resilience and how individuals, particularly refugees and genocide survivors, may demonstrate resilience.

What is Resilience?

Resilience is defined as "a dynamic process encompassing positive adaptation within the context of significant adversity" (Luthar et al., 2000, p. 543). For an individual or family to be considered as resilient at any point of the lifespan from childhood to adulthood, the individual/family has been exposed to significant life adversity and has sustained a better-than-expected level of functioning given the nature of adversity experienced (Luthar et al., 2000). Thus, after being exposed to adversity, an individual/family counters such adversity with positive experiences, functioning, or protective factors. The capacity to adapt can either occur at the moment of the experienced trauma, or after the process of healing has been experienced or has unfolded (Flynn et al., 2004; Luthar et al., 2000). Being resilient, however, does not involve the absence of psychological symptoms. As in cases of certain types of life adversities, like racial trauma or attempted genocide, showing some symptoms of distress at the individual, relational,

family, and/or community level can be considered to be a normative response to facing

extremely abnormal and horrific life events and multiple human rights violations (Silove, 2013).

In this process, an individual can experience suffering, while also surviving and thriving

(Harvey, 2007). Among genocide survivors, resilience can be seen by those who experience

some suffering, but do not go on to develop full-fledged psychological disorders and just need

some assistance navigating the challenges of the resettlement process that follows the traumatic

events they experienced. Alternatively, resilience is also evidenced among those who do

experience clinical levels of symptoms of various mental health problems like PTSD and

depression, but who show significant psychological improvement in functioning over time once

they have been able to process and deal with the trauma (Cantor-Graae et al., 2014; Eytan et al.,

2011; Mollica et al., 2014; Shahini et al., 2019).

Resilience is conceptualized as a process, since an individual embodies elements of

recovery and growth that open up opportunities for overcoming challenges, allowing for healing

following adversity (Kent et al., 2013). The adaptive effort that is attained is sustained

throughout the process, promoting the individual to 'bounce back', recover from hardship, and

learn and grow in their understanding and development of knowledge and skills (Cénat &

Derivois, 2015; Kent et al., 2013). Across models of resilience, there are common elements that

influence the process of positive adjustment following adversity. These elements include one's

intrapersonal qualities, interpersonal factors associated with relationships, and factors associated

with relationships with one's community and social groups (Cénat & Derivois, 2015; Kent et al.,

2013). These factors are highlighted in the Triarchic Theory or Model of Resilience (Garmezy,

1985; Werner & Smith, 1993) and the Ecological-Transactional Model of Resilience (Cicchetti

& Lynch, 1993) which are discussed in the following sections. As will become evident, many of

the aspects of these models directly correspond to some of the positive states, traits, and institutions in positive psychology theorizing.

Triarchic Model

Highlighting the importance of individual attributes, familial factors and the influence of support networks, the *Triarchic Model of Resilience* (Garmezy, 1985) focuses on the protective factors that allow for positive adaptation following a stressful event. Within the individual domain, factors such as an individual's personality disposition, self-concept, emotional self-regulation, and self-esteem can influence their ability to cope with adversity. In the family and relationship domain, the presence of an intact and supportive family system, authoritative parenting, healthy parent-child relationships, and secure attachments can all play a role in promoting resilience. Support from positive peers is also included in this domain. Lastly, within the community domain, protective factors include society's encouragement of coping efforts, the involvement of supportive community members, and effective policies and practices related to public safety and availability of health services (Flynn et al., 2004; Garmezy, 1985). Altogether, these factors serve a protective function in allowing individuals and families to positively adapt following exposure to stress and trauma (Flynn et al., 2004).

Ecological-Transaction Model

Developed by Lynch and Cicchetti (1998), the *Ecological-Transactional Model* focuses on various levels of positive influence surrounding an individual. Influenced by Bronfenbrenner's (1977) ecological theory, this framework for resilience involves four systems – ontogenic development, microsystem, exosystem, macrosystem – that interact and function interdependently in a way that influences one's adaptation and resilience over time (Lynch & Cicchetti, 1998).

At the level of ontogenic development, personal traits influence resilience and adaptation (Lynch & Cicchetti, 1998). Factors such as attachment style, emotion regulation, one's sense of self, positive self-esteem, and social competence are often associated with one's ability to adapt during developmental milestones and key growth periods, which come to impact one's view of themselves, the world, and their relationships (Cicchetti & Lynch, 1993; Fonaghy et al., 1994). Further in proximity to the individual is the microsystem, which involves aspects of one's familial environment that influence resilience. Included in this domain are factors related to family dynamics and bonds, parenting styles and parenting resources. Interrelatedly, elements in the microsystem can have direct and indirect effects on an individual, their ontogenic development and their capacity for resilience. For instance, a child's ability to regulate emotion, their level of autonomy and their internalization of the world, which contribute to their degree of resilience, can all be influenced by the parent-child relationship and their experiences in the family environment (Cicchetti & Lynch, 1993). Moreover, elements found in the exosystem are related to one's community and neighbourhood (i.e., peer groups, community support groups, religious institutions and involvement, and educational and employment availability and involvement; Cicchetti & Lynch, 1993). Lastly, the macrosystem involves societal and cultural beliefs and values that influence the resilient capacity of the individual. Although furthest in proximity, the influence of the macrosystem spans across social, communal, familial, and individual functioning (Cicchetti & Lynch, 1993; Lynch & Cicchetti, 1998). Such influence is seen in the example of the process in which cultural beliefs about certain behaviours, or even mental health symptoms, can shape the experience of stigmatization versus communal support, the functioning of the family system, and one's own interpretations and beliefs about their personal wellness and the capacity to advocate for themselves and overcome adversity (Harvey,

2007).

Often disruptions in these ecological contexts can lead to challenges with adapting to adversity and trauma; thus, by enhancing factors related to these concentric contextual domains, individual resilience can be promoted (Harvey, 2007). From an ecological-transactional perspective, individuals are understood within their context in which there are interrelationships between macro- and micro-levels that influence their resilience and adaptation (Bronfenbrenner, 1979). This process thus involves the understanding of "relational, familial, social and cultural contexts" (Harvey, 2007, p. 75) which have a concentric nature that reciprocally influence one another. The ecological-transactional model thus approaches resilience by posing the question, "Within what contexts do particular processes cultivate resilience for particular people?" (Harvey, 2007, p. 77).

Resilience in Attempted Genocide Survivors and Refugees

Although negative psychological effects of exposure to human rights violations accompanied by other pre- and post-migration stressors are common among refugees and attempted genocide survivors, rates of distress and disorders among both populations also suggest patterns of resilience. For example, PTSD rates from the time of being targeted for genocide and up to 25 years post-conflict range from 14.5% to 79% (Eytan et al., 2011; Eytan et al., 2015; Grossman et al., 2019; Mutuyimana et al., 2019; Nosè et al., 2020; Rieder & Elbert, 2013; Schaal et al., 2011). Similarly, depression rates range from 4.9% to 48.4% across different studies (Eytan et al., 2011; Eytan et al., 2015; Nosè et al., 2020; Rieder & Elbert, 2013; Schaal et al., 2011). Existing research suggests that between 37% and 59.4% of survivors experience anxiety immediately following the genocide and up to 16 years post-conflict (Rieder & Elbert, 2013; Schaal et al., 2011), and suicide rates for genocide survivors range from 9.9% to 73.5%

from 8 to 16 years post-conflict among various groups of survivors (Eytan et al., 2015; Rieder & Elbert, 2013). It is easy to focus on the maximum distress rates, while failing to attend to the minimum rates of distress identified in these ranges, which suggest the potential for remarkable resilience and positive adaptation among genocide survivors and refugees (Eytan et al., 2011; Eytan et al., 2015; Rieder & Elbert, 2013; Schaal et al., 2011).

Among refugees and attempted genocide survivors, resilience is clearly possible. Resilience, or the ability to bounce back and cope with adversity, is described as a strategy of resistance and fight that allows refugees to create pathways of hope to draw on their internal strengths and capacities, as well as any available external resources to foster growth and development (Cénat et al., 2020; Denov et al., 2019). The resources refugees can navigate their way towards can be accessed across multiple socioecological levels to help them overcome life obstacles and challenges (Ungar, 2008). The experiences of resilience among attempted genocide survivors can include suffering, while also being able to survive and thrive simultaneously (Harvey, 2007). Research on various refugee and genocide survivor groups has shown significant psychological improvement in functioning over time once they have been able to process and deal with any traumatic events experienced and associated pre- and post-migration stressors (Cantor-Graae et al., 2014; Eytan et al., 2011; Lindert et al., 2017; Mollica et al., 2014).

Factors Related to Resilience in Research on Refugees and Genocide Survivors

As mentioned above, resilience is a multidimensional process that can be experienced at relatively different degrees within and across different contexts, allowing it to co-occur with states of psychological distress. Thus, at varying degrees and different times, there can be an accumulation of various skills and resources during the process of becoming resilient (Mohamed & Thomas, 2017). This multidimensional dynamic of resilience can be identified among refugees

and genocide survivors through the various individual, familial, communal and cultural contexts in which they are embedded, reflecting the ecological-transactional model of resilience.

      Individual-Level Factors. At a personal level, one's emotional and cognitive skills, in addition to personality traits, can contribute to positive adaptation following stressful events. Young adult genocide survivors with positive emotions and outlooks on life have been found to be more resilient than those with lower feelings of gratitude, hope, happiness, and optimism. These positive emotions can allow for more cognitive resources to be used as coping tools in creating a positive future in the aftermath of facing persecution (Dushimirimana et al., 2014). Similarly, the cultivation of positive affect and cognition can assist with the development of self-efficacy in the face of trauma. Through the belief that one has control over adversity, recovery from traumatic events can occur. This allows individuals to distance themselves from their trauma by focusing on their hope for the future (Dushimirimana et al, 2014; Fredrickson, 2001). Furthermore, factors such as self-worth can impact levels of resilience (Davey et al., 2003), in addition to positive self-esteem (Bell, 2001), a self-concept that is consistent throughout different contexts, and higher perceptions of personal control in daily life (Diehl & Hay, 2010).

      Familial-Level Factors. The formation of strong bonds and relationships can serve as a protective factor against stress and major life adversity. Researchers have found connections with peers and family can assist with gaining consistent and meaningful support by promoting psychological and physical survival among genocide survivors (Hedglen, 2016; Paigne, 2015). A positive peer group can create a sense of family and support by increasing a sense of belonging and reducing isolation, with social support being a key buffer for development and sustenance of mental health problems (Hedglen, 2016). Regarding the family system, the sharing of positive memories and talking with children about challenging events can be helpful in overcoming

difficult moments. By adaptively expressing difficult emotions, one can feel unburdened while also building more interpersonal and familial connections, and rebuilding feelings of trust. The reliance on family bonds is not limited to the immediate family but can include extended family encouraging communication and sharing across generations (Weine et al., 2004). Moreover, open communication can also foster cohesion in the family system. Through the development of trust, flexibility and tolerance, family members can overcome challenges together, such as resettlement difficulties, while building on attachment and independence simultaneously (Kupelian et al., 1998; Weine et al., 2004). Through increased family togetherness and quality time, familial cohesion can function as a protective factor while building relational bonds and also maintaining ethnocultural identity and values (Weine et al., 2004).

Within the family environment, engagement in familial tasks, duties and roles can also promote resilience. In a study with refugee Sri Lankan males in Canada, involvement in family and community roles was found to be their primary effective coping mechanism following resettlement. Fulfilling roles allowed for males to feel a "positive internal sense of masculine identity and [also] a positive social standing as a 'good man' within the community" to counter their experiences during pre-migration trauma (Affleck et al., 2018, p. 14). By fulfilling familial and cultural expectations, refugee Sri Lankan men were able to regain their meaningful and functional roles, re-establishing a sense of identity and belonging which promoted healing following trauma and loss of traditional family structure (Affleck et al., 2018).

Among women survivors of genocide, motherhood and the act of taking care of children can also function as a source of resilience (Zraly et al., 2013). In Zraly et al.'s study, female Rwandan genocide survivors who had children to care for prevented them from feeling socially isolated and disengaged, and aided in cultivating a source of strength and perseverance. With the

goal of providing for their children, genocide survivor women, and parents in general, can persevere to become self-sufficient, find meaning through parenthood and regain a sense of empowerment and dignity, while also defying the very violence that genocide was set to carry out – stopping reproduction (Zraly et al., 2013). In cultures where family is highly valued, the survival of children following genocide can encourage the desire to continue living for one's children and family through a sense of gratitude in terms of still having them and being able to be there for them (Paigne, 2015; Sossou et al., 2008; Weine et al., 2004).

Communal-Level Factors. As stable social institutions, schools have the potential to provide a positive and secure environment for children. Involvement in school allows for friendships to be formed and feelings of a brighter, hopeful future to be cultivated. Schools can also foster social, emotional, and educational development by creating a sense of belonging, increasing self-esteem, establishing social relationships, developing life skills and providing social support (Cefai, 2007; Dushimirimana et al., 2014; Hedglen, 2016; Mohamed & Thomas, 2017). Among children, friendships also function as a protective factor against stress. Protecting against loneliness and isolation, children are able to feel a sense of belonging when bonding with peers, particularly in the school environment (Mohamed & Thomas, 2017).

Within the community, having access to social support through communal agencies and organizations can assist with buffering against social challenges, such as poverty and social isolation (Mohamed & Thomas, 2017; Paigne, 2015; Sossou et al., 2008). Social barriers, as previously mentioned, can add stress to the refugee journey; thus, genocide survivors who access healthcare services, social services, job finding, language learning, and financial support can be assisted in the resettlement and adaptation process, particularly following exposure to adversity (Paigne, 2015). For example, Hedglen (2016) found that when financial support from

government-sponsored agencies was received, genocide survivors were capable of developing a sense of safety and hope for their futures. Furthermore, involvement in extracurricular and recreational activities can help with promoting a sense of communal belonging and a sense of family, while also supporting a healthy acculturation process (Mohamed & Thomas, 2017).

Although there is variability in the effectiveness of communal reconciliation and redress efforts in reducing genocide survivors' distress and restoring their sense of justice (Silove, 2013), community organized trials, or redresses, such as those seen in the Gacaca courts following the Rwandan genocide, seem to assist some survivors in creating a sense of safety and hope following mass trauma (Dushimirimana et al., 2014). Such initiatives can help survivors to seek justice for lost loved ones and to repair one's own suffering, particularly during the grieving process (Greene, 2015). In addition, community initiatives can help counter cultural messages, such as the culture of silence, by creating a safe space for genocide survivors, including children, to share their feelings and struggles and to reconstruct a narrative of resilience (Hedglen, 2016). Often times, community-organized initiatives are driven by the cultural beliefs of the community and society. Cultural beliefs such as mutual support and helping others in need can promote solidarity, forgiveness, and mutual understanding among survivors (Dushimirimana et al., 2014; Greene, 2015). The mobilization of community allows for the involved individuals and the community as a whole to gain awareness of the systemic challenges, to develop strategies to resist oppression, to create necessary change, and to experience resilience (Chavez-Dueñas et al., 2019). Movements, such as Black Lives Matter, have played roles in resisting violence towards and empowering racialized communities (McCoy, 2020). Involvement in community activism can have positive effects on mental health for racialized individuals (Comas-Díaz, 2015) as it provides opportunities to utilize hope, create meaning out of adversity (Chavez-Dueñas et al.,

2019), and to remove self-blame by understanding the sociopolitical factors that have life implications for racialized communities (Comas-Díaz, 2015).

Community resources can also create a sense of self-efficacy, or belief in overcoming adversity, among survivors, which in turn facilitates resilience and a positive shift in one's views and assumptions about the world (Dushimirimana et al., 2014). Involvement in religious institutions, for instance, can promote resilience among refugees and genocide survivors through both the belief in a higher power and the benefits of congregational social support (Dushimirimana et al., 2014). Hopeful messages delivered through spirituality and worship can assist with the regulation of negative emotions. In addition, engagement in religious practices and activities can foster the development of positive affect, such as the belief in God's love for the self, the importance of forgiveness, living in harmony, and feeling a sense of protection (Dushimirimana et al., 2014).

Cultural-Level Factors. Considering the context of the individual, the pervasiveness of culture and its beliefs and values has been found to function as a tool for coping with trauma (Affleck et al., 2018; Hedglen, 2016; Zraly et al., 2013). Among Sri Lankan refugee men, the culture of masculinity which encompasses the need to be strong, provide for, and protect loved ones was found to increase their sense of adequacy and purpose in challenging moments (Affleck et al., 2018). Although idealized notions of gender roles can prevent healing, the fulfilment of cultural expectations and roles in the family or community can foster a sense of identity which promotes feelings of adequacy and satisfaction (Affleck et al., 2018). Cultural values of patience, strength and perseverance can also be used to face challenging situations, and have been found to be key aspects of resilience in studies of various groups of genocide survivors (Hedglen, 2016; Zraly et al., 2013). Among Rwandan genocide survivors, Zraly et al. (2013) found that certain

cultural values facilitate resilience, such as *kwihangana* (to draw strength from within through being patient, strong and by withstanding suffering). This cultural value clearly emphasizes perseverance, which has also been mentioned in the positive psychology theories as contributing to wellbeing (Seligman & Csikszentmihalyi, 2000).

Other types of religious or spiritual beliefs and practice can also contribute to resilience among genocide survivors. Believing in spiritual protection can bring solace, meaning, hope and peace when facing the aftermath of trauma. As a source of coping, religion can decrease a sense of helplessness, nightmares of genocide, and increase the ability to cope with negative thoughts and negative affect (Hedglen, 2016; Paigne, 2015). Experiences with religion, such as through prayer and scripture reading, can also foster a capacity for forgiveness in terms of letting go of the attempted genocide and in moving forward (Brown, 2012; Hedglen, 2016). The maintenance of religious practice and beliefs can thus promote personal healing while also preserving ethnocultural identity, traditions, teachings and values, particularly during the process of resettlement after facing persecution (Weine et al., 2004). Values associated with religion and culture have been found to influence the emotions, skills, and attitudes of the individual. For instance, among some collectivist cultures, increased involvement in communal and religious practice promotes familial and peer bonding and also fosters individual hopefulness and motivation, self-reliance, and positive self-regard (Hedglen, 2016; Paigne, 2015).

Positive Impacts on Mental Health Practitioners

Just as being faced with traumatic life events and stressors can sometimes lead to positive adaptation and personal development for the people experiencing them, counsellors working with populations exposed to trauma or ethnic/racial persecution can also experience growth and development after witnessing their clients' resilience. Co-existing with the challenging aspects of

working with trauma is the opportunity for expanding the experience of positive emotions, strengths, and life experiences among counsellors. These positive effects can have an impact on a counsellor's psychological wellbeing, which can protect frontline workers against the negative effects of trauma work (Barrington & Shakespeare-Finch, 2013; Cummings et al., 2021; Samios, 2018), as well as have positive implications in terms of clinical efficacy and treatment outcomes for populations experiencing traumatic life events (Linley & Joseph, 2007). In this section, I discuss the positive impacts experienced by mental health practitioners when working with clients who have faced traumatic events. Concepts of compassion satisfaction and vicarious post-traumatic growth will be discussed and connected to literature on vicarious resilience.

Compassion Satisfaction

One of the positive effects of working in the trauma field includes the experience of compassion satisfaction. Found to positively contribute to a counsellor's sense of achievement, personal growth, and workplace motivation (Wagaman et al., 2015), compassion satisfaction is a sense of contentment within a counsellor as a result of being able to help others and perceiving the provided help to be effective (Figley, 2013). In addition, compassion satisfaction involves a sense of gratification with the felt attunement with a client (Stamm, 2010 as cited in Martin-Cuellar et al., 2021).

Compassion satisfaction has been found to be protective against the challenging outcomes of trauma work common amongst counsellors (Cummings et al., 2021; Giordano et al., 2021; Wagaman et al., 2015). Stress reactions, such as burnout, are found to decrease in frequency when compassion satisfaction is experienced by counsellors (Cummings et al., 2021; Giordano et al., 2021; Hallam et al., 2021). More specifically, compassion satisfaction can mediate the relationship between burnout and vicarious trauma, in addition to the relationship

between burnout and STS (Cummings et al., 2021). By increasing opportunities for compassion satisfaction, it is possible to decrease the experience of burnout which, in turn, decreases the chances of STS and vicarious trauma from occurring (Cummings et al., 2021). As a positive effect, increasing compassion satisfaction can also be perceived to strengthen the therapeutic relationship and create more positive therapeutic outcomes (Linley & Joseph, 2007). Factors that have been found to increase compassion satisfaction include: (a) more years of professional experience, (b) the use of evidence-based practice, (c) engagement in active self-care practices (Hallam et al., 2021), (d) actively practicing mindfulness (Martin-Cuellar et al., 2021), (e) experiencing workplace satisfaction and reward, (f) feeling valued in the workplace, (g) having a manageable workload, (h) having supportive and effective supervision, (i) feeling safe from harm from clients and others in the workplace, (j) income satisfaction, and (k) feeling professionally competent (Senreich et al., 2020).

Vicarious Post-Traumatic Growth

A key area of development within positive psychology is vicarious post-traumatic growth (VPTG). VPTG is defined as the wide range of positive outcomes that occur for counsellors working with clients who have endured traumatic events (Arnold et al., 2005). Similar to post-traumatic growth for clients, in which a traumatized individual experiences significant positive changes in self-perception, interpersonal relationships and outlook on life (Tedeschi & Calhoun, 1996), counsellors who indirectly witness the stories of their traumatized clients and their post-traumatic growth are also suggested to experience positive outcomes from working with such clients (Arnold et al., 2005; Barrington & Shakespeare-Finch, 2013). Post-traumatic growth is a positive outcome that results from a trauma survivor's ability to grapple with their own trauma material (Calhoun & Tedeschi, 2001). In a similar vein, VPTG is described to be a counsellor's

ability to engage with their experience of vicarious trauma and make meaning of their client's

trauma to then have greater opportunities for personal growth (McCann & Pearlman, 1990 as

cited in Barrington & Shakespeare-Finch, 2013). Therefore, it is pre-supposed in VPTG that the

counsellor experiences some level of distress (vicarious trauma) after being exposed to the

client's life adversity and reaction to it, and then attempts to make sense of this distress and cope

with it in a way that enhances the counsellor's own personal functioning. The types of changes

that counsellors may experience when VPTG occurs are further described below.

The concept of VPTG was developed by Arnold and colleagues (2005) after qualitatively

exploring how psychotherapists perceived themselves to be affected after working with clients

who have experienced trauma. After interviewing psychotherapists, Arnold and researchers

identified that all participants had negative reactions to working with their clients (e.g., intrusive

thoughts and images, physical pain, avoidance), but that almost all participants also experienced

personal growth. As also found in other studies (Arnold et al., 2005; Barrington & Shakespeare-

Finch, 2013), positive changes associated with VPTG include effects often found among trauma

survivors who themselves experience post-traumatic growth. Under the three categories of post-

traumatic growth (e.g., self-perception, interpersonal relationships, and philosophy of life),

counsellors in existing studies have reported improvements in their sense of compassion,

gratitude, empathy, understanding, and connections towards others. Counsellors have also

reported feeling a deeper regard for the human spirit and its resiliency, a greater sense of hope

for the future, positive changes in spirituality, better prioritization in life, greater self-confidence,

and greater adaptability after working with clients who have experienced trauma (Arnold et al.,

2005; Barrington & Shakespeare-Finch, 2013; Hyatt-Burkhart, 2014).

Researchers who have examined the phenomenon of VPTG have confirmed that counsellors and other helping professionals who report such positive changes most often have experienced vicarious trauma in working with their clients (Barrington & Shakespeare-Finch, 2013), particularly when first starting to work with trauma survivors. When journeying from vicarious trauma to VPTG it appears that counsellors undergo cognitive changes in schematic beliefs which then encourages a process of meaning-making and leads to the positive effects associated with VPTG. The ability to cognitively integrate the client's trauma material is suggested to be essential to the opportunities for VPTG (Barrington & Shakespeare-Finch, 2013). A positive association between vicarious trauma and VPTG exists such that as vicarious trauma increases, VPTG also increases (Cosden et al., 2016). However, studies have also found that the relationship between vicarious trauma and VPTG is one that is curvilinear (Dar & Iqbal, 2020). Although increases in vicarious trauma and STS can contribute to increases in VPTG, there is a threshold in which VPTG either plateaus (Shiri et al., 2008) and/or begins to decrease if the level of experienced STS continues to increase in magnitude (Dar & Iqbal, 2020; Manning-Jones et al., 2017). These results echo other researchers' findings regarding post-traumatic growth among trauma survivors (Shakespeare-Finch & Lurie-Beck, 2014; Tsai et al., 2015), which suggests that once a threshold for a traumatized individual is reached, meaning-making becomes difficult since their ability to cope is compromised by high levels of distress (Joseph, 2011 as cited in Dar & Iqbal, 2020). Therefore, a moderate level of STS or vicarious trauma appears to contribute to optimal experiences of VPTG (Manning-Jones et al., 2017).

Vicarious Resilience Among Mental Health Practitioners

It is common for counsellors or service providers who work with survivors of torture to focus on the negative effects of working with trauma material. Such a focus often leads to the

development of vicarious trauma, secondary traumatic stress, empathic stress, and compassion fatigue (Figley, 1998, 2002b; McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995; Weingarten, 2003). However, parallel to the experience of such negative impacts, is the concept of vicarious resilience. In working with psychotherapists treating survivors of political violence and torture in Colombia, Hernández and colleagues (2007) noticed that psychotherapists experienced positive effects, such as inspiration and strength, from working with their survivor clients, without necessarily being distressed or vicariously traumatized in the therapeutic relationship (Engstrom et al., 2008; Hernández et al., 2007). Hernández and colleagues specifically observed that the psychotherapists were involved in a strengthening process whereby they learned from their client's ability to overcome adversity, and this was not necessarily preceded by a process of being shaken or weakened by their client's experiences. This strengthening process was termed vicarious resilience (Hernández et al., 2007). Coined by Hernández, Gangsei, and Engstrom (2007), vicarious resilience is a process in which one is positively transformed by witnessing another's capacity to cope and positively adapt following adversity. Within a therapeutic setting, vicarious resilience is the process in which a counsellor experiences "positive meaning-making, growth, and transformations" (Hernández et al., 2010, p.72) due to their exposure to their client's own resilience during the healing process (Hernández et al., 2010).

Positive transformations experienced through vicarious resilience can occur in different areas of life. Counsellors can experience changes in their perceptions of themselves, and changes in their relationships and their environment (Hernández et al., 2007). More specifically, Hernández et al. (2010) identified seven dimensions in which counsellors may experience positive change:

(1) reflecting on human beings' capacity to heal; (2) reaffirming the value of therapy;

(3) regaining hope; (4) reassessing the dimensions of one's own problems; (5)

understanding and valuing spiritual dimensions of healing; (6) discovering the power of

community healing; and (7) making the professional and lay public aware of the impact

and multiple dimensions of violence by writing and participating in public speaking

forums (p. 73).

These findings have been echoed by various other researchers who have also explored the

experience of vicarious resilience among various service providers (Craig Perlwitz, 2021; Frey et

al., 2017; Michalchuk & Martin, 2019; Puvimanasinghe et al., 2015; Reynolds, 2020; Silveira &

Boyer, 2015; Woodwick, 2021). The positive transformations associated with vicarious

resilience are discussed in further detail below.

Several factors are suggested to contribute to the initiation of the process of vicarious

resilience. These factors include a counsellor's empathic engagement, the therapeutic

relationship and the therapeutic process, the social context, professional circumstances, and

forms of personal support. The opportunity for resilience to be "transferred" onto a counsellor

occurs through a counsellor's empathic engagement with a client's experiences of trauma,

resilience, and growth. Within these stories are not only moments of hopelessness but also

perseverance and adaptation to which a counsellor is exposed and from which a counsellor is

given an opportunity from which to learn (Engstrom et al., 2008; Hernández et al., 2007).

Hernández et al (2007) describe that "vicarious resilience is not the sum of all positive

experiences that therapists remember, nor is it a generic term for everything that motivates a

therapist" (p. 238). Through witnessing and interacting with resilient clients, counsellors

themselves experience positive transformations in various parts of their own lives because of the

dynamic relationship between the counsellor and the client (Hernandez-Wolfe et al., 2015). In experiencing vicarious resilience, counsellors function from a place of awareness, knowledge, and action while remaining hopeful about their client's abilities to overcome challenges (Acevedo & Hernandez, 2014; Weingarten, 2003, 2010). From this position, helpers are viewed to be open to the opportunity of relational hope through vicarious resilience while acknowledging the possibilities of ambiguity and a lack of control (Acevedo & Hernandez, 2014), which can make them less susceptible to the negative effects of working with trauma survivors (Weingarten, 2003).

The therapeutic relationship and process are other essential factors that contribute to vicarious resilience. When there is reciprocity whereby the therapist and client mutually influence one another, both parties attend to one another's strengths and develop meaning out of the therapeutic process, allowing the therapist and the client to learn and heal together (Hernández et al., 2010). The opportunities for positive shifts to occur are suggested to be related to the therapeutic process and how this process interacts with the client's resilience. Importantly, vicarious resilience not only impacts a counsellor, but also contributes to the ability of the client to continue experiencing resilience themselves because of this mutual and reciprocal relationship (Hernández et al., 2007).

Furthermore, the social context in which the therapeutic relationship is embedded is also integral to the process of vicarious resilience. Both the client and therapist exist within the context of the therapeutic relationship, which itself is also embedded within social contexts due to both the client and therapist carrying their own social locations (Hernandez et al., 2005 as cited in Hernández et al., 2010). Vicarious resilience, as it exists within the therapeutic relationship, also exists within social locations of power and privilege. Dimensions of identity

(e.g., gender, class, race, ethnicity, sexual orientation) and their intersectionality shape experiences of power and privilege and shape the experience of trauma and recovery within the therapeutic setting (Hernandez et al., 2015). It is thus important for counsellors to be aware of their own identities and their own contexts of marginalization and privilege and how they interact with the identities of their clients. In this way, counsellors can be cognizant of how these factors influence their abilities to notice their clients' strengths, acknowledge their clients' processes of change, and better learn from their clients (Brown, 2008 as cited in Hernandez-Wolfe et al., 2015; Hernandez-Wolfe, 2018).

When social context is not acknowledged, it is proposed to be difficult for a counsellor to "listen, empathize, and voluntarily learn from their client's ability to cope with adversity" (Hernandez-Wolfe, 2018, p. 12). Appreciating a client's challenges and noticing a client's strengths and resilience, which are important to the process of vicarious resilience (Edelkott et al., 2016; Hernandez-Wolfe, 2018), can be impeded without bringing attention to social context and can interfere with both a counsellor's capacity to experience vicarious resilience and a client's own experience of healing (Hernandez-Wolfe, 2018). Puvimanasinghe et al. (2015) highlighted in their study that cultural competence and self-reflection regarding one's own cultural and social positioning allows service providers to be aware of the diverse systemic factors and associated challenges that can interfere with a client's ability to acknowledge their own strengths. As a result, when counsellors are able to attend to the therapeutic process as a whole, which includes social context, counsellors can further facilitate the recovery of their clients while also being inspired by their client's perseverance despite the systemic challenges their clients have faced (Puvimanasinghe et al., 2015). Similarly, when a counsellor can attend to the client's form of adaptation to adversity, counsellors can also begin to acknowledge how they

themselves manage these systems (Hernández et al., 2007) and can attend to their own awareness and self-care (Gallegos & Gonzalez-Pons, 2020; Hernandez-Wolfe et al., 2015).

Other factors that have been identified to contribute to the experience of vicarious resilience include professional circumstances and personal support. A counsellor's previous experiences of trauma, the length of time working in the field of trauma, having a spiritual practice in one's personal life (Reynolds, 2020), and access to trauma-informed supervision (Reynolds, 2020; Pack, 2014) have been associated with increasing the potential for experiencing vicarious resilience. In the case of counsellors with past traumatic experience, counsellors are suggested to be motivated towards personal growth (Frey et al., 2017) and be better able to form a strong relationship with a client (Reynolds, 2020). Given their past abilities to process their traumatic experiences, counsellors can also have greater opportunities to experience vicarious resilience (Reynolds, 2020). Similarly, these factors can contribute to greater self-awareness and recognition of the role of spirituality in the client's life (Reynolds, 2020). Furthermore, other factors that facilitate vicarious resilience include a supportive working environment (Pack, 2014; Woodwick, 2021), perceiving progress in treatment (Engstrom et al., 2008; Hernández et al., 2007; Hernandez-Wolfe et al., 2015; Woodwick, 2021), self-care of the counsellor (Hernandez-Wolfe, 2018), and having available personal supports outside of the workplace that are authentic, engaging, and empowering (Frey et al., 2017; Woodwick, 2021).

Theoretical Development of the Concept of Vicarious Resilience. Three key theoretical frameworks underlie the concept of vicarious resilience: (a) theorizing related to the concept of vicarious trauma (Figley & Kiser, 2013), (b) the theory of vicarious learning (Bandura, 1986), and (c) theories of resilience (Masten & Coatsworth, 1998; Luthar, 2003,

Walsh, 2006). In this next section, I discuss all three frameworks in relation to vicarious resilience.

     Vicarious Resilience and Vicarious Trauma. As previously discussed, vicarious trauma is a result of consistent exposure to a client's trauma material that contributes to negative changes in a counsellor's internal working model and worldview (Pearlman & Mac Ian, 1995; Pearlman & Saakvitne, 1995). Considering the negative effects of working with trauma, it is proposed that counsellors can also experience changes in a positive manner as a result of witnessing client resilience (Hernandez-Wolfe, 2018; Hernandez-Wolfe et al., 2015). Vicarious resilience is suggested to co-exist alongside vicarious trauma (Hernández et al., 2007; Hernandez-Wolfe et al., 2015). Considered as natural processes, vicarious trauma and vicarious resilience can both occur given counsellor exposure to both stories of both helplessness and adaptation during different stages of the counselling process (Hernandez-Wolfe, 2018).

     Researchers who have examined vicarious resilience among mental health service providers have also found that providers can experience vicarious trauma or forms of distress as a result of working with trauma survivors. Challenging emotions experienced by counsellors and other service providers include feelings of anger, hopelessness, frustration, and feeling overwhelmed by the limitations of services available to clients (Acevedo & Hernandez, 2014; Hernández et al., 2007). Moreover, among providers working with refugees and asylum seekers, negative emotionality can arise regarding the witnessed struggles experienced by clients living with such uncertain futures or even resonating with a client's experience which can leave the provider feeling disempowered (Puvimanasinghe et al., 2015). More severe symptoms can reportedly be experienced, such as sleep difficulties, irritability, avoidance, flashbacks, and

disassociation that particularly occur at the start of a counsellor's career and require careful

attention in the form of self-care (Hernandez-Wolfe et al., 2015).

Similar to clients, counsellors can undergo the process of vicarious resilience while

simultaneously experiencing vicarious trauma in an intermittent fashion (Hernández et al., 2007;

Hernandez-Wolfe et al., 2015; Woodwick, 2021). Vicarious resilience and vicarious trauma may

occur simultaneously over time, with vicarious resilience gradually increasing with more

experience and with greater exposure to clients who overcome adversity (Woodwick, 2021),

although experiencing vicarious resilience does not necessitate experiencing vicarious trauma.

Thus, vicarious resilience is viewed as progressive and longstanding within the counsellor,

whereas vicarious trauma is likely acute and intermittent, but dependent on the client's trauma

stories (Woodwick, 2021). It is proposed that the occurrence of vicarious trauma may decrease

over time due to the growth of vicarious resilience, which itself can act as a buffer against the

negative effects of witnessing stories of trauma (Woodwick, 2021).

It is important to differentiate vicarious resilience and vicarious post-traumatic growth

(VPTG) in this section as well. Both occur through witnessing the positive changes experienced

by clients who have overcome adversity and lead to positive outcomes for counsellors

themselves (Hernandez-Wolfe et al., 2015). However, there are key differences between these

concepts. First, it appears that vicarious trauma is necessary or is a precursor to the development

of VPTG (Arnold et al., 2005). Both vicarious trauma and VPTG are suggested to involve a

meaning-making process that involves the integration of traumatic material into schemas and

beliefs already held by a counsellor (Barrington & Shakespeare-Finch, 2013; Cosden et al.,

2016). The change in core schemas involved in VPTG may be what contributes to the notion of

growing above and beyond a counsellor's state prior to the exposure to a client's trauma

material. In contrast, although vicarious trauma and vicarious resilience can co-exist, vicarious resilience does not necessarily require the experience of vicarious trauma or STS in order for a counsellor to access and derive benefits from witnessing their client's resilience. Vicarious resilience is focused on the process of observing, learning from, and making meaning of a client's ability to overcome adversity (Hernandez-Wolfe et al., 2015), rather than witnessing and making meaning of the traumatic events endured by a client (Barrington & Shakespeare-Finch, 2013; Coleman et al., 2021; Cosden et al., 2016). In contrast, Barrington and Shakespeare-Finch (2013) explain that a counsellor's vicarious trauma is integrated and transformed in order to experience personal growth in VPTG.

Furthermore, the factors of social context and the therapeutic relationship are both central to the process of vicarious resilience (Hernández et al., 2007; Hernández et al., 2010; Hernandez-Wolfe, 2018; Puvimanasinghe et al., 2015). Vicarious resilience is suggested to focus more on learning and making meaning out of the resilience experienced by clients that occurs within the relational context of the therapeutic bond and learning from the process of resilience within ecological and social contexts that are integrated in the client's growth and transformation (Hernandez-Wolfe et al., 2015). The client and counsellor are viewed to mutually influence one another and both create meaning out of a dynamic and contextual therapeutic relationship which contributes to a client's respective resilience and a helper's respective vicarious resilience (Hernandez-Wolfe et al., 2015). Moreover, Edelkott et al. (2016) state another difference between vicarious resilience and VPTG. Although VPTG focuses on the "positive changes in the therapists' self-perception, their interpersonal relationships, and their philosophy of life" (p. 720) which are also found in vicarious resilience, vicarious resilience is suggested to involve positive

shifts in counsellors' professional practice as well, which are further described later in this chapter.

Vicarious Resilience and Resilience. Within the frame of vicarious resilience, the concept of resilience is understood as behaviour patterns that propel individuals to positively adapt to adversity (Masten & Coatsworth, 1998). It is a process in which one demonstrates a capacity to positively adapt to challenges by using several resources at different ecological levels (Walsh, 2016). At an individual level, factors such as openness, humour, and compassion have been suggested to be traits reflective of resilience in children (Bernard, 2004). The ability to self-reflect, plan, and view the self as efficacious are also individual traits that allow one to withstand and adapt to adverse situations (Nuttman-Shwartz, 2014). The role of social systems (e.g., familial relationships and dynamics, school, community supports) also has a significant impact on the process of resilience (Bernard, 2004; Garmezy, 1991; Walsh, 2003), with a more supportive network being adaptive for coping. These individual and social factors not only contribute to resilience independently but also interact between different ecological levels and the individual themselves as shaping the experience of resilience (Luthar & Cicchetti, 2000).

The dynamic process of resilience can either be fostered or hindered by the interaction between external systems (e.g., family, community, and social supports) and the personal traits of an individual. Protective and risk factors are created in this interaction to either support or deter an individual from overcoming adversity (Garmezy, 1991; Luthar & Cicchetti, 2000). When these various contexts interact and meet the needs of individuals, they can be provided with the necessary resources and encouraged to develop certain traits, such as openness, the ability to learn from experiences, and the capacity to better cope with challenges (Bernard,

2004), which can further shift their ideas, perceptions, and feelings of self-efficacy towards

better coping with and adapting to difficult situations (Nuttman-Shwartz, 2015).

  Vicarious Resilience and Vicarious Learning Theory. Vicarious resilience is founded on

Bandura's vicarious learning theory (Bandura, 1978). As a part of his social cognitive theory

(Bandura, 1986), vicarious learning theory or observational learning indicates that individuals

learn, develop, and gain knowledge through the observation of others and the effects that are

produced by the actions of others (Bandura, 1978). Often, people cannot experience what another

has experienced; however, individuals can develop their own evaluations of experiences by

attending to the opinions of others who have experienced the event, can create cognitive rules

regarding the experience, and can then develop new knowledge or beliefs about the experience

from their observations and their previously held beliefs (Bandura, 1978).

  The theory of vicarious learning is derived from Bandura's (1986) social cognitive theory

which is a model of learning that indicates that individuals develop knowledge through an

interaction between internal and external factors. According to Bandura (1978), an individual is

not a reactor to the environment but an active agent in "determining the nature of their

experience" (p. 351) by using cognitive processes to determine their perception of the relevance

of external events, the meaning of these events, and how they can benefit one's future behaviours

(Bandura, 1978, 1989, 1999). Within this model of learning is the concept of reciprocal

determinism or triadic reciprocal causation. Using the concept of reciprocal determinism,

Bandura explains that "behaviour, internal personal factors, and environmental influences all

operate as interlocking determinants of each other" (Bandura, 1978, p. 346). The interaction

between an individual's behaviours, environmental conditions, and internal working model or

cognitions, such as beliefs and self-perceptions, are said to interact mutually to different degrees (Bandura, 1989).

Engaging in similar cognitive processes, vicarious learning involves the understanding and acquiring of rules that underlie different judgments and actions held or carried out by others that are being observed. For instance, an observer can acquire the process and steps used in problem-solving by the person being observed (Bandura, 1989). These rules are then used to evaluate and act within both similar situations and situations that extend beyond what they have observed (Bandura, 1989, 1999). Individuals assess whether they will integrate a new perception, value, or behaviour depending on their belief in their own efficacy, the availability of resources, and the pros and cons of such new behaviour (Bandura, 1986, 1999). Through vicarious learning individuals can develop new skills and knowledge, can be motivated to continue or discontinue certain behaviours, and can develop values and emotional reactions to different situations and environments (Bandura, 1989). In the case of emotional reactions, when individuals observe others responding emotionally to certain situations, the observers can also experience emotional arousal by recalling themselves in similar situations that have previously been experienced to those of the individual being observed or can empathize by attempting to imagine what they themselves may feel if they were in their position (Bandura, 1989). These adaptations and developments are however likely to only occur if individuals view the new behaviour as rewarding and beneficial, especially if this behaviour is observed to be carried out by others who are similar to the observers and can be consolidated through repeatedly witnessing the beneficial behaviour (Bandura, 1989).

Vicarious learning in regard to resilience is suggested to be observed among clients, and learned and applied by counsellors and other service providers to their own lives. In the dynamic,

bi-directional interactions between counsellor and client, and the reciprocal deterministic nature of learning, the counsellor can witness and make meaning of the therapeutic process and their client's adaptations to then experience positive transformations for themselves alongside their client (Hernandez-Wolfe, 2018). With respect to vicarious resilience, counsellors can observe how clients overcome challenging situations and problem-solve to then develop new skills or continue to strengthen their own values and knowledge. By witnessing their client's behaviours and approaches as beneficial, counsellors can perceive these same behaviours as being rewarding for themselves especially as they repeatedly witness such adaptive behaviours among various resilient clients over time.

Positive Transformations in Vicarious Resilience. Researchers have observed positive transformations to occur within different realms of life for counsellors and other service providers experiencing vicarious resilience. Counsellors can experience an ability to maintain resilience and derive positive meaning while working with trauma survivors which further creates positive impacts and protects against the negative effects of trauma work (Michalchuk & Martin, 2019). When positive meaning is taken from witnessing a client's healing, counsellors can integrate their client's progress into their own lives (Michalchuk & Martin, 2019; Silveira & Boyer, 2015). In this next section I discuss the outcomes of vicarious resilience for counsellors at personal, professional, and communal levels of impact.

Personal Impacts. During the process of empathically engaging with survivors of trauma, helpers have experienced positive shifts in their own perceptions and attitudes (Edelkott et al., 2016; Hernández et al., 2007; Michalchuk & Martin, 2019). Helpers have been found to reassess and positively reframe their own life challenges encouraging greater persistence against their own adversity (Acevedo & Hernandez, 2014; Edelkott et al., 2016; Engstrom et al., 2008;

Hernández et al., 2007; Hernandez-Wolfe et al., 2015; Michalchuk & Martin, 2019; Silveira & Boyer, 2015), better assessing important aspects of their lives (Edelkott et al., 2016), and realizing their own strengths similar to those of their clients' (Silveira & Boyer, 2015). Through a perspective of growth, the perception of counsellors is challenged by witnessing a client's willingness to persevere despite life challenges which helps counsellors also learn to face life with a greater sense of hope and joy (Acevedo & Hernandez, 2014; Craig Perlwitz, 2021; Hernandez-Wolfe et al., 2015; Michalchuk & Martin, 2019; Silveira & Boyer, 2015).

It is possible that counsellors can become more aware of life adversity through exposure to client trauma; however, counsellors can also grow to have greater trust in themselves and others in being able to overcome such adversity (Silveira & Boyer, 2015). Experiencing an increase in trust can expand counsellors to feel a deeper sense of gratitude for life (Craig Perlwitz, 2021; Michalchuk & Martin, 2019; Silveira & Boyer, 2015), gratitude for life privileges, a greater tolerance for frustration and better emotion regulation (Edelkott et al., 2016; Engstrom et al., 2008; Silveira & Boyer, 2015), and greater patience in the face of ambiguity (Edelkott et al., 2016; Engstrom et al., 2008).

Witnessing a client's ability to overcome adversity turns counsellors inward, allowing them to reflect on their perceptions of human life and human capacities for healing (Engstrom et al., 2008; Hernández et al., 2007; Silveira & Boyer, 2015). Counsellors can feel inspired by witnessing their client's ability to still form relationships, find joy, and demonstrate strengths despite their trauma (Puvimanasinghe et al., 2015; Silveira & Boyer, 2015). Knowing that clients can heal despite vast trauma allows counsellors to feel more hopeful for their clients which inspires hope in their own personal lives (Engstrom et al., 2008; Hernández et al., 2007; Pack, 2014; Silveira & Boyer, 2015), further encourages them to remain dedicated to their work

(Silveira & Boyer, 2015), and inspires a greater sense of meaning in one's personal life (Hernandez-Wolfe et al., 2015). The nature of hope described by Silveira and Boyer (2015) is strengthening rather than a renewed or newfound sense of hope.

At a personal level, counsellors can also feel more connected to the existential experience of humans. Counsellors can report feeling a more universal experience of pain that transcends culture and circumstance and allows them to feel more connected to others regardless of background (Hernandez-Wolfe et al., 2015). Similarly, counsellors can develop a clearer understanding of spirituality (Hernández et al., 2007), which can lead to changes that involve moving closer towards or further away from organized religion or to find new ways of expressing and experiencing spirituality (Edelkott et al., 2016; Engstrom et al., 2008; Pack, 2014). In Pack's (2014) study, service providers replaced or adjusted their previous spiritual beliefs after becoming more aware of the trauma experienced by clients, especially if it involved religious institutions. This encouraged a greater focus on the good of humanity as an approach to spirituality versus a focus on hierarchical institutions (Pack, 2014). These changes in perception of the self and the world have been suggested to contribute to a greater focus on self-care and to help counsellors apply their clients' philosophies to their own personal lives (Edelkott et al., 2016).

During the process of vicarious resilience, counsellors can connect with their clients based on shared experiences (Hernandez-Wolfe et al., 2015). When counsellors turn inward they can resonate with the experiences of their clients which can help them tap into their own resilience (Hernandez-Wolfe et al., 2015) and learn to overcome their own challenges through the relational process within the counsellor-client dyad when witnessing their client's ability to create solutions (Acevedo & Hernandez, 2014). Solutions in the study by Acevedo and

Hernandez (2014) included strengthening and making healthy changes to relationships, such as setting boundaries with themselves and others. Similarly, counsellors can find a greater appreciation for their relationships (Michalchuk & Martin, 2019), understand their own relationships more deeply, and have greater compassion in their relationships (Silveira & Boyer, 2015).

Professional Impacts. Within counselling and other helping professions, service providers have been found to experience positive changes in their professional lives as a result of witnessing the resilience of their clients. When a counsellor views their client go through the process of recovery, a counsellor can begin to see the effectiveness of their work which contributes to positive changes in professional confidence and motivation, in addition to the encouragement of further professional development.

At a foundational level, witnessing clients demonstrate their capacity to adapt and overcome challenges creates a sense of purpose and meaning for counsellors. Considering the trauma their client has had to face, a client's ability to still find agency, develop relationships, and experience joy contributes to counsellors having a greater sense of purpose in life when their professional careers can have a positive impact (Hernandez-Wolfe et al., 2015). Counsellors can feel nourished and reaffirmed in their professional purpose knowing that their work is effective in contributing to healing and recovery (Craig Perlwitz, 2021; Edelkott et al., 2016; Engstrom et al., 2008; Hernández et al., 2007; Silveira & Boyer, 2015). Counsellors not only report feeling a deepened sense of reward and accomplishment (Michalchuk & Martin, 2019; Silveira & Boyer, 2015), but also a greater sense of honour and privilege in being able to walk alongside their clients in their healing journeys when presented with the opportunity to witness their client's resilience (Puvimanasinghe et al., 2015; Silveira & Boyer, 2015). This brings counsellors to

further value the therapeutic relationship and can lead them to view it as an integral part of the healing process (Michalchuk & Martin, 2019; Silveira & Boyer, 2015), and perceive it as being mutually healing and beneficial (Edelkott et al., 2016; Puvimanasinghe et al., 2015). Seeing the development of a client and their use of their own resources to build brighter futures can also create a greater sense of pride and confidence for counsellors in their professional skills (Michalchuk & Martin, 2019; Silveira & Boyer, 2015) which fosters more workplace motivation (Silveira & Boyer, 2015) and a greater sense of duty and responsibility to use their skills effectively to better serve clients and communities (Hernandez-Wolfe et al., 2015; Michalchuk & Martin, 2019). This emotional impact on counsellors when viewing their clients' resilience can bring meaning to their profession and help them sustain their own resilience while being resistant to the negative impacts of trauma work (Michalchuk & Martin, 2019; Reynolds, 2020).

In the process of vicarious resilience, counsellors may further experience positive developments in their professional skills. Researchers have found that counsellors and other service providers can better identify and acknowledge client strengths than previously noticed (Acevedo & Hernandez, 2014; Hernández et al., 2007) and can direct their work more toward a strengths-based approach (Acevedo & Hernandez, 2014; Edelkott et al., 2016). In addition, counsellors can better notice smaller forms of progress taken by clients (Michalchuk & Martin, 2019; Silveira & Boyer, 2015) and can better recognize what is most meaningful for their clients in therapy (e.g., advocating for and navigating with clients within systems, and using spiritual resources; Michalchuk & Martin, 2019; Puvimanasinghe et al., 2015; Silveira & Boyer, 2015). When these therapeutic skills and tools are reinforced, counsellors can better strengthen the working relationship, improve therapeutic outcomes (Edelkott et al., 2016), can feel motivated when success is gradual (Michalchuk & Martin, 2019; Silveira & Boyer, 2015), and can feel

greater confidence in their work when they sense their own professional improvement and perceive client progress (Puvimanasinghe et al., 2015). As a result, counsellors can begin to also feel a greater openness to developing their skills and better notice their own professional strengths (Edelkott et al., 2016).

The professional impacts of vicarious resilience do not necessarily end with the counsellor but may radiate back towards the client. Edelkott et al. (2016) explored the effects of vicarious resilience among mental health therapists working with refugee survivors of torture. One effect they identified was that therapists developed a greater sense of trust in their client's ability to heal. This deepened sense of hope and trust encouraged therapists in the study to better meet their clients where they were at, to allow their clients to take the lead in counselling, and to better follow their client's pace. Vicarious resilience thus has a reciprocal effect in the therapeutic setting, considering that when clients feel trusted and are supported effectively the therapeutic relationship can be strengthened and clients can further feel empowered (Puvimanasinghe et al., 2015). Positive professional changes experienced with resilient clients thus "gives back" to the therapeutic process, which can occur both with the immediate client and other clients.

With a strengthened sense of hope and faith in the effectiveness of counselling and the experience of sharpened tools, counsellors can better apply these learnings to their work with other clients. Part of the process of vicarious resilience includes experiencing shifts in being better able to hold hope for other clients (Woodwick, 2021) and being able to better understand and relate to them (Hernandez-Wolfe et al., 2015; Silveira & Boyer, 2015). In addition, after experiencing a strengthening in compassion for others and a greater sense of humanity, there can

be a willingness to broaden one's work to include more diverse clients (Edelkott et al., 2016; Silveira & Boyer, 2015).

After witnessing their clients' progress and observing them navigate difficult experiences, the counsellors' abilities to regulate emotionally are strengthened and they can better maintain hope, develop greater tolerance for negative affect, and better compartmentalize (Acevedo & Hernandez, 2014; Hernández et al., 2007). In a study by Acevedo and Hernandez (2014), teachers who worked with under-resourced children in Colombia reported being better able to ground themselves when hearing painful stories from their students, which eventually led to both teachers and students being able to co-regulate with one another and allowed teachers to expand their capacity to hold painful stories. The ability to attune and regulate was found to help strengthen the teacher-student bond and create feelings of safety. In this study, teachers also grew to better foster their relationships with students by focusing on the development of safety and using approaches that better fit the needs of students within the contexts of their realities (Acevedo & Hernandez, 2014). As mentioned by Edelkott et al. (2016), meeting the needs of clients can include taking on different roles, such as case management, practicing different modalities, and acknowledging context.

Finally, counsellors have been found to experience positive shifts or consolidations in their therapeutic approaches when working with resilient clients. Counsellors report a desire to develop better treatment approaches that are culturally responsive and relevant to the client's social context, use community as a resource, and have a better use of self in their own therapeutic interventions (Engstrom et al., 2008; Hernández et al., 2007). They have also reported being able to better apply their knowledge in practice and within the context of culture and alternative approaches to healing (Hernandez-Wolfe et al., 2015). Regarding the role of

social context, the experience of vicarious resilience can bring greater acknowledgement and focus on providing psychoeducation on power and privilege, oppression, and social locations, its effects on wellbeing, its role in recovery and healing, and its importance in navigating social systems (Hernandez-Wolfe et al., 2015). Counsellors further take on the responsibility to acknowledge their own social locations in the therapeutic space to carry out support for clients and aim to better use this knowledge of the self when working with others (Acevedo & Hernandez, 2014; Hernandez-Wolfe et al., 2015).

Communal Impacts. Witnessing the healing of trauma survivors can allow counsellors to strengthen their social and political views (Hernández et al., 2007). Counsellors can develop stronger beliefs in social justice and the importance of communal and social reparation in the process of recovery for survivors of human rights violations (Hernández et al., 2007). A study by Edelkott et al. (2016) found that mental health therapists were better able to reflect on their values and become more critical of political issues which allowed them to feel a greater sense of moral clarity and more informed to better take on community action.

The ability for counsellors to acknowledge social location and context within the therapeutic space is also expanded into the societal realm when working with resilient clients who faced experiences of oppression and violence. Counsellors and service providers who learn from clients' capacities to overcome social barriers feel encouraged to better support human rights and advocate for social justice within their work setting and within the community (Acevedo & Hernandez, 2014; Hernandez-Wolfe et al., 2015). When counsellors become aware of the injustices that exist and that are faced by their clients, there is an increase of interest in systemic oppression and being involved in advocacy (Woodwick, 2021).

Implications of Vicarious Resilience. Creating greater opportunities for vicarious resilience is suggested to have positive implications for the professional lives of counsellors. Particularly for counsellors working in the field of political violence, vicarious resilience can help buffer the effects of fatigue and burnout that commonly occur when working with trauma survivors (Acevedo & Hernandez, 2014; Edelkott et al., 2016; Hernández et al., 2007; Hernandez-Wolfe et al., 2015). In their quantitative study using the Vicarious Resilience Scale (Killian et al., 2016) and the Professional Quality of Life Scale, Reynolds (2020) found that there is a moderately negative correlation between vicarious resilience and burnout and a mildly negative correlation with STS. Reynolds states that the negative and positive effects of working with trauma can both impact a service provider and that although vicarious resilience may be present, it does not entirely eliminate negative effects of the work. In addition, Reynolds highlights that awareness of power and privilege, as assessed in the vicarious resilience scale, has a positive correlation with burnout, as factors such as systemic oppression and discrimination that certain groups of people experiencing traumatic events are exposed to require significant activity and engagement of the counsellor beyond the counselling setting to directly address and try to change. Vicarious resilience is thus suggested to "strengthen a therapist's motivation, help them find new meanings, and discover ways to take care of themselves" (Hernández et al., 2007 as cited in Hernández et al., 2010, p. 68), which brings attention towards facilitating and fostering wellbeing (Hernández et al., 2010).

In addition, bringing attention to vicarious resilience can help counsellors and service providers strengthen their coping skills (Acevedo & Hernandez, 2014), help them engage in greater self-care, encourage them to apply what they have learned from their clients to their own lives, and encourage them to continue to develop their professional careers (Hernández et al.,

2007). By bringing attention to vicarious resilience, while acknowledging the painful stories of clients, counsellors can have more hopeful and positive learnings accessible to them during the therapeutic process which further widens opportunities for mutual therapeutic understanding and positive therapeutic outcomes (Hernandez-Wolfe et al., 2015).

Statement of the Problem

The journeys and challenges experienced by racialized and ethnically diverse communities, which include refugees and genocide survivors, are often shared within counselling spaces. Mental health practitioners can face psychological distress as a result of bearing witness to the stories of their clients, particularly clients who have been exposed to varying forms of traumatic events and human rights violations (Iyamuremye & Brysiewicz, 2015; Pearlman & Mac Ian, 1999). Concerns about vicarious trauma, burnout, and secondary traumatic stress can also be exacerbated for racialized and ethnically diverse mental health practitioners when they have also experienced sociopolitical oppression and other identity threats (Basma et al., 2021; Odusanya, 2016; Shell et al., 2021). Besides the negative effects of working with populations that have experienced mass forms of trauma and human rights violations, attention is recently being paid to potential positive impacts, particularly the potential for vicarious resilience.

Vicarious resilience refers to the potential for positive transformation in the personal and professional lives of mental health practitioners as a result of witnessing clients successfully adapt following traumatic experiences. To date, experiences of vicarious resilience have been explored among various types of mental health service providers, such as psychiatrists, psychologists, social workers, marriage and family therapists (Edelkott et al., 2016; Hernández et al., 2007; Hernandez-Wolfe et al., 2015; Michalchuk & Martin, 2019; Puvimanasinghe et al.,

2015; Reynolds, 2020; Woodwick, 2021), as well as health care workers, such as medical doctors and nurses (Puvimanasinghe et al., 2015). Studies on vicarious resilience have also been conducted on teachers (Acevedo & Hernandez, 2014), settlement workers (Puvimanasinghe et al., 2015), and child welfare professionals (Craig Perlwitz, 2021). These research studies have included helping professionals of diverse ethnic and racial backgrounds and immigration trajectories (Edelkott et al., 2016; Frey et al., 2017; Hernández et al., 2007; Hernandez-Wolfe et al., 2015; Puvimanasinghe et al., 2015; Reynolds, 2020), although the professionals' own backgrounds and identities and their relation to the identities of the clients they were helping were not a focus of any of the studies. Years of provider experience in existing studies have ranged from less than a year to thirty years (Edelkott et al., 2016; Hernández et al., 2007; Hernandez-Wolfe et al., 2015; Reynolds, 2020). Participants included in these studies have included service providers who have worked with children and adults who have been victims of political violence and torture (Edelkott et al., 2016; Engstrom et al., 2008; Hernández-Wolfe et al., 2007; Hernandez-Wolfe et al., 2015), victims of other types of trauma (Michalchuk & Martin, 2019; Reynolds, 2020; Woodwick, 2021), children exposed to poverty and violence (Acevedo & Hernandez, 2014), victims of abuse (Frey et al., 2017; Pack, 2014; Silveira & Boyer, 2015), and refugees and asylum seekers (Puvimanasinghe et al., 2015).

To understand the experience of vicarious resilience among counsellors, grounded theory (Lincoln & Guba, 1985) and phenomenology (Moustakas, 1994) have been the primary methodological approaches used (Edelkott et al., 2016; Engstrom et al., 2008; Hernández et al., 2007; Hernandez-Wolfe et al., 2015). Grounded theory focuses on understanding the process of a given experience and builds up from the collected data to develop a theory that explains the process in question (Creswell, 2013). Without the intention of generating a theory,

phenomenology focuses on describing the essence of a common and lived experience for a single individual or several individuals (Creswell, 2013). Since the initial studies on vicarious resilience, other studies have been done on vicarious resilience to elucidate the dimensions of positive transformation and the process of vicarious resilience among different helping professionals. Methodological approaches have included phenomenology (Craig Perlwitz, 2021; Michalchuk & Martin, 2019) and grounded theory (Woodwick, 2021), in addition to case studies (Silveira & Boyer, 2015), data-based thematic analysis (Puvimanasinghe et al., 2015), and quantitative studies (Frey et al., 2017; Reynolds, 2020).

The study of vicarious resilience is still in its infancy. At present, no study has explored experiences of vicarious resilience among racialized and ethnically diverse mental health practitioners working with racialized and ethnically diverse refugee attempted genocide survivors, despite the potential intersections between client and counsellor identities. These intersections hold the potential for affecting mental health practitioner's own ethnic and racial cultural identity development process, as well as for enhancing their professional practice in working with groups that face the continuum of adverse life events and identity threats pre- and post-migration. There is little to no understanding in our field to date about specific positive transformations possible for racialized and ethnically diverse practitioners and how genocide survivors contribute to the process of vicarious resilience for them.

General studies on the counselling process (not focused on vicarious resilience) have indicated both benefits and barriers for same-race dyads within the therapeutic relationship (Goode-Cross & Grim, 2016), sometimes reporting more positive counselling outcomes, and sometimes reporting other challenges, such as client fears about maintenance of confidentiality or differing levels of acculturation between client and counsellors. In certain cases, such as in the

case of social-political unrest, it is suggested that same-race dyads, or client and counsellor racial or ethnic matching to some degree, can create a sense of safety and understanding for both the client and counsellor; however, concerns for countertransference can also be present due to the shared experiences or identities in such dyads (Lipscomb & Ashley, 2020). This study does not specifically involve any direct racial or ethnic matching of counsellors and the clients they work with, just that counsellors self-identify as ethnic or racial minority group members, so they can be assumed to have at least some shared experience or identity components with the clients they serve. Due to the intersectional nature of identities, variations in other aspects of their identities between clients and counsellors would also be expected.

Purpose of the Study and Research Questions

The purpose of this qualitative dissertation study was to investigate how ethnic and racial minority mental health practitioners in Canada make meaning of their experience of witnessing resilient attempted genocide survivor clients adapt in the face of adversity and how this experience impacts practitioners in their personal and professional lives. This study included various mental health practitioners, such as social workers, psychologists, and psychotherapists who self-identified as belonging to an ethnic minority group and who have worked with an attempted genocide survivor client who they perceived to be resilient. The primary research question that guided this study was: "How are racial and ethnic/cultural minority counsellors working with attempted genocide survivors ethnically, culturally, personally, professionally, and socially impacted by their clients' resilience?" The objectives of the study were to identify: (a) What meaning minority counsellors make of their ethnic/cultural identity and its impact on their lives as a result of having worked with a resilient genocide survivor, (b) How minority counsellors interpret the interaction between their ethnic identity and those of their clients in

facilitating their own and their clients' resilience, (c) What kind of meanings and commitments minority counsellors develop in relation to social justice, human rights, and ethnic and racial equality after working with resilient genocide survivors, and (d) How minority counsellors' professional practice and role in working with other clients is affected by the process of working with a resilient genocide survivor. In the method chapter that follows, the research approach, participant recruitment strategy and participant profiles, and nature of the interview process and data analysis will be described in detail.

CHAPTER 3

METHODOLOGY

In this chapter, I discuss the use of basic interpretive inquiry (Merriam, 2009) as the

methodology for this research study. The ontological and epistemological assumptions, and the

theoretical perspective underlying this methodology are also described. Details about the

participant selection and recruitment process, the data collection and analysis process, and the

ethical considerations relevant to this research study are subsequently presented.

Basic Interpretive Inquiry

In this study, I used basic interpretive inquiry as a methodological framework to

understand the experience of vicarious resilience among ethnic minority counsellors working

with resilient survivors of attempted genocide. As a form of qualitative research, basic

interpretive inquiry is used to understand a phenomenon and aims to illustrate how people

interact, understand, and construct meaning out of their experiences (Merriam & Grenier, 2019;

Merriam & Tisdell, 2016). It takes a constructivist approach to qualitative studies (Merriam &

Grenier, 2019).

According to Merriam and Grenier (2019), qualitative research involves understanding

how people construct meaning out of their experiences and how they make sense of their

external world. Multiple contextual layers inhabit the realities of individuals leading to diverse

constructions and perspectives of reality (McLeod, 2001). Each subjective reality is produced

within a certain context that shapes the way the world is seen, understood, and navigated (Braun

& Clarke, 2013). The aim of interpretive research is thus to construct an understanding of these

meaningful multiple realities that are positioned within context and that may occur as a

phenomenon, process, and/or perspective (Braun & Clarke, 2013; Merriam & Grenier, 2019;

Merriam & Tisdell, 2016). In basic interpretive inquiry, certain elements are used to understand the meaning of a phenomenon. Such elements involve emphasising the process of the phenomenon, viewing the researcher as the key instrument of data collection and analysis, using an inductive research process, and using rich description (Merriam & Tisdell, 2016).

By understanding how an experience is interpreted and processed, the researcher attempts to communicate subjective constructed meaning about a given phenomenon, thus taking an *emic* approach, or insider perspective, to research (Merriam & Grenier, 2019; Merriam & Tisdell, 2016). Given the importance of how data are understood and delivered, the role of the researcher is integral to the process of qualitative research. From formulating the study question, to collecting and analysing data, the researcher is viewed as the "primary instrument" (Merriam & Grenier, 2019, p. 5) for managing and manoeuvring the direction of the study to ensure the subjective experience of participants is accurately reflected. The researcher is in the position of being able to collect, analyze, and clarify data during data collection to ensure accuracy. Therefore, the interpretive researcher is required to have and develop awareness of their own biases during a study, so as to manage the impact of biases and predispositions on the "collection and interpretation of data" (Merriam & Grenier, 2019, p. 6). Furthermore, by aiming to understand detailed individual perspectives and experiences, interpretive researchers use an inductive approach that allows for qualitative information (e.g., interviews, observations, documents, etc.) to be used as data to then identify commonalities, themes, and patterns across participant experiences. Such an approach allows for experiences to be richly described and reflective of the real world, including the nuances that shape phenomena. Primarily using words as a platform to describe and deliver such data, the researcher communicates their understanding of the studied experience through detailed descriptions of subjective perspectives and supports

the qualitative findings with literature that initially prompted the study (Merriam & Grenier, 2019).

Philosophical Assumptions of Basic Interpretive Inquiry

Each qualitative approach is grounded in philosophical beliefs regarding reality, knowledge, values, and the process of research, which all influence one another (Creswell, 2013; Crotty, 1998). Outlining the philosophical underpinnings and influences on the choice of methodology of a research study ensures results are sound and appropriately founded on theoretical assumptions (Crotty, 1998). Within this study, research elements - epistemology, theoretical perspective, methodology and methods – proposed by Crotty (1998) were used to create an integrative research design (Crotty, 1998; Kahlke, 2014). An integrative research design can be used with more general methodologies, such as basic interpretive inquiry, when they do not include established philosophical assumptions. As a scaffold approach, Crotty's research elements inform one another to ensure underlying theoretical assumptions appropriately align with a proposed methodology and inform research findings. Thus, Crotty's research elements help to guide and support the research process and ensures the soundness of a research study (Crotty, 1998). In support of Crotty's research elements, Caelli, Ray, and Mill (2003) recommend that more generalist research approaches employ certain elements to better support a sound and credible study. These philosophical and methodological elements include the following: "(1) theoretical positioning of the researcher, (2) congruence between methodology and methods, (3) strategies that establish rigor, and (4) an analytic lens through which the data are examined" (p. 9). These aspects of research are discussed throughout this section to demonstrate how credibility was established while using a basic interpretive inquiry approach to

the study. I will now discuss the ontology, epistemology, theoretical framework, methodology and methods of this research study.

Ontological Assumptions

Ontological assumptions focus on the nature of reality and its characteristics (Creswell, 2013; Crotty, 1998). They bring forward an understanding of how reality is structured (Crotty, 1998). Regarding my research aim to understand the experience of vicarious resilience, particularly within the social position of ethnic identity, the ontological belief that aligns with the existence of multiple constructed realities is fitting. For this reason, relativism as an ontology was used for this research study. Relativism is a philosophical viewpoint whereby reality is constructed by the meaning-making applied by individuals and communities as is influenced by "historically and culturally affected interpretations.... [that, as a result] constitute[s] for them diverse ways of knowing, distinguishable sets of meanings, and separate realities" (Crotty, 1998, p. 64). Lincoln et al. (2018) and Creswell (2013) similarly identify that relativism consists of multiple constructions within internal worlds and that reality exists within the lived experiences, interactions, and relationships between others. Although not stated as one of Crotty's (1998) research elements, ontology is associated with epistemology, which informs the theoretical perspective of a research study.

Epistemological Assumptions

Epistemology is the understanding of the definition of knowledge, what is considered as knowledge, and focuses on the relationship between the researcher and what is known or being researched (Creswell, 2013; Crotty, 1998; Denzin & Lincoln, 2018). Epistemology is one other philosophical foundation that guides a research study and determines how knowledge or truth in the study is understood which then informs the theoretical perspective of the study. Aligning

with the tenets of qualitative research that the world is socially constructed (McLeod, 2001), Merriam and Tisdell (2016) identify social constructivism as the epistemology that informs basic interpretive inquiry. Social constructivism views the nature of reality as being formed through multiple subjective meanings of what is true (Creswell, 2013; Crotty, 1998). There is no single reality, but multiple realities, perspectives and interpretations of a given experience which are both constructed and co-constructed through individual experiences that are shared (Creswell, 2013). As a result, the researcher aims to understand how people socially construct meaning of an event or interaction with specific others in their unique context or environment.

The social constructivist researcher attempts to understand the multiplicity and complexity of socially constructed experiences. In social constructivism, meaning-making is molded by the way various factors (e.g., social, historical, linguistic, cultural) individually function and interact to shape complex views of reality (Creswell, 2013; Crotty, 1998). The researcher's aim is to construct knowledge through their interaction with participants and to construct an understanding of truth that is formulated on a platform of dialogue (Lincoln et al., 2018). During this process, the researcher is required to be aware of the influence their own background has on their interpretation of the participant's meaning-making and experience of a phenomenon (Creswell, 2013; Merriam & Tisdell, 2016). This dialectical process is important particularly when seeking to understand a concept such as vicarious resilience, which involves the mutual interaction between two individuals and the meaning derived from such an interaction. Moreover, understanding the experience of vicarious resilience among mental health professionals, particularly among ethnic minority counsellors, requires attention to an understanding of meaning-making and a narrative by ethnic minorities that is largely influenced by social, cultural, and historical factors that function at both micro and macro levels in society.

Theoretical Perspective

Aligned with epistemological assumptions, a theoretical perspective is a philosophical viewpoint that focuses on how the world is understood and how knowledge is constructed (Crotty, 1998). Symbolic interactionism, as theorized by Blumer (1969), is a theoretical perspective that compliments the social constructivist tenet of meaning being constructed through social interaction. Similarly, symbolic interactionism underscores the importance of "meaning and interpretation, especially that which people create and share through their interactions" (Merriam & Tisdell, 2016, p. 10).

There are three main tenets of symbolic interactionism. The first tenet indicates that individuals interact with their environment depending on the meaning they attach towards an object or the environment (Blumer, 1969). Although the environment is viewed as separate, the individual uses symbols, such as language, within interactions to interpret and then act on the environment (Benzies & Allen, 2001). The second tenet of symbolic interactionism suggests that the applied meaning is shaped by the interactions one has with others (Blumer, 1969). Through reciprocal interaction, individuals formulate meaning based on how others interact with the same environment, which creates a consensus on the applied meaning and how one should act (Benzies & Allen, 2001). The final tenet of symbolic interactionism is that constructed meaning undergoes a process of interpretation that is open to change (Blumer, 1969). Through reflexivity, individuals have the capacity to redefine meaning that can also influence different responses in the acts of others (Benzies & Allen, 2001).

Symbolic interactionism thus suggests that individuals construct and derive meaning of their experiences through reciprocal interactions with others and the environment. Since the constructed perception and interpretation that one has of the world influences an individual's

behaviour, it is important to consider one's environmental context (Benzies & Allen, 2001; Blumer, 1969). As experiences are continuously changing, a person's perceptions, interpretations and meaning-making also change accordingly within the borders of their individual traits and their environment (Benzies & Allen, 2001; Blumer, 1969; Crotty, 1998). For the purposes of this study, symbolic interactionism supports basic interpretive inquiry as a theoretical perspective given its similar understanding of how meaning is constructed out of experiences. The meaning derived out of vicarious resilience by ethnic minority mental health professionals significantly involves the influence of the social environment in shaping how one interprets their witnessing of a positive transformation, especially when associated with one's ethnic identity.

Researcher's Positioning

I have always been driven to understand different cultures and worldviews. Growing up in Canada, I was exposed to various communities with rich cultures. As an Ecuadorian Canadian, I felt I could particularly resonate with the values, customs, and experiences of various ethnic minority communities given that I had the privilege to be raised with my own Ecuadorian culture. However, I also resonated with the discrimination often experienced by ethnic minority communities. My status as a second-generation immigrant woman of colour exposed me to the many injustices endured by racially and ethnically marginalized individuals. Largely shaped by my environment, I questioned my position in various realms of life which often included frequent redefinitions of the role of my own racial and ethnic identity and the meaning these elements held in my life.

My academic career was strongly shaped by my grappling with my own identity and my position in the world. My academic work has always been dedicated to understanding the needs of marginalized communities and to contributing to the paving of avenues towards social justice

for such communities. Throughout my undergraduate and master's degrees, I engaged in research that aimed to understand the mental health needs of ethnic minority communities and immigrants, and the experiences of such communities within the home environment. During my doctoral degree, the research to which I contributed continued in a similar vein. I assisted in bringing an understanding to the needs of a diasporic genocide survivor community and volunteered and worked to provide counselling services as a student clinician to refugee and immigrant members of the community. Throughout my academic studies, I lived out my value of social justice and I also learned more about myself and my own ethnic community. I learned to better appreciate the efforts and development made by my community, which further clarified my own sense of self.

When working in the realm of social justice, it is common to solely focus on the experiences of injustice, struggle, and pain of marginalized communities. Although such work brings awareness of the challenges faced by minority communities, such an approach can also ignore the strengths, empowerment, and efforts made by under-resourced groups. My research and work experiences provided me with the opportunity to be a witness to the resilience of ethnic minorities which nurtured me to better view minorities, including my own ethnic community, as "whole" despite the challenges many have faced. I have been inspired by the strengths and perseverance of ethnic minorities and migrants which has helped me feel empowered in my own identity. Given my personal and professional experiences, I dedicated my dissertation to understanding the experience of vicarious resilience among ethnic minority mental health professionals and to exploring its influence on the meaning of ethnic identity for such professionals. This dissertation study has been a product of my own personal pursuit to understand how my own ethnic identity shapes my professional work and experiences, and acts

as a catalyst to helping me better learn from my clients. This dissertation study has also been a pursuit to contribute to the development and success of ethnic minority mental health professionals as a demographic that has limited representation within the field of counselling psychology.

Participant Selection and Recruitment

Participants

Participants in this study were recruited using the following inclusion criteria: the mental health providers: (a) self-identified as belonging to an ethnic minority group, (b) held or worked towards professional credentials as a mental health service provider in Canada, (c) had a minimum of two years of professional experience working within the field of trauma, (d) worked with an attempted genocide survivor client within the last two years; (e) perceived this client as perseverant or *resilient* and feel they were positively transformed or strengthened by the client's resilience, and (f) had worked with their client for six sessions or more. The inclusion criteria are described in further detail below.

Ethnic identity is defined as a subjective sense of belonging and connectedness to a particular ancestral group with shared heritage that binds groups of people who self-identify with a certain set of values, attitudes, and behaviours at an individual, interactive, and societal level (Liebkind et al., 2016; Phinney et al., 2001; Verkuyten, 2005). A core component of ethnic identity is racial identity (Phinney, 2007; Phinney et al., 2001; Sue & Sue, 2016), which refers to one's sense of identification with and the meaning one attributes to belonging to a specific group that shares "genetic, biological, and physical features" (Wakefield & Hudley, 2007, p. 148). As part of their meaning-making process, racially marginalized groups "respond to and internalize race-related societal information into their overall identity or self-conceptions" (Alvarez &

Helms, 2001, p. 218) which also shapes their perception of the value of their ingroup (Alvarez & Helms, 2001). Considering the subjective nature of ethnic and racial identity, participants met the first criterion if they perceived themselves to belong to an ethnic minority group, or to belong to an ethnic group within a non-dominant position (United Nation, 2018) in Canada.

Participants met the second criterion if they held professional credentials as a mental health service provider in Canada. Participants were specifically required to have provisional/qualifying status or to be certified/licensed to provide counselling services in Canada. They were required to fall within one of the following categories: clinical or counselling psychologists (provisional or registered), mental health therapists, mental health counsellors, psychotherapists certified by the Canadian Counselling and Psychotherapy Association, or registered social workers. To satisfy the third criterion, counsellors were also required to have a minimum of two years of experience working with trauma survivors to ensure they were not novice counsellors or counsellors new to working with traumatized clients who may easily be overwhelmed or vicariously traumatized by their initial exposure to this work. Furthermore, to fulfill criterion four, participants were required to have worked or had been working with a resilient genocide survivor client within the last two years to better facilitate recall of the client and the impact that working with the client had on the counsellor. Participants met criterion five if the survivor who the service provider had worked with was perceived by the provider to be perseverant in dealing with the adversity and trauma experienced and that the provider had, in turn, been positively impacted or transformed by the survivor. Lastly, participants met criterion six if they worked with their genocide survivor client for multiple sessions (more than six sessions) to ensure that they had sustained engagement with the client in order to have a substantive impact on their personal, professional, cultural identity, and/or social role.

Regarding sample size, it is recommended that a point of saturation be reached. Saturation is reached when no new information arises or when information across participants is being repeated (Lincoln & Guba, 1985). Merriam and Tisdell (2016) echo that saturation involves a repetition in responses. Verifying saturation can occur when the researcher analyzes the data during data collection. Recent basic interpretive inquiry research studies have been found to include between four and nine participants (Galvan, 2011; King, 2014; Murdoch, 2016). For this study, I intended to interview five to ten participants until saturation was reached. Saturation was achieved with five participants. Participant ideas and disclosures in relation to the research question began to be repeated and little to no new information was yielded by the fifth participant. In addition, emerging themes in relation to the participants' personal and professional selves appeared to stay close to participant data and no further modifications or additions to either personal or professional transformations appeared to emerge from interviewing participants (Saunders et al., 2018). Thus, no further participant recruitment was pursued after interviewing the fifth participant.

Participants were recruited from immigration and settlement agencies and mental health support agencies that provide services to survivors of genocide in the provinces of Alberta and Ontario. Clinical directors of each agency were initially contacted to inform them about the study and to ensure the study was appropriate for their clinical team. Once approval was received from agency clinical directors, I asked the directors to distribute the study advertisement (see Appendix A) through their organization listservs or post it in common areas in their agency to assist with participant recruitment. Prior to sharing the study advertisement with the directors, all the research documents, such as the study information letter (see Appendix B), informed consent form (see Appendix C), and interview protocol were revised to ensure they were at no higher

than an eighth grade reading level, as per ethical requirements (University of Alberta, 2019). The

advertisement included my name and contact information for interested mental health staff

members of the agencies to contact me directly with any questions or to arrange a meeting to

further discuss their interest in the study at their convenience. Information was not relayed to the

agency directors about who reached out and whether any staff from their agency did or did not

participate in the study.

The information meeting, in addition to the interview and follow-up meeting, all took

place using a secure online videoconferencing platform called Doxy.me given COVID-19

restrictions in place at the time this study was being implemented. The platform complies with

all information security and privacy legislation, such as the Personal Information Protection and

Electronic Documents Act. The videoconference meetings that occur via the platform are not

recorded, retained, or stored by the platform, nor is the identity of any of the parties using the

platform recorded. The platform is a secure health services platform used by medical doctors,

psychologists, and psychiatrists to meet confidentially with their clients online. There have been

no known breaches or security issues with this platform. Therefore, this platform was the safest

and most secure platform for conducting research interviews with study participants. The

platform does not require any apps to be downloaded onto a person's computer and is very

simple and user friendly. During the consent process, participants were informed that their

interview would be held over this virtual platform and that written consent would be required.

Once an interested participant contacted the researcher, a videoconferencing meeting was

organized to clarify the nature and purpose of the study, study procedures, voluntary

participation, benefits and risks to participation, and participant confidentiality as found on the

study information letter. The researcher coordinated a day and time for the interview at the

participant's convenience after the information letter was reviewed, inclusion criteria was verified, and the potential participant's questions were answered.

Prior to beginning the interview, I as the researcher again reviewed the nature of the study and also discussed the interview process and informed consent. I emphasized (a) the voluntary nature of participation; (b) that not participating in the study would not affect their employment; and (c) that their agency director would not be informed of which counsellor did or did not participate in the study. Participants were also told that if they decided to stop taking part in the study at any point in time, I would not ask any questions about their reasons for not participating, I would not initiate any follow-up contact with them, nor would I inform the agency director of their departure from the study.

Once informed consent was obtained, participants were asked to complete a demographic information form regarding their own background and work experience (Appendix D). Completion of the form took approximately five minutes and was done in front of me prior to starting the interview so that any questions about the items on the form could be answered. Demographic information collected about each participant included the following: age; gender; self-identified ethnic or cultural background; degrees and credentials achieved; years of practice, particularly working with trauma survivors; number of sessions with their resilient genocide survivor client; and how long ago they had worked with their client. This information allowed for a profile of the participants to be created when compiling and reporting the study results. Following the interview with each participant, I also used snowball sampling by asking participants to share the study advertisement with other mental health professionals who met the inclusion criteria who may be interested in participating in the research study, so they could contact me directly about potential study participation.

Mental Health Provider Participant Profiles

A total of five mental health providers participated in the study interviews. Three participants identified as women, and two participants identified as men. Ages of participants ranged from 35 years to 50 years of age. Participants reported their ethnicities as Punjabi, Rwandese, Black African, Northeast Indian, and South Asian. Participants held either a Master's Degree in Counselling Psychology, a Master's Degree in Social Work, or a medical degree in Psychiatry and worked either as a Certified Canadian Counsellor (C.C.C.), a psychotherapist, a Registered Social Worker, a Registered Provisional Psychologist, or a Registered Psychologist. Regarding professional experiences, participants held between 2.5 years and 22 years of experience; however, participants had between 2 and 10 years of experience within the field of trauma. In terms of participants' clients' profiles, their resilient genocide survivor clients were identified to be either Yezidi (1 client), Rwandese (clients of 3 of the counsellors), or Afghani (1 client), and had accessed counselling for psychological symptoms stemming from trauma or from a combination of trauma and domestic violence. Participants shared that they worked with their clients less than 2 years ago or had worked with their client during the time of the research interview. Lastly, participants reported they had between 8 and 30 sessions with their respective resilient genocide survivor clients.

Participant Introductions

There was diversity among participants in terms of their ethnic backgrounds, migration journeys, counselling credentials, and years of practice in counselling. Participants' backgrounds and professional profiles are presented below. Pseudonyms are used in the place of their real names to protect participants' anonymity and confidentiality. Pseudonyms for each participant

were chosen by the researcher based on commonly occurring names among members of their ethnic group and individuals from their geographical region.

Albert is a 38-year-old male Social Worker of Rwandese background. Albert was a survivor of the Rwandan genocide in 1994 and migrated to Canada as a refugee. At the time of the interview, Albert was completing his provisional hours to become a Registered Clinical Social Worker. Albert had been practicing in the field of counselling for two years and had mostly worked with clients who had experienced trauma. Prior to social work, Albert worked as a coordinator and broker in family violence with ethnically diverse clients.

For the interview, participants were asked to speak regarding one resilient genocide survivor client who had an impact on them. Albert requested to speak about two specific resilient genocide survivor clients who had a significant impact on him. One client was a Rwandese male in his mid-30s, and the second client was a Rwandese male in his mid-40s. Albert indicated that both clients were survivors of the Rwandan genocide in 1994. Regarding the first client, Albert had seen his client for 8 sessions. Regarding the second client, Albert had seen him for 10 sessions. Both clients had started counselling with Albert in 2020 and had ongoing sessions with Albert. Both clients faced trauma from the attempted genocide and were experiencing interpersonal and familial challenges. One of Albert's clients also faced difficulties with addiction.

Carine is a 40-year-old Black female Registered Provisional Psychologist of Cameroonian background. At the time of the interview, Carine had been practicing in the field of counselling for four years, particularly with survivors of trauma. Prior to her work in the mental health field, Carine worked as a nurse in Cameroon. Regarding Carine's resilient genocide survivor client, Carine had worked with a Rwandan genocide survivor for a total of 30

counselling sessions and had last worked with the client in 2020. Her client was identified to be female, and she faced trauma from the attempted genocide, as well as domestic violence while living in Canada.

Janeen is a 35-year-old East Indian, Punjabi female Certified Canadian Counsellor. At the time of the interview, Janeen had been practicing counselling for eight years. Janeen had always worked with survivors of trauma. She worked with refugees and in the area of family violence. Janeen identified herself as a second generation Canadian and as being bicultural. Regarding her resilient genocide survivor client, Janeen shared her experience working with a Yazidi attempted genocide survivor and, at the time of the interview, had worked with her client for 12 sessions. She had last worked with her client in 2020. Janeen's client was identified to be a single mother who had faced trauma from the genocide, had experienced family separation as a result of the attempted genocide, and was facing post-migration challenges.

Akhila is a 50-year-old Northeastern Indian, female Registered Psychotherapist. At the time of the interview, Akhila had been practicing in the field of counselling for three years. She had been involved in working with trauma survivors, refugees and immigrants, and she had also worked in the area of domestic violence. Prior to her career in mental health, Akhila worked as a medical physician and psychiatrist in India. Regarding her resilient genocide survivor client, Akhila decided to share her experience in working with a female refugee client from Afghanistan. Akhila's client was identified to have been a mother who faced trauma related to torture and persecution and faced family separation as a result of the violence. Akhila's client also faced post-migration difficulties and interpersonal challenges. Akhila had worked with her client for a total of 10 sessions and continued to see her client for counselling.

Jay is a 46-year-old South Asian male Registered Psychologist. Jay had been practicing in the field of counselling for 22 years at the time of this study and had worked with trauma survivors for a total of 10 of those years. Regarding his resilient genocide survivor client, Jay decided to share his experience working with a client from Rwanda who had gone through the attempted genocide in Rwanda in 1994. Jay identified his client as a mother who had faced trauma as a result of the genocide and was experiencing domestic violence. Jay had completed 16 sessions with his client and last worked with her six months prior to the interview.

Data Collection

Each participant was invited to be involved in a semi-structured interview lasting one to three hours in length to share their experience of how they had been positively impacted or transformed, both personally and professionally, by the resilience of their genocide survivor client. Due to COVID-19, the research interviews and the follow-up meetings took place using Doxy.me, as mentioned above.

Once the informed consent process was completed, participants were initially asked some general questions to understand their backgrounds and training experiences, as well as their positioning in the mental health field. This dialogue began with the prompt: Tell me about yourself: a) as a person (in terms of your ethnicity, how you identify, your intersectionality), and then, b) as a practicing counsellor. Examples of some of the types of follow-up questions asked as needed included: What kind of training have you received? What is your approach to therapy? What kind of experience do you have in the field of trauma? What made you decide to become a counsellor?

After developing an initial understanding of participants' backgrounds and training experiences, the researcher began her entry into the purpose of the inquiry. She started the

dialogue on the research topics with the two broad prompts below, followed by the use of additional questions in a semi-structured interview format for further information gathering related to the research objectives as needed:

- Tell me about the client you worked with who was a resilient attempted genocide survivor (i.e., their life challenges or problems and how they were able to overcome them)

- Tell me about your experience working with this resilient genocide survivor client and how working with this client impacted you.

Follow-up inquiries:

1. What changes did you notice in yourself after witnessing the client overcome adversity? (e.g., changes in how you see yourself, the world, your own strength and resilience, the potential for resilience among other human beings, or any other types of changes). And, How do you make sense of these changes?

2. What changes did you notice in your counselling practice with this client and other clients, after witnessing the client overcome adversity?

3. Ethnic minority counsellors may have some things in common with their attempted genocide survivor clients since people are most often targeted for genocide due to their unique ethnic/racial identities. Minority counsellors also have identities that could lead them to be targeted for harm, such as through racism, discrimination, or systemic oppression. How did working with this client affect your own ethnic/racial identity? (e.g., your perception of yourself as a person of minority status, your perception of your own identity and what it means to you, or the role it plays in your life)

4. How did the similarity or difference between your own background and the attempted genocide survivor client's background affect the impact that working with this client had on you? (*By background I mean your ethnic/racial identity, as well as your age, gender, race, social class, sexual orientation, gender identity, and ability or disability status)*

   a) How do you think the similarity or difference played a role in shaping your experience of vicarious resilience and how you perceived your client's resilience?

5. What role do you see your own ethnic background playing in your professional practice with other clients after having worked with this attempted genocide survivor?

6. How did working with your attempted genocide survivor client affect how you see your role in society, above and beyond your counselling role (such as your stance, commitment or role in relation to issues of equality, social justice, human rights, or any other topics)?

7. Is there anything else you would like to share with me about how you were positively transformed or strengthened by your work with your attempted genocide survivor client?

Once interviews were completed, I engaged in the data analysis process, which is described below, and I shared with participants the codes and thematic analysis of their initial interviews. For the purposes of member checking, I then conducted follow-up interviews with each participant for clarification and feedback on the data analysis or my understanding of their experiences of vicarious resilience as ethnic minority counsellors working with resilient attempted genocide survivors. Follow-up interviews ranged between one to two hours in length. Participants were given the opportunity during the follow-up interview to request any changes to themes the researcher had identified based on their interview to ensure that they accurately reflected each participant's experiences (Merriam & Tisdell, 2016).

Data Transcription and Analysis Process

Data Recording and Transcription

I first requested participants to consent to their interviews being audio-recorded. After receiving consent from each individual participant, I proceeded to audio-record each interview on a digital recorder which I then transcribed verbatim. Audio files from the digital recorder were transferred onto my encrypted and password protected computer and subsequently deleted from the recording device. With consent, pseudonyms were used for each participant's name when tabulating participant demographic data, in the transcriptions and coding of the interviews, and in reporting the research findings to maintain participants' anonymity and confidentiality. Furthermore, consent forms and demographic data forms were kept in separate locked filing cabinets in my home. In alignment with current research ethics guidelines, consent forms and demographic data forms will be retained along with the de-identified transcripts for a period of five years following the completion of this research study.

Data Analysis Process

Interview data were analyzed using Braun and Clark's (2006) method of thematic analysis (TA). TA is a unique qualitative method that is used to "identify themes and patterns of meaning across a dataset in relation to a research question" (Braun & Clarke, 2013, p. 175). TA is specifically used for data analysis and is not used for the purposes of collecting data or outlining methodological frameworks. To this effect, TA is a method that is used to analyse data and answer a diverse range of research questions (Braun & Clarke, 2013; Nowell et al., 2017).

TA is considered most effective when the research study is guided by a theoretical framework (Braun & Clarke, 2013). In this current study, TA appropriately fits within the methodology of basic interpretive inquiry as it functions as a scaffold that is guided by a

constructivist paradigm that further supports the creating and understanding of knowledge through a social constructivist and symbolic interactionist lens. When using TA, themes can be constructed in either a bottom-up or top-down manner. Bottom-up data analysis consists of deriving interpretation directly from the data, whereas top-down analysis consists of interpreting the data from a theoretical standpoint (Braun & Clarke, 2013). This research study used a bottom-up approach, also referred to as inductive TA, which is data-driven and is guided by the methodological framework and theoretical perspective previously discussed.

TA uses a six-phase procedure that ensures the trustworthiness of the data (Braun & Clarke, 2006; Nowell et al., 2017). The six phases involved in TA are as follows: (1) becoming familiar with the data, (2) creating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) writing the report (Braun & Clarke, 2006; Nowell et al., 2017). The application of each TA phase to the current study is described below.

Becoming Familiar with the Data

The initial stage of the analysis involved becoming familiar with the data by actively reading and re-reading participants' transcripts while searching for patterns in the data (Braun & Clarke, 2006, 2013). In the current study, I read and re-read participant transcripts in their entirety to understand the depth of the information from each contributing participant (Braun & Clarke, 2006, 2013). While being immersed in the data, I explored for preliminary meanings and patterns. These initial impressions were documented as a part of my audit trail as recommended to capture speculations, reflections, tentative themes, and hunches during the analysis process (Braun & Clarke, 2006). This documentation allowed for reflection which supported my development of codes in the following stages (Nowell et al., 2017).

Creating Initial Codes

In the process of interacting with the data, I engaged in line-by-line coding, or labelling, of each transcript to identify interesting features of raw data (Braun & Clarke, 2006). Saldaña (2016) describes a code as a "word or phrase that symbolically assigns a summative, salient, and essence-capturing…. attribute for a portion of language-based….data" (p. 4). Also being guided by Saldaña's (2016) "Coding Manual for Qualitative Researchers," I used structural coding as an additional coding method. Structural coding uses phrases that are focused on the content or concept within the data excerpt that relates back to the research questions. Structural coding is applicable when there are multiple participants and semi-structured interview protocols are being used.

In the current study, I decided to code manually by writing alongside the margins of each transcript. All content from the data set was given equal attention during coding to ensure the analysis was data-driven. As recommended by Braun and Clarke (2006), I kept some surrounding content for each data extract. A list of codes was generated for each transcript to assist with the collating of codes. Once I coded each transcript, all coded data was collated within their respective codes for each transcript (Braun & Clarke, 2006). I also engaged in reflexive writing in my research journal after coding each participant transcript by tracking and managing impressions for the purpose of ensuring trustworthiness (Nowell et al., 2017).

Searching for Themes

The development of themes is the primary focus in the third phase of TA. During this stage, all codes were organized and categorized into potential themes, which were broader in nature and brought meaning to a recurring phenomenon in relation to the overall research question by combining relevant codes (Braun & Clarke, 2006; DeSantis & Ugarriza, 2000, as cited in Nowell et al., 2017). In this third phase, I assigned each participant a colour and printed

out participant codes onto their respective coloured paper and then cut each code out into paper slips. Each individual code was analyzed and relationships between codes were interpreted for the purpose of organizing the codes into both general themes and sub-themes. A *miscellaneous group* was also created for codes that did not yet appear to fit in with other themes (Braun & Clarke, 2006). During the process of categorizing codes into themes, I began to also organize the potential themes by the research questions that appeared to be best answered by these themes.

Reviewing Themes

Themes developed in phase 3 were reviewed to ensure they were supported by sufficient data. During this process, themes were combined or collapsed and data within the themes were revised to confirm a sense of coherent meaning between data within a given theme (Braun & Clarke, 2006). In the current study, I reviewed codes and themes by reviewing coded data excerpts under each theme, re-organizing slips of individual codes, and at times re-wording or creating new themes if the data were not accurately captured. As a part of ensuring the data could be accurately captured, I also kept in mind the theoretical perspective of vicarious resilience and ethnic identity as being understood and constructed within social interactions. The final part of this stage consisted of me re-reading all transcripts to verify no data items were missed and to confirm the developed themes fit with each participant data set and with the cross-participant analysis. Once I felt no further coding or thematic changes could be made to the data, I discontinued the coding process (Braun & Clarke, 2006).

Defining and Naming Themes

This stage of the analysis process required me to define and refine the generated themes and continue to analyze the encompassed data (Braun & Clarke, 2006). I created a chart with each theme and their respective data excerpts. I also created a separate chart to describe each

theme. This step helped with verifying that the richness and essence of each theme was captured, that the data was consistent to each theme, that there were no overlaps between themes, and that the generated themes related to the research questions. Titles for each theme were further refined to ensure they captured the meaning of the data but also could explicitly communicate the nature of the theme from the within participant and cross-participant data analysis process (Braun & Clarke, 2006).

Writing the Report

The final step in TA consists of writing a report as a coherent story of the collected data. In the next chapter of this dissertation, the emerging themes are described and supported with illustrative quotes from the participants. Across-theme comparisons are also made to address the research questions in a study (Braun & Clarke, 2006). Recommendations by Braun and Clark (2006) were used to guide the results and discussion chapters of this research study.

Ethical Considerations

Several steps were taken to ensure that the design and implementation of this study met ethical guidelines (Canadian Psychological Association, 2017; CIHR, NSERC, SSHRC, 2018; College of Alberta Psychologists, 2019; College of Psychologists of Ontario, 2017). This study required the participation of ethnic minority counsellors who have worked with resilient genocide survivor clients. Similar to their clients, ethnic minority counsellors may have also experienced various degrees of social exclusion, oppression, threat, or persecution due to their own identities (such as racism, discrimination or hate crimes). The inclusion criteria for this study permitted the participation of individuals who self-identified as belonging to an ethnic group who share common ancestry (Liebkind et al., 2016) and are in a non-dominant position in their present country (United Nations, 2018). Individuals who do not identify as belonging to an

ethnic minority group would not likely have parallel experiences to their genocide survivor client in terms of having a marginalized ethnic or racial identity that has made them vulnerable to victimization or human rights violations. Thus, the dignity of persons was respected by allowing participants to identify themselves as belonging to an ethnic minority group rather than the researcher determining who should and should not be allowed to participate, in alignment with the subjective nature of ethnic/racial identity, and to safeguard against any bias that could limit equitable opportunities for research participation (Canadian Psychological Association, 2019; CIHR, NSERC, SSHRC, 2018). Allowing participants to share their positive transformations after working with resilient attempted genocide survivors enabled them to accrue the research benefit that this type of reflective counselling practice offers, and could lead to improvements in the counsellors' future practice with other minority clients.

Another ethical consideration in this study was the possible emotional activation that could have been experienced by the ethnic minority counsellors who participated in this study. Societally, ethnic and racial minorities are likely to experience various forms of racism, discrimination, social injustice, and systemic oppression and experiences that negatively impact one's sense of safety in the world that can highly contribute to psychological and emotional distress (Alvarez et al., 2016). Particularly during current times, ethnic and racial minorities have faced more explicit forms of political and social violence, whereby ethnic and racial divisions have been more prominent in North America and have highly contributed to psychological harm amongst certain ethnic and racial communities (First et al., 2020; Kirkinis et al., 2021; Lund 2021). Within the professional realm, ethnic and racial minority counsellors cannot necessarily escape the *outside* impacts of social and political violence in their clinical work (Lipscomb & Ashley, 2020). As professionals, ethnic and racial minority counsellors are also likely to

experience burnout and secondary traumatic stress in the workplace (Giordano et al., 2021; Shell et al., 2021). These social and political challenges commonly faced by ethnic and racial minorities both within their personal and professional lives strongly influenced the ethical considerations in this study.

Participants in this study were asked to reflect on their experience as ethnic minority counsellors working with a client who was a resilient attempted genocide survivor. They were specifically asked to reflect on the following: their experience working with such a client; to describe the personal, professional, cultural, and social impacts this work had on them; and to reflect on the meaning they have made of their own ethnic identity and its role in their life after working with their client. Considering the many challenges ethnic minorities are already likely to face given their ethnic, and possibly racial identity, I carefully considered the phrasing of the interview questions and follow-up questions to reduce the likelihood that questions would be too triggering and aimed to *check-in* on each participant's emotional and psychological wellbeing during interviews, in the case emotional discomfort was elicited. However, counsellors commonly reflect on their clinical work and its impact on their lives and identities as a part of their profession, which can naturally create feelings of discomfort. In this study, participants were asked to reflect on aspects of personal growth and adaptation which could have countered the possible negative effects of reflecting on vicarious resilience and ethnic identity. Although participation in this study would not have created any more discomfort than counsellors already experienced in their everyday work, I ensured participants could be connected to free or low-cost diversity-sensitive counselling supports if any distress was disclosed during the study and participants requested to be connected to supports. I informed each participant that a list of appropriate support services was prepared ahead of time for them prior to the start of their

interview, and this list could be shared with them in the event they needed to access any emotional support. Furthermore, participants were informed of their right to withdraw from the study at any point in time if they were feeling discomfort or were no longer interested in participating.

Another core ethical consideration for this research study consisted of participant privacy and confidentiality (CIHR, NSERC, SSHRC, 2018). As explained earlier, pseudonyms of commonly occurring names among their ethnic group members were used in the place of participants' real names when transcribing and presenting the research data to protect their identities. The research participants were from two different provinces, Ontario and Alberta, which represent different regions in Eastern and Western Canada, and the names of the specific immigration, settlement, or mental health service agencies from where they were recruited and which province each one was recruited from have not been disclosed in this dissertation. Therefore, it would be difficult for readers of this dissertation to be able to identify which participants are from which province or agency, or to personally identify them.

Participants could have become concerned about their privacy when disclosing work-related experiences. To protect their privacy from their respective agencies and ensure freedom of consent (CIHR, NSERC, SSHRC, 2018), I did not inform participants' agencies of their employee's participation in the study, nor did their organization have access to the information shared during the interviews. I reminded participants of their right to this element of confidentiality which was also included in the informed consent form for each participant. In addition, identifying information was removed from each transcript, such as the names of agencies the participants worked with.

Ensuring the privacy of participants' clients was also an integral ethical consideration as part of the process of responsible caring (CIHR, NSERC, SSHRC, 2018). Given that participants were asked about their experience working with their resilient genocide survivor client, participants shared their client's history, challenges, and means of overcoming obstacles. To protect the privacy of participants' clients, I only collected necessary information that provided sufficient context to the study and was relevant to the research questions. For this purpose, I did not collect names of participants' clients. Participants were asked to not use the clients real name and to only use pronouns or to use a pseudonym for their client. Mental health practitioners are aware of and abide by a Code of Ethics in which the privacy and confidentiality of clients is held in high regard (CPA, 2017; College of Alberta Psychologists, 2019; College of Psychologists of Ontario, 2017). Participants made comments throughout their interview regarding their clients' privacy and wished to not share certain information that would risk making their clients identifiable. Participants only shared information regarding their client that they believed was relevant to their experience in working with a resilient genocide survivor.

In discussing the nature of the study, my role as the researcher, safeguards against risks to privacy and confidentiality, the risks and benefits of participating in this study, and the voluntary nature of participation, informed consent was obtained from each participant as a step in the process of respecting the dignity of each person (CIHR, NSERC, SSHRC, 2018; College of Alberta Psychologists, 2019; College of Psychologists of Ontario; 2017). Ongoing consent to participate in the study was also ensured. Consent to participate was an ongoing process in this study by informing participants of the voluntary nature of their participation upon recruitment and when obtaining informed consent. Ongoing consent was also applied when meeting with each individual participant during the member checking process, particularly given the

probability that unexpected information related to a participant could have been collected or analyzed during the study and could have been important to their decision to continue their participation in the study (CIHR, NSERC, SSHRC, 2018).

Summary

In this study I used Merriam's (2009) basic interpretive inquiry as a methodological framework to explore the experiences of vicarious resilience among ethnic minority counsellors working with resilient survivors of attempted genocide. Crotty's (1998) research elements were used to support the philosophical foundation of this study. In this vein, I discussed relativism (ontology), social constructivism (epistemology), and symbolic interactionism (theoretical perspective) as mutually influencing one another and supporting the use of basic interpretive inquiry as a research methodology. Furthermore, I described the data analysis process which involved Braun and Clark's (2006) TA as the method used in the current study. Ethical considerations in exploring the experiences of vicarious resilience among ethnic minority counsellors were also presented. In the following chapter, I provide my interpretive account of the results of this study.

CHAPTER 4

RESULTS

Through the Mirror I Come to Accept, Embrace, and Prize My Ethnic Self

During interviews, participants disclosed undergoing a transformational journey after working with their resilient genocide survivor clients (RGSC). Triggered by their work in assisting in their clients' healing, participants experienced significant personal and professional growth. Personal and professional development consisted of a re-examination of their own ethnic and cultural identities, their own levels of community and civic engagement, and a re-evaluation of their clinical practice and what is emphasized within their practice. Results for this study are summarized below and divided into three categories. The first category consists of participants' initial awareness of how closely they resonated with their RGSCs. This is followed by a second category which consists of transformations and changes experienced by participants at a personal level and addresses the following research question: (a) What meaning do minority counsellors make of their ethnic/cultural identity and its impact on their lives as a result of having worked with a resilient genocide survivor? The third category consists of shifts experienced within participants' professional work after working with their RGSC which addresses the following research questions: (b) How do minority counsellors interpret the interaction between their ethnic identity and those of their clients in facilitating their own and their clients' resilience? (c) What kind of meanings and commitments do minority counsellors develop in relation to social justice, human rights, and ethnic and racial equality after working with resilient genocide survivors? (d) How is their professional practice and role in working with other clients affected by the process of working with a resilient genocide survivor? Pseudonyms are used in place of real names to protect participants' anonymity and confidentiality and were chosen by the researcher based on

commonly occurring names among ethnic group members. Figure 1 describes the process of meaning-making engaged in by the participants after working with their RGSCs.

Figure 1. Meaning-Making Process after Working with RGSCs
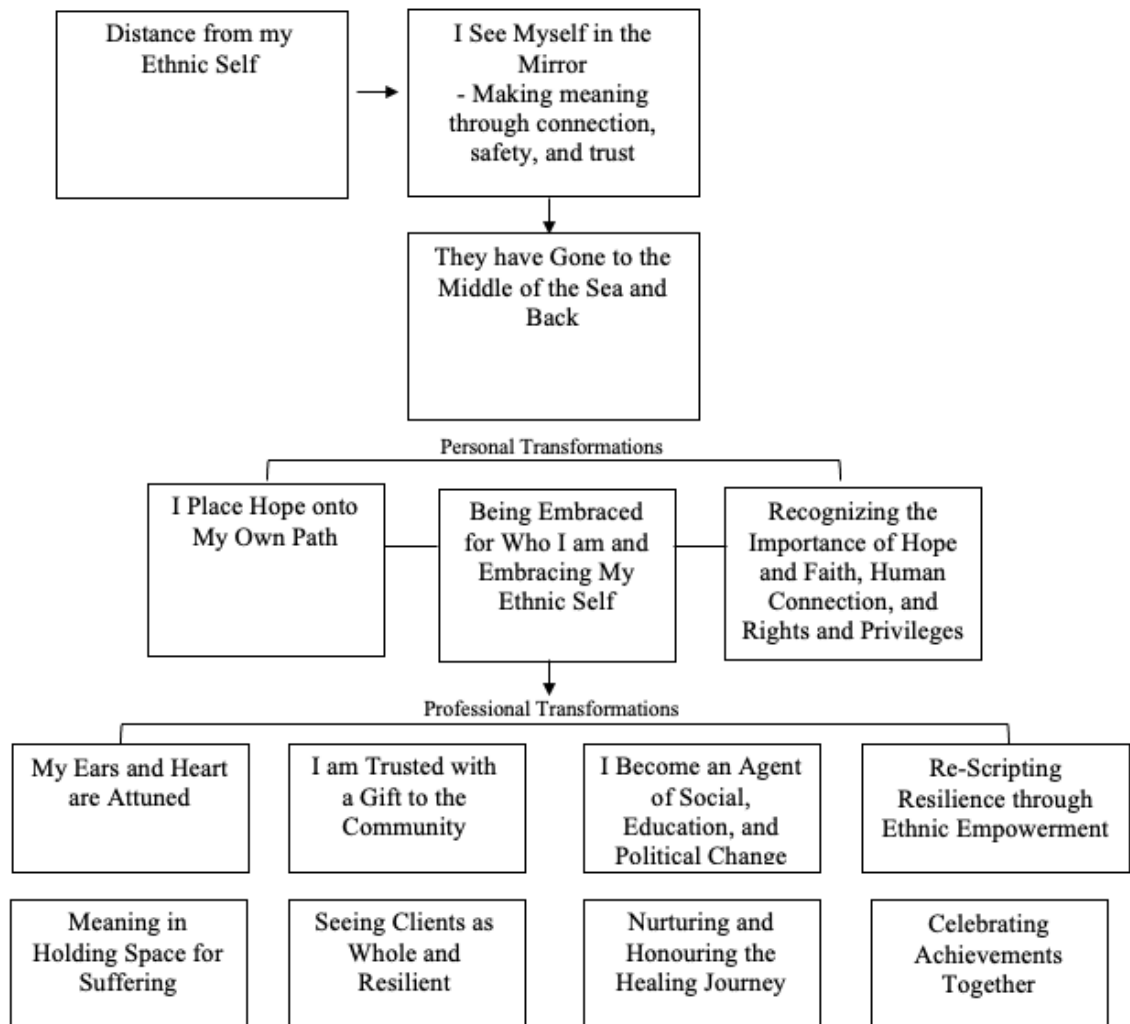
I See Myself in the Mirror

All participants in this study shared experiencing a foundational level of self-reflection regarding their identities. While working with their RGSCs, participants resonated with their clients' experiences related to one or more aspects of their identity. Participants expressed feeling close and connected to their RGSCs based on similarities in race, gender, and/or

migration status. Participants' understanding of their own identity, particularly their ethnicity, appeared to be re-evaluated.

As a part of the interaction with their RGSCs, some participants first described their experience of distance between themselves and their ethnic identities. In this study participants expressed having reservations or feelings of suppression regarding their own ethnic identities prior to working with their RGSCs. Considered as a feeling of pushing away or being at a distance, participants described experiencing a gap between themselves and their identity in which they felt less connected to their own ethnic identity.

Albert, Janeen, and Jay shared feeling distant and not strongly connected to their ethnic identities in a helpful way. This sense of being distant from their ethnic identities was explained to occur whereby they either refused to work with members of their own community, they felt a sense of inequality between their own culture and that of others, or they intentionally chose not to preserve their heritage or downplayed it instead. The interaction with their RGSCs, however, facilitated self-reflection among participants, which brought them to not only explore their ethnic identities further, but to re-evaluate the value and positioning of their identities in their lived experiences.

Sharing ethnic identities with their RGSCs created an interaction that led to participants reflecting on their relationship to their own ethnic identity. Albert particularly expressed initially not wanting to work professionally with members of his own ethnic community and shared his reservations in taking the referrals to work with his RGSCs:

Me, like I was saying, I was in a shadow. I had actually expressed to my supervisor that I didn't want to work with people from my ethnicity. I didn't want to work with people

from where I come from just because of the tension and anxiety, and of course, issues

around boundaries and all of that.

Described as a feeling of hiding away, Albert articulated challenging emotions surrounding his

relationship to his community, which kept him at a distance from working with clients from his

community. He reported being able to work with trauma survivors from other countries but not

being able to support his own community prior to working with his RGSCs. As a result, prior to

working with his RGSCs, Albert refused to work with members of his own community. He

expressed not being prepared to process intrapersonal difficulties related to his ethnic identity

and community and communicated his previous desire to keep a safe distance from this aspect of

his life:

> I was just not really ready to talk about those things because, as you also know, that
>
> sometimes in therapy there is some minimum level of self-disclosure of how you have
>
> been impacted, you know… I just didn't see myself as being able to relate to somebody
>
> else who has gone through it, what we went through in Rwanda.

For Albert, keeping his distance from his community meant sustaining an internal sense of

safety. By not working with his community, Albert aimed to keep ethnic tensions, sensitive

topics surrounding the genocide, and any possibility of forming an intimate therapeutic bond

with such clients at bay. For Albert, counselling involved forming a deep connection with his

clients in which he could "reach the heart" of his clients. Working with survivors from his own

community made him however question if he could use this approach safely and effectively in

counselling.

The experience of pushing away ethnic identity was also described through the hiding of

culture. Janeen shared her negative perception of her legal name prior to working with her

RGSC, as she mentioned, "My legal name is [name], but I go by a really Westernized name. I used to hate my legal name so much." Similar to Albert, Janeen experienced a desire to intentionally distance herself from her culture and ethnic identity by not sharing certain aspects of herself with others. The relationship to one's ethnic identity initially took shape by participants not only voluntarily remaining separate from their own community, but also maintaining distance from other ethnocultural community members.

When reflecting on his own ethnic identity prior to working with his RGSC, Jay shared harbouring a sense of "cultural superiority" in relation to other ethnocultural communities. Jay expressed how his cultural pride was not helpful to himself or in his relationship with other individuals:

> I knew that was dangerous because it was not helpful at one point. Because I would always argue, and that identity would just come out and I would scan for it…. I would consider others, I will not express it, as silly or as having a silly culture or I had low regard for cultures that didn't have value. So there was always a superiority when I was standing before them, you know. It was that they were never a threat. I felt very silly for what they did. A kind of arrogance, right. So that is also not helpful.

In the quote above, Jay shared how he had developed his perception of cultural superiority and his belief in his culture, religion, and history being of greater value and significance. Jay reflected on the traditions of his culture as being "special" and unique and acknowledged the safety and security he felt within his cultural identity. Prior to working with his RGSC, Jay aimed to protect these aspects of his identity. However, following his work with his RGSC, he acknowledged the negative impacts this had on his own life and how he related to others, in addition to the "false sense of superiority" that it had caused for him. Thus, participants shared

feeling distanced from their ethnicity and culture and expressed the ways in which they maintained this sense of separation. Although all participants later discussed the ways in which they felt pulled towards their ethnicity, certain participants first acknowledged the initial distance present in their lives.

Through interaction with their RGSC's, participants reflected on their own histories and identities and revealed a heightened sense of awareness regarding their own experiences, which contributed to a sense of resonation and closeness to their RGSCs and later promoted elevated emotional attachment to their own heritage. The capacity to reflect on similarities between themselves and their clients appeared to facilitate both personal and professional transformations. The main theme, sub-themes, and associated codes are provided below in Table 1.

Table 1. Sub-Themes and Associated Codes for Resonating with The Client Before Transforming

Main Theme	Sub-Theme	Code
(a) I See Myself in the Mirror	i) I see myself physically	♦ I am reminded of my family ♦ We look alike
	ii) I see my community	♦ I resonate with the history of genocide
	iii) I see my gender	♦ I am also a mother ♦ Women in my culture also struggle ♦ Women of my race also struggle
	iv) I see my stories of oppression	♦ I resonate with their migration journey ♦ I resonate with the experiences of discrimination ♦ I resonate with immigrant-related barriers ♦ I resonate with their employment struggles

	v) I see my cultural pride	♦	I also share a pride for my culture
	vi) I feel safe when I am reflected	♦	Trust and safety opened me up

I See Myself Physically

Similarities in skin tone and race were factors that brought participants closer to the experiences of their RGSCs. Participants expressed being able to 'see themselves' in their clients and felt they physically represented elements of their own ethnic or racial community. One participant, Albert, shared how he saw his own family in his client, as he stated, "She looked like my mother to me." This similarity in skin tone and race also helped participants reflect on the idea that circumstances might be the sole factor that separated participants from being in their client's position. Janeen, for instance, described how similarities in skin tone led her to feel her fate could have easily been to survive a genocide, like her client:

I also look at her and she looks so similar to me. She's like a brown skinned client. And I just think there's no difference between us. I wonder if people look at us the same…. Or like the Yezidi population's experience is so, so different from my own, or from my family's and filled with so much more trauma. But I think that it also doesn't feel that far off of like, if there were little changes in our lives, like, that it doesn't feel so disconnected or so removed.

Sharing similarities in skin tone and race led Janeen to feel minimal differences between her and her client, particularly when reflecting on the possibility of them being perceived by others as belonging to the same ethnic background. Janeen's reflection on this similarity also made her fate feel fragile enough that small changes in life circumstances could have led to her having a

similar history as a survivor of attempted genocide. Janeen continued to share that this fragility

of life could also extend to other therapists, regardless of race or skin tone. However, Janeen's

ability to resonate with her client's experience on a racial level appeared to create a particular

point of activation for her in which she did not feel far removed from her client's experience.

The RGSCs' physical appearance was thus a point of connection in which participants felt

encouraged to look inward and see themselves or their families reflected in their clients.

I See My Community

Similarities that participants closely resonated with also included shared community

histories. Shared histories included experiencing similar past events. Albert expressed sharing a

similar history to his client regarding genocide:

> I mean, um, even the [soft chuckle], the mother of my first daughter. She's [pause] her
>
> family, all of them died. She was in a hole, her legs are cut, wound, big scars, and
>
> everything. When I look at her behavior, it's the same thing with this [client] gentleman,
>
> you know.

Upon reflecting on the similarity between his daughter's mother and his client, Albert shared,

with some nervousness, the observed similarities in behaviour between both individuals. Albert's

history appeared to sit close to the surface when working with his RGSCs. Albert also described

feeling a sense of pressure, like Janeen, to help relieve his RGSCs from their struggles while also

managing his own countertransference: "It's really hard to see him really struggle… Yeah,

because I have to go out of my way sometimes to really connect with this guy, and it is also hard

being a genocide [survivor]." Having a personal understanding of his clients' experiences led

Albert to feel a pressure of responsibility to see progress in his RGSCs. Sharing histories

appeared to guide Albert to turn inward and become more aware of the similarities between him

and his RGSCs. Resonating based on shared histories seemed to influence Albert's ability to connect with his RGSCs.

I See My Gender

All female participants expressed identifying with their clients based on the shared identity of gender and motherhood. Carine reflected on her experience working with her RGS female client who was also a mother:

> There was a transference and countertransference experience when it came to her boys, and it was so much to hold not being connected to her boys and not knowing where they are. As the relationship builds, there was that part that was connecting on experience…., I just remember even when she, she, she was sharing and talking about those very painful…places as a person, as a woman…It was very triggering sometimes.

Carine expressed having an experience of countertransference which was activated by her client's story of being a mother who had lost her children during the refugee resettlement. Carine described how their shared motherhood brought her closer to her client, but how this also made it difficult to hold her client's pain because of how deeply she could understand the potential loss of her own children. Closely resonating based on gender and motherhood was disclosed to be experienced at an individual level in Carine's regard. Participants also felt close to their RGSCs' gender-based experiences at a communal level.

In particular, Janeen and Carine related to their clients by reflecting on gender-based challenges within their own cultural communities. These participants expressed how easily they were reminded of the difficulties certain genders in their communities would often experience which would bring up feelings of frustration. Janeen noted her experience of being reminded of her aunts and the women in her own ethnocultural community:

> I also wonder if it increased my frustration with the client in some ways. Because it felt familiar, right…. I have like elderly aunts that live in America that moved here 20 years ago that don't speak a word of English. I think they've had extremely difficult lives…this client reminds me of them so much…. Just because you're a female you have to be strong.

Forming a connection between her client and her aunts, Janeen reflected on the various obstacles faced by women within her own and similar cultures. There was a shared understanding of how women in such cultures have no other option but to be strong in order to survive. Although being strong is required, Janeen resonated with the unfairness associated with being a woman in her own culture. Her ability to connect with her female RGSC appeared to also arouse emotion for Janeen at a personal and communal level, as is also noted below:

> ….I think of other clients that I don't have as much experience with, like male clients. I wonder if I wouldn't have been as frustrated. Like I just wanted this client to feel better. I just wanted her to be happier…. I felt like I could see myself in her. I think because of that sharedness, I wanted her to feel better because I see my own family and aunts in her.

Janeen acknowledged her frustration as being associated with how closely her client reminded her of her own family. Janeen had an awareness of the challenges experienced by her aunts which pressured her to help her client progress in counselling and have a desire to take away her client's pain. Carine also reflected on the experiences Black women often face regarding employment and academic success, which was activated while working with her RGSC who also identified as a Black woman:

> I just remember one very good friend of mine. Where I still remember her words to me, she said, "Oh, you know what, in this society as a woman you have to work really hard, and as a Black woman you have to work double, even double hard."

Carine expressed how she resonated with her client's struggles as a woman, but particularly as a Black woman in which she is required to put in more effort than women of other races. The combination of race and gender was reported to be a barrier for Carine in seeking employment and setting academic goals in Canada. There was a shared personal understanding of the intersection of race and gender and how it multiplied associated challenges in different areas of life. The capacity to understand the impact of this intersection, in addition to the experiences of motherhood and genders in certain cultures appeared to facilitate a personal connection between participants and their RGSCs.

I See My Stories of Oppression

Shared experience based on the migrant journey while in Canada also resonated with participants. Carine, Janeen, and Akhila expressed frustration with challenges often faced by immigrants in Canada and felt they personally related to their clients' experiences. Carine disclosed feelings of frustration and powerlessness when hearing of the systemic experiences of oppression faced by her RGSC:

> Negative impacts. It's just even listening to the discrimination, the systemic barriers, the racism that people experience, the unfairness, and really how that can get to you even as a person [soft chuckle]. It's the emotions that that can create in you…. because it resonates and connects…. Like I said, the distress for me and working with this client, it's just more connected with my own vulnerability and my own humanness.

Carine experienced emotional arousal when working with her RGSC who experienced instances

of discrimination and racism in Canada as an immigrant. Carine shared resonating at a personal

level and having deep empathy for her client while also feeling powerless in her ability to

support her client through certain systemic challenges. Janeen similarly echoed feelings of

frustration and powerlessness when reminded by her RGSC of her own experience helping her

immigrant family navigate Canadian systems:

> I think of this client where she felt like her doctor wasn't listening to what she wanted.
>
> And so, she said, "Can you speak with my doctor?" And I was like, "Sure." And this has
>
> happened with other clients where I think, "Well, well, isn't this unfair? That just because
>
> I'm a professional that speaks the English language really well, I'm going to tell the
>
> doctor what you need."… Yeah, and I think that reminds me so much of my family, right.

Both Janeen and Carine strongly articulated their frustration with the injustice faced by

immigrants after having experienced much adversity prior to arriving in Canada. Hearing their

clients' experiences caused them to reflect on their own family histories and experiences with

similar challenges whereby the agency, capacities, and needs of immigrants are not respected.

The systemic barriers to peace and happiness among RGSCs was reported to create a sense of

sadness among participants. Akhila similarly expressed being impacted by the employment

struggles faced by her client as a result of being forced to flee her home country of Afghanistan:

"I feel sad. It affected me in the sense that somehow I feel sad, because if she came from a

different place, she could have been so successful out here, right?" Akhila could significantly

sympathize with the challenges of employment and redefining your career after immigrating to

Canada. As a surgeon in her country of origin, Akhila's client was reported to face challenges

with finding appropriate employment in Canada. Akhila resonated with her client's employment

difficulties and empathized with the unfairness associated with losing one's career as a result of immigration, systemic barriers, and the challenges of trauma. Participants' interactions with their RGSC's facilitated consciousness-raising systemic challenges and discrimination faced by their immigrant RGSC, and how their own lived experience also reflected these shared struggles.

I See My Cultural Pride

One participant, Jay, described resonating with his client's cultural pride. At first, Jay reflected on the general impact his client had on him: "Yeah, the first few weeks were always a kind of, you know, because I am also naturally concerned. When she opened about what she had experienced, I know it was powerful in that sense." Later on, Jay described feeling connected to his client through a shared love for one's own culture and heritage when he expressed, "Also, culturally I feel that she also valued her own culture, her own history. And she talks with pride rather than with, you know, a kind of inferiority. She prided her culture, so it was very easy to relate." Unlike other participants, Jay did not report resonating with challenging aspects related to the client. However, Jay shared a similarity in terms of him and his client both having cultural pride which allowed him to feel a sense of connection with his client.

Having these shared experiences in relation to race, ethnicity, gender, history, and culture were described by participants as keeping them closely connected to their RGSCs. Participants' identities were involuntarily kept close to the surface within the therapeutic relationship, as is noted by Carine, "Not necessarily really, really go back…it's always just knowing that I have these challenges because they are there and you don't have to really go back to your history. Like they are out in our environment." Participants' shared identities with their RGSCs made it easy to turn inward and resonate with their clients' experiences because of how present their own experiences have been throughout their lives. Once participants felt their RGSCs experiences

connected closely with their own experiences, participants reflected on their relationship to their

own ethnic identities and their desire to build a stronger connection to this aspect of themselves.

I Feel Safe When I am Reflected

In being able to resonate with their RGSCs and witness their clients' journeys,

participants acknowledged the strengths of their clients and their abilities to overcome despite

their many challenges. In this process participants made meaning of their interaction with their

RGSCs by noticing the safety in them that needed to first be experienced to better learn from

their clients.

In feeling a sense of sharedness in identities, and in witnessing the challenges faced by

their clients and their abilities to overcome adversity, participants expressed feeling a sense of

safety in being able to open up further to their ethnic identities and experience the

transformations available to them by witnessing their RGSC's perseverance and in being inspired

by their RGSCs. Carine expressed experiencing a sense of connection while experiencing a

feeling of trust with her client: "I think we just felt a lot of trust in each other, and a lot of

connection in terms of the similarity as well." Akhila similarly shared the important role of trust

in helping her learn from her client:

> It [rapport] helped me learn from her because sometimes you notice when there is none,
>
> no trust, you cannot even help them. But when there is trust and they can receive help,
>
> it's different. And then I wouldn't feel like I can't learn from her. It would just be
>
> superficial.

Jay also explained the feeling of safety he felt with his client as helping him be open to learning

from her teachings:

It [the similarities] has helped for me to be comfortable with her. I feel that feeling was

also similar. You feel safe with that other person. That helps us feel accepted in both

ways…When you feel accepted and safe, you are more open. You are more open to what

the other person is saying. And when you are more open, you are more accepting. In

general, you are not really closed.

As described by Albert, the relationship itself was healing:

The relationship that I developed with these families, being able to connect with them… I

felt like it was also healing for me. We both benefit from it. So in that sense, we started

connecting.

The sense of healing felt by Albert in the therapeutic relationship created a deep connection.

Witnessing their clients' abilities to overcome while experiencing a sense of safety with their

clients who reflected the identities of participants inspired participants to view the possibility for

transformation within themselves and to then experience the personal, and the professional

transformations that followed.

Personal Transformations

This section is dedicated to the personal changes and shifts experienced by participants

after working with their resilient RGSCs. In this study participants described how their work

with their RGSCs caused them to reflect on their own ethnic identity and how related self-

reflections re-defined or strengthened the role of their ethnic identity in their lives. Participants

also disclosed experiencing enhancements in their sense of hope and empowerment as ethnic

minorities and experiencing an increase in an overall sense of gratitude for life after working

with their RGSCs. The main themes, sub-themes, and associated codes are provided below in

Table 2.

Table 2. *Main Themes, Sub-Themes, and Associated Codes for Category 2: Personal*

Transformations

Main Theme	Sub-Theme	Code
(a) They Have Gone to the Middle of The Sea and Back	(i) I am a witness	♦ Witnessing struggles and overcoming
(b) I Place Hope onto My Own Path	(i) Our similarities give me greater hope	♦ Their growth encourages my growth ♦ I am reminded of the strength of women in my life ♦ I am reminded of my community's strength ♦ I can rise above racial barriers too ♦ I can advocate for myself as a minority too ♦ I am open to seeking help
	(ii) If they can do it, I can too	♦ Their survival encourages me to learn ♦ I am inspired to persist and adapt
	(iii) If they can do it, others can too	♦ Others can find stability too ♦ Others can receive help too
(c) Being Embraced for Who I Am and Embracing My Ethnic Self		♦ I feel like I belong ♦ I feel proud of who I am ♦ I feel close by acknowledging my history ♦ I will hold onto my ethnic identity ♦ My ethnocultural values feel closer

(d) Recognizing the Importance of Hope and Faith, Human Connection, and Rights and Privileges	♦ I feel more connected to my faith ♦ I am inspired by the goodness of the human spirit ♦ Holding on to hope brings change ♦ I prioritize connectedness ♦ I can be happy with what I have ♦ I feel more grateful for my rights and privileges

They Have Gone to the Middle of the Sea and Back

Participants initially shared experiencing a level of isolation or separation from their ethnic identities, as mentioned above. However, participants expressed making meaning in the process of resonating with their clients and witnessing their RGSC's resilience which allowed the experience of vicarious resilience to be facilitated.

Participants initially shared challenges associated with being an ethnic minority. Jay expressed that experiences of racism and discrimination are prominent for ethnic minorities:

> As a minority there are moments that you feel isolated. As a minority there are moments in your life, whether you consider to be culturally superior or not, you can still feel that isolation because you are a minority…. regardless of you accepting your culture or not. There are moments that you feel it, but it is based on the environment you are in.

More specifically, Albert shared the internal conflict that he felt in identifying with his own ethnicity:

> I am this Rwandese person inside me, but I was walking in the shadow, to be honest with you. Even when I came to Canada, I didn't want to do anything with the Rwandese. That's why I didn't even get married to a Rwandese.

Participants expressed levels of tension and conflict with being an ethnic minority. However, a shift occurred in their work with their RGSCs that facilitated the process of learning from their clients' resilience.

I am a Witness. Participants were witnesses to the stories of ethnic persecution in which the identities and lives of their RGSCs were threatened. These stories were perceived as "powerful" as mentioned by Jay, "I know it was powerful in that sense when she opened about what she had experienced." These stories provoked participants to view meaning in the experiences of their RGSCs as ethnic minorities who have overcome horrifying experiences that threatened their individual and families' lives, and the lives of their community. Albert shared his experience in noticing the wisdom within his clients despite the cultural challenges following the Rwandan genocide:

> I have family who are very much invested in politics and family who had so much hatred with all these things that happened [in the Rwandan genocide]. For me, I didn't have hatred, I have no hatred, whatsoever. It has happened, it's a war, I see it as a war. And people who died they died as victims. We see that. But I have family with a very strong [belief] that they would even be like, "I imagine you marrying this [person], I will never come to your home." …. But having these clients who have gone through this life experience, they are mature, of course, they have wisdom, right? They have more wisdom than me, they have seen so much more than me.

Albert identified his clients as having the trait of wisdom despite the challenges in Rwandan culture and society. He also elaborated on the strength of wisdom as a quality his RGSC had even despite the post-migration challenges the client faced in building a life in Canada:

I was able to see their wisdom! And I was able to really see their resilience of being able

to do things despite [the challenges] …There are so many things that people say, "Oh, the

language, or whatever they're going through," right? That they still go out and find a job,

look for a job, they don't speak English, but they get a job. And sometimes I even asked

him [the client], "How do you talk to your supervisor in construction when they ask you

[questions] if you don't have an interpreter? How do you communicate?" But he's like,

"Albert, I have to work, and I find a way to talk to them [laughter]".

Albert viewed his client's wisdom as a trait that helped him persevere and overcome challenges in his daily life. Although faced with post-migration challenges in relation to employment, his client's wisdom helped him prioritize his and his family's needs. Carine similarly shared how her client's inherent tools helped her survive:

When you think of a refugee trauma survivor, or a genocide survivor, or someone who

survived domestic violence, they must have had tools to help them to survive…. For

someone to have survived all that, all this person survived, definitely they had ways to do

that and maybe they have that knowledge of that more than the therapist…. I think this is

a part of her that has always been able to overcome…. How she managed to keep herself

safe, how she managed to keep her children safe, how she managed to survive…. I was

really amazed by her strength and that strong will to not give up. I was so amazed even

when she went back to school, and she was just starting. I couldn't imagine it. I was

thinking being at that age and with the different complications…To me her story, it's

really a story of hope, of strength, and of resilience.

Carine viewed her RGSC as having inherent strengths that helped her keep her and her family safe and build a new life for herself in a foreign country. Carine perceived her client as having a

willingness to survive against all odds and have hope in a bright future despite barriers. Janeen similarly spoke to her RGSC's ability to advocate for herself and her family as a means of overcoming challenges:

> I also think that the advocacy piece…. I think that was probably a big way to see her overcome things where she channeled her experiences, and then was really great at getting things done or pushing ahead with certain things. And I think that really helped her overcome things and I think there was a different type of motivation.

Janeen's RGSC's had advocacy as a strength which pushed her towards not only completing tasks but also overcoming barriers. Akhila also shared that her RGSC's perseverance was a strength that helped her RGSC have her needs met despite the challenges she faced:

> I feel that she is strong in some way and in finding resources, finding help. She wants to get the help. She doesn't hesitate in trying to get the help. She asks for whatever she needs. She needs the mental health counseling, she comes. She needs housing, [she looks for it]. She is very vocal in that way. She demands what she needs to get. Even appointments when she called me, she said, "I need an appointment now." She's a very demanding person. I think in this way, she's strong and fights for her own rights and tries to find what she needs and tries to get what she wants.

Similar to Janeen, Akhila's client held a trait of advocacy and perseverance which allowed her to obtain the resources she needed. Although genocide survivors experience multiple barriers, Akhila's RGSC was her own primary advocate in getting her own needs met. Jay appropriately summarized the experience of participants when he stated:

> She's somebody who has gone to the middle of the sea, and all alone, and has come back successfully…. It is one thing when it is said as a theory and another thing when

somebody has traveled it. So, she's great, you know. When you know a person who has

gone through this challenge and has overcome [challenges], it's a very powerful

experience.

Jay, like other participants, viewed his client as being isolated in the middle of adversity and

trauma but as having inherent strengths that allowed her to surpass any barrier.

I Place Hope onto My Own Path

After seeing their own RGSCs receive help and progress in their healing, participants

expressed feeling a sense of hope for themselves as ethnic minorities. Considering participants'

ability to resonate with their clients' experiences and the impact of shared identities, participants

were positively impacted by the healing of their clients. Participants reported feeling encouraged

and motivated in their own healing, perseverance, and hope in their abilities to thrive and

succeed.

Our Similarities Give Me Greater Hope. The experiences of RGSCs overcoming

barriers were accessible to participants through the sharing of ethnic minority identities. Seeing

themselves in their clients as also sharing an ethnic minority status created a closeness that

appeared to help Carine, Janeen, Akhila, and Albert feel more empowered in their own abilities

to persevere in response to challenges specific to being ethnic minorities. By seeing their own

ethnic minority clients grow, overcome certain shared experiences, and heal despite their

experiences of genocide, participants felt a great sense of hope in their own resilience. Below is a

quote shared by Carine who felt inspired as an ethnic minority:

Yeah, yeah, the similarity helped in shaping my own vicarious [resilience] by really, it

helped me kind of see the different ways in which I identified with that client… it

invariably just kind of helped you see that, "Oh, this person is able to survive that despite

all these challenges, despite being an ethnic minority, despite facing all these systemic

barriers," right. And too, vicariously, it kind of really reflects on my own ability… to

grow…. It also helped me see that because those barriers are there it doesn't mean that I

can't still become what I want to become.

Sharing similarities in ethnic identity led Carine to see her client's strengths within herself.

Acknowledging the many barriers experienced by the client as a genocide survivor, as an ethnic

minority, and as an immigrant helped Carine to honour her client's ability to overcome these

challenges but to also believe that persevering and reaching her full potential were possible for

Carine despite persistent life difficulties present for ethnic minorities.

     The intersection of gender and ethnicity also allowed participants to access their clients

more easily as a source of hope. Janeen reflected on the ability of ethnic minorities to overcome

challenges by resonating with her client's capacities and recalling the strengths of her aunts:

I don't know if like me, personally. But I think like when I look at my mom or my aunts,

I just think that is just the way it is. Yeah. I don't know. I do think it's like an

encouragement of strength, yeah.

In seeing her RGSC's strengths to overcome challenges, Janeen was reminded of the women in

her family and their capacity to persevere. Although there was a lack of choice for her mother

and aunts, Janeen perceived her experience with her client as an inspiration to push forward, just

like the women in her family. Akhila also felt her client's hope was accessible to her through the

shared experience of ethnic identity, being from a minority community, and being a woman:

How she shaped my vicarious resilience is, because… you tend to draw strengths from

the client's strengths as well, right? … So from my part, I draw a bit of a strength from

her doing. Yeah, you tend to learn, you tend to see how we function, you tend to see how

> [to] deal with so much adversity, and they can function in life. So why not me? I can also try to draw some strength from her and put it into my own path… So, like I said, we have similarities, right? She's a woman, she has children…. Yeah, it can be because we come from a small minority. So that can also be a factor.

Carine, Janeen, and Akhila expressed feeling a sense of inspiration from their female RGSCs. Especially when sharing similarities in identity with their clients, participants described learning about how their clients coped and were motivated to accomplish their goals. Participants felt empowered to believe that they could persevere just like their clients.

The sense of empowerment and hope was also described in the context of intersections between gender and ethnicity regarding clients' abilities to not surrender in the face of systemic racism. Carine especially shared feeling inspired in her own ability to defy racism after working with her client:

> It's also normal to be frustrated with all that ethnic minorities experience. But I think I was impacted by it. Maybe it helped with it, but it propels me forward as an ethnic minority because of the experience of race bias. There is a need to push harder and own your own voice as an ethnic minority in the midst of all the barriers. Those barriers can help you connect with your own voice and own it and see how you can make your impact and self-advocate.

Racial systemic challenges are barriers to career and academic success for ethnic minorities. Although Carine had experienced similar challenges as an ethnic minority woman, she was motivated by her client to transform these barriers into opportunities to rise above. Witnessing her client stay hopeful and be willing to face such challenges also helped Carine have hope in her

own ability to push through systemic barriers, while also acknowledging privileges that may help her overcome certain challenges.

The intersection between ethnic minority status and gender was also seen in the desire to apply the skill of advocating for oneself. Akhila expressed feeling inspired by her client's ability to make demands and have her needs met:

Somehow I have drawn that strength from her in moving ahead in life. So, I think, yeah, that's applying the strength, drawing the strength and being able to focus and being able to persist in demands. I really like that thing in her when she wants to demand, she wants to get things [laughter].... I think it's that I am also a woman of colour, an immigrant like her, a mother. It all plays a role in helping me take from her strength to persist.

Participants such as Akhila, Carine, and Janeen were positively impacted by the strength of their female, ethnic minority RGSCs. Traits such as assertiveness and perseverance were more easily applied to the participants' lives because of the shared identities between them and their clients. Seeing their clients pursue and accomplish certain goals also provided participants with hope in their own abilities to achieve.

Faith in the ability to overcome and persevere was also explained by having greater hope in one's own ability to seek help from others. Albert specifically shared feeling open to receiving his own mental health support, if ever required, after witnessing his RGSCs access services. Albert's RGSCs shared the same ethnic identity and community history as Albert, which appeared to encourage his willingness to be open to counselling:

Because the work we do oftentimes is a foreign thing.... You know, you have your issue, you got to talk to your pastor, talk to your uncle. But talking to a professional, oftentimes, it's something new, you know. And I feel like when we build up a relationship, these

people really talk to me. Even though they probably assumed I'm a Tutsi or a Hutu, I

don't know. But we never discussed our ethnicity, it never came up. And oftentimes that

can be very sensitive. And things we spoke about, like going back to how people [were]

impacted in that [genocide] and how they have been impacted really. So, I will say really

from my own identity, these people have really challenged me to really come forward if I

need to come forward.

Albert reflected on his cultural beliefs regarding counselling and his hesitance with

receiving support from a member from his community. He expressed how they contributed to his

refusal towards receiving his own mental health support. However, in seeing his RGSCs receive

support, be open to discussing sensitive topics regarding the genocide, and not participate in

ethnic tensions within counselling, Albert described feeling safe with his own community and

open to being vulnerable with the stories of his life. Albert further shared that his newly

developed pride in his community and his life story has also helped him be willing to receive

help from others. Thus, the similarities shared between participants and their RGSCs appeared to

instill a sense of hope among participants that encouraged them to acknowledge their own

strengths, fostered a sense of growth, and promoted traits of advocacy and help-seeking.

If They Can Do It, I Can Too. Given the challenges their clients had faced, Janeen,

Carine, Jay, and Albert were able to see their clients' strengths and felt there was much to learn

from their clients' resiliency. When especially sharing certain aspects of identity, participants

were drawn to learn from their client's strengths and abilities to persevere. This experience is

shared by Janeen:

> I think she's been through so much, and she's doing so well. Like it would only make
>
> sense that I learned from her, right. Yeah, I don't know. Maybe age again. Like she's just
>
> lived a longer life than me. Maybe gender. She's like a woman.

Sharing the identities of gender and the client being of an older age led Janeen to learn from her

client. Janeen further felt the need to learn from her client given her RGSC's unimaginable

experiences. Considering the level of adversity faced by RGSCs and their abilities to heal and

overcome, Carine also described a sense of richness in the opportunity to learn and gain

knowledge from her client:

> It's shifted in a very important way in the sense that I'm just seeing their resilience and
>
> how many tools they have. How they were able to survive definitely told me there is a lot
>
> to learn from this client and to just learn from their internal wisdom of resilience, of
>
> surviving, and all of that.

Carine explained being able to perceive her client's strength and capacities in overcoming life

challenges. Similar to Janeen, witnessing a person's ability to survive traumatic events presented

the opportunity to view the individual as a resource of wisdom.

Participants also expressed experiencing growth in certain life traits. Participants shared

growing in their adaptability and sense of grounded-ness in life. Carine described growing in her

own flexibility after witnessing such skills in her RGSC:

> I think for me it's just in my own life. It just helped expand my capacity to see
>
> possibilities, to be flexible, and to really even expand more in my own hope. And the will
>
> to not give up, the will to become curious, to try even in my own self confidence…. To
>
> see how you were able to navigate things, and really trusting in your ability to do that and
>
> trusting yourself.

Carine had the opportunity to see her client grow and use her own coping skills to adapt to life challenges. As a result, Carine felt certain traits, such as perseverance, adaptability to challenges, self-confidence, curiosity, and hope grow and strengthen. Jay also described feeling a sense of increased strength when witnessing his RGSC confront difficulties with an internal sense of grounded-ness:

> I learned that you can get up when you fall down…. You feel stronger that you are meeting a person who has overcome intense trauma and you naturally feel more powerful, there is a sense of security that comes. There is a lightness that comes when you realize this person can go through it in life. There is a confidence with a kind of acceptance of life and an appreciation of life…. You feel that [perseverance] when you have traveled with someone who has gone through a challenge. You vicariously feel that achievement and you feel that confidence, self-esteem, safety, security, and ease-ness.

After working with his RGSC, Jay felt a greater sense of stability in relation to his own life. Witnessing his own client approach challenges with ease-ness helped Jay re-evaluate how he perceived and faced life difficulties to shift towards a greater sense of trust in the sequence of events. In addition, Jay shared having more hope in his own ability to face challenges after seeing his client overcome their struggles successfully and being able to prioritize challenges based on importance. Albert echoed similar learnings of having faith in possibilities when he stated, "Something I learned is there is a way out of the challenges that you go through." Moreover, when there were shared identities within the therapeutic relationship, participants expressed how their greater ability to resonate with their clients fostered a deeper sense of hope for them. Overall, when participants witnessed their RGSCs face and overcome adversity,

participants were encouraged to learn from their clients' abilities to face life difficulties and were inspired to persevere against challenges.

If They Can Do It, Others Can Too. A growth of hope for self in difficult life situations also expanded towards increased hope and empowerment for others. Jay explained having a sense of reassurance that other clients can acquire a sense of stability in the face of trauma and adversity, very much like his RGSC:

> I think for me it assures me that it is possible that we can live from a place of ease-ness regardless of whatever situation we have come through. So even as a psychotherapist, this is an idea that I hold in a really high position. So that convinced me that if this person can function from a place of ease-ness with all the trauma she has gone through, then it is truly possible for me and for anybody.

Jay experienced a crystallization in his belief that ease-ness or internal grounding can be achieved by other clients as well. As one of his primary beliefs, Jay better perceived other clients as having the capacity to achieve a sense of stability even while experiencing symptoms of trauma.

The strengthened sense of hope for others was also described to be possible specifically for ethnic minority clients. Seeing their client receive needed help from the Canadian system created a sense of hope that other ethnic minorities in Canada can also receive similar assistance. Carine shared feeling hopeful for the success of other ethnic minorities and immigrants:

> A positive impact is that I feel like she's getting a lot of help in Canada. So that can be a positive impact on me… So that's a positive thing for me that I can have some hope there…. Because if you can get the help, maybe all other people from an ethnic minority region can get the help too.

Seeing her client receive needed help created a sense of hope and security within Carine that the Canadian system would be available to support the needs of ethnic minorities and immigrants in Canada. There was less of a concern or worry that ethnic minorities and immigrants would be left helpless with no assistance but that they would be supported to thrive and succeed.

In this study, participants expressed experiencing an overall sense of hope and empowerment in their abilities to succeed. After working with their RGSCs, they also felt more motivated to push through challenges as ethnic minorities which helped them remain hopeful for the success of other ethnic minority clients. Witnessing their RGSCs not only overcome barriers but also expand in their own potential empowered participants to believe in their own capacities to do the same. While experiencing a greater sense of hope for the self, participants also shared feeling hopeful, grateful, and more satisfied with their life overall.

Being Embraced for Who I Am and Embracing My Ethnic Self

After turning inward and reflecting on the potential countertransference with their RGSCs and the feelings of acceptance, safety, and security in their own identities, counsellors shared a desire to strengthen their own ethnic identities. Participants in this study reflected on the role their ethnic identity played in their lives and how they related to this aspect of themselves. Albert, Janeen, and Jay expressed voluntarily remaining distant from their own identities or from other ethnocultural communities for the purpose of preserving a sense of safety or a particular sense of self. However, through their interactions with their RGSCs, participants experienced a shift in feeling pulled and propelled toward their ethnic and cultural identities. Participants were exposed to stories of their RGSCs being persecuted for their own ethnic identities, being taken away from their families and cultures, and being threatened for their religious beliefs. Hearing these stories led participants to feel a newfound or strengthened pursuit of their own

ethnocultural identities. After working with their clients, participants shared having an increased desire and need to embrace and preserve their ethnic and cultural identities.

I Feel Like I Belong. Participants in this study expressed feeling a stronger sense of belonging to their ethnicity and culture after working with their RGSCs. Participants explicitly stated a sense of knowing they belonged to their ethnic community, as noted by Albert, "I belong to this community and to these families;" and Janeen, "There's a sense of responsibility and community, a sense of belonging." Janeen further articulated her increased feeling of belonging to something larger than herself:

> It's connected to my heritage and my family. It provides meaning and purpose to be connected to heritage. There is something bigger than me. There's a sense of responsibility and community, a sense of belonging.

Albert also echoed a deep feeling of acceptance by his community:

> I mean being connected to people that have some commonality. It brings some sense of belonging, a sense of oneness, and a sense of gratitude. And talking about life with friends and you feel like you belong somewhere. You can have friends from other cultures, with other people, but there is always something that is missing. Ethnic identity is important, that's what defines me.

Sustaining a connection to one's own culture creates a sense of being part of a group or community that accepts you. A place to share commonalities particularly as an ethnic minority appeared to create a defining sense of fulfillment and wholeness for both Janeen and Albert.

Furthermore, an increased feeling of belonging curated the opportunity to feel a sense of stability within one's own ethnic identity. Jay explained having a stronger sense of self as an

ethnic minority following his work with his RGSC which helped him feel less threatened by experiences of racism:

> After working with this client, I still feel that isolation [as a minority], but you are not threatened by it, and you don't get triggered by it. You are more at ease that someone may not accept you for your colour or religion.

Jay described an ethnic minority experience in which isolation can be felt within various contexts regardless of cultural superiority or separation. Working with his RGSC who had experienced persecution for their ethnicity but had the ability to remain at ease with her identity while in Canada supported Jay in developing a more secure sense of self. This sense of security and confidence protected him from external threats such as racism and discrimination and helped him remain close to his identity, regardless of the reaction of others.

I Feel Proud of Who I Am. Participants, such as Albert, Carine, Akhila, and Janeen, expressed a greater desire to embrace their identities as ethnic minorities. They reported wanting to grow and preserve this part of themselves as it brought significant value to their lives. First, Albert recognized a process of bringing his identity closer and an openness to this part of himself:

> Ethnic identity is important, that's what defines me. I always say, "The way of Rwanda, we have our way of life." It comes with values, norms, boundaries that we should not feel shame for. Shame is a big thing. We are distinctively different from others and the message is you can't let it bring you shame. Now I am not feeling judgmental, and I am open, I am approachable. I am willing to work with anybody…. I think that there was a part of me, that fear, I kind of really forgot about it. It didn't come to my mind. I felt like it was also healing for me.

In the quote above, Albert described a process of returning to his community. He acknowledged the separation between himself and his identity as inflicting harm towards himself and realized the importance in connecting to his identity in a helpful and nurturing way that removed negative connotations. Previously Albert "shied away" from his ethnicity and stayed in the "shadow"; however, following his work with his RGSCs, Albert felt a sense of pride and trust in his own community and a desire to speak freely about his Rwandese identity. This development of acceptance and pride allowed Albert to be open to working with other Rwandese clients. The relationships and interactions he had with his RGSCs were "healing" according to Albert, whereby he felt safe again with his own community and willing to celebrate his own identity. Standing tall in his identity was also displayed in his desire to return to his country of origin:

> Really, really for me I feel my identity is very important. If I ever have [the] opportunity to go back home, I would like, I want to go back to Rwanda. Like I was even telling the kids, "Hey, at some point, we may decide to move back," you know.

Moving back to his country of origin is particularly significant for Albert considering the previous reservations he felt in relation to his ethnic identity. Albert appeared to be positively impacted by his RGSCs' abilities to remain proud of his ethnicity while maintaining a helpful relationship with his heritage and community following the genocide. This appeared to experientially correct Albert's perception of his community which positively shifted his relationship to his own community.

The process of embracing one's ethnic identity allowed participants' connection to their culture to become stronger. Participants expressed feeling more connected to their ethnic identity following their work with their RGSCs. Carine expressed feeling connected to and shaped by her identity regardless of her environment:

> Identity is really that sense of knowing and being really connected in your identity
> despite being in a different cultural environment with different influences. Yes, it just
> reconnects me to my own sense of identity, which is not shaped by my environment or
> not determined by my environment. It's determined by my race, by my values that comes
> from my own race.

Akhila also described how her ethnic identity continues to shape her life:

> It means a lot because they are the roots of our survival. There are so many values and
> beliefs that shape our being because of our ethnic identity and [the] ways we function in
> life because of our ethnic identity. It means a lot. It shapes my life, and it's our
> background, and it carries us forward.

Both Carine and Akhila identified the significant roles their identities hold in their lives. It was an aspect of the self that could not be marginalized as it shaped how they perceived and functioned in the world. Ethnic identity was described as a "root of survival" which was fostered through participants' interactions with their RGSCs who fought for their identities and continued to maintain them after such persecution. Janeen emphasized the value of her ethnic identity after working with her RGSC:

> I think it's probably that this population specifically makes me feel a stronger tie to my
> culture. They were persecuted for their religion and their culture, right…. I think about
> the refugee experience, as people who are forced to leave. They don't want to leave. She
> has this responsibility to bring her entire culture and heritage into a brand-new
> westernized setting and see if it fits and try to make meaning here. It just makes her
> understand how important it is and how I took for granted the cultural things in my life

and didn't put enough emphasis on it in my life. Like she was forced to leave and didn't

want to give these things up.

Janeen reflected on her client's efforts in preserving her heritage after being persecuted and the

importance to fight for one's own culture and traditions. As a result, Janeen viewed her own

heritage as having greater value and encouraged her to hold on to her own culture as well, which

is also seen in the following quote:

> I think it's more like a reminder. They fought so hard to keep this, right. And so, if I have
>
> the privilege to keep mine, I probably should take a more active role…. I think language
>
> is so important. There's so much meaning in like certain languages that English doesn't
>
> have the same words for. For me, it'd be my language. I think it would be my traditions,
>
> my food. So much of what the Yezidi clients are feeling a loss for, and I have the
>
> privilege to try to keep and I haven't really been doing it well. And so I probably should
>
> be doing a better job….

Parallel to her Yezidi RGSC, Janeen views herself in a position of privilege to preserve her

heritage and thus views her own culture as having greater importance. Like Jay, both Carine and

Akhila acknowledged a sense of stability in keeping close to their identity, regardless of the

context and environment in which they may find themselves. Janeen, however, further

emphasized the reflective meaning-making process in which the persecution experienced by her

RGSC motivated Janeen to view her own heritage as having a greater sense of purpose and being

something that should be preserved.

The strengthening of identity was also reported to promote the desire to share one's

identity with others. Akhila expressed a deeper sense of pride despite her not being easily

identified as Indian, which encouraged her to educate others about her origins:

> Yeah, I think it gets stronger. I think it also somehow makes us feel proud because when I meet people who cannot identify me, I take the opportunity to educate them, to let them know about my place, to let them know about my identity. We don't have to feel shy, we always have to be proud of our background, our ethnicity…. So, like I said, people cannot identify me as an Indian. I'm so proud that I come from India, that I come from that small northeastern part of India where it's a small, beautiful place.

Although Akhila previously experienced a sense of isolation, where she could not easily be physically identified as Indian, Akhila reported feeling prouder of her identity and more willing to openly educate others about her origins. Witnessing her RGSC achieve her goals as a refugee and as an ethnic minority strengthened Akhila's view of her own identity as another ethnic minority and instilled a greater sense of pride, which is seen in the quote below:

> I look at myself as being from a minority status, I feel that there's no limit that I can't achieve something here, even if I'm from a minority status. Although there are certain restrictions, I cannot achieve this or that. But I can still achieve in some other fields. It's not like I'm totally restricted. So, my perception of myself is that I tend to put myself in a good position, and still achieve if I want to achieve.

Regardless of restrictions and barriers, Akhila shared viewing her ethnic minority status as not being a significant factor that would prevent her from achieving her goals after witnessing her own RGSC achieve her own goals.

In a similar vein, participants expressed feeling less hesitant with self-disclosing their history with others. Albert shared, "I think that I am so proud to talk about the things of my life that have led me to these changes," which was reported to be a significant shift given his

previous reservations about his community. Previously, Albert held assumptions regarding his own ethnic community, as he shared the following:

> I thought that they were going to be very protective. I didn't really think this [therapeutic] work would help. I thought that it would just be [the client paying] lip service…. So I thought that they would not connect with me. That they may shy away, and that they may be anxious even.

However, in the process of working with his RGSCs, Albert noticed the connection that was forming between him and his clients:

> We could connect, I could connect with their experience. I felt their pain…. I think that it turned out to be good. It turned out to not be the way that I thought. I always believe that it pushed me to not be in my shadow and to not be in my eggshell. I just opened myself up…. I felt their openness. They were accepting me…. I felt understood….

As a result of the acceptance he felt in the therapeutic relationship from his Rwandan clients, Albert saw that Rwandans were able to experience positive changes in life following the genocide:

> Look at their strength, they can explore who they are and be able to really cultivate wherever they are. Their inherent abilities. They have to move on and do things despite whatever they're going to do. Really, I think it gave me a sense of pride. It took me away from this shadow that I was living…. I don't have to really feel like a different person.

Albert was also able to see his cultural values reflected back at him which strengthened his pride in his heritage and community:

> There have been some other clients that I've worked with, that are not even from my community, they just go home and say, "This is Canada." They blame the system, they

blame the people, and everything but I didn't see that with these guys. There is no

blaming of the system, they just say, "We're going to do our best." And I that's what I

have seen with some communities or families back home. The system can be so corrupt,

but people still wake up and go and work hard and do everything they need to do to

survive and bring what their family needs and I felt like this is what I saw these families

do…. Work on their goals, work on their goals…. Work on their goals, come back, talk

to me, and say, "Hey, Albert, this is the area we are struggling with." Really being able to

talk to me. No shame, nothing, wanting that support, and to make his family life go well.

Through Albert's experience with his RGSCs' which included feeling accepted by his

community, seeing the possibilities of change for his community, and seeing his community

have aspirations and goals despite challenges, Albert became prouder of his community and his

heritage which is seen in the following quote: "I allow people to see the light that is made to see

that I am who I am." Similar to Albert, Janeen expressed a sense of enjoyment in sharing her

family's immigration journey:

> I think about some clients. I love telling them [stories] sometimes. Like my uncle
>
> immigrated too. He was the first of our entire family to immigrate to the U.S. and claimed
>
> refugee status too. I always say like, "Look! I'm like only the next generation and look
>
> how different life is for me. This is what's possible for your children."

Janeen articulated the impact sharing her history could have on others and herself. There was a

reported sense of excitement in sharing her family's experiences as it could give others hope in

their futures as immigrants. Thus, a greater sense of pride was developed among participants

after working with their RGSCs which pulled them closer towards their own ethnic and cultural

identities.

I Feel Closer by Acknowledging My History. The experience of feeling reconnected to their ethnic identity was described to occur when participants reflected on their community's history and experiences. For Albert it was previously difficult to recall challenges his community faced because of their history of genocide. However, following his work with his RGSCs, Albert expressed connecting more deeply with his community because of the shared struggles and the communal effort in overcoming such trauma:

> I think that after really working with them I found that we are really connected in some areas of our struggles in this country. For example, you will see that you are both trying to make a life, especially in this country, navigating different systems, right. You see those challenges with them, you see those challenges with me….

Previously sharing similar traumatic events with his community was challenging for Albert whereby there was a hesitancy to working with his own community. However, after working with RGSCs from his community Albert experienced his history and the current challenges his community faces as a uniting factor that brings his community together through the strengths and efforts they have put forward. Seeing the resilience in his clients, and as a result in his community, encouraged him as an individual and a member of the same community to not shy away from his identity, but to embrace his identity and community as a foundational element of himself.

In addition, Janeen shared understanding and feeling connected to the collective experience of her community. Janeen resonated with the experience of collective grief when she witnessed her RGSC feel a deep sense of loss for her own community:

> …Her grief wasn't solely for her. It was for her community, which resonated with my own culture quite a bit in the sense that it's very collective and less individualistic. And

when one thing happens to one of you, it feels like it happens to all of you…. She helped

me understand more of my own family history and why they are the way they are.

Janeen closely resonated with her client's experience of collective pain which appeared to help

Janeen foster a deeper emotional tie to her own community. When she acknowledged the deep

connection her RGSC had to her family, Janeen further recognized the importance of remaining

connected to her own heritage and the importance of communal grief. This appeared to

strengthen her understanding of her client but also of her own family and community. She further

expressed this in the quote below:

> I think I mentioned a little bit, but like, there's definitely a part of this where it makes me
>
> feel more connected to my own or reflective of like the older generation's experiences….
>
> I would say one of my strengths coming into this role is maybe that I am like a visible
>
> minority. And I come from an immigration, like a background of like recent immigration.
>
> And so, I think like it made me reflect on like my own role in my community or like it
>
> makes me think of my aunts and uncles and how they would feel or what they've been
>
> through.

Janeen gained a deeper understanding of her ancestors after working with her RGSC. Given their

shared identities, Janeen developed further insight into the lives of people in her community

which caused her to feel more connected to her identity. In working with RGSCs, participants

thus expressed developing a sense of closeness to their communities and a desire to further

understand their own history.

I Will Hold onto My Ethnic Identity. As a result of feeling more connected to her

ethnic identity, Janeen particularly shared wanting to make an intentional effort to hold onto her

culture and heritage. Regarding the preservation of ethnic identity, Janeen was especially

expressive about actions she would take to strengthen and protect her heritage:

> It seems like lately I'm much more proud of it…. I want to start keeping part of my
>
> identity and stuff. Such as even using my name more. Often clients will be like, "We
>
> know Janeen is not your name, tell us," like as soon as they see me. So it's funny because
>
> I especially think immigrants and refugees, when they're forced out of their culture or
>
> their home country, I think they feel the loss so deeply.

Janeen was vocal about her desire to grow closer to her culture by using her legal name more

often. Reflecting on the loss of culture experienced by her RGSC and her client's efforts in

preserving their culture encouraged Janeen to embrace certain cultural elements. Janeen further

recognized the privilege she has with keeping her identity and the need and importance to

actively preserve it. Similarly, Janeen expressed wanting to speak her native language more often

as a second-generation immigrant:

> One of the things that sometimes goes to my head…why not convert if it meant saving
>
> your life in some way? And, and yet, it meant enough to them to never do that. And, and
>
> so I think it makes me reflect. My religion has a similar history of persecution. And I
>
> think like, well, yeah, people, people died and because they didn't want to convert to the
>
> same religion. They didn't want to convert to what the Yezidi population was being asked
>
> to convert to or was being persecuted for not being. So, I think it makes me feel more
>
> strongly that it's so important to keep my culture.

As seen in the quote above, Janeen at first experienced a distance between herself and her

culture. Being unable to speak her native language fluently, Janeen felt that she had taken her

culture for "granted" in considering how refugee and genocide survivors are persecuted for their

heritage. She particularly reflected on how significant it must have been for her client, like those of her own community, to refuse conversion and to ensure they preserved their culture in Canada. By reflecting on the similarities between her client and her community and the context of losing one's ethnic identity, Janeen identified the significant value of her own ethnic identity and her desire to fight for her own culture. Janeen thus expressed a need to hold onto her culture by learning to speak her native language more fluently, going by her birth name, and emphasizing her cultural traditions.

My Ethnocultural Values Feel Closer. Akhila and Albert described more strongly identifying with their ethnocultural values after working with their RGSCs. Values such as being hardworking and persevering were expressed to be closely associated with their culture and were viewed as strengths within their own communities. Akhila shared having pride in her community's ability to achieve through the value of hard work:

> When I look back on my people who have come from that place to here in Canada, most of them are doing very well. I feel like we can really achieve if we want to be very focused. Yeah, I feel we work hard, and we are honest.

Seeing the value of hard work in her client strengthened Akhila's perception of her own ethnic community as also encompassing the value of hard work. She also expressed identifying with the value of honesty in achieving life ambitions. Similarly, Albert expressed how his own community also strives to achieve success despite their struggles:

> There is no blaming of the system. They just, you know say, "We're going to do our best." And I think that's the things that I have seen with some communities or families with people back home. But people still wake up and go and work hard and do everything

they need to do to survive and bring what their family needs. And I feel like this is what I

saw these families do, which almost defies what you see in refugee camps.

Albert described the work ethic and perseverance in his own ethnic community. Like Akhila, the

value of hard work was visible to Albert, in addition to the ability of families in his community

to take responsibility for their futures and overcome challenges.

Prior to working with their RGSCs participants felt distant from their own ethnic

identities. The gap between themselves and their ethnicities were disclosed to create a degree of

safety and purpose. However, following their work with their RGSC, participants underwent a

process of embracing their identities whereby they felt a greater sense of closeness to their

ethnicities. Participants made meaning of their ethnic identities by re-evaluating the role of their

ethnicities and associated values and history. As a result, participants expressed a greater and

deeper sense of belonging, pride, and emotional ties to their identities. Moreover, it appeared that

when participants experienced a strengthened and more solidified sense of ethnic self,

participants were able to grow in their own sense of hope and empowerment as ethnic minorities.

Recognizing the Importance of Hope and Faith, Human Connection, and Rights and

Privileges

Participants in this study experienced an overall sense of satisfaction and gratitude in life.

After working with their RGSCs participants felt more enriched within their own spiritual faith,

felt closer to their values, had a deepened understanding of life, and experienced an increased

sense of hope in life.

Sharing identities in faith led participants to experience a strengthening in their own

spirituality. Carine articulated this in the quote below:

> Her spirituality transcribed to me. It helped me connect with my own spirituality, right.
> We kind of shared the same faith…. The way my spirituality was being consolidated…It
> may not necessarily reflect in a spiritual way. It would bring the transformation of being
> more, looking at being more empathetic, for instance. Being more gentle, being more
> calm, being more receptive. It may kind of grow these other values.

Carine described how sharing faiths facilitated a sense of expansion within her own spirituality through the strengthening of associated values. She noted being more intentional in living by certain values, such as empathy and openness, which was considered a positive transformation for her.

RGSCs who portrayed values and traits of vulnerability and compassion were viewed to also help participants gain a deeper sense of humanness. Janeen and Akhila expressed feeling more deeply connected to the expansiveness of the human spirit. Janeen described being in awe of her client's ability to still experience joy and a deep sense of love for her children:

> I think in some ways, I just think like, "How can you still be standing here after
> everything you've gone through? Like, that's incredible." And the other ways, when she
> would smile, I would think, this sounds so bad too, "How can you smile? Like the fact
> that her experiences didn't kill that part of herself is quite incredible.

In the quote above Janeen greatly admired her client's humanness and her ability to keep this aspect alive despite the trauma she endured. Seen in her client's acts of kindness, love, compassion, and joy in counselling and towards her own children, Janeen appeared to feel inspired by the resilience of humanity and the goodness of the human spirit. Similarly, Akhila also described being inspired by her client's ability to still experience feelings of love:

> She [client] has been able to create a relationship with another person, with a partner here. Some people who have undergone trauma, of rape and torture, they don't even have the capacity to give love. They don't even have the capacity to, to experience love, and maybe share and find love. But she has a capacity to love someone, to be in a relationship…. The ability to love, I mean, the [ability] to realize that you have love within you that you can give to someone. It's not that it's totally gone away. Love is still there in you. Humanity is still there.

Both Akhila and Janeen appeared to expect their RGSCs, or genocide survivors in general, to experience significant changes in their abilities to love given their traumatic histories. However, Akhila, like Janeen, experienced an expansion in her faith and awe of humanity regarding the resiliency and capacity of positive human traits to persevere and grow in the face of adversity. Akhila particularly reflected on other clients who have experienced sexual trauma and their resulting difficulties with giving and receiving love. Working with her RGSC however demonstrated the possibilities to pursue avenues of hope that still allow for positive human experiences.

Witnessing the perseverance of humanity helped a participant expand their positive emotionality. Upon witnessing their clients' capacities for love and compassion, Carine also experienced an increase in a sense of hope and connection. Carine spoke to how such resiliency fostered her own sense of hope in life:

> And to me her story it's really a story of hope, of strength, of resilience…. And seeing how hope, holding on to hope, that can really change things and then not giving up really…. Yeah, in possibilities and also creating some hope.

For Carine, seeing their clients be hopeful helped broaden her sense of hope in life. When witnessing her client struggle amid their resiliency Carine also experienced an expansion in empathy for others:

> It's opened my eyes to a lot of, to see the world differently, and to even see life and the meaning of my own existence really differently in the sense that I tend to value certain things more now than other things. Before there were things like that most people value. Some things are not for me…Now I value relationships better whether it's a close relationship or a one-time relationship…. So it's not just about me, it's really about me and how I relate to the world and other people.

There was a re-evaluation of priorities that occurred for Carine in terms of a change from focusing on accomplishments to having a positive influence on others through relationships and acts of compassion; there was an increase in the experience of human-connectedness after hearing stories of suffering. As a result, the deepened connection felt toward others appeared to strengthen and prioritize relationships and have a significant influence on her ability to make meaning of her existence. By working with her RGSC, Carine shared also prioritizing opportunities to have a positive impact on others in her life.

Furthermore, Akhila and Carine shared experiencing more gratitude for aspects of their life and feeling more satisfied with their life circumstances. Akhila expressed that after working with her client she felt more settled with her own life decisions:

> So now I look back, I say, "People can function. They can be happy with what they have. So I think I need to be happy with what I have too, right?" …. I see myself as being focused in what I want to do. And also being decisive, decisive and focused. Because like I said earlier, I have done the exams for the [psychiatry] residency, right? … when I

came, I couldn't decide, "What do I do? Like, should I persist [in] the journey? Or should

I do this?" In the end, I have been able to take a decision…. So I have certain priorities

right now that I need to focus. So that is why I'm okay with my decision.

Seeing their clients adapt to life changes appeared to positively influence participants in a similar

way by creating a greater sense of satisfaction with life circumstances. This is seen in how

Akhila felt more grounded in her life experiences although it was difficult to make certain

decisions regarding her career. Previously, her choices around employment were challenging

whereby she questioned her choices and her life path and her willingness to no longer pursue her

career in psychiatry. However, after working with her RGSC, Akhila shared feeling she could be

happy with her life as-is while prioritizing other important aspects of her life which also bring

much value. Carine also expressed a sense of gratitude for life after acknowledging her

"privileges":

> Just being able to work with people that are really survivors that have gone through
>
> terrible experiences and are still moving on and trying to seek help has really been
>
> complex for me and helped me see my own privilege really…. At the individual level –
>
> it's more having a good job, just not having to worry about certain things that a lot of
>
> ethnic minority groups worry about, being able to meet my needs. That is really
>
> privilege…. But I noticed this after working with her…. I am really more appreciative of
>
> what I already had and also being more empathetic toward other people… Connecting
>
> more to my own humanness.

Both Carine and Akhila shared feeling more satisfied with life. Carine particularly acknowledged

having privileges, such as employment, feelings of safety, health, and family, for which she

could feel more grateful. Although such privileges can also be viewed as basic human rights,

Carine expressed not wanting to take them for granted especially when others, particularly ethnic minorities, may not have these rights. A greater sense of gratitude, and empathy, appeared to develop for Carine. Overall, there is a deeper sense of gratitude in life experienced by participants and an appreciation for life after working with their RGSCs, including a stronger sense of humanness, having greater faith in humanity, and expanding in their spiritual values. These changes appeared to positively impact how participants live in the world and relate to others.

Professional Transformations

The interaction between shared ethnic identities of participants and their RGSCs created not only personal changes but also professional changes for participants. Participants first realized how their shared ethnic identities positively influenced and fostered the therapeutic relationship. As a result of noticing these positive professional impacts, in addition to how they were influenced personally, participants articulated their increased intentions to better serve their own and other ethnic minority communities. They acknowledged shifts in their professional priorities, therapeutic skills, perception of client healing, and ability to share joy with their clients. Participants also expressed professional actions to which they would like to commit to better support ethnic minorities. This section is dedicated to describing the professional changes participants experienced after working with their RGSCs. The main themes, sub-themes, and associated codes are provided below in Table 3.

Table 3. Main Themes, Sub-Themes, and Associated Codes for Category 3: Professional

Transformations

Main Theme	Sub-Theme	Code
(a) My Ears and Heart are Attuned	(i) Buffering burnout	♦ Feeling connected helped me feel a sense of ease and joy in my work ♦ Cultural expectations encourage client hope
	(ii) Nurturing the therapeutic relationship	♦ Bonds ♦ Tasks and Goals
(b) I am Trusted with a Gift to the Community	(i) Being responsible	♦ I am responsible to my own community ♦ I am a valuable resource to my community
	(ii) Being honoured to serve	♦ I am honoured to represent my community ♦ I feel privileged and accomplished when I can provide support
(c) I Become an Agent of Social, Educational, and Political Change	(i) Advocating within the counselling space	♦ Individual change creates social change ♦ I am an agent of change within various systems ♦ I can provide psychoeducation on systemic issues
	(ii) Participating in outreach and committees	♦ Participating in committees empowers women ♦ I can educate the broader community
	(iii) Speaking up, speaking loudly	♦ Speaking up to stop racism ♦ I can use my voice for others even if it is tiring

		♦ I can advocate for myself
	(iv) Participating more in various systems	♦ Political involvement can create change ♦ Involvement in the education system can create change ♦ Advocating to make mental health services accessible
	(v) Improving counselling from the inside out	♦ I want to train counsellors in the future ♦ I want to continue educating students on ethics in counselling
(d) Re-Scripting Resilience through Ethnic Empowerment	(i) Staying close to your identity	♦ I can help clients preserve their culture by sharing mine ♦ Clients view cultural preservation as resilience ♦ Culture is a resource of strength for clients ♦ I can help clients feel empowered when I am close to my culture ♦ Discussing the impact of colonialism can promote cultural empowerment
	(ii) Sharing community successes	♦ Sharing community success can empower clients ♦ Strength to overcome past challenges can be used as a tool to thrive in the present
	(iii) Role modeling	♦ I can be an example of success for others ♦ I am a testimony of hope ♦ Seeing role models in the community creates hope

(e) Meaning in Holding Space for Suffering		♦ Better at sitting with clients ♦ Realizing the importance of sitting with clients ♦ Sitting with a client can sometimes be difficult ♦ Acknowledging the importance of staying internally grounded for clients ♦ When I can be internally grounded, I am not as triggered by clients
(f) Seeing Clients as Whole and Resilient	(i) Strengths are inherent	♦ Perceiving strength through ethnocultural expectations ♦ Valuing strengths through similar personal experiences ♦ Strength by extending beyond cultural norms
	(ii) Creating narratives of strength	♦ Seeing clients as whole ♦ Encouraging clients to rely on themselves ♦ Encouraging clients to realize their strengths ♦ Realizing everyone has unique coping skills
	(iii) Hope in counselling as healing	♦ Having hope in change being possible for all clients ♦ Consolidation in professional purpose ♦ Consolidation in therapeutic approach as helpful
(g) Nurturing and Honouring the Healing Journey		♦ Focusing on avoiding re-traumatization ♦ Small steps of change are still significant ♦ Value in clients progressing at their own pace

(h) Celebrating Achievements Together	♦ Small steps of change should be celebrated
	♦ Feeling joy and success for and with clients
	♦ Resonating with client experiences helps with noticing client strengths

My Ears and Heart are Attuned

When working with their RGSCs the interaction between client and counsellor identities contributed to the buffering of burnout and helped enhance the therapeutic relationship. As described in the preceding section regarding personal transformations, the interaction of shared identities led to participants reflecting on their ethnic identities. In addition, participants widely reported that this interaction between identities reduced their negative emotionality during counselling and made the therapeutic relationship and working alliance easier to build. This theme (my ears and heart are attuned) is divided into two subthemes: (a) How the interaction of shared identities protected participants from possibilities for burnout, and (b) How the interaction of shared identities strengthened the therapeutic relationship.

Buffering Burnout. When participants and their RGSCs shared similarities in race or ethnicity, participants expressed feeling more connected to their clients given that there were more grounds on which they could relate. After overcoming difficulties regarding his relationship to his ethnic identity, Albert described feeling less anxious with his clients as a result of having more common ground within the therapeutic relationship:

I feel after we connected, I was less anxious, less worried.... Like, it is joy in between.

Also in working with them, I feel I went above and beyond to really build rapport. And

for them to really connect with me and I feel like when that happened, I felt I came

down…It [shared identities] did prevent burnout, I would say, somewhat prevent it. In the

sense that it helped us connect, right?

Forming a therapeutic relationship with clients who share a similar history and identity allowed

Albert to feel a deeper sense of connection, joy, and desire to work hard. As a result, Albert

expressed feeling less tense with his clients and more positive emotionality which likely buffered

possibilities for burnout. Given the shared identities, Albert also found that his deeper

understanding of his RGSCs' experiences allowed him to build a strong rapport which also

"somewhat made [his] work easy".

Sharing ethnocultural identities also helped sustain hope in clients' ability to persevere

and overcome challenges. Janeen shared her belief that ethnic minority women within her own

and similar cultures have an inherent ability to thrive:

Did it buffer it [burnout]? Like maybe in a way that I just felt like, "She's gonna be

okay," or in that way of like, "Of course, she's gonna get through this." Maybe I just had

that belief of like, "Of course she's going to get through this because all woman in these

kinds of cultures do." Like when I think of my own [culture] that is the only choice we

kind of have…. So, I wonder if it's shaped by both of our cultures. It's probably from my

own family, for sure.

Given the cultural similarities between Janeen and her client, Janeen's cultural beliefs kept her in

strong faith that her female RGSC would face challenges but would overcome them. Janeen

viewed her RGSC as being able to maintain and advocate for her family and move forward

because it is often expected for women in similar cultures to her own to do so. Although Janeen

did experience a level of exhaustion when first working with her client, as described in the

personal transformations section, Janeen's hope in a positive therapeutic outcome for her client appeared to protect her from experiencing burnout. Both Albert and Janeen explicitly shared how their interactions with their RGSCs protected them from experiencing distressing and debilitating levels of burnout by having an instilled sense of hope and connection given their shared identities. This next subtheme describes how the interaction not only protected the therapeutic relationship from burnout but nurtured the bond, tasks, and goals in the relationship.

Nurturing the Therapeutic Relationship. Just as shared identities helped decrease levels of burnout, shared identities were seen to enhance the therapeutic relationship. With a deeper developed connection between participants and their clients, the bonds, tasks, and goals of the therapeutic relationship and alliance were seen to also strengthen.

Bonds. Jay, Akhila, Carine, Albert, and Janeen reflected on how the therapeutic bond was influenced by the interaction between shared identities between themselves and their RGSCs. Factors such as having a greater understanding of and deeper empathy for their clients' experiences were seen to strengthen the relationship by also fostering a sense of trust with their clients. Jay shared: "The similarities between me and my client helped a long way to create that openness, that bond, the therapeutic alliance." Akhila echoed how her client was able to develop a unique relationship to her given their similarities:

> She's [client] called me her sister. "I know you are my sister now," like she always says this…. Maybe I would have [a strong connection] to a normal client I would serve here, but because of the background that she comes from, because of the similarities that I have with her, that is why the connection is stronger.

Akhila expressed feeling a deepened connection with her client as a result of sharing racial and cultural identities. She noted that her client called Akhila her "sister" which indicated that her

client felt a strong bond with her and felt safe enough to be vulnerable in counselling. Akhila attributes this sense of closeness felt by her client to similarities in racial and cultural backgrounds.

Through the sharing of similar identities, participants disclosed their ability to deeply understand their client as having fostered the therapeutic bond. The ability to resonate with each other's experiences helped both the clinician and client feel understood which further strengthened the relationship. Carine described how deeply understanding her client facilitated further connection and therapeutic rapport:

> Even in a way it resonates with us, because that resonates with your own experience. And even being an ethnic minority, being a woman, being someone that has had their own personal struggles although, in a different degree. And I think it just helped me better understand and connect with the story of the client or with their experiences.

Carine effectively articulated how understanding the challenges and experiences of her client strengthened the therapeutic connection. Through the shared similarities, Carine was able to bond closely with her client which made it easier to build her own feelings of empathy and unconditional positive regard for her client. As a result of this deep understanding, trust and rapport could be nurtured. Albert also iterated a development of understanding which, in his case, helped close gaps of dissimilarity:

> Yeah, it made trust easier, in a sense that they could relate to me…and I could relate to their experience. But it was mostly that they could relate to my experience, to my experience as a man, as a Rwandese, as an immigrant living in [city name].

When both the client and participants were able to resonate with one another's experiences, trust came more easily to the relationship. Albert continued to share that this development of trust as a

result of shared understanding helped his status as a long-term citizen in Canada not be a barrier

for his clients and helped his clients view him as a professional who had their best interest in

mind.

Participants sharing their own cultural customs with their clients also encouraged feelings

of understanding. Janeen described how her use of cultural customs helped reduce power

dynamics and strengthen the bond:

> It builds connection and reduces the power dynamic that comes in therapy even when you
>
> try to break it down. Sharing tea breaks down the formality and it's also customary in my
>
> culture. It's done when someone visits, and it builds connection and breaks down power
>
> dynamics and makes what's formal to feel more comfortable and casual.

Janeen expressed the importance of sharing cultural customs with her clients. She identified its

function in creating equality and connection between her and her clients. After being able to

share her traditions with her RGSC, Janeen recognized its effectiveness of creating a sense of

safety and trust for her client. Having similar cultural understandings and practices instilled

feelings of safety in the therapeutic relationship, allowing her client to ask personal questions

and have more vulnerable conversations with Janeen. Furthermore, participants being persons of

colour also appeared to communicate and reassure a level of understanding. Janeen explained the

role of physical representation in counselling:

> It's so hard to see what was happening for her and I think maybe it just goes back to
>
> putting a person of color in the space in front of her, in the helping profession. I think of
>
> so many of the doctors who they are seeing or psychiatrists or like case coordinators, and
>
> all of them are White, right. I wonder if part of that was beneficial. I acknowledge that I
>
> have one foot in another culture in some ways. I wonder if that was beneficial.

When clients can see themselves racially presented by their helping practitioners, clients can better develop an internal sense of safety and comfort, especially as immigrants in a new country. Receiving support from a practitioner who looks like them racially can likely increase feelings of trust toward the practitioner, feelings of being understood, and feeling that the practitioner has the client's best interests in mind. In this case, Janeen's bicultural identity and her status as a person of colour was viewed as an advantage in building rapport with and creating a safe space for her RGSC.

As an extension of understanding, participants in the study discussed their ability to feel their clients' pain. As previously described by Carine, personally understanding their clients' challenges helped participants deepen and widen their abilities to empathize with their clients within the therapeutic relationship. The bond was perceived to grow and strengthen because of the participants' abilities to resonate with their clients' identities and experiences. Akhila first provided her thoughts on her ability to empathize with her RGSC given their shared identities:

> It's just that I feel that she comes from that ethnic minority area. Because she's female, I feel the connection is stronger. I could empathize with her more, with the difficulty that she has. As a mother, I could feel the pain of not being able to connect with the children. So that is where the connection is…. She's a woman who had all the struggles in the past - family, education, and job. And it plays a big role. I can sympathize.

Janeen also expressed the growth of her empathy through shared similarities:

> Yeah, that's also like a hard one, because it's like hard to pull apart pieces of yourself, right. And think of how we work. I think in some ways, it probably helped me empathize a little bit quicker and a little bit bigger, or deeper because I could identify with something about her.

Carine further shared her increased attunement to her client:

> No, it definitely increased in the sense that it really attuned my ears and also my heart to their story. And just allowing it to fall on the ground, on the non-judgmental ground, really. So when we worked we really found that non-judgmental ground and to just help the client hold their story. So it just created more capacity to hold that story, to be able to hold that story with them.

Albert described feeling his clients' pain given their shared history:

> Yeah, I think that being a man, you know, being a man, Christian, and, of course, sharing the same race. Yeah, that's a similar thing…. Being a father, having kids. That's really crucial. I had their experience, you know, we could connect. I could connect with their experience, somewhere, I felt their pain.

Jay shared how naturally connecting with his client occurred when there were commonalities:

> When you find similarities with others in their pain or you identify with another person in a positive way, then the empathy naturally comes.

Sharing understandings with clients based on identities of gender, religious faith, age, ethnicity, culture, and race helped participants respond to their clients' emotions and experiences at a deep level, which communicated a sense of safety within the therapeutic relationship. When empathizing, participants would respond by better sitting in the pain with their clients which likely allowed for the processing of experiences and emotions. The ability to empathize deeply also appeared to be a natural process, given the similarities, and did not require effort on behalf of the participants to understand or meet the client where they were at.

The factor of shared identities is one that encompasses opportunities for understanding, empathy, and trust. These elements, when combined, appeared to develop a greater sense of

safety among RGSCs when working with participants. Safety is described as an integral factor in the therapeutic bond. Jay described the important role of safety in the process of therapeutic healing:

> … the effect is providing the safety and security with that client and when you feel safety and security, you eventually explore, you share information. Yeah, that's the effect. The whole dynamic changes when you try to trust the other person. You are holding each other's hands and I feel that helps the healing process.

When safety and security are present in the therapeutic relationship clients are provided the appropriate environment to be open and vulnerable. As mentioned by Jay, this encourages clients to explore their challenges safely with their counsellors which not only further supports the therapeutic bond, but also fosters the therapeutic alliance. In addition, Jay expressed that shared identities aided him and his client in developing a sense of safety more quickly. Similarly, Jay reported how his feelings of safety with his RGSC helped him feel more connected in the therapeutic relationship:

> I think she somehow conveyed that we are a team, and she may ask about my family. So that made me comfortable…. When you feel accepted, safe, you are more open. You are more open to what the other person is saying. And when you're more open, you're more accepting, you are not really closed…. When you feel similar you naturally feel safe. But if you ask me why I feel it, it's probably because that person can understand you better and can understand your context…. I think it is a perception.

Having shared similarities in the therapeutic relationship fostered safety and "easeness" in both Jay and his client. Feelings of understanding, acceptance, and security allowed both of them to be open during counselling which led to therapeutic progress. Conversations based on

similarities created a sense of ease-ness which made space for exploration and vulnerability. This process appeared to be important for both parties to be effective and open within their respective roles as client and clinician. Thus, the sharing of identities and using cultural customs allowed participants and their RGSCs to feel a sense of understanding, safety, openness, trust, empathy, and connectedness which fostered the therapeutic relationship and also positively impacted therapeutic outcomes.

Tasks and Goals. A strengthened therapeutic bond was observed by Akhila and Albert to contribute to their RGSCs willingness and openness to engage in tasks, which were then seen to guide clients closer toward their goals. Akhila described how trust and safety helped her client better engage in counselling tasks:

> Yeah, I think, I think it [a stronger bond] has [helped] because she has gained the trust. She has gained the rapport with me. She has been able to listen when we talk and so I think the bond has gotten stronger, yeah. And she strives to achieve goals, and she's moving forward to achieve them.

A stronger bond is reported to contribute to tasks and goals being addressed. Akhila explained how the particularly close bond her client had with her indicated her client's trust toward her. As a result, Akhila observed her RGSC use this trust to help her engage in tasks, such as learning coping skills and strategies, and apply them to her own life. Akhila explained that her client's ability to trust her and feel connected to her demonstrated her client was willing to take suggested strategies to "heart" and also felt encouraged to be open to learning new skills.

Furthermore, clients were perceived to also be open to suggesting tasks during counselling. Albert reported that his RGSC requested Albert attend his medical appointment:

> Yes, they trust me. Like I was saying, the second client would even to talk to me about
>
> things that as [a] person sometimes I would probably not share with people, you know.
>
> But it is not that I was the only person around that they could talk to, but I think it was
>
> that for them they were even inviting [me] in their doctor's room to be a part of the
>
> doctor's visits they were going through.

With greater trust clients can feel more comfortable to collaborate in counselling and suggest

their own tasks. In Albert's case, attending his client's medical appointment appeared to provide

his client with support by helping his client advocate for himself. Albert appeared to take on a

different professional role by extending tasks beyond the counselling office. Albert further

shared that some clients can often be in a sensitive situation when involving clinicians in

personal medical appointments; however, the development of trust in the therapeutic relationship

with his RGSC allowed his client to be open to suggesting Albert support him during his medical

appointment. Albert described his openness to making tasks accessible and relatable to his

RGSCs in the quote below:

> In the same time, we can talk about things we love, things we are good at, how we
>
> survived to do this, right? You know, which is really almost like what you see when
>
> people are back in Africa. Sometimes back home you see people sitting down drinking
>
> some of the traditional drinks, or they are watching, if they have TV, they're watching
>
> sports or after work they sit, they meet in a village and they share experiences. Those
>
> are things that really build a community and build people, you know.

Collaboration and "meeting the client where they are at" was described by Albert to be integral

to helping his RGSCs address their tasks and goals. Albert reported using traditional approaches

in opening conversations with his RGSCs in order to create an equal playing field in which the

client could also connect with their own wisdom. Albert's shared cultural understanding with his RGSCs contributed to his use of this culturally competent approach in helping his clients achieve their goals. Overall, participants expressed that safety, trust, and culturally competent approaches facilitated the implementation of tasks and the achievement of goals with their RGSCs. The development of trust and safety was possible through the strengthened therapeutic relationship which was an outcome of shared identities between participants and their RGSCs. As a result of the similarities in identities shared by participants and their RGSCs, participants expressed this interaction as acting as a mechanism that deepened their connection with their clients. Through this deepened connection, participants experienced a buffer effect against potential burnout and compassion fatigue but also observed how it strengthened the therapeutic relationship with their clients.

I am Trusted with a Gift to the Community

As illustrated above, participants expressed feeling a personal pull towards their ethnic identities and communities after working with their RGSCs. Also, in noticing the positive impact that shared identities can have on the therapeutic relationship and working alliance, participants disclosed feeling a drive to better advocate for ethnic minority clients. Participants expressed making commitments to protecting, serving, and advocating for their own and other communities and viewing this new responsibility as a privilege and honour. It appeared possible for participants to feel this sense of responsibility after having the opportunity to reconnect with their own ethnic identities and feel a deeper understanding of their own histories and the challenges their communities face.

Being Responsible. In this study, Janeen, Albert, and Carine expressed a deeper sense of responsibility and commitment toward their communities. Janeen shared her new commitment to her Punjabi community as a second-generation, bi-cultural mental health provider:

> I fully believe that I'm Canadian, and identify as Canadian, but then also carry a large piece of my heritage, my family heritage with me, which is Punjabi from India and feel it, [a] real time responsibility to, kind of, that community now.

Although still identifying as Canadian, her commitment to her Punjabi heritage grew after working with her RGSC. Similarly, after feeling a greater sense of belonging, Albert shared feeling more accountable for the wellbeing of his community members:

> Their testimony is going to affect who I am in the community, yeah. So, I know that with other clients I will give my best…. But I feel like that effort of me wanting to help support these individuals from my community and I always feel like I have ownership to my clients, like my job is to bring change.

The role of participants within their communities was described as deepened as a result of working with their RGSCs. The deepening of participants' relationships to their ethnic identities has strengthened their roles within their communities, as expressed by Albert, in which there was greater responsibility to create change and improve the lives of their members.

As participants viewed themselves as being responsible for the wellbeing of their communities, participants also perceived themselves as needing to use their skills to their communities' advantage. Janeen described her status as a second-generation, visible minority practitioner as a resource in guiding others in her community:

> Like I identify as a person of colour. I am a second-generation immigrant. I think that there feels like an immense responsibility that I've been given privilege that maybe she

hasn't, right. And so, I should really use it really well…. I think like my responsibility to

help other people who are in similar situations to what my family has experienced.

Janeen described having certain privileges as a second-generation individual that should be used

responsibly to help her own community and other communities. Her goal to support her

community is inspired by the efforts made by her own community to support her family when

first immigrating to Canada. Janeen further reflected on the ways in which her community

"embraced" her father when he immigrated to Canada alone and her desire to be a part of that

"community responsibility." Carine similarly acknowledged the resources participants hold and

the importance of using them as opportunities to foster growth and healing within communities:

> It's learning and growing and positioning yourself in a place where your resources can
>
> be seen, and your resources can be solicited. The need is when you know you have the
>
> skills, you have the know-how, even with systemic barriers, those resources will be
>
> needed. They are needed, yeah.

Not using the knowledge held by participants as a resource of improving their communities is

seen as a disservice by Carine. Rather than maintaining the status quo which keeps communities

under the controls of oppression, participants have the opportunity to effectively use their

knowledge to support others out from under systemic struggles. Participants in this study thus

shared that the deepened connection developed with their heritage and community following

their work with their RGSC created a stronger sense of commitment and responsibility to their

communities, in addition to a desire to use their skills to create community change.

Being Honoured to Serve. With a newfound or strengthened sense of commitment and

responsibility to their ethnic communities, Akhila, Carine, and Albert viewed themselves as

having a unique role as mental health providers in their communities. Participants perceived

themselves to have the necessary resources to assist community members. With their specialized

skill sets, participants framed their new commitment to serve their communities as being a

privilege and honour. Akhila expressed this sentiment in stating, "So being in that position to

help them as a minority, of an individual minority, minority community, there's that sense of

privilege and an honor to be able to do that work." Akhila's status as an ethnic minority while

also being in a helping profession was defined as a great sense of honour, particularly when she

has been able to give back to her own and other ethnic minority communities. Carine echoed the

honour she also felt in representing her own ethnic identity as a mental health provider:

> Representing a culture or an ethnic identity, just being in that place where I can
>
> represent. Being in a place where I can represent, I can support, and in a way advocate
>
> and empower, really. Kind of create our pride, the pride in yourself.

As an ethnic minority mental health provider there is a developed and deepened sense of pride

when working for your own community and representing your community in the field of mental

health. Having the opportunity to represent created a greater sense of value for participants after

working with their RGSC.

The feeling of deepened value appeared to bring participants closer to their own

communities, strengthen a sense of belonging, and brought them closer to themselves and their

own ethnic identity. Carine further explained the sense of privilege and achievement in providing

mental health services as an ethnic minority:

> Being humbled and privileged to be able to support people from your own ethnic
>
> identity and race – it's not so much pride. Privilege puts you in a place where you can
>
> represent people from your own community and provide culturally informed
>
> counselling and in this way it improves your own ethnic identity by being able to

> connect more to [your] own ethnic identity or feeling more of a sense of connectedness
> to your own ethnic identity.

The opportunity to build connections with one's own community, to provide culturally informed support, and to better understand the experiences of those within their community deepened the ethnic identities of participants. It appeared to bring participants closer to both their past and present, pushing them to be more dedicated to the future of their community. In being able to represent one's own community, Carine shared feeling closer with the experiences of her community and also felt a "sense of achievement" and "accomplishment" as an ethnic minority which only "brought [her] closer to [herself]." One's vocation as a mental health provider is also seen with greater value after working with their RGSC given the changes and support it can instill in the lives of ethnic minority communities. Albert also echoed seeing his skill set as a "gift":

> At the end of session they would talk more about vulnerable issues in informal settings
> and would ask me for ideas and connect with me through that… This helped me feel
> accepted when they were vulnerable, and I could see their trust. This also means I now
> have responsibility in the community, I have been trusted with a gift to the community
> and I have this role.

Similar to Carine, Albert sees his role as a gift and privilege to serve his community. After feeling trusted and accepted by his community Albert felt he had to use his skills to benefit others. Overall, participants' experiences of feeling more deeply rooted in their ethnic identities and to their communities, but also seeing the possibilities for change, led participants to commit to serving, protecting, and advocating for their communities and other ethnic minority groups.

Similar transformations also influenced participants' values and priorities within their professions which is discussed in the following theme.

I Become an Agent of Social, Educational, and Political Change

Changes in the values held by participants as a result of working with their RGSCs affected the priorities held within their professional roles. Participants reported shifting tasks and activities they engaged in through their professional practice as a result of their stronger commitments to supporting ethnic minority groups. The changes in their professional priorities reflected their desire to serve and advocate for others and help empower ethnic minority communities. This desire to have a greater impact was described by Albert:

> I'm wanting to actually allow myself to be useful. I crave to be more involved in my community. I actually now really want to affect change in my community, to be an advocator to my community, really. I want to kind of invite others too to this conversation and healing that's based on this reality.

Albert expressed his desire to contribute to community healing and create change. The need to give back is seen through new or strengthened priorities and commitments made by participants. Seeing strengths of their communities has also inspired participants to be a part of and dedicate their professional work to community healing. Participants expressed wanting to use counselling as an avenue of change, wanting to be more vocal about political and social issues, becoming more involved in the process of politics and mental health access, and engaging more in community outreach. These changes in their strengthened commitments to advocacy are more than just professional tasks but they are sources that drive the purpose of their profession and goals of creating social change and fostering social equality.

Advocating within the Counselling Space. At the individual level, Carine, Albert, and Jay viewed themselves as being "agents of change" in society. Through counselling, clients can be positively impacted to find their own voice and to learn to advocate for themselves. Individual changes were believed to have a ripple effect which would create positive changes in society, as mentioned by Carine:

> It really helped me to kind of, in my own capacity, really try the best possible to continue to influence these different aspects, this dimension. It just really helped increase my desire to want to impact change that would help bring and create more equality, right. In terms of commitment, I'm not so sure [laughter]. I'm not a very activist person but I still believe that I can impact individuals and individuals form societies, right?

Helping clients navigate the systems was also described as a task that can further implement change. Albert shared strengthening his approach to helping clients navigate the health and education system:

> Yeah, like I was sharing with you that they asked me to take a part of different areas of their lives, advocating for them, right. I have gone to the physician, I have gone to issues around housing, [I have gone] to schools with these families to really advocate for them [for] the issue that was happening, right.

Newcomers can often struggle with navigating systems that are essential to having their own and their family's needs met. Although counselling can typically focus on the needs of an individual that is contained within the office space, Albert shared that advocating for the client outside of the counselling office is a form of advocacy that can help a client have their needs met to eventually empower them to advocate for themselves. Albert viewed advocacy within the

counselling space by helping systems understand the needs of his clients as a "core of social justice…[and] politics."

Sharing knowledge with clients is another form of advocacy to which participants have reported becoming further committed following their work with their RGSC. After working with their RGSC, participants felt an increased sense of encouragement to share their professional knowledge, personal experiences, and their therapeutic skills to better empower clients. For instance, there was an increased commitment to providing psychoeducation on racial issues that are likely to impact newcomer and ethnic minority clients. Jay shared the importance of empowering clients with such information:

> I sometimes also help them to understand that this also happens at the micro level, sometimes we do not notice, and we can neither resist it because micro-aggressions are very micro. For example, if you apply for a job, and you know that [they're] supposed to know that you're from Africa, or from a certain religion, you would not be selected at that time and the person would have no idea.

Racial aggression can be difficult to identify, particularly when it is overt or considered a micro-aggression. Jay expressed that making clients aware of such forms of aggression can help prepare and empower clients to better manage these situations. Through clinician self-disclosure and providing psychoeducation, clients had greater knowledge on how to identify and address racial micro-aggressions in different realms of life. Thus, participants reported a shift in values and priorities as a result of their deeper commitment to supporting ethnic minority groups. They felt more committed to creating change as counsellors by helping clients navigate systems, advocating for their clients, and providing sociopolitical psychoeducation.

Participating in Outreach and Committees. Participants such as Akhila, Janeen, and Jay, reported that political involvement in the professional setting is another avenue for strengthened commitments to social justice. Following their work with various clients, in addition to their RGSC, and current events of oppression, Akhila shared her new commitment to an anti-racism professional committee at her workplace that aims to empower women survivors of intimate partner violence:

> I think it is really, really important, especially now with so much discrimination, racism. So, in the workplace, I am in a committee, which is an anti-racism, anti-oppression committee. So it helps against anti-oppression and it's work about anti-racism. I think it has influenced me a lot to see people being so suppressed, especially women, so I'm working on it, working towards it, to help them empower these women.

After hearing stories of violence and oppression Akhila expressed feeling a need to contribute to social change, particularly for women survivors of violence. Participating in social justice-focused professional committees was viewed as an opportunity to empower women and create gender equality.

Expanding outside of the counselling office, participants shared a desire to contribute to communities by providing psychoeducational workshops. Combining the roles of clinician and educator, participants have been more committed to outreach presentations. Janeen shared her recent experience in educating others about the trauma and the experiences of refugees:

> In the past month alone, I think we've done, I've done four or five presentations or workshops and to different communities and different professional settings and really talking about the refugee experience, and also trauma, and what that can look like and feel like. Yeah, I don't know, it's just, I love that piece. Because I think not only do we

get to support clients in the therapy process, but then we also get to hopefully educate

people in their experience, right, to the broader community.

Jay also described his involvement in delivering psychoeducational lectures to diverse

communities:

Yeah, I have done a few lectures or talks regarding what is psychological health to

African communities, and about racism and microaggressions if they invite us. So, then

what happens is that people from the crowd may ask, "What is that?" Or, "I like your

approach." And you know, "How do you explain that?" So, I just talked with them and I

help them to get the idea that, you know, when they feel ashamed, or I help them to feel,

make them feel more comfortable.

Sharing information with both communities and professionals is a task viewed with

significant value. Delivering workshops, presentations, and lectures can allow others to gain

more information for personal and professional purposes which are likely to have a positive

impact. At a personal level, it is possible that attendees can learn to lessen feelings of stigma

regarding mental health concerns and to feel more comfortable with their own psychological

experiences. At a professional level, professionals can gain information regarding the

experiences of their clients, in addition to the appropriate skills in working with diverse clients.

A shift in values thus also occurred among participants by creating a focus on outreach and

committee participation which functioned to educate community members and other

professionals regarding mental health, racism, discrimination, microaggressions, and the

experiences of refugees.

Speaking Up, Speaking Loudly. Associated with social change, Jay and Janeen were

encouraged and empowered to speak up for themselves and others. After working with their

RGSCs, participants shared having a strengthened desire for advocacy by using their voices. Jay shared being more open to stopping acts of oppression: "Yes, I sometimes stop racism and all those common [inaudible] bluntly." Even when experiencing a sense of tiredness with regard to speaking up or feeling that speaking will not make a difference, participants were reminded by their RGSCs that there is always power behind one's voice:

> Just have no fear, right? Except she really didn't mind that she was pushing people's boundaries. She really was like, "You're gonna hear what I have to say." She was very strong willed in that sense. And so when I think of it in my own life, it's just like, "Don't be timid, don't." And I'm not, I'm not a very timid person, but I think I'm a tired person. And so, I think sometimes that's just not worth my time to say things right now or I just wish I had. And I think she just reminded me of that power of maybe doing so, and even if that makes others uncomfortable, even if we're tired. (Janeen)

When referring to her client's tendency to push boundaries, Janeen described her RGSC as not being fearful of making others uncomfortable when advocating for herself. Particularly when her RGSC may have been limited in her tools for advocacy, Janeen viewed her client's ability to demand her needs be met as a source of strength. As a result, Janeen applied this to her own life by deciding to speak up more often in spaces where equitable politics may be in question even if it may feel uncomfortable for others. However, at a personal level, Janeen also reflected on self-advocacy as being powerful particularly when there may not be others to advocate for you:

> I think maybe there's the advocacy piece that she influenced a bit. We can't just like rely on other people to advocate for things. I think that really influenced it. I think maybe that was the biggest.

Seeing her RGSC manage her own challenges without overly depending on others for assistance appeared to encourage Janeen to strengthen her own ability to advocate for herself. After working with her RGSC, Janeen saw greater value in speaking up for herself and others, even if there were presented barriers.

          Participating More in Various Systems. Further commitments made by Albert and Carine included having roles in systems such as political, health, and educational systems. Following their work with their RGSCs, participants expressed wanting to become more involved in politics. Albert particularly shared experiencing a positive development regarding his interests in politics:

> I am voting. I never used to vote…. I am interested in politics. So, it's just a matter of
> time. I want to get involved… Since last year, I have desired to be, in fact the last
> election I was, I won't tell you which party, but I participated.…. For me, I think that
> my desire to be involved in politics would be to influence many of the policies, right.
> Especially policies around families, policies around, not really immigration, no, no. Just
> policies around families.

Becoming involved in politics can occur through voting but also by being involved in political parties. Albert especially viewed his involvement as a way to create policy changes that could positively impact the lives of families.

          In connection to policy change for families, involvement in the education system was also reported to be a new or strengthened commitment. Albert shared his interest in empowering families through educational changes, as he stated, "Of course, mostly, if I get the opportunity, it's to be involved in the educational system, especially for [persons affected by the] educational system, social system, you know, families. Those are things that I would really look into." By

addressing concerns within educational institutions, it appeared that a systemic approach to these strengthened commitments allowed participants to help families in a holistic manner.

Creating changes in the health system was also described as a strengthened commitment. Carine spoke directly about ensuring mental health could be accessed by diverse communities as she mentioned, "[I want to] see how much our work can create change for people, right, and to really see how I can expand it so that mental health can reach so many people that [are in] need." Considering the effectiveness of counselling and its potential for creating positive change, there is a strengthened perception of importance in ensuring mental health services can be used by all individuals and families. Following their work with their RGSCs, participants' involvement in diverse systems was reported to be a positive priority shift which helped them implement social change as mental health practitioners.

Improving Counselling from the Inside Out. Social justice can be pursued from an individual, social, or professional training angle. Carine, Albert, and Jay described having a new goal of influencing present and future clinicians in their professional development:

> Just my experience here [in this interview] just kind of helped me see how I can really impact people in a broader scope, right. Then I will hopefully one day really, hopefully, I want to be able to train counselors or mental health therapist and I think it all draws from my experiences with this client, as well as other clients, really. (Carine)

After reflecting on her clients' experiences, but also her experience with her RGSC, Carine shared having a new professional goal of being involved in the professional training of therapists and wanting to have a larger professional impact.

Moreover, the understanding of ethics was expressed as being important to focus on when training student clinicians given its purpose in "protect[ing] clients and are there to protect

professionals" (Albert). When teaching future clinicians about the purpose of ethics, Jay shared

that it is important to understand the "innate worth" of individuals to better protect clients:

> I also teach at a college…. I usually ask the students, you know, "In ethics it says that
>
> we respect the person because of their innate worth. You know, it is stated in our code
>
> of ethics." And I ask, "What does it mean by innate worth? You know, and it says that it
>
> is not based on religion, colour, culture, or anything. So what does it provide you?".

As an educator, Jay aimed to dedicate time to guiding student clinicians in understanding that,

regardless of status, all clients are to be viewed as valuable and worthy within their own right as

human beings. There was an aim of creating an understanding of client equality among student

clinicians and an aim to help students be aware of potential biases or assumptions regarding

diverse communities.

In this theme of shifting value and priorities, participants expressed a strengthened

commitment toward ethnic minority communities, immigrants, and refugees. Participants

explained their goals of using counselling as a platform for social justice and wanting to be more

involved in political and social action by explicitly participating in policy work and influencing

counsellor professional development. This sense of commitment could also be seen in their

shifted focus on empowering the ethnic identity of their clients.

Re-Scripting Resilience Through Ethnic Empowerment

Following their work with their RGSCs, participants expressed wanting to intentionally

shift their professional practice in a direction that empowered a client's ethnic identity.

Considering the previous themes, this goal to empower the identities of ethnic minority clients

may be in relation to the participants' own identities being strengthened and deepened, their

enhanced perceptions of the importance of ethnic identity, and their opportunities to witness the

resiliency of their RGSCs. This theme of facilitating ethnic empowerment focuses on the participants' aim to empower clients to stay close to their own ethnic identities, to empower ethnic minority clients by sharing successes in the community, and to be role models of success for ethnic minority clients.

Staying Close to Your Identity. After migrating to a new country, clients can struggle with maintaining their heritage and knowing if their culture can be preserved while integrating with the host culture. Janeen, Albert, and Jay expressed viewing the maintenance of culture as a resource. Janeen particularly shared the importance of supporting clients in preserving their ethnic and cultural identities:

> I think especially with clients, I think I've mentioned a few times in the interview, but immigrant clients, specifically refugee clients I think feel very sad about the loss of their culture, right. And so, I think by saying, "Look, I have mine, what's yours, let's share!" I think that for them it can help [with] a bit of reclaiming.

For immigrant clients, particularly of refugee status, holding onto their ethnic identity can be a source of strength when they have faced significant threats to their own ethnocultural identities. Considering that the experienced loss of this identity can be destabilizing, participants had a goal in counselling to help clients feel safe in staying close to and being proud of their heritage so it could be used as a source of strength.

Furthermore, participants shared wanting to use their own ethnocultural identity in helping clients remain close to their heritage. Albert shared the importance of demonstrating his ability to preserve his culture as an ethnic minority in Canada:

> Because sometimes I even talk about my own [ethnic] background…. And with some, you know, we often just go back, we talk back where we come from. I always tell

people I come from Rwanda…. and whether they are Arabs, Spanish, you know,

African, Canadians, or whoever. This is who I am…. But if you can tell how proud you

are, if you can proudly talk about your own identity and how it is really guiding your

life in Canada, then many people they see the resilience in that.

As mentioned by both Albert and Janeen, sharing one's own ethnocultural identity and customs

can help clients feel able to still identify with their own cultural history. It can help the client

reclaim their background and view the therapist as having their own capacity to find a balance

between integrating in Canada and still being proud of their own unique ethnic identity in

guiding their life in Canada. As a result, participants can better help clients see their own ethnic

identities as a strength and resource. Jay echoed the significance of using culture as a resource

for clients when he stated, "So I would say that every culture has their own way of richness. It's

about how you use it, how you tap into it. Yes, yes, and how you meaningfully use that." He

further expressed the importance of clinicians being in touch with their own culture so they could

help other clients when he mentioned, "I was already tapping into my culture as a resource for

me, and this probably could help me see the strength she has in her culture." Helping clients feel

empowered as ethnic minorities is thus reported to be easier when ethnic minority clinicians are

connected to their own ethnocultural identities.

Ethnic identity is further seen as a strength in the context of colonialism. Jay particularly

shared his intentions with openly discussing colonialism and how it negatively impacts ethnic

minorities. By processing feelings of ethnic inferiority among clients as a result of colonialism,

Jay reported wanting to help his clients stay close to their ethnic identities and removing

associated feelings of shame:

I shared a lot of personal experiences so that they feel comfortable. Sometimes I ask

them [client] questions and they are very shy with the English language, and they are

feeling very inferior because they cannot speak a lot of [English]…. Because when there

is a colonial expectation to learn English, they make you feel that way, that if you don't

know English there is some problem with you or it's a mistake in you. So, I specifically

help them to understand not to feel ashamed because you don't know another language,

you know your language. And the more you are comfortable, you will learn that

language faster. And I have seen that in my clients, learning languages quickly after

coming to sessions.

Jay described feelings of inferiority often experienced by his ethnic minority clients who do not

speak English fluently and his goal of instilling security within such clients to reconnect with the

richness of their native language. Jay continued by drawing out the difference between ethnic

minority immigrants and colonizing communities in learning to speak a language other than their

own which displays a power differential that contributes to ethnic minorities feeling a lack of

confidence and a sense of inferiority when learning to speak a new language. A feeling of shame

can also arise and contribute to a sense of feeling broken because the expectation of speaking

English cannot be fulfilled when minorities have to strongly rely on their ability to speak the host

language in order to succeed. In contrast, a comparison is made to the leisure-ness non-ethnic

minority individuals can experience when trying to speak a foreign language. In creating this

awareness among ethnic minority immigrant clients, a continued pride in their own ethnic

identity and native language is fostered; ethnic identity is a source of knowledge and strength

rather than an interfering factor. In developing this pride, clients can feel encouraged to learn

English and comfort in accepting their own pace of learning. By fostering a sense of pride in

ethnic minority clients, participants helped clients feel empowered by viewing their ethnic

identity as a resource and encouraging the preservation of their identities. Participants helped

clients stay close to their ethnic identities by helping clients access the richness of their own

culture and by sharing the nature of one's own integrated ethnic and cultural identity as an ethnic

minority clinician in Canada.

      Sharing Community Successes. The migrant journey sits closely with participants.

Given the shared stories of migration and integration, Akhila and Albert expressed a need to

encourage clients to succeed despite being faced with challenges as an immigrant. Akhila

especially shared this desire to empower clients:

> I come from a very small minority, just a handful of people there. So when people come
>
> here as minorities too, I can feel that they are very timid sometimes. They don't know
>
> how to, they don't explore, they don't learn much. So it's like we encourage them, right,
>
> when we see that they're still holding back… Many people from ethnic minority groups
>
> have also achieved a lot, so you can do the same…. Yeah, it's more of an empowerment.

Holding back is seen to prevent immigrant clients from succeeding. Akhila resonated with the

sense of insecurity in not knowing how to succeed in a new country and possibly feeling timid in

exploring her options. As a result, Akhila noticed the importance of empowering clients to be

curious about their options and to believe that succeeding and thriving in Canada is possible.

      Participants also viewed importance in reminding their clients of their strengths as ethnic

minorities and immigrants. Albert shared his intentions of helping clients reconnect with their

capacity to persevere given their history of survival:

> We can be Black people. You can go get a job at this place, they will give it to you. But
>
> you know what? It happened in Africa. You want to get a job but because you came

from this tribe, or from this ethnic group, or from this village or this community, they

didn't give it to you. It was happening!.... But you have to really connect with how life

was for that person. And so, in Canada, what is the difference? You know, that's really

big.

There is an importance to bringing attention to an ethnic minority person's past abilities

to overcome challenges and face hardship. In acknowledging a client's capacity to overcome

suffering, a client can realize and acknowledge that this same strength that was used previously

to survive, can be used to not only face challenges in Canada but also thrive toward better

opportunities. Albert acknowledged the importance of normalizing the possibilities of

succeeding as an ethnic and racial minority in Canada. Participants thus shared their desire to

help ethnic minority clients feel empowered and succeed by helping them recognize and recall

the successes of their own communities and other ethnic minority groups in Canada.

Role Modeling. Witnessing clients overcome adversity and still thrive as immigrants in

Canada allowed participants to see the strengths within themselves, their ethnic communities,

and within other ethnic minority communities. Akhila and Carine thus viewed ethnic minorities,

including themselves, as having the ability to thrive to their full potential. As a result, these

participants shared their intentions to use themselves and other ethnic minorities as examples or

role models to inspire hope in the future of ethnic minorities. Akhila articulated wanting to use

her role as a clinician as an example for other ethnic minority clients:

After working with this client, we, even as a small minority, even as coming from a

small minority background, we can do things, we can achieve. And it's not that we are

held back, we are held back despite personal circumstances that might hold us back. But

we can certainly do things if we want. So my role can affect [others], it has affected me.

Akhila expressed seeing her community's achievements as resilience. She shared wanting her own, her community's, and her RGSC's to be examples for other minority clients to push forward through systemic barriers and personal challenges. Similarly, Carine described wanting her professional role to also serve as an example of hope that all ethnic minorities can achieve success and accomplish their goals:

> I think them seeing me in this position, then I say privilege, in quotes, creates some hope for them. Maybe one day if I was able to come here from a completely different culture, having to acculturate and start afresh, and still make it, they can do that too.

Carine resonated with her RGSC's experiences as an immigrant in Canada and reflected wanting her acquired success to be an example on her clients' paths of hope towards success. Despite the barriers faced, Carine also wanted her life experiences to be a hopeful testimony for ethnic minorities:

> [I have used my ethnic identity in counselling] mostly by self-disclosing. My own stories and experiences…Yeah, it gave, it still created that opportunity for clients to dream… A lot of times it has been in a positive impact…. I think if I were to work with different ethnic minority groups, for instance, my ethnic background would be more like a testimony, really.

Carine described her professional role as an ethnic minority to be a representation and example of hope that dreams can be achieved.

Meant to empower ethnic minorities, Carine expressed that both disclosing personal stories and sharing stories of other successful ethnic minorities can be beneficial to clients:

> In our work he [a young client] said he wished to be a police officer one day and he said how he could never imagine it. He wasn't optimistic that that was even a possibility in

Canada given all the barriers - he just moved to Canada, he didn't know the language, he was from El Salvador. But that was always his dream, right. What I did is after our session I took him around the office and kind of showed him the offices of different social workers that were from different ethnic backgrounds, right. One of them was actually from El Salvador and she had been with the agency. She was very, she was in a high position in the agency. Even him seeing that was really kind of motivating and just fully re-scripted some more hope for him.

Sharing role models of success among ethnic minority communities is an approach that instills hope in ethnic minority clients. When clients see themselves represented in the workplace, clients can develop the same aspirations for themselves and can also have hope in their community's future. Especially when there are various systemic barriers, clients can feel discouraged regarding their futures. Providing hope for clients in the face of challenges is expressed by Akhila below:

They feel happy, they feel nice. They feel empowered, they feel that they have hope. Sometimes, I have clients that they say, "I don't know if I'll stay here, I'm just [inaudible], it's too much." But when you give them hope it's up to them what they choose. And you somehow go to them and empower them and help them realize the ways they can do things.

The possibility of hope when ethnic minorities are in professional roles encourages ethnic minority and immigrant clients to make helpful decisions based on their needs and wants. It can be empowering to see one's choices represented through professional ethnic minority role models, and it can inspire hope when success can be achieved in spite of barriers.

As demonstrated in this theme, participants expressed their intentions of helping ethnic minority clients tap into their own ethnocultural identities as resources of strength. Participants shared wanting to facilitate client ethnic empowerment and wanting to share examples of success to help clients develop more hope in their abilities as ethnic minorities.

Meaning in Holding Space for Suffering

After working with their RGSC, participants reported developing an improved ability to travel with their clients through their suffering. Carine, Janeen, and Jay shared being better able to hold space for their clients' pain during counselling sessions, while realizing the value in holding space for pain to be processed. Carine spoke to her growth in being better able to 'sit' with her clients:

> For myself, yeah. Thinking it really helped me grow in that because for me I'm not sure I could hold that before when I first started working. I didn't go right away into working with trauma clients and I can imagine my first work with trauma client[s] was not as, probably not as skilled as the one with this person, yeah.

Carine described an improved ability to be present with her clients during the moments of negative emotionality. It appeared that Carine's work with her RGSC, and other trauma survivors contributed to the sharpening of this skill.

To better hold space for pain, participants disclosed having to shift their perceptions about therapy and healing. The definition of and steps expected to experience healing were re-scripted for participants after working with their RGSCs who felt the need to sit longer in their pain. Janeen acknowledged a previous conflict in her beliefs about healing:

> Professionally, it went against everything I understood about therapy, healing, or trauma because we're taught to lessen intensity and pain and frequency of symptomology. To

> have a client that wanted to hold onto it, it felt counterintuitive to everything I knew
>
> how to do. It affected how I conceptualized the work with clients and the connection I
>
> made with clients and what healing can look like for them…. And I think once I
>
> realized that the pain held meaning for her, and could kind of sit there with her and talk
>
> about that, I think that in some ways that helped the client feel validated.

Holding onto and staying close to pain is demonstrated to be distinct and different from what

Janeen had learned in her clinical training. Typically seeing healing as a decrease in

symptomology, Janeen came to view pain and suffering as experiences that neither they or the

client have to push away, or which the client has to be quickly pushed through. Instead of seeing

her client's need to sit in her pain as "resistance", Janeen learned to value and see the meaning

in her client's pain. By shifting her perspective about healing and suffering, Janeen was better

able to validate her client and help her feel seen and understood.

Making peace with pain or allowing pain to be normalized is not an easy process. As

mentioned above by both Carine and Janeen, the process in developing the skill of holding space

required participants to be less resistant to the experience of holding onto suffering and negative

emotionality. Often participants wished to quickly pull their client out of the suffering and would

also question why their client wanted to continue holding their own pain. Janeen spoke to

frustration felt when her client appeared resistant to change and experiences of joy:

> Personally, it was frustrating to talk about this with the client. We want them to feel
>
> better and to have longer moments of joy in their lives. Personally, it felt difficult to
>
> work with someone who sometimes felt resistant to that healing. But it changed my idea
>
> of sadness. It isn't bad, that we don't want to move away from it as an emotion, and to
>
> sit with it and to be with it is okay.

Staying with a client's pain can be challenging. Given that counsellors often want their clients to experience more positive emotions, to hold space for clients' pain can feel like condoning client resistance to more positive experiences. However, in noticing the value and meaning in staying close to suffering, Janeen had a shift in her view of negative emotionality. Feelings such as sadness and grief were no longer emotions to be feared or to be pushed away. Such emotions could be just as valuable as positive emotionality that could also be held and could allow the client to effectively experience healing in a unique way. As participants showed an ability to overcome frustration with what appeared as resistance when clients wanted to hold onto their pain, participants felt that developing a sense of grounded-ness also helped them remain present with their client during painful moments.

Feeling grounded as a counsellor in turn allows clients to also feel grounded in their own therapeutic experience. When counsellors are however feeling internally uneasy, this can reportedly make it harder to hold therapeutic space for the client. Jay explained the importance of feeling grounded when working with trauma:

> So the more clients I see, I get more confidence. I am checking with myself whether I'm able to function from that place, whether I am whole or I am fragmented. And when fragmented, I would feel pain. When I am fragmented, I get threatened by that experience. And I think I don't like that because I know that that is not helpful for the client…. And I usually check about that, check with them. So now I know that if I could be in synchrony, the client could also be in synchrony.

Jay's ability to feel grounded within himself allowed him to create a sense of safety both within the therapeutic relationship and within himself. This internal stability could prevent him from being negatively affected by his clients' pain and vulnerability which further helped him support

his clients' healing. Following his work with his RGSC, Jay sharpened his ability to feel

internally grounded when working with trauma:

>The only way that you can have confidence is working with clients in deep issues. And
>
>this client has a very deep issue. So it really helped me, right…. And with her events,
>
>you know, it doesn't trigger me anymore or, you know, I'm not, I don't go into any kind
>
>of fragmentation…. Before, for example, if I listened to a trauma story, I may have
>
>gotten triggered, but after her, there's less triggering, you know. I cannot say just after
>
>her, but I will say after many clients. So, each and every interaction makes me stronger.
>
>It makes me know how huge we are.

After working with his RGSC and other trauma survivors, Jay experienced a deepening in his

existential understanding of life which appeared to help him feel more stable and grounded

within himself. It was possible to observe and witness client pain without feeling engulfed or

triggered by it which signalled an "experiential" level of stability that he acquired over time with

his clients and with his RGSC. Overall, participants reflected on how their RGSC impacted their

clinical skills. Participants shared having a shift in perception regarding therapy and the process

of healing and feeling a greater ability to remain grounded when working with trauma. Further

shifts in perception were also experienced by participants in terms of clients being seen as

resilient.

Seeing Clients as Whole and Resilient

In this theme, participants are described to acknowledge the inherent strengths of their

RGSCs as a result of their own ethnocultural and migration experiences which helped them view

their clients as having the capacity to persevere. In addition, participants shared a positive shift in

becoming dedicated to fostering the strengths of other clients which has helped them also perceive counselling as being an effective tool for healing.

Strengths are Inherent. As an outcome of shared identities between the participants and their RGSCs, Janeen and Akhila disclosed being better able to perceive their RGSCs' strengths. When sharing identities, participants could better perceive certain client actions as being resourceful and as reflecting their clients' capacities to face and overcome challenges. Janeen particularly articulated how her own ethnocultural experiences influenced her ability to see her client's strengths:

> There's like a part of me that's like, "Yeah, of course, they're resilient. Like, they don't have a choice to be otherwise," right…. that's also my family's culture's take on things…

In Janeen's culture there is an expectation for women to face and overcome challenges. Janeen held this cultural belief and also viewed this as a strength in her client. Given similarities in their cultures, Janeen applied this belief to her RGSC and perceived her as having these inherent strengths in which she only expected and had hope for her client's ability to overcome life difficulties and meet her family's needs regardless of barriers.

Due to their shared similarities, Akhila significantly valued the efforts of her client and viewed them as strengths. She expressed how her shared experience as an immigrant and ethnic minority, and also the challenges she faced with employment in Canada played a role in helping her perceive strengths in her client:

> A lot of immigrants who come here have similar difficulties regarding education background and job background. I can sympathize because of the ethnic identity and minority status. And it helps me better understand her because of the shared experience.

> This definitely played a role [in me perceiving her as strong] because she's a woman who had all the struggles in the past: family, education and job. And it has a big role. I can sympathize.

Akhila's personal shared experience with education and employment challenges helped her clearly see her client's efforts in pursuing similar goals. Akhila resonated with related struggles as an immigrant and ethnic minority in Canada which helped her broaden her perspective of her client as perseverant. Similarly, Janeen viewed her client's willingness to attend counselling as a significant strength:

> Oh, all of our clients, I just think the fact that they even come to meet a therapist is so much more than I could ever do. I just think after everything they've been through, and then they're willing to even see if they can feel better is incredible strength, right?…. Especially because a lot of them come from cultures that wouldn't ever think it was correct to share emotion or share thoughts with somebody outside their family or something, you know, and they're doing it with me. I also think the things she's been through and the things she shared, I thought even the strength for her to tell a stranger.

In the quote above Janeen explained how deeply she valued her client's strength in being open and vulnerable. Her client's ability to attend counselling, something foreign within her client's culture, was perceived by Janeen to be an experience that few people within minority cultures would entertain given how it exists outside of cultural norms. Particularly considering the sensitivity of her client's traumas, her client's ability to still be vulnerable within such a foreign context largely spoke to her own strengths. Janeen further explained how her own client moved past much resistance regarding the counselling experience and continued accessing services:

> I mean when you think about it she didn't know what therapy was. She didn't know why she was referred. She didn't want to be there. She made that pretty known, especially at the beginning she just wanted me to give her medicine for her headaches. Like there was just so, so much. And yet she continued to come back. And so yeah, I just think it says so much more about her strength that she was like, "Okay, I'm gonna try this weird thing with you. And if there's a chance this works or makes me feel better."

Janeen's client expressed in explicit ways how she was initially not interested in receiving counselling but expected medical assistance from Janeen. Although her client had a different notion of counselling, did not know what to expect in counselling, and "resisted" counselling, her client always returned for her sessions and showed a willingness to try something outside of her map of experiences in order to feel better. Overall, participants used their ethnocultural experiences and beliefs to identify and foster inherent client strengths (e.g., using cultural norms to overcome systemic barriers and trauma, a willingness to attend counselling, a willingness to be vulnerable, and exerting efforts to face and overcome challenges) which appeared to support therapeutic outcomes.

Creating Narratives of Strength. When working with survivors of trauma it can be common to feel a high degree of sympathy for the client given their traumatic history. This reaction towards trauma survivors can however place the client within a narrative of helplessness. Participants in the study came to acknowledge this narrative and highlighted the importance of fostering clients' strengths.

During this study, Janeen spoke to the experience of re-writing this narrative of helplessness. Janeen's RGSC was described to have challenging personality traits that elicited negative reactions in Janeen. Although the conflict between their personality traits created some

tension, Janeen expressed that seeing her client as a full person helped her see her challenging traits as strengths:

> So it was interesting to not like her because I think that when we think about people that have experienced trauma in this way, there's like this real push to feel for them and to empathize and to feel connected. And it was very interesting to meet her and see, "Well, she's also just a person," right? She has personality traits that are off putting in some ways, right. It's just interesting to be like, "She's not just this person that survived this." And then we just all feel bad for her. Like she's still a well-rounded human being with these different traits. Yeah, I think that was maybe a bit of a lesson too…

At first, the reaction to not liking certain personality traits of her RGSC appeared to create a degree of tension for Janeen. A negative reaction or a dislike toward her refugee clients did not appear to be common for Janeen which prompted her negative reaction toward her RGSC to come to her awareness. After reflecting on the therapeutic interaction, Janeen realized she held a previous narrative of refugee clients as "helpless." In working with her RGSC, Janeen was able to reframe her perception of clients as whole individuals with a mixture of strengths and weaknesses. By reshaping their narrative of clients, particularly of refugee status, a counsellor's perception can shift toward perceiving the client in the context of their own full capacities and strengths.

Akhila and Albert showed a fortified shift towards focusing on their clients' strengths after working with their RGSC. There was a deepened desire to assist clients to rely on themselves and to have faith in their own abilities to overcome challenges. Akhila expressed her goal of helping clients find and focus on their internal resources:

> I want the other clients too to know that they themselves, they can achieve to do things on their own, they have a lot within themselves…. So, what I focus on is coping with it now. Our focus is to bring out their strengths and their capabilities.

A client's strengths can be better perceived when they are seen as a whole person and not defined by their trauma. Akhila communicated her goal of helping clients rely on themselves, just like her RGSC learned to rely on her own strengths, and helping clients focus on their own happiness without dwelling "on the pain of the past." Albert also expressed his goal of helping his client realize their inherent strengths:

> Oh, I just feel like I'm accountable to society…. Yeah, I feel a sense of responsibility to the human race. Anybody who I come into contact with, I think I should not be a hindrance, but I should be a tool to that person to realize their inherent abilities to move on with life.

Both Akhila and Albert shared feeling more driven to help their clients notice and use the strengths already within themselves following their work with their RGSCs. At times clients may not be aware of their strengths, making it even more important for participants to help magnify their clients' capacities. It should be noted, however, that participants were first required to acknowledge that all clients have inherent and unique strengths, as described by Akhila:

> I have come to learn that different people have different coping skills. That's very natural, right? Not everyone has the same coping skills. Some people might experience a bit of trauma, but they have a lot of effects mentally. Some people have a huge amount of trauma, like severe trauma, but they're doing well, just like my client here.

Similar to Janeen, Akhila experienced a shift in perspective. Akhila recognized that all clients can have unique coping skills that help them maneuver difficult situations. This shift in

perspective may have contributed to Akhila's greater focus on strengths when working with clients. Thus, participants shared that their ability to view their RGSCs' inherent strengths encouraged them to re-write narratives in which they could better view their clients as whole and perseverant. This allowed participants to focus on the diverse and unique strengths of their clients. Furthermore, the opportunity for participants to witness their RGSC become aware of and channel their strengths also created hope that other clients could also experience growth.

      Hope in Counselling as Healing. When participants witnessed their RGSCs as whole individuals with the ability to persevere, participants developed a greater sense of hope that other clients could also experience positive change in their lives. Jay echoed this strengthened belief that change is possible for all clients:

> That gives me a confidence to see other clients and to look into their trauma. Because if she [client] can do it, this person can also do it…. So, I feel, because it is possible, there's no doubt it is possible, if it is possible for one person, then it should be possible for everybody because our consciousness is the same.

Having the opportunity to witness their RGSC confront parts of their trauma and be able to overcome their challenges allowed participants to have hope in the ability for other clients to also heal in counselling. In addition, there appears to be an inherent perceived strength that all clients carry. It is possible that Jay's RGSC strengthened Jay's hope in his clients' internal resources which created an increased sense of hope for client healing.

      Seeing client change created hope for participants to have increased faith in the effectiveness of counselling. Participants entered their professions with the belief that counselling can be helpful for creating change and fostering healing. After working with their RGSC, Carine and Jay showed a consolidation of hope in the client process during counselling

and in their professions being effective in helping others. Carine shared her experience of having her professional purpose reaffirmed by her client and previous clients:

> And that really spoke to me personally in the work that I'm doing. This thing is helping people and just knowing we can support people to create the change that they want for themselves, right?…. I think it's that hope, really holding that hope for myself that we can actually do some work here. We can actually do some healing here, right…. I think all of this I experienced, in particular, is an example of how the work that we do can really plant the seeds in ourselves, the seeds of hope, the seeds of resilience to really continue this work that I'm doing.

In addition to having hope in client change, there is hope in the effectiveness of counselling. Following her work with her RGSC, Carine felt an increased sense of encouragement to continue having faith in the process and effectiveness of counselling, despite there being challenging moments when working with trauma survivors. Carine's ability to perceive strength, growth, and healing in her RGSC and other clients allowed her to feel her work as a counsellor could make a difference in the lives of her clients.

Similarly, there is also a consolidation in the subscription to a certain therapeutic approach when it is proven to be effective in client healing, as mentioned by Jay, "So it gives me greater confirmation that my experience, approach and understanding is not just subjective, but the other person is getting healed by it." Participants experienced a sense of reassurance regarding the approaches they used in counselling. The theme of seeing clients as whole individuals reflects the process in which participants experienced shifts in their perceptions of clients as being inherently resourceful. As a result, participants were able to better focus on the

strengths of their clients, notice the effectiveness of counselling, and have hope that other clients could also experience change.

Nurturing and Honouring the Healing Journey

Healing is identified as a sensitive process that needs to be honoured and nurtured. After working with their RGSCs, participants expressed enhanced awareness that healing is a journey that needs to be taken with great sensitivity and attention to the small steps of success.

Regarding the sensitive nature of counselling, Akhila expressed noticing the importance of preventing re-traumatization. She shared a shift in her priority to help clients avoid re-telling their trauma stories:

> In the therapeutic relationship, the most important thing for me is avoid re-traumatization, right? Because from this side, I don't want her to tell me the story if she doesn't feel comfortable, but she feels comfortable to just blurt it out. Like, she doesn't mind telling me. So I've made it a point whenever I do counseling, if a person has undergone through so much trauma, I don't want them to be traumatized by telling me the story.

In comparing her RGSC's trauma to the trauma of other clients, Akhila highlighted the severity of her RGSC's trauma which allowed Akhila to become more aware of the negative impact re-traumatization through re-telling of a story can have on clients. Although this differs from Janeen's new approach of becoming more comfortable "sitting" with the client in their trauma story, both Akhila and Janeen appeared to refer to the importance of following the needs of their clients and not what is solely expected from a theoretical standpoint. Overall, the safety of the client during the healing journey is an integral step that is further prioritized by participants.

The process of the healing journey is further acknowledged by honouring the small steps of progress taken by clients. It can be difficult to see progress in clients when clients have faced severe trauma. However, following their work with their RGSC, participants felt a strengthening in their belief that small steps towards progress matter significantly, as Carine stated:

> So as a professional, I think it mostly impacted me in the sense that even when we are dealing with very complex cases where sometimes you don't seem to see any kind of progress how there is some hope even if it is just planting the tiniest seed, yeah. It may not show, it may not sprout now, but it may eventually sprout in one way or the other. So, there is hope in that sense.

Seeing the importance of planting a seed in the client provides participants with hope that healing is possible. Healing may not occur immediately, but healing is fostered and nurtured to eventually lead to more gradual positive outcomes. This focus on small steps of progress was also iterated by Janeen even when there may have been institutional pressure to create measurable outcomes:

> I think that that was really crystallized because I think, as a therapist, and we talked about this as a team so much, we put so much pressure on ourselves to want clients to feel better, right? And so we really struggle with that, especially with our clients that have experienced trauma. We want so badly for them to feel better. They want so badly to feel better. And then we work with such an interdisciplinary team that's so aware if we're succeeding or if we're not. And I think, really, in the past year, I've been able to let that go and just be like, "If I notice small shifts in this client, that's all I really need."

The gradual changes made by the client were seen to further be prioritized by participants. Although there may have been an institutional expectation to have the client meet more

standardized definitions of change, participants saw greater value in clients progressing at their own pace. Gradual shifts and small steps were thus honoured by participants. In nurturing these small changes, participants felt that this could allow clients to have their own needs met and their successes celebrated, as expressed again by Janeen:

> I don't know if I did this before, I know that I definitely do it now, but any little win, is a win. I think that that's a big lesson here - anything you do will be celebrated. You coming to therapy is huge…. Even when a client cancels session. Some clients struggle with establishing, prioritizing their needs, and if they can't come to therapy that day but they were gonna force themselves to and then they cancel, I just think that's a win.

Recognizing and validating successes has become a greater focus for participants after working with RGSCs. Regardless of magnitude, participants realized that small changes can signal clients' efforts to prioritize their needs and take steps in life that may not have previously been attempted. Thus, gradual and small steps in the healing process have become acknowledged and celebrated by participants since working with their RGSCs which has allowed them to value the unique process of client healing.

Celebrating Achievements Together

Participants expressed an increase in their ability to celebrate their RGSCs' achievements. When there were similarities in identity and an understanding of shared experiences, Carine and Albert further valued their client's successes while validating the hardships they overcame in order to reach their achievements. When clients were able to achieve certain milestones in the migration journey, participants shared feeling a deep sense of joy and happiness for their clients. This is seen in the following quote from Carine whereby her client's refugee claim was approved by the Canadian government: "Yeah, it was such a relief and

celebration when she had her refugee claim approved. So it being approved was such a relief and

it felt more like an achievement." In this case, Carine also felt a sense of success for her client's

approval to stay in Canada. Albert also expressed this sense of joy when he stated, "Yeah, I

mean, one thing for sure is that I feel like it is always a joy when you see people celebrating, you

know, when you see clients really having achieved something."

When sharing ethnic identities with their RGSC's, participants celebrated their clients'

successes at a deep emotional level. Albert shared feeling an urge to help his RGSCs celebrate

their successes and own self-worth. Considering Albert understood first-hand the challenges

faced by his RGSCs and the resilience needed to overcome such adversity, Albert acknowledged

that he could more easily point out such success in comparison to a clinician who may not fully

understand the adversity overcome by the clients. Albert expressed this as follows:

> Stuff like that, I'm able to point it out, I'm able to go back and say, "Hey, look at what
>
> we went through, and we are here in Canada. We need to celebrate!" So really, I think
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> that they, if they would have met a different therapist, like some clients would just work
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> on the issues that [they are] dealing with, right, or they may work on those issues. But I
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> think that self-worth, that celebration is missed…. But I think that really us having some
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> of those similarities in gender, similarities in faith or religion, and also really us coming
>
> from Rwanda and I think that it allowed me really to point out what they're doing really
>
> well.

Sharing the same experiences and identities in terms of ethnicity but also gender and religion

allowed Albert to see the strengths and achievements of his clients. He expressed the possible

notion of such achievements being missed if the clinician did not share an understanding of the

client's history. He also expressed the importance of taking the time to highlight such

achievements for clients and validate their efforts as it may be common for clients to dismiss their strengths. As identified by Carine and Albert, recognition is important to the healing process for clients and having shared identities can allow the successes to feel more deeply validating for clients.

Summary

This study is the first to illuminate the meaning-making process experienced by ethnic minority counsellors who have worked with RGSCs who have also experienced threats to their identities as ethnic minorities. The counsellors in this study described a journey in which they travelled from a lower ethnic salience to a higher level of ethnic salience and preservation following their work with their RGSC. During this journey, ethnic minority counsellors made meaning of their interactions with their RGSCs' by first resonating with their clients and seeing their identities reflected back at them through their clients' characteristics and experiences. In this process, the counsellors experienced a sense of safety, connection, and trust with their RGSCs, which contributed to how they viewed their clients' experiences of trauma and their capacities to overcome varying levels of adversity. In witnessing their clients persevere as intersectional beings despite the many challenges and the horrific trauma, counsellors began to experience personal and professional transformations in which they could see their clients' resilience as an ethnic minority, genocide survivor, and refugee be a mirror of their own inherent strength and ability to persevere. Counsellors shared having an expansive experience in which they developed greater hope in themselves as ethnic minority individuals, as well as a desire to embrace and preserve their ethnic identities as a core part of who they are and their personal coping resources. Personal transformations were also experienced by having a greater connection to humanity itself. Consequently, ethnic minority counsellors' desire to embrace and preserve

their ethnic identities spread into their professional lives which positively shaped their values, priorities, and skills. After working with their RGSCs, counsellors grew in: (a) their desire to serve and advocate for their own communities and other minority communities, (b) their goals to empower the ethnic identities of minority communities, (c) strengthened their professional skills in better supporting ethnic minority clients, (d) showed a desire to be role models for other ethnic minority communities, and (e) became stronger advocates for social justice and human rights through the vehicles of advocacy, community education and/or political participation. The positive transformations experienced by ethnic minority counsellors after working with RGSCs thus illustrated the powerful meaning-making that took place when ethnic minority counsellors saw themselves, their families, and their communities reflected in their clients while witnessing their clients persevere against tumultuous journeys. In the next chapter, I discuss the results of this study in the context of existing literature and present implications for future research and practice.

CHAPTER 5

DISCUSSION

A large body of past research has focused on how mental health service providers' personal and professional sense of self can be negatively affected by bearing witness to the adverse life stories and traumatic experiences of their clients, leading to poorer treatment outcomes (Iyamuremye & Brysiewicz, 2015; Pearlman & Mac, 1999; Wee & Myers, 2002). Among ethnic/cultural minority counsellors, these challenges can potentially be exacerbated by greater levels of distress in relation to oppression and racism or discrimination experienced in their own lives (Basma et al., 2021; Odusanya, 2016; Shell et al., 2021; Wee & Myers, 2002). In light of the current global political climate and COVID-19 pandemic, individually experienced and publicized events related to human and civil rights violations and racially-motivated hate crimes may represent a significant psychological burden for ethnic minority counsellors (Carter & Forysth, 2009; Comas-Díaz, 2016; Doorn et al., 2020; Gupta et al., 2022; Lipscomb & Ashley, 2020; Robino, 2019).

Although literature on the negative effects on mental health practitioners working with trauma has been largely developed, a shift in focus on the positive impacts of working with trauma has recently occurred. Vicarious resilience, a relatively newly emerging concept, focuses on the positive personal and professional impacts experienced by therapists after being exposed to their client's resilience, or positive adaptation in the aftermath of trauma or major life adversity (Acevedo & Hernandez-Wolfe, 2020; Hernandez et al., 2007). The seven dimensions of change experienced in vicarious resilience involve reflection on the capacities for healing, consolidating the value of therapy, regaining hope, re-evaluating personal concerns, valuing the role of spirituality in the healing process, valuing the role of community healing, and

contributing to social justice awareness in the professional and public realm (Hernández et al., 2010).

Vicarious resilience differs from the concepts of vicarious trauma and vicarious post-traumatic growth. In contrast to vicarious trauma which consists of the negative change in a counsellor's internal working model and worldview as a result of consistent exposure to a client's trauma material (Pearlman & Mac Ian, 1995; Pearlman & Saakvitne, 1995), vicarious resilience is the experience of positive transformations in counsellors as a result of witnessing a client's resilience (Hernández et al., 2007; Hernandez-Wolfe, 2018; Hernandez-Wolfe et al., 2014; Hernandez-Wolfe et al., 2015). Unlike vicarious post-traumatic growth, vicarious resilience does not require vicarious trauma to be a precursor and it does not involve the integration of trauma material into cognitive schemas in order to experience the benefits from witnessing a client's resilience. Instead, vicarious resilience is a process of meaning-making in which a counsellor observes and learns from their client's adaptability (Hernandez-Wolfe et al., 2015) and not their traumatic events (Barrington & Shakespeare-Finch, 2013; Coleman et al., 2021; Cosden et al., 2016). Existing research has found that counsellors can experience positive transformations when bearing witness to a client's positive adaptations after trauma (Craig Perlwitz, 2021; Michalchuk & Martin, 2019; Puvimanasinghe et al., 2015; Silveira & Boyer, 2015).

Counsellors who work with attempted genocide survivors have never been studied in relation to the concept of vicarious resilience, even though ethnic/cultural minority counsellors who themselves hold marginalized identities that may have made them vulnerable to various types of victimization, such as racism and discrimination, may be uniquely impacted by the resilience of attempted genocide survivors. This is due to the fact that genocide survivors are

targeted for annihilation due to their unique ethnic and cultural identities. This basic qualitative inquiry research study, using semi-structured interviews, aimed to address this important gap in the existing literature by directly exploring the experiences of five ethnic/cultural minority counsellors who had worked with or were working with an attempted genocide survivor who had positively adapted to or recovered from trauma and life adversity the person was exposed to. The interviews focused on the meaning these counsellors made of their own ethnic/cultural identities and the role of their identities in their lives after working with these clients, other personal and professional impacts of working with a resilient attempted genocide survivor, and how their work with these clients had affected their role in society, such as their commitment to social justice or human rights. Common themes among participant interviews were derived during the data analysis process to provide a balanced reflection of the shared meaning of their experiences and their cultural, personal, and professional impacts. This study took the novel approach of focusing on and trying to identify the positive impacts of the difficult work of supporting attempted genocide (trauma) survivors, contributing new knowledge about the potential benefits of helping those who have experienced major life adversity and more specifically racially/ethnically and culturally motivated annihilation. This study also examined the never before studied intersection between counsellor's ethnic/cultural minority status and that of their clients who are resilient attempted genocide survivors.

The purpose of this study was to explore the meaning-making of ethnic minority counsellors working with resilient genocide survivor clients (RGSC). The primary research question was: How are racial and ethnic/cultural minority counsellors working with attempted genocide survivors ethnically, culturally, personally, professionally, and socially impacted by their clients' resilience? The study was guided by the following specific sub-questions and areas

of inquiry: (a) What meaning do minority counsellors make of their ethnic/cultural identity and its impact on their lives as a result of having worked with a resilient genocide survivor? (b) How do minority counsellors interpret the interaction between their ethnic identity and those of their clients in facilitating their own and their clients' resilience? (c) What kind of meanings and commitments do minority counsellors develop in relation to social justice, human rights, and ethnic and racial equality after working with resilient genocide survivors? (d) How is their professional practice and role in working with other clients affected by the process of working with a resilient genocide survivor?

The findings of this study indicated that the interaction of ethnic minority identity within the client-counsellor dyad created an environment of understanding, safety, and empowerment, which allowed counsellors to make both personal and professional meaning after witnessing their client's resilience. Literature on same-race dyads in counselling suggests that racial matching can foster a deeper level of understanding and meaning due to a dyad's ability to resonate with each other (Goode-Cross, 2011a; Goode-Cross & Grim, 2016). Particularly among racially Black-identifying dyads, there can be a deep understanding of experiences that benefits the therapeutic relationship and working alliance (Brown et al., 2012; Cabral & Smith, 2011; Goode-Cross, 2011a; Goode-Cross & Grim, 2016). Simultaneously, it is reflected in the literature that cross-race/ethnicity dyads can also be therapeutically effective (Brown et al., 2012; Cabral & Smith, 2011). In this dissertation study, all ethnic minority counsellors were able to resonate with the experiences of their genocide survivor clients, whether within same- or cross-race/ethnicity dyads. Counsellors experienced a heightened racial consciousness and perceived similarities with their clients in terms of their own experiences as minorities, which created a sense of safety and connection and allowed them to turn inward and reflect on being an ethnic or racial minority. In

perceiving this similarity and understanding, the opportunity to have a secure and growth-inducing connection strengthened the therapeutic relationship which created the necessary atmosphere for vicarious resilience to be experienced by counsellors.

The main personal and professional transformations experienced by counsellors in this study aligned with, and significantly extended previous research by Hernández et al. (2007) in which mental health practitioners experienced shifts in "perceptions of themselves, their relationships, and their environment" (p. 238) as a result of witnessing the positive adaptations of their clients. In this dissertation study, these positive changes were noticed at a general level and in relation to the ethnic identity of counsellors. No other study has specifically examined how therapists' own ethnic identities and attachment to their race and cultural heritage is impacted by working with resilient genocide survivors, nor has uncovered how counsellors' increasing racial and ethnic consciousness impacts their subsequent therapeutic actions and beliefs about their own resilience potential. Therapeutically, the sense of familiarity with their clients also deepened feelings of empathy for the clients, nurtured the client-therapist bond, and created greater trust in the relationship, which aligns with findings reported by Goode-Cross and Speight (2014). When the therapeutic relationship is strengthened, counsellors can likely be more open to learning from and being positively transformed by their client (Engstrom et al., 2008). However, a new discovery of this research is the nature of the meaning-making process and the transformations experienced by counsellors after having witnessed the resilience of clients who had experienced threats to their ethnic, racial, and cultural identities. Counsellors in this study experienced a reshaping or consolidation in their own perception of their ethnic identity, how they relate to themselves and others as ethnic minorities, and how they aim to position themselves in the world as an ethnic minority counsellor and as advocates after working with their RGSC. In this chapter,

I address the research questions mentioned above, alongside my understanding of the study

findings relative to the existing literature. A discussion of the implications of these findings

follows, in addition to an evaluation of the study and its limitations. I then share my reflections

on my learnings from conducting this study and I conclude with suggestions for future research.

Connecting with the Client Before Transforming

Prior to reflecting on the meaning of their own ethnic identities and its impact on their

personal and professional lives, counsellors in this current study reported first resonating with the

identities and experiences of the RGSCs. In this section, I address the following sub-research

question: How do minority counsellors interpret the interaction between their ethnic identity and

those of their clients in facilitating their own and their clients' resilience?

Before experiencing vicarious resilience, counsellors reported deriving meaning from

their interactions with their RGSC. Counsellors expressed that the interaction of shared identities

between themselves and their client led to them noticing and acknowledging the similarities and

recognizing or becoming increasingly aware of shared experiences related to their ethnic/racial

identities, such as experiences as migrants or refugees, experiences of racism and discrimination,

and being faced with systemic barriers or racial/cultural oppression. This consciousness-raising

seemed to occur for the counsellors at both the micro (or individual) level, as well as at the

macro level (in terms of the experiences of their families and experiences of minorities,

migrants/refugees, and attempted genocide survivors in society at large). Counsellors shared

resonating with their clients based on physical similarities, community history, gender,

experiences of systemic oppression, and experiences of cultural pride. The interaction between

these sociocultural factors in the therapeutic relationship led counsellors to further reflect on

different facets of identity, particularly ethnic and racial identity, and their intersectionality with gender and other aspects of themselves.

The perception of similarities between counsellors and their clients created an environment that contributed to opening the doors to vicarious resilience and the positive transformations in counsellor ethnic identity. Counsellors often saw aspects of their own families and communities reflected in their RGSC, creating a sense of closeness and connection to their client. The shared experiences associated with these identities contributed to the counsellor and client to mutually influencing one another. When a client and counsellor can be mutually influenced by one another, there is the "possibility to appreciate, attend to, and make meaning out of the process whereby therapists can heal, learn, and change with clients" (Acevedo & Hernandez-Wolf, p. 477). By first acknowledging the commonalities between themselves and their clients, counsellors were able to access pathways toward making meaning of their own ethnic identities and facilitating their own and their client's resilience.

In viewing similarities in identities and experiences, counsellors valued these interactions and saw themselves reflected in their clients which created a sense of safety, connection, understanding, and trust within the therapeutic relationship. The strengthening of the therapeutic bond allowed counsellors to be open to prizing their clients' stories of resilience in which they were then able to see themselves in their clients' journeys of adaptation. The process of viewing themselves in their clients' identities and experiences, and their clients' abilities to overcome adversity encouraged counsellors to make meaning out of their clients' capacity to heal as ethnic minorities. Counsellors were witnesses to the adaptability of their clients who, as ethnic minorities, continued to preserve their own ethnocultural identities despite attempts to persecute them. Counsellors were witnesses to the identities of their clients and saw themselves reflected in

their clients which helped counsellors later turn inward and self-reflect on their own identities,

particularly their ethnic identities, to re-evaluate the meaning, importance, and positioning of

their cultural and ethnic heritage within their own lives. This finding is a novel contribution to

the experiences of ethnic minority counsellors working with genocide survivors. The initial

meaning-making process that occurs for ethnic minority counsellors when working with an

ethnic minority survivor of genocide involves first experiencing a sense of familiarity with the

client which allows the counsellor to feel reflected by the client, mirroring aspects of the

counsellor's identity. Being able to resonate with an RGSC then promotes a sense of safety and

trust that fosters the therapeutic relationship which creates opportunities to perceive healing and

an openness to the experience of vicarious resilience.

Personal Transformations and Vicarious Resilience

In this section I address the personal transformations experienced by the ethnic minority

counsellors who participated in this study. The positive changes that occurred in the personal

lives of these counsellors were a part of a meaning-making experience that counsellors engaged

in while working with their RGSCs which addresses the following sub-research question: What

meaning do minority counsellors make of their ethnic/cultural identity and its impact on their

lives as a result of having worked with a resilient genocide survivor? In addition, in this section I

address part of the following sub-research question focused solely on the facilitation of resilience

among the counsellors: How do minority counsellors interpret the interaction between their

ethnic identity and those of their clients in facilitating their own and their clients' resilience?

The stages of ethnic identity development and the meaning associated with one's identity

are malleable and can influence how connected an individual feels toward their ethnocultural

group (Berry, 2006; Berry & Sam, 2016; Liebkind et al., 2016; Phinney, 2003). Depending on

the context, the saliency of ethnic identity can fluctuate. One's awareness of their own ethnic identity and group membership can change from situation to situation (Meca et al., 2018). In this study, the similarities in identities and social locations of the counsellors and their attempted genocide survivor clients made the counsellors' identities more salient to them both inside and outside of the therapeutic relationship. Counsellors reflected on the ways in which they struggled with their own ethnic identity which guided them to grow closer to their respective heritage and communities. Two counsellors, Albert and Janeen particularly expressed a greater sense of identification with their own ancestry, and ethnocultural values and norms. Initially, both counsellors recognized their identity as being segregated from certain aspects of the self that kept them at a distance from their own ethnic communities. However, after witnessing their ethnic minority RGSC draw on their ethnicity and cultural resources to overcome trauma and life adversity, all counsellors, but Albert and Janeen especially, felt propelled to grow closer to their identities.

In the Racial/Cultural Identity Development (R/CID) model Sue and Sue (2016) outline five levels of development racial, cultural, and ethnic minority individuals are likely to experience in relation to their understanding of their own culture, the dominant culture, and the relationship between both cultures. The five levels of identity development are conformity, dissonance, resistance and immersion, introspection, and integrative awareness. Throughout these phases individuals engage in a dynamic process in which they grapple with integrating values, beliefs, and attitudes from their own culture and the dominant culture which come to shape their identity (Sue & Sue, 2016). Through these stages an individual is seen to progress through stages of identifying with and internalizing the dominant culture's assumptions of one's marginalized status, to challenging one's own assumption due to encountered dissonance. In later

stages, an individual begins to abide with minority views and neglects dominant views and can

begin to form an individual view of the self in relation to their own culture and can finally

equally appreciate the value in both cultures (Sue & Sue, 2016). Similarly, Phinney's (1989,

2007) developmental model of ethnic identity emphasizes a process of exploration and

commitment as being foundational to the development of ethnic identity for ethnic minority

individuals. In the process of exploration, an individual further learns about their heritage and

beliefs and understands its impact on their life. The process of commitment involves making

clearer decisions "regarding the meaning of one's ethnicity and the way one will live as a group

member (Phinney et al., 2007, p. 479). Phinney's ethnic identity development statuses include

identity diffusion, identity foreclosure, moratorium, and identity achievement. The progression

through these statuses promotes a sense of belonging, connectedness, and positively shapes one's

self-concept (Phinney, 1990).

Depending on the period of an individual's life and social conditions, "individuals may

adopt different modes [and degrees] of identity representation" (Liebkind et al., 2016, p. 39). In

this study, witnessing an RGSC's ability to advocate for themselves and their families, in

addition to witnessing them defend and nurture their ethnocultural identities after persecution

and attempted genocide, empowered counsellors to strengthen and preserve the meaning and

representation of and connection to their own ethnic identity. All counsellors in this current study

showed a process of exploring positive and negative beliefs about their own group and about

outside groups and committing to a clearer understanding of the meaning their own identity

holds for them. Applying the R/CID model, counsellors in this study were found to be in the

conformity phase, the resistance and immersion phase, or the integrated awareness phase when

first beginning with their RGSC. Within the conformity phase, some counsellors, such as Albert

and Janeen shared a dislike of or disconnection from their ingroup in different degrees. Both

counsellors expressed a negative perception of their ingroup either through wanting to avoid

working with their community or not wanting to use their native legal name, for instance. In both

cases, potential feelings of shame were experienced which created a degree of separation from

their ingroup. The Resistance and Immersion phase was especially experienced by Jay. Jay

previously identified a preference for his own ethnic community that would incite feelings of

pride and honour and enhanced his self-esteem (Sue & Sue, 2016). On the other hand, Carine

and Akhila both shared an appreciation for all cultures, including their own, prior to working

with their RGSCs which is more likely to reflect an integrative awareness phase within the

R/CID model. Following their interaction with their RGSC, counsellors expressed making

meaning of their therapeutic work in a way that promoted racial and cultural identity

transformations. From the conformity phase, counsellors moved into the dissonance phase and

showed a prospective journey into the integrative awareness phase. This transformation indicated

that counsellors' denial regarding their racial, cultural, and ethnic identities was being challenged

and counsellors were able to better view the positive aspects of their ethnic identity. Such

counsellors also showed traits of the integrative awareness phase in the acknowledgement of the

possibility of both acceptable and unacceptable aspects of all cultures and a desire to selectively

choose positive group values (Sue & Sue, 2016). From the resistance and immersion phase, a

counsellor moved into the introspection phase and demonstrated a path towards the integrative

awareness phase. This transformation indicated a process of meaning-making in which the

counsellor acknowledged their strong allegiance to their ingroup, but later began to see the value

in other cultures and a need to understand the differences in oppression experienced by other

groups. Lastly, within the integrative awareness phase, counsellors appeared to strengthen and

consolidate their inner sense of security, self-worth, and confidence (Sue & Sue, 2016). This strengthening transformation indicated a greater appreciation and pride in one's culture, while also acknowledging the richness in having an individual sense of identity and a universal level of identity (Sue & Sue, 2016).

The ability to travel through racial/cultural identity phases was possible for counsellors through their abilities to explore and make commitments to their ethnic identities. Using Phinney's (1989) developmental model of ethnic identity, counsellors in this study interacted with their RGSCs and engaged in a process of meaning-making in which they were able to further explore their ethnic identity and its implications for their lives. They were also able to make commitments to their ethnic identities by making decisions to bring further meaning to their identities by better engaging and participating as members of their respective ethnic/cultural groups and taking steps to actively preserve their cultural heritage and community ties (Phinney et al., 2007). Counsellors in this study showed the process of exploration by not only expressing their desired effort to learn about their ethnic history, practices, and beliefs, but also acting toward and making the commitment to further developing the meaning their ethnic identities have in their lives by experiencing a sense of comfort and belonging to their ethnic groups (Phinney et al., 2007).

Prior to working with their RGSCs, most counsellors showed some elements of either moving from a foreclosed status to an achieved status, a moratorium status to an achieved status, or showed consolidation of an achieved status. One participant, Jay, shared experiencing cultural humility as a result of working with their RGSC. As a part of their exploration process, Jay evaluated his relationship to his own ethnicity and heritage and identified his tendency to have a greater preference for his own ingroup. Ingroup biases can occur among ethnic minority

individuals in which they may prefer their ingroup and have a lower appreciation for outgroups (Liebkind et al., 2016). After noticing his client's deep fondness for their own culture and his client's ability to use their culture as a resource, Jay experienced a positive shift in his ethnic identity. Jay reported feeling a greater sense of safety and belonging to his ethnic group while also viewing diverse outgroups as equally valuable. In working with his RGSC who demonstrated effective use of culture as a resource for coping, Jay appeared to see value in diverse cultures. Similar to his movement into the introspection and integrative awareness phase within the R/CID model, Jay moved into the achieved status by engaging in a deeper understanding of his group in relation to other groups which helped him develop a clearer sense of belonging that involved lessened tension and a more balanced commitment to his identity. Phinney and colleagues (2007) identify that ethnic minorities can achieve a status of ethnic identity in which they understand the meaning of their identity and have a strengthened sense of belonging to their ingroup. When this status is achieved, an individual can feel less threatened by other groups and can develop a sense of security to one's ingroup, which appeared to occur for Jay. On the other hand, Janeen and Albert both evidenced being in the moratorium status of having explored their identities with uncertainty regarding the meaning and role of their belongingness to their groups prior to working with their RGSCs. After working with their RGSCs, both counsellors appeared to show elements of moving towards an achieved status in which they were able to explore and understand the context of their identities while developing a sense of security with and acceptance of their own identities (Phinney, 1989), which is similar to their movement between the R/CID phases of dissonance and integrative awareness. Lastly, both Akhila and Carine demonstrated a strengthening in their efforts to understand and make meaning of their identities which consolidated their sense of belonging to their groups. Both counsellors

showed further reflection regarding their identities whereby they questioned the importance of group values and beliefs, which further fortified their commitment to their identities and promoted a phase of integrative awareness.

Furthermore, counsellors perceived their clients to heal as ethnic minorities who used both individual coping strategies and culture as a coping resource. Individual coping strategies included traits of wisdom, perseverance, and self-advocacy which encouraged counsellors' own willingness to speak up, overcome challenges, and thrive as ethnic minorities themselves. Counsellors also viewed strengths in their clients' willingness to use culturally related resources of coping such as the prioritization of family needs over individual goals and having a strong work ethic. The perseverance of ethnic minority women, the perseverance of migrants and refugees, and the growth capacities of migrants and refugees to be vulnerable were interpreted to be inherent in their RGSCs as ethnic minorities. The strengths of the RGSCs were further perceived through the ethnocultural beliefs held by counsellors regarding ethnic minorities and migrants. Viewing resilience in their RGSCs created shifts in counsellors' own attitudes and beliefs regarding themselves as ethnic minorities and their own abilities to overcome challenges and adversity. More specifically, counsellors experienced increased feelings of belonging and security within their respective communities, a greater sense of ethnic pride, a deeper intergenerational connection, a drive to preserve their identities, and greater identification with their cultural values. Previous research that suggests that having a clearer understanding of one's ethnic background and the challenges often faced by one's ingroup can foster a more positive sense of self (Phinney, 1992). Related to this current study, when ethnic minority counsellors are able to witness resilience among their ethnic minority RGSCs, vicarious resilience can open opportunities to not only make ethnic identity salient but also enhance the centrality or the

importance of ethnic identity in a counsellor's life. When ethnic centrality is increased, while also identifying with the host-culture, a greater sense of belonging and daily wellbeing can be experienced (Berry et al., 2006; Meca et al., 2018).

Integrating the R/CID model and the developmental model of ethnic identity, this study demonstrated the meaning-making process and transformations in the racial, cultural, and ethnic identity experienced by ethnic minority counsellors who have worked with RGSCs. A new discovery of this research is the opportunity for meaning-making that can occur for ethnic minority counsellors in which such counsellors can experience a development in ethnic identity salience and centrality after witnessing their own attempted genocide survivor clients preserve their own ethnic identities and cultural heritage after direct attempts at cultural annihilation. This study demonstrated that through social learning, counsellors can learn to view their identities as a source of strength and resilience and draw on them in overcoming adversity and can develop a view of their identities as holding a meaning of belonging, cultural pride, empowerment, and purpose. Counsellors' experiences of strengthening the salience and centrality of their ethnic identities, however, was tempered with a realization of their increased vulnerability to oppression as ethnic minorities.

While learning from their RGSCs led to a strengthening in their ethnic identities, counsellors in this study acknowledged that the increased meaning their ethnic identities had in their lives led them to be attuned to their shared vulnerability to racism, discrimination, oppression, and systemic barriers with their clients. The R/CID model indicates that as an individual progresses through the identity phases, one becomes more aware of the "acceptable and unacceptable aspects in all cultures" (Sue & Sue, 2016, p. 252), views less conflict between their own group and that of others, one aims to understand the oppression of all groups, and

develops degrees of trust and openness to the dominant culture (Sue & Sue, 2016). However, with more strongly developed levels of ethnic identity, it is possible for individuals to still feel isolated because of their differences being emphasized compared to the host culture and greater sensitization to oppression (Choi et al., 2020; Iwamoto & Liu, 2010; Shelton & Sellers, 2000).

As discrimination continues to exist, the development of ethnic identity involves a greater understanding of social issues and a greater awareness of its effects (Sue & Sue, 2016). Connection to ethnic identity can be sustained when individuals continue to think critically of issues of discrimination and oppression (Quintana, 2007). Counsellors in this study expressed being more aware of issues of oppression and at times still feeling a sense of isolation from others. Within this dual appreciation of the strengths and value of their ethnic identities and their continued sense of vulnerability to discrimination due to these identities, counsellors felt a sense of responsibility to address racial and cultural oppression and barriers by advocating for themselves, their clients, their communities and other minoritized groups. Instead of feeling conflicted by injustices, counsellors in this study derived meaning from their development in ethnic identity to take on the responsibility of serving and advocating for their own community and other oppressed groups. Ethnic minority counsellors, such as Black counsellors, who acknowledge the social injustices experienced by oppressed groups have been found to incorporate strategies, dialogue, and interventions in their therapeutic work to reduce related effects for clients of oppressed communities and to help them learn to navigate spaces of the dominant culture (Goode-Cross, 2011b; Goode-Cross & Grim, 2016). The use of cultural practices, awareness of the role intersectionality plays in mental health, culturally appropriate interventions, and engagement in advocacy and anti-racism work are particularly essential to promoting health equity and mental health among racialized communities, particularly Black

refugee Canadians whereby inequities in social determinants of health are experienced (King et al., 2021). It is possible that as counsellors are able to continue to develop their ethnic and racial affect, or their feelings of positivity and pride about their ethnicity or race, counsellors can further strengthen and protect their psychosocial adjustment (Rivas-Drake et al., 2014) allowing them to continue to develop their ethnic identities and advocate for others in similar social positions.

The self-concept and self-esteem of ethnic minority counsellors in this study was strengthened through the heightened centrality of ethnic identity and the perception of ethnic identity as a resource. Counsellors in this study experienced a widening of their perception of the strengths inherent to themselves and their own communities which lessened tension previously held in their ethnic identities and helped with strengthening their own resilience as ethnic minority individuals. As ethnic identity develops into more mature states, ethnic minority individuals are found to experience more positive adjustment (Meca et al., 2018; Quintana, 2007; Sue & Sue, 2016). Instances of ethnic and racial socialization, or the cultivation of racial-cultural pride, can also promote the development of ethnic and racial identity (Ayón et al., 2020; Brown et al., 2012; Quintana, 2007).

It is possible that the meaning-making process experienced by ethnic minority counsellors when undergoing vicarious resilience can contribute to their own psychological health. Research indicates that an integrated and acculturated ethnic identity can create a secure sense of self, helpful meanings associated with ethnic identity, and greater self-esteem (Phinney, 1989; Phinney & Kohatsu, 1997). A stronger sense of ethnic and cultural pride can also positively influence the effects of general stress and wellbeing on a day-to-day basis (Kiang et al., 2006). In this current study, counsellors experienced a strengthening in their identity and

grew in their sense of hope and empowerment as ethnic minorities. They felt empowered in their own abilities to persevere after witnessing their client adapt, heal, and be vulnerable despite their many challenges as ethnic minorities, attempted genocide survivors, and refugees. Within the frame of vicarious resilience and its theoretical foundation of social learning theory, counsellors in this study engaged in a reciprocal process of learning from the positive transformations made by their client. Given the association between a positively internalized identification with ethnicity and self-concept (Tajfel & Turner, 2004), the opportunity to learn from a resilient client appeared to contribute to the process of further exploring and developing a clearer internalized meaning of their own ethnic identity. In the vicarious resilience literature, counsellors can experience a strengthening at a conscious and subconscious level that inspires their own perseverance and motivation to move forward, identify their own strengths, and empower a desire to foster patterns of their own resilience like that of their client (Edelkott et al., 2016; Engstrom et al., 2008; Hurley & Kirwan, 2020). Aligning with research on vicarious resilience, ethnic minorities can gain a more stable sense of ethnic identity, develop a more positive sense of self, a greater feeling of mastery, and more positive interactions and relationships when there is a greater sense of "acceptance and internalization of one's ethnicity" (Phinney, 1989, p. 38; 1992). So far, no other study has investigated how ethnic minority counsellors are impacted by the resilience of genocide survivor clients. Counsellors in this study demonstrated how the renewed meaning they associated with their own ethnic identity was influenced in the process of vicarious resilience which helped fortify their sense of self and made their ethnic identities more salient and central to their lives after witnessing their clients relentlessly protect their own identities. Each counsellor developed a more stable inner sense of security regarding their identities (Sue & Sue, 2016) and viewed their own ethnicity and cultural values as a source of

strength of self and community preservation. The process of meaning-making engaged in by ethnic minority counsellors in working with RGSCs is an original contribution to the understanding of the experiences of ethnic minority counsellors and the role of ethnic identity in facilitating vicarious resilience. There is little understanding of the experiences of ethnic minority counsellors and their opportunities to develop resilience within the therapeutic relationship.

On a more general level, counsellors were able to experience a rejuvenation of hope, gratitude, and life satisfaction. Despite a greater awareness of trauma in the world, counsellors working with clients who have experienced trauma have been found to grow in their self-trust in overcoming life challenges (Silveira & Boyer, 2015). Counsellors in this study expressed experiencing an increase in hope for themselves and being able to generalize this sense of hope towards other clients in believing they can also persevere (Hernandez-Wolfe et al., 2007; Michalchuk & Martin, 2018). Literature on hope indicates that hope is significantly correlated with compassion satisfaction (Browning et al., 2019) and can lead to more positive experiences within an individual's personal life, including their relationships (Snyder et al., 2001 as cited in Browning et al., 2019). It is possible that counsellors in this current study could have also experienced a positive shift in their relationships as a result of an increased sense of hope in life.

This is the first study to examine the impacts of working with resilient attempted genocide survivors on ethnic minority counsellors. Counsellors described becoming more adaptable to life difficulties, viewed their own life challenges as less severe, felt a greater flexibility in their thinking, and also felt more confident in their own decision making. Similar findings are reflected in the vicarious resilience literature that has focused on other counsellor and client populations. For example, after working with trauma survivors and under-resourced

children, researchers (Hernandez-Wolfe et al., 2015; Hurley & Kirwan, 2020) have found that

counsellors and helpers can experience positive changes not only in their self-perception, but

also regarding the world around them. Considering the significant adversity faced by trauma

survivors and their ability to adapt, helpers can gain greater flexibility in their thinking, put their

challenges in perspective, and develop more gratitude in life, which allows them to also focus on

what can be controlled versus what cannot be controlled in life (Acevedo & Hernandez-Wolfe,

2014; Edelkott et al., 2016; Engstrom et al., 2008; Hernández et al., 2007; Michalchuk & Martin,

2018; Silveira & Boyer, 2015). Gratitude itself can be a factor that can help prevent burnout, as it

can increase levels of social support, foster more adaptive coping skills, and foster emotional

health (Browning et al., 2019; Lin, 2015).

The development of spirituality and existentialism is common in the literature on

vicarious resilience (Hernández et al., 2007; Silveira & Boyer, 2015). Similarly, in this study,

counsellors felt more enriched in their spirituality, felt a deeper sense of humanness, felt their

relationships strengthen, and had a more developed meaning of existence and a deeper gratitude

and acceptance for life. As a result of hearing stories of trauma but also witnessing clients sustain

human capacities for love and connection despite trauma, counsellors deepened their own

understanding of the universality of pain and the perseverant depths of the human spirit (Edelkott

et al., 2016; Hernandez-Wolfe et al., 2015; Silveira & Boyer, 2015). Through the development of

stronger spiritual practices counsellors can also protect against burnout and can experience a

strengthening in their quality of life (Browning et al., 2019). My finding of a strengthened sense

of human connection as a part of vicarious resilience is supported by studies that have also

demonstrated that vicarious resilience can include the re-evaluation of one's own life whereby

one's relationships with others strengthen and become more compassionate (Acevedo &

Hernandez-Wolfe, 2014; Edelkott et al., 2016; Michalchuk & Martin, 2018; Silveira & Boyer, 2015).

Through resonating with their RGSC, ethnic minority counsellors developed personal meaning as a part of their experience of vicarious resilience. Witnessing the resilience of their client and being aware of the interaction between social contexts, particularly in relation to ethnic identity, opened the possibility to learn and heal alongside their client. As mentioned by Brown (2008, as cited in Hernandez-Wolfe et al., 2015), it is important for counsellors to acknowledge and recognize their multiple identities and their own intersectionality so that their privilege does not interfere with the ability to learn from a client and perceive a client's efforts. Given the results of this study, it can however be argued that the acknowledgment of identities and intersectionality is integral not only to the role of privilege but also the opportunities that intersectionality can present for opening doors to the experience of vicarious resilience within the therapeutic space. In this study, the intersectional dimensions of ethnic minority counsellors were not unbeknownst to them; it was easy to access these aspects of their identity given their visibility and prominence in their lives. This conscious awareness of ethnic identity appeared to foster greater awareness of the interaction between ethnic minority counsellors' ethnocultural and intersectional identities and that of their client's which created the necessary space to better learn from their client's resiliency. By both seeing themselves in their client and understanding their client's experiences, counsellors felt further connected with their own ethnocultural identities and their own strengths as a result of viewing their ethnic minority RGSC's perseverance despite threats to their own identities. In addition, counsellors interpreted the interaction between their ethnic identity and those of their RGSCs to facilitate their own resilience which generated a strengthening in their own coping skills, perceptions of life and the

world, and positive behavioural traits (e.g., hope, spirituality, gratitude). There is a relational and mutual influence within the therapeutic relationship, which is also embedded in social context that allows for vicarious resilience to occur. Acevedo and Hernandez-Wolfe (2014) demonstrated that, through a relational process, helpers learn from observing others act "effectively in relation to larger forces and structures and they [can also] observe their own competence and reflexive sense of efficacy as they themselves negotiate these structures" (p. 487). Similarly, ethnic minority counsellors in this study made meaning of and learned from this relational process due to their ability to resonate with and understand their client's social context and experiences.

<div align="center">**Professional Transformations and Vicarious Resilience**</div>

Following their work with their RGSC, ethnic minority counsellors in this study experienced shifts in their own professional roles, skills, and goals. After being pushed towards embracing their ethnic identities, counsellors perceived the interaction of shared identities to shape foundational elements of the therapeutic process and contribute to developments in their therapeutic skills. They also valued ethnic identity as a therapeutic resource, experienced a deepened desire to serve their own and other ethnic minority communities, and grew in their commitments to social justice. In this section I address sub-research questions focused on the experience of vicarious resilience in relation to positive shifts that occurred for counsellors within their professional lives. I address the following question only in relation to the client: How do minority counsellors interpret the interaction between their ethnic identity and those of their clients in facilitating their own and their clients' resilience? I also address a sub-research question in relation to the professional changes experienced by counsellors as social citizens, which includes: What kind of meanings and commitments do minority counsellors develop in relation to social justice, human rights, and ethnic and racial equality after working with resilient

genocide survivors? Lastly, I address a sub-research question emphasizing the positive changes experienced by counsellors within their professional roles, which includes: How is their professional practice and role in working with other clients affected by the process of working with a resilient genocide survivor?

The interaction of counsellors in this study with their clients was perceived to facilitate client resilience. Sharing similarities in identity and experiences fostered positive emotionality and opportunities to nurture clients' strengths. Counsellors in this study experienced deeper empathy for their clients and a greater sense of joy for their client's achievements. Counsellors also saw more value in their client's successes and could better perceive their hardships and their abilities to overcome adversity given their shared understanding with their client. When counsellors can feel greater empathy for their clients, the therapeutic relationship can be strengthened which benefits client outcomes (Wampold & Imel, 2015). Wampold (2007) suggests that positive therapeutic outcomes rely heavily on a client's ability to trust that their counsellor will act in the client's best interest. Similarly, as found in this current study, when counsellors were able to share their empathy and joy counsellors perceived their client as experiencing greater safety and trust toward the counsellor. Counsellors thus reportedly felt encouraged to respond more effectively and guide the client through deeper exploration. Shared experiences and understanding not only fostered the counsellor's transformation but also nurtured the therapeutic bond for the client by facilitating further trust and safety. When an empathic and trusting bond is built, the therapeutic relationship can especially help facilitate client exploration, goals, and outcomes (Wampold & Imel, 2015). In a cyclical nature, the therapeutic relationship can thus contribute to the therapeutic process (Finsrud et al., 2021; Hill, 2014; Wampold, 2007), which can create feelings of trust and connection, and can build client

resilience, which can encourage vicarious resilience (Tassie, 2015). As a result, when the therapeutic relationship can be nurtured, it can be mutually healing for both the client and the counsellor (Edelkott et al., 2016).

The development of greater empathy and the meaning-making process of re-evaluating one's own ethnic identity appeared to encourage counsellors to feel an openness to using their own ethnic identities as a tool to further cultivate the therapeutic relationship. Counsellors in this study shared their cultural customs and beliefs with their RGSCs which allowed for a deeper level of understanding and greater feelings of safety and trust within the relationship. When counsellors shared cultural beliefs and experiences, counsellors could better identify client strengths, view them as inherent to the client, and used these strengths to help clients work towards their goals. This finding is echoed by Edelkott et al. (2016) whereby counsellors who had experienced vicarious resilience were likely to shift their therapeutic tasks to ensure client needs were met. Counsellors' process of sharing cultural beliefs with clients and its positive effect on their perception of strength and therapeutic outcomes is also an extension to the vicarious resilience literature. When counsellors can use their ethnic identities and social locations as therapeutic tools after learning from resilient genocide survivors, the resilience of clients can be fostered which points to the importance of acknowledging the positive role of intersectionality within the therapeutic relationship.

The possibility for counsellors to become role models for their ethnically similar clients and other members of their own racial or ethnic communities appeared to be another avenue toward establishing a stronger bond with them founded on safety, understanding, and trust. Counsellors expressed using personal and communal examples of preserving aspects of their ethnic and cultural identities to encourage clients to continue to thrive as individuals in Canada,

while sustaining and developing further attachments to one's own heritage. The findings in this study align with previous research that has shown that racial representation can contribute to the development of the therapeutic relationship by creating feelings of understanding and comfort within the client (Goode-Cross, 2011a; Goode-Cross & Grim, 2016; Goode-Cross & Speight, 2014; Maki, 1999; Marks & Miller, 1987). In addition, racial representation, and client perception of similarities between themselves and the clinician can create a personal connection that is pre-established prior to the start of the therapeutic work (Goode-Cross, 2011a). The findings of this study extend the existing literature by identifying how attempting to serve as a role model for ethnic minority clients and actually changing one's practice to implement interventions that are aimed at ethnic empowerment after having worked with a resilient attempted genocide survivor reaches a different level of use of counsellor's sense of self in facilitating client wellbeing.

There were clear shifts in professional priorities towards social change that occurred in this study in the desire for counsellors to better empower ethnic minority clients. Possibly due to their own strengthened identities and witnessing the resiliency in their own RGSC, counsellors acknowledged the important role of ethnic identity in relation to the experience of resilience for ethnic minority clients and their drive to help clients sustain or grow closer to their ethnic identities. Researchers have previously indicated that ethnic identity has been found to be a resource among minorities as it can influence how one relates to themselves and others (Kiang et al., 2006; Phinney, 1989, 1992; Phinney & Kohatsu, 1997). In this current study, counsellors intentionally empowered the ethnic identity of their client by using their own connection to their ethnic identity as an example of preserving one's beliefs and identity as newcomers to Canada. In a study by Puvimanasinghe and colleagues (2015) on counsellors' ways of instilling hope

among clients, recalling the success stories of other refugee communities and sharing them with other clients struggling with similar situations was one major avenue for building hope. This finding is a novel contribution which displays positive and intentional shifts in therapeutic approaches after ethnic minority counsellors engage in a meaning-making process with resilient attempted genocide survivors. The opportunity to witness the resilience and perseverance of attempted genocide survivors, in addition to the strengthening of counsellors' own ethnic identities facilitated the use of the self as a meaningful tool in fostering client resilience by helping clients reclaim or stay connected to their identities. Discussions of colonialism and sharing personal and community stories of success were also used to build pride and self-acceptance among other minority clients. Especially after being better able to see their own, their community's and the general strengths of ethnic minorities after working with their RGSC, counsellors were driven to be role models as ethnic minority professionals who have overcome systemic barriers and have been able to thrive despite related challenges.

The professional practice and role of counsellors in this study continued to shift towards feeling a greater sense of duty to serve their own communities and diverse populations. When counsellors were able to reconnect or strengthen their own ethnic identities after learning from their RGSC, they experienced an increased sense of responsibility and duty to help their own and other ethnic minority communities thrive and succeed. At a personal level, Phinney et al. (2007) particularly expanded on the connection between ethnic identity and attitudes towards others. When an ethnic minority has an "achieved", stable, and confident sense of ethnic identity, the individual can understand the role and meaning of their ethnicity, have a clearer and more secure internalized ethnic identity, and have a more positive outlook on other ethnic groups. To this effect, counsellors in this study felt greater pride in their own ethnicity, viewed themselves as

valuable resources, and felt honoured to be a representative of and role model for ethnic

minorities. Combined with their expertise, when feeling more connected to their own

communities, counsellors in this study reported feeling honoured and privileged to also serve

other minority communities. This finding aligns with studies on vicarious resilience in which

counsellors working with resilient trauma survivors can experience an increase in personal

meaning, a greater sense of duty to serve others (Engstrom et al., 2008; Hernandez-Wolfe et al.,

2015; Michalchuk & Martin, 2018), and can feel more valued and purposeful in their

professional role which positively impacts their sense of professional efficacy (Michalchuk &

Martin, 2018; Silveira & Boyer, 2015). As an extension to the current literature, this study

highlights the positive impact of witnessing the resilience of attempted genocide survivors on the

professional roles of ethnic minority counsellors. The effect of feeling more purposeful in

serving their own communities and other diverse populations demonstrates the meaning ethnic

minority counsellors derive from working with individuals who continue to preserve their ethnic

identities following persecution. Ethnic minority counsellors not only view their own identities

as aspects of the self that require nurturing but view ethnic identity as a valuable and powerful

resource that helps foster their own sense of self and the health of diverse communities. For

ethnic minority counsellors, a sense of professional purpose appears to also promote strength at a

communal level, leading counsellors to feel more connected to their identities through serving

communities and seeing communities thrive in their own power.

The deepening of meaning and purpose, in combination with an embracing of identity,

appeared to shape counsellors' roles as agents of social change within personal and professional

contexts. Strengthened commitments and actions taken on by counsellors included community

outreach, involvement in social justice committees within the workplace, and an increased

commitment to political, educational, and institutional change to address issues such as racism and discrimination and systemic oppression. In addition, counsellors became more dedicated to using counselling as an avenue for change by helping clients learn to advocate for themselves, better navigate systems, provide psychoeducation on racial oppression and microaggressions, and foster client empowerment.

There is a necessity for advocacy and anti-racism work in counselling. The effects of racism, discrimination and microaggressions, and systemic oppression are vast (Jadotte et al., 2022; Kim et al., 2019; Sue & Sue, 2016). Ethnic minority clients, including those at risk of lower social determinants of health, are likely to experience social injustice from subtle to blatant forms of violence (Carter, 2007). Psychophysiological impacts can also be pervasive through the effects of racism and microaggressions on the perception of discrimination which instigate behaviours of hypervigilance and helplessness. As an effect, such responses activate biological systems that have been found to negatively impact the immune, cardiovascular, and gastrointestinal systems (Jadotte et al., 2022). The psychological impacts of microaggressions and internalized racism can also negatively affect self-esteem, emotional health, and psychological wellbeing (Carter, 2007; Este et al., 2018; Forrest-Bank & Cuellar, 2018; Jadotte et al., 2022). These challenges have been found to impact ethnic minorities at different levels of life. Within the realm of employment, racial minority employees who experience microaggressions can have difficulties concentrating in the workplace, tend to ruminate over such instances, can be made to feel insignificant and invisible within the workplace (Kim et al., 2019), and can often second-guess their experiences and process events in isolation due to a lack of support from employees (Odusanya, 2016). These effects can be seen at the individual, familial, and communal levels which only reproduce greater disempowerment (Hwang, 2016a).

When working with diverse and immigrant clients it is essential to understand and address the sociopolitical issues and adversities often faced by these populations in order to individualize treatment and optimize therapeutic outcomes (Hwang, 2006). Particularly for diverse communities, safety is continuously under threat given the experiences of discrimination and oppression, which requires a socioecological and social justice lens when providing services (Arriagada, 2022).

When counsellors focus on building the ethnic identities of their clients towards an integrative awareness phase as a key therapeutic task, clients can better use their identities as a protective tool against the psychological effects of microaggressions and learn to respond to microaggressions in a self-protective manner (Forrest-Bank & Cuellar, 2018). Among most ethnic groups, ethnic identity has been found to be related to self-esteem, and to psychological health and academic self-efficacy in select ethnic groups (Forrest-Bank & Cuellar, 2018). It is however possible that group membership can create negative feelings among minorities, even if temporarily. Particularly when entering spaces of inequity (Choi et al., 2020; Marks et al., 2020), this sense of dual appreciation as previously mentioned, points towards the vulnerability minorities face and the resilience embedded within their own identities. Counselling interventions that are adapted for culturally diverse client groups require counsellors to respect and acknowledge a client's self-identified multiple identities, to make the theory or system of counselling relevant to their cultural or religious framework or worldview, and to consider cultural issues of salience for the client. These are just a few of the therapeutic principles in Hwang's (2006, 2016b) Psychotherapy Adaptation and Modification Framework which addresses areas of counselling that can be adapted to meet the needs of diverse clients. Hwang (2021) also identifies the ASIAN PRIDE preventative intervention framework as a model that

can be used to help counsellors support their diverse clients, particularly Asian Americans, in protecting and healing themselves from internalized racism.

After working with their RGSCs and experiencing an increase in racial consciousness, counsellors in this study displayed a movement towards some of the core domains of the ASIAN PRIDE framework. Counsellors engaged in and became committed to "raising individual and collective awareness, deconstructing stereotypes and racist narratives… fostering ethnic pride… and [empowering clients] through social justice" (Hwang, 2021, p. 603). Counsellors participated in various actions such as anti-racism committees and providing psychoeducation on oppression and discrimination, strengthening the ethnic identities of clients to create change. Hwang (2021) particularly identifies that when individuals are provided with psychoeducation and can develop critical consciousness regarding sociopolitical issues, a healthy ethnic-racial identity can be developed and can help strengthen self-esteem, can reduce internalized shame, and can protect against the effects of racism.

Counsellors in this study strengthened their commitments to being effective counsellors by incorporating culturally responsive interventions that include human rights and social justice. Sociopolitical issues often faced by immigrant and refugee clients, for instance microaggressions and discrimination, were expressed to be a concern that was to be addressed in a more intentional manner. All counsellors shared a movement towards skill development that focused on service delivery with ethnocultural populations that involve expanded roles, cultural empowerment, the use of indigenous healing, and advocacy, which aligns with the Multiphase Model (MPM) of Psychotherapy, Social Justice, and Human Rights (Bemak & Chung, 2021).

The MPM aims to integrate the elements of social justice and human rights into counselling and psychotherapy. Specifically developed for working with refugees and

immigrants, of whom many of the former group have been targets of genocide, the MPM considers cultural, social, and communal processes in the conceptualization and delivery of treatment (Chung & Bemak, 2012). There are five phases that are implemented in response to the client's needs that can assist with ensuring the achievement of therapeutic goals and outcomes, which include: (a) Mental Health Education; (b) Individual, Group, or Family Psychotherapy; (c) Cultural Empowerment via Social and Navigational Capital; (d) Indigenous Healing; and (e) Social Justice and Human Rights.

The deepening of meaning and purpose, in combination with an embracing of identity, appeared to shape counsellors' roles as agents of social change within personal and professional contexts. Strengthened commitments and actions taken on by counsellors included community outreach, involvement in social justice committees within the workplace, and an increased commitment to political, educational, and institutional change to address issues such as racism and discrimination and systemic oppression. In addition, counsellors became more dedicated to using counselling as an avenue for change by helping clients learn to advocate for themselves, better navigate systems, provide psychoeducation on racial oppression and microaggressions, and foster client empowerment. As a result, counsellors in this study engaged in phase three (cultural empowerment via social and navigational capital) and phase five (social justice and human rights) of the MPM. Within phase three, counsellors committed to helping their clients navigate and adapt to their new communities by helping them master skills to overcome practical concerns involving social services, education, and housing. They further committed to helping their clients learn to better recognize and cope with discrimination and microaggressions (Bemak & Chung, 2021). Counsellors also engaged in phase five of the MPM, whereby they engaged in outreach, committees, and public presentations. Counsellors focused their personal and

professional lives on providing information to the lay public and professionals about general mental health but also refugee mental health and about pre- and post-migration experiences of refugees and immigrants. They aimed to participate further in policy work within educational and political systems and engage in anti-racism work (Bemak & Chung, 2021). The opportunity to witness healing among clients who have experienced immense trauma can motivate counsellors to shift their sociopolitical biases and adjust their priorities to create sociopolitical change and advocate for human rights (Acevedo & Hernandez-Wolfe, 2014; Engstrom et al., 2008; Hernandez-Wolfe et al., 2015). Counsellors can feel empowered in their political position, values, and voices to further speak up for themselves and others from ethnic minority groups (Acevedo & Hernandez-Wolfe, 2014; Edelkott et al., 2016; Hernández et al., 2007).

Both phase three and phase five of the MPM are integral to the psychological wellbeing of clients and other ethnocultural populations. In supporting and increasing the client's access to resources and services (housing, employment, food, public transportation, justice system or law enforcement) the client is empowered as an individual to realize his or her fundamental human rights. By increasing access, the client begins to master these skills and is better able to navigate his or her environment. During this phase, the clinician's collaboration with community services and other organizations can assist with ensuring that the clients' basic needs are met, which is critical for facilitating healing and wellbeing. By helping the client feel secure in the environment, the client can begin to experience lowered stress and feel prepared to address psychological concerns (Chung & Bemak, 2012). When counsellors attend to addressing social justice and human rights concerns, counsellors also contribute to bettering the life conditions of refugees, and as a result, improving their wellbeing (Bemak & Chung, 2021; Chung & Bemak, 2012).

Counsellors' shifts in serving their own communities and diverse populations as effective and competent multicultural counsellors created a sense of purpose that also helped buffer the effects of burnout. When counsellors feel able to support their clients and feel professionally accomplished, symptoms of burnout or compassion fatigue can be minimized, professional commitments can be better sustained, and a sense of hope for clients can be preserved (Bartholomew et al., 2019; Giordano et al., 2021; Hurley & Kirwan, 2020; Stamm, 2002; Thompson et al., 2014). At times counsellors in this study reported feeling degrees of countertransference and experiencing feelings of frustration, powerlessness, and fatigue related to client "resistance" to counselling or client experiences of systemic barriers. Although counsellors did experience some difficult emotions when interacting with their RGSC, counsellors did not perceive their negative emotionality to interfere with their ability to learn from their RGSC. Instead, counsellors disclosed that the interaction between their ethnic identity and that of their RGSC played a role in helping to buffer the experience of burnout. Shared similarities facilitated a deeper sense of understanding which strengthened feelings of responsibility to provide effective services to their client.

Experiences of distress, poor adjustment, and a shattering of schemas are all common experiences within vicarious post-traumatic growth (VPTG; Barrington & Shakespeare-Finch, 2014; Joseph, 2011; Rizkalla & Segal, 2020; Samios et al., 2012; Tedeschi & Calhoun, 2004). Increased experiences of vicarious trauma are actually found to lead to higher levels of VPTG in which processing the exposure to trauma stories and changing negative schemas is first required in order to experience meaning-making (Cohen & Collens, 2013; Rizkalla & Segal, 2020). In contrast to VPTG, counsellors in this study reported that the frustration they experienced could not be described as distressing, that a period of poor adjustment was not necessary for them to

make meaning of their experience with their client, and that their schemas were not "shattered" in order to experience positive transformations. This finding differs from what is found in the VPTG literature whereby vicarious trauma is viewed as a precursor to vicarious post-traumatic growth or the opportunity to be positively impacted (Barrington & Shakespeare-Finch, 2014; Dar & Iqbal, 2020; Manning-Jones et al., 2017).

By resonating closely with struggles of their RGSC, counsellors in this current study instead experienced a reshaping or refinement in the meaning of their own ethnic and racial identity without the distressing experience of vicarious trauma. Integral to the experience of buffering the negative effects of working with trauma material was the connection and safety built between the counsellors and their RGSCs. The experienced shift in ethnic identity development towards an integrative awareness phase allowed counsellors to better view the resilience of their RGSCs, find more common ground with their RGSCs, experience a deeper sense of connection and joy with their client, and sustain hope in their clients' abilities to adapt. These positive elements that were outcomes of a strengthened and consolidated ethnic identity allowed counsellors to view the therapeutic work as "easy", buffered the possibilities of burnout, and created more space for the experience of vicarious resilience. This new finding suggests that the intersection of identities between ethnic minority counsellors and their attempted genocide survivor clients can play an important role in facilitating vicarious resilience, and can serve as a protective factor against adverse counselling outcomes, such as burnout and compassion fatigue.

Other professional transformations were noticed in the therapeutic skills of counsellors. After working with their RGSCs, counsellors learned to better hold space for their clients' suffering. Depending on their client's needs, one counsellor saw further value in "sitting" with their client while recalling a painful story, whereas another counsellor saw greater value in

avoiding details of a story for the purpose of not re-traumatizing the client. Although both counsellors learned contrasting approaches to trauma work, both counsellors experienced shifts in their perspectives on pain and suffering and how to better hold space for negative emotionality depending on a client's needs. The improved ability to hold space for clients also involved learning to better remain internally grounded as a counsellor to ensure the safety of both parties and in the therapeutic space. Tassie (2015) describes that a counsellor's ability to experience internal regulation requires the capacity to turn inward to reflect on any possible countertransference or emotional activation when working with their clients who have experienced trauma. Inward reflection helps the counsellor develop the self-assurance and internal regulation necessary for travelling through painful experiences with their client and is also needed to help their client control their overwhelming emotions. The findings in my current study indicated that internal grounding was possible when counsellors could also observe their client as emotionally regulated, which created a bidirectional experience of grounding in the relationship. This finding aligns with previous research that suggests that self-regulation can occur at an individual level but also at a relational level in which a therapist can learn to regulate with their clients (Acevedo & Hernandez-Wolfe, 2014; Hurley & Kirwan, 2020). As also seen in this study, when the therapeutic bond is developed, emotions can more effectively be contained, and openness and compassion can flow more freely for the therapist. Consistent with previous results (Michalchuk & Martin, 2018), the bond can help a counsellor feel sustained and energized, which allows for empathy to support the counsellor in remaining present for the client and to protect the therapist from experiencing burnout.

Changes in professional perspectives regarding the healing journey also occurred for counsellors in the current study. Counsellors reported noticing the importance of each step

during the healing journey and that small changes should also be seen as progress. When such changes are nurtured, and safety is prioritized, small steps can eventually lead to more significant life changes. This result is congruent with studies in which researchers found that, after working with resilient trauma survivors, counsellors can better understand the therapeutic process, evaluate their own professional skills, and can better meet their clients' needs (Acevedo & Hernandez-Wolfe, 2014; Engstrom et al., 2008). In addition, when noticing clients achieve their goals in both big and small ways, counsellors can find more meaning in their work (Hurley & Kirwan, 2020). When working with diverse and immigrant clients, Hwang (2016a) identifies that it is important to understand a client's cultural beliefs about mental health. After working with the RGSCs some counsellors noticed and adapted ways in which to understand how come clients may hold or express their pain and how they may experience progress and change. This created shifts in their therapeutic approaches which allowed them to better adapt their interventions to integrate the cultural beliefs of their clients (Hwang, 2016a). Integrating cultural beliefs into therapeutic interventions can increase therapeutic outcomes for diverse populations (Hwang, 2016a). When a counsellor can also consider their own biases that inform their conceptualizations of their clients, counsellors can be open to the various behavioural patterns that can better be seen perceived and understood as needs through a trauma-informed lens (McElheran, 2022).

After working with their RGSC, professional perspectives toward their clients also shifted for the counsellors in the current study. Counsellors began to better perceive their clients as whole and resilient and view their clients as uniquely and inherently resourced which contributed to counsellors' greater hope in client change. This finding is consistent with previous results in which researchers have similarly found that after witnessing client healing, counsellors

perceived their clients as being more inherently resourced than previously believed and learned to better harness these strengths to better support their clients (Acevedo & Hernandez-Wolf, 2014; Hernández et al., 2007). Edelkott et al. (2016) similarly stated that once counsellors can view their clients as inherently resourced, counsellors can feel more at ease with allowing their clients to lead the counselling process, better meet their client's needs, and follow their client's pace. As a result, counsellors can gain more hope in the therapeutic process and in a client's ability to heal. Furthermore, when there is an increase in a strength-based approach, counsellors can feel a greater sense of reward in fostering their client's strengths, counsellors can better see their own personal and professional strengths, and they can feel more efficacious in their theoretical approach (Silveira & Boyer, 2015). In this current study, counsellors similarly felt more hope in the efficacy of counselling and the client process and experienced a strengthened sense of professional purpose after better perceiving their client's strengths. Greater professional competence can also encourage counsellors to share their therapeutic approaches with others within the field and feel more motivated to assist others in their professional development (Hernández et al., 2007), as was also found in this study.

With a greater sense of hope in clients and in counselling, counsellors experienced a reaffirming in their professional work with trauma clients. This finding is reflected in the hope literature. Researchers have found that the effects of perceiving client strengths and positive behaviours can increase therapist hope in client change (Bartholomew et al., 2019; Bartholomew et al., 2020). Silveira and Boyer (2015) also suggest that a satisfying therapeutic bond can help counsellors better witness the accomplishments of their clients and in turn have greater hope in change. By intentionally perceiving a client's capacities and authentically expressing this sense of hope in the client's possibilities for change, hope can also be elicited from and internalized by

the client (Bartholomew et al., 2019; Bartholomew et al., 2020). Overall, therapists can have

more faith in client change, find meaning in their work, and feel more confident in their

therapeutic approach which can positively influence therapeutic outcomes (Bartholomew et al.,

2019; Edelkott et al., 2016; Engstrom et al., 2008; Hernández et al., 2007; Hurley & Kirwan,

2020). Consequently, belief in their own competence and in the client's ability to overcome

challenges can influence how counsellors implement interventions and address therapeutic goals

(Bartholomew et al., 2019).

Overall, the opportunity to witness the resilience of an ethnic minority client who

experienced attempted genocide led to professional transformations for ethnic minority

counsellors. Counsellors' experiences of witnessing their client overcome adversity as an ethnic

minority, while preserving their ethnic identity, created personal shifts within the counsellors'

own ethnic identity which was seen to positively impact their professional lives. The racial and

ethnic consciousness raising experienced by counsellors led to a strengthening of the therapeutic

relationship and positively impacted therapeutic outcomes for clients. The professional roles of

counsellors were further impacted by elevating their practices with greater purpose and value.

Counsellors became agents of change and ethnic empowerment for their own communities and

other diverse populations, which continued to strengthen their individual ethnic identities but

also their connection to their identities at a communal level. The clinical skills of counsellors

also demonstrated greater allegiance with culturally competent models that have been proven to

be effective in promoting positive outcomes for diverse populations. As mentioned by

Hernández et al. (2007), vicarious resilience is a process by which counsellors experience a

positive transformation both personally and professionally as a result of the therapeutic

interaction between themselves and their client. The findings in this study particularly

demonstrate a novel understanding of the role of social context, and ethnic identity in particular, in fostering the experience of vicarious resilience among ethnic minority counsellors working with attempted genocide survivors. Vicarious resilience can have wide effects on the professional development and effectiveness of ethnic minority counsellors, and it can help strengthen their roles as socially engaged citizens.

Implications for Theory and Practice

Implications for Theory

In this section I provide preliminary implications. Literature on vicarious resilience indicates that the social context of both the client and therapist are integral to understanding trauma and recovery (Hernandez-Wolfe et al., 2015). Client resilience can for instance be influenced by the roles of power and privilege and experiences of oppression, in and outside of the therapeutic space, making it integral to address social context (Hernandez-Wolfe et al., 2015). The results of this current study stress the importance of understanding the interaction of social context between the counsellor and client for the purpose of not only fostering client resilience, but also facilitating the counsellor's experience of vicarious resilience.

When a client and counsellor can share experiences associated with identity, both parties can be meaningfully impacted. Counsellors in this study illustrated how the interaction between client and counsellor identities, particularly ethnic identity, contributed to strengthening the therapeutic relationship by creating feelings of safety and understanding. This suggests that social context in counselling has an interactive and a bi-directional relationship between the client and counsellor. In addition, it suggests that social context interacts to influence both client resilience and counsellor vicarious resilience.

Furthermore, the social locations of both the client and counsellor can be seen as possible barriers to the experiences of resilience and vicarious resilience if the strengths within these identities are not brought to awareness. In this current study, it was found that each identity presented barriers and challenges for both the client and counsellor; however, inherent to each identity were strengths that signified perseverance and empowerment that could be used to facilitate growth within both the counsellor and client at a foundational level of identity. It is thus possible that when a counsellor shares social context and an ethnic or intersectional identity with a client, a counsellor can (a) become aware of how these strengths are challenged by issues of power and privilege, (b) learn from how their client has fostered these strengths despite experiences of oppression, and (c) be encouraged to apply these strengths to their own identities to experience personal and professional growth.

Implications for Practice

Vicarious resilience can be impactful for ethnic minority counsellors. Given the personal and professional transformations experienced by counsellors in this study, there are practical implications for all ethnic minority counsellors and for the practice of supervision in the field of counselling psychology.

Implications for Counsellors

There are occupational hazards for counsellors due to the repeated direct exposure to clients' traumatic life material (APA, 2013). Risk to the wellbeing of counsellors does not only impact the individual counsellor but can also negatively affect others in the workplace (Gallegos, 2020). In this current study the experience of vicarious resilience has however been shown to buffer the impact of burnout. Vicarious resilience is an opportunity for counsellors to grow and develop strength and resiliency by travelling a shared journey with their clients (Michalchuk &

Martin, 2018). When attention is brought to the resiliency of the client, the interaction of social context within the therapeutic relationship, and to the opportunities to learn from the client, counsellors can better reflect on the meaning of their therapeutic interaction to foster feelings of personal and professional hope, empowerment, strength, and celebration.

Hernandez and colleagues (2010) have developed recommendations for how to create greater awareness of vicarious resilience among counsellors. They focus on developing counsellor awareness regarding the systems the counsellor and client are embedded in, how these systems interact within the therapeutic space, the meaning derived from context to better understand trauma, and how counsellors are positively impacted by witnessing client resilience. The implication of fostering vicarious resilience can impact the counsellor at an individual level but can also influence their participation in community, societal, and institutional spaces making it important to implement strategies to nurture the experience of vicarious resilience.

In this study, there are particular implications for ethnic minority counsellors. Results of this study suggest that vicarious resilience can present unique opportunities for ethnic minority counsellors to strengthen their ethnic identity as a part of the self, and to better understand the meaning their identity holds in relation to their therapeutic role and its interaction with others in and outside of their ethnic group. Minority counsellors must often "address challenges of working outside of their own group with other oppressed groups and with the dominant group" (Hernández & McDowell, 2010, p. 30), whereas "those in privileged social locations train and work with those in oppressed social locations in addition to their own groups" (Hernández & McDowell, 2010, p. 30). The professional obstacles ethnic minority counsellors are likely to face thus require greater attention to noticing opportunities or positive aspects of working with attempted genocide survivor populations that can benefit their own wellbeing and that of their

client which can create a greater sense of personal, professional, and sociopolitical purpose. Counsellors are encouraged to ask themselves similar types of questions as the questions that were raised and answered in this research study about the meaning they make of their ethnic identities after working with specific clients who are similar to or different from them, how the interaction of their identities with client identities have impacted them, and how they are transformed by witnessing their client's resilience, especially in overcoming race-related, ethnicity-related or culture-related forms of human rights violations.

In focusing on the wellbeing of ethnic minority counsellors, occupational hazards such as burnout can be prevented, and service provision and professional identity among ethnic minority counsellors can be strengthened (Carter & Barnett, 2015, as cited in Basma et al., 2019). In addition, greater attention to counsellor's own ethnic and racial identities in relation to those of their clients can help foster stronger therapeutic relationships that can create more positive emotionality for counsellors, reflective practice, a greater focus on client strengths, therapist role modelling for clients, the direct use of interventions to facilitate clients' ethnic empowerment, and stronger belief in the efficacy of counselling. These approaches in supporting the professional lives of ethnic minority counsellors can, as a result, also help retain ethnic minority counsellors in the field of counselling (Basma et al., 2019).

Implications for Supervision

Supervision is reflective, relational, and developmental in nature and presents an ideal environment for vicarious resilience to be fostered (Tassie, 2015). Considering supervision focuses on teaching and learning, ensures the welfare of clients, and helps supervisees avoid burnout (Proctor, 1986, as cited in Bernard & Goodyear, 2014), supervisors can help supervisees learn of the importance of social context and interactions between client and counsellor ethnic,

racial and gender identities, as well as their other intersectional identities in fostering resilience

and vicarious resilience. Supervision could be enhanced through direct attention in the

supervision process to the initial stages of racial and cultural identity development of minority

counsellors in training (and possibly an assessment of their racial/cultural identity development).

Opportunities to discuss and explore racially or ethnically/intersectionally salient elements of

client interactions that resonated for them and the impact of these interactions with clients on

their own identities should be incorporated in clinical supervision to promote positive identity

transformation. Supervisor openness to this process requires their own reflection on the role of

their ethnic and racial and intersectional identities in their practice. Supervisor support for racial

and ethnic identity exploration and encouragement of use of counsellors' selves as ethnic

minorities as tools for empowering minority clients could counter the adverse treatment that

many minority counsellors may have experienced in society or in their other educational or

training experiences. Encouragement of the use of direct interventions to empower ethnic

minorities may go a long way in improving service delivery to minority client populations.

Psychoeducation in supervision can also be provided to create more awareness regarding

vicarious resilience, to help supervisees recognize that the challenges in working with trauma

survivors, refugees, genocide survivors and racialized populations can be balanced with and

sometimes outweighed by the fulfilling sense of engagement in their work and the opportunity to

build upon their own resilience as individuals, and ethnic minority professionals. Promoting

work engagement and personal resilience are identified to be necessary elements of supervision

(Howard, 2008, as cited in Bernard & Goodyear, 2014).

      Within all supervision it is important that the individual social context of the supervisee

and supervisor be acknowledged, in addition to the interaction between both contexts. When

particularly working with ethnic minority or other marginalized supervisees, openness regarding

social context can allow minority supervisees to be seen fully in supervision and their

experiences as they relate to their professional work can be validated (Chan et al., 2015; Chung

et al., 2007). When a relational, socioecological approach is taken in supervision, supervisees can

experience greater success by having a supportive supervisory relationship that helps them

become more aware of their own social context, the impact of discrimination and oppression

(Hernández & McDowell, 2010) and its influence on their professional lives, and be aware of the

impact social context has on the lives of clients. Awareness of the socioecological and political

factors that influence a client's life is an essential part of trauma-informed care. Behaviours that

would typically be viewed as pathological would instead be viewed as survival strategies or

forms of coping and connecting when the contexts of social, cultural, and historical oppression

are acknowledged (Schoepp, 2022). When a trauma-informed lens is used in practice, clients can

be viewed as being strength-encompassing individuals who are agents of their own lives and can

use these strengths to overcome challenges (Schoepp, 2022; Sheth et al., 2021). Situating culture

and ethnic identity as important strengths that clients can draw on to facilitate positive adaptation

and healing in the face of life adversity is also particularly important in light of the findings of

this study.

Subsequently, supervisees can experience trust within the supervisory relationship, feel a

greater sense of self-efficacy in their professional work, especially when using multicultural

approaches in counselling (Chan et al., 2015; Chung et al., 2007; Goode-Cross, 2011b; Phillips

et al., 2017; Ratts et al., 2015), and develop within an environment that opens opportunities to

the experience of vicarious resilience. It is possible to also use a relational, socioecological, and

multicultural approach to supervision with supervisees who do not identify as belonging to a

marginalized group. Awareness of one's own multiple identities and the influence of power and privilege can benefit the wellbeing of clients which facilitates opportunities for vicarious resilience for all supervisees.

Applying the Benchmarks of Qualitative Research Rigor

The five criteria of credibility, authenticity, confirmability, transferability, and dependability described by Lincoln and Guba (1985, as cited by Creswell, 2013) as the benchmarks for assessing qualitative research were used to evaluate this study.

Credibility, Authenticity, and Confirmability

As a form of qualitative validation, credibility involves *prolonged engagement in the field*. By having familiarity with the field, it is possible for the researcher to make informed decisions regarding what is relevant and salient to the study (Creswell, 2013). Given my clinical and academic experience working with refugees and genocide survivors, I was placed in a credible position in gaining a meaningful understanding of the experiences of ethnic minority counsellors working with genocide survivors.

Member checking is another technique to ensure credibility of collected data. Member checking consists of receiving feedback on the researcher's understandings and interpretation of participants' disclosures to ensure authenticity and confirmability, or that the researcher's understandings of the counsellor communications accurately represent their perspectives, ideas, and thoughts in relation to the research questions (McLeod, 2001). Following the initial interview with each participant, I took my preliminary analysis consisting of categories and themes to each respective counsellor to gain their perspective on the data, which informed me of what was missing from the analysis (Creswell, 2013).

Triangulation is a method that was used to assure further credibility. Triangulation can use more than one method, sources of data, investigators, or theories to support internal validity of findings (Denzin, 1978; Merriam & Tisdell, 2016). For this study, investigator triangulation was utilized. My dissertation supervisor and I both analyzed the data independently and compared our findings so that the developed codes and themes were well supported by evidence (Creswell, 2013).

Reflexivity or the *researcher's position* to determine credibility and authenticity was also used in this study. This required me to reflect on how my own biases, assumptions, and worldview influenced the research process and how they were also affected by the research itself. This helped me better be aware of and acknowledge how my own subjectivities influenced the results, data interpretation, and study outcomes (Creswell, 2013; Merriam & Tisdell, 2016). My background provided in the methods chapter was aimed to also support the act of reflexivity. A journal was also kept throughout the research process to keep me accountable to the relationship between my own subjective world and that of the participants.

Transferability

The following steps were taken to ensure findings could potentially be applicable to similar populations (Creswell, 2013; Merriam, 2009). *Rich descriptions* of participants, themes and findings were used by providing detailed quotes to widen the transferability of the study's findings (Creswell, 2013). By bringing attention to detail, such as the characteristics of the participants and the data itself, readers can determine if and how the results of this study can be applied to other similar demographics or settings. When describing study results, I thickened the description of themes and provided detail to more narrow ideas, such as individual codes (Creswell, 2013).

Dependability

The dependability of the research, or the correspondence between the research data and its interpretation, was supported by maintaining a research journal or *audit trail* of each step of the data collection and analysis process. This included details on the research process to inform the reader of how I arrived at the results and conclusions of the study (Merriam & Tisdell, 2016). In the audit trail, I included a log on the process of data collection (i.e., how the data were collected, any obstacles to data collection) and my interaction with the data (i.e., questions, problems, solutions derived regarding data analysis; Merriam & Tisdell, 2016).

Study Limitations

This study has two main limitations. The first limitation is the small sample size. Only five participants were interviewed for this study. This number of participants is within the normal range for other qualitative studies using interpretive inquiry methods. Despite the small number of counsellors involved in this study, there was significant diversity in their occupations in the mental health field (registered or provisional psychologists, social workers, psychiatrists, Canadian Certified Counsellors), in their racial and ethnic identities, genders, ages and levels of experience working with trauma survivors and attempted genocide survivors, making the findings relevant and applicable to ethnic minority mental health professionals. The second limitation of this study is that the study focused on how vicarious resilience may be experienced for ethnic minorities working with a genocide survivor or a client with trauma related to threats to ethnic identity. Therefore, it did not assess or attempt to draw conclusions about experiences of vicarious resilience in working with other populations or in general, although the findings suggested counsellors were impacted in their lives as a whole, not just in terms of their professional roles.

Personal Reflection on the Challenges of Conducting this Study

This section of the discussion chapter is dedicated to describing my reflections and learnings throughout this study. This section includes reflections on challenges experienced in conducting the study and personal reflections as an ethnic minority mental health practitioner during the process of this research.

A primary challenge presented during this research study involved the recruitment of participants. The recruitment criteria for this study included professionals who have provisional status or who are certified or licensed to provide counselling services in Canada with no less than two years of experience. When recruiting, it was challenging to connect with agencies that employed ethnic minority mental health professionals, and professionals with the required years of experience. When contacting agencies regarding this study, agencies would often be overwhelmed with casework in which case, I would not receive calls from possibly interested agencies. Due to this limitation, I began to recruit outside of Alberta and recruited within the province of Ontario which allowed me to recruit enough participants for this study. Furthermore, the self-identifying term of "ethnic minority" appeared to effectively recruit participants who viewed themselves as both ethnic and racial minorities. Initially, I was concerned the term ethnic minority would appear ambiguous or difficult for participants to define for themselves. However, participants reported being clear in identifying their ethnic background, in addition to their racial background.

Another challenge experienced in this study involved guiding participants to reflect on their experience of vicarious resilience as an ethnic minority. Participants would often share not having engaged in reflection regarding vicarious resilience in an explicit manner. As a result, I grappled with re-phrasing questions appropriately enough to have the questions still

communicate their original meaning while restricting leading questions or other forms of bias in my research questions. However, once reflecting on the relationship with their RGSC, participants shared a sense of feeling inspired by the interviews which allowed them to notice the positive impacts they experienced as a result of witnessing their client's resilience.

At a personal level, I experienced a process of reflection that was positively influenced by simultaneously researching both the topics of vicarious resilience and ethnic identity, and in the process of interviewing ethnic minority counsellors. When researching the constructs for this study, I reflected on the clients I had previously worked with who positively influenced my growth as an individual and as a practitioner. Particularly when reflecting on ethnic minority clients, I recalled feeling inspired in my own ethnic identity and feeling a sense of a perseverance at an individual, familial, and communal level. Similarly, while working with participants in this study, I felt a sense of inspiration and empowerment as an ethnic minority practitioner. Previously questioning my own position in the field of psychology, working with these participants inspired me to continue pursuing my career goals. Given the many barriers experienced by ethnic minorities, my own story felt like an example of empowerment for other aspiring ethnic minority practitioners. When also working with participants, I did experience a degree of countertransference by resonating with the challenges experienced by participants as ethnic minorities within personal and professional realms. I recalled the barriers I also faced. Although personally challenging moments arose during this study, these points of reflection allowed me to be positively inspired by the stories of vicarious resilience and the desire to strengthen one's ethnic identity, as experienced by participants. Like these participants, I also felt a wish to further give back to ethnic minority communities, provide effective treatment to ethnic minorities, and create spaces for other ethnic minority graduate counselling students to explore

ethnic identity as a factor that can foster vicarious resilience and can strengthen their own sense of self in relation to their clients.

Directions for Future Research

The findings of this study contribute to the understanding of vicarious resilience within social contexts, particularly ethnic identity. Given the exploratory nature and the limitations of this study, there are directions for future research. It is recommended that future research explore the impact of vicarious resilience on ethnic minority counsellors within varying stages of identity development. Ethnic, racial, and cultural identity can each influence the attitudes one has towards themselves, their own ingroup and towards outgroup members (Phinney et al., 2007; Sue & Sue, 2016). Similarly, acculturation stages can have similar impacts on one's values and perceptions that can influence an individual culturally and psychologically (Berry, 2006). Considering the different impacts of identity stages, it would be ideal to explore if a counsellor's identity stage influences how they perceive their client's resilience and if this influences opportunities for vicarious resilience. The impact of identity stages can also be examined while considering the intersectionality of identities.

Furthermore, it would be beneficial to understand if the experience of vicarious resilience among ethnic minorities occurs when working with a diversity of clients. Would ethnic identity be a salient factor of social context for ethnic minority counsellors that can be positively impacted when working in cross-race dyad client-counsellor therapeutic relationships? It may be possible that ethnic identity is only influenced in terms of vicarious resilience when working with clients who are ethnically similar, racially similar or similar in gender or some other intersectional identity when the counsellor can resonate with the client's experiences. Further research could also investigate whether vicarious resilience involves different impacts when

ethnic minority counsellors work with clients who have experienced other forms of trauma that have not threatened their ethnic or racial identity and compare these findings to the personal and professional transformations that were reported among counsellors working with genocide survivors in this study. The nature of these questions can be examined qualitatively or by using a mixed methods approach. For example, in addition to using individual interviews, Killian and colleagues' (2017) vicarious resilience scale could be used to assess the level of vicarious resilience experienced by counsellors when working with a diversity of clients.

Conclusion

Like attempted genocide survivors, ethnic minority counsellors are also vulnerable to experiences of racism, discrimination, oppression, hate-crimes, systemic barriers, and migration-related adaptation challenges, which can pose threats to their ethnic, cultural, and racial identities. No other study has explored the experience and meaning-making of ethnic minority counsellors who have worked with resilient genocide survivor clients in relation to the concept of vicarious resilience. In this study, basic interpretive inquiry was used to explore the experience of vicarious resilience among ethnic minority counsellors working with attempted genocide survivor clients who were perceived to be resilient by the counsellor. The exploration of the experience of ethnic minority counsellors focused on how the ethnic identities of counsellors had been impacted by their clients, how the personal and professional lives of counsellors were influenced by this work, and how the societal roles of counsellors were impacted through their work with their RGSC. In working with their RGSCs, counsellors reflected on the role and importance of their own identities, particularly their ethnic identities. All counsellors acknowledged the different levels of centrality their ethnic identities held in their lives. Witnessing the powerful journeys of adaptation and perseverance of their RGSCs in preserving

their ethnic identities opened doors for ethnic minority counsellors to look inwards and begin a

meaningful interaction that positively influenced their capacities and willingness to embrace

their own ethnic identities. To different degrees, all counsellors experienced a strengthening and

consolidation of their ethnic identities which empowered them to view their own strengths as

individuals embedded within their own social contexts, to feel capable of also overcoming

challenges, and to have a desire to preserve their own rich ethnic and cultural heritage.

Professionally, counsellors used these personal transformations as tools to encourage their clients

to continue to preserve their identities and to thrive as ethnic minorities. Through their

perception of the effectiveness of counselling for the RGSCs and their ability to refine and

embrace their ethnic identities, counsellors grew to further value their own profession through its

renewed sense of purpose. Counsellors felt dedicated to serving their own communities and other

diverse populations by taking the responsibility to provide effective and culturally competent

services that empowered the lives of these communities and became more socially and politically

engaged citizens committed to the cause of social justice. The findings of this study can

contribute to making the experience of vicarious resilience accessible to all counsellors, but

particularly ethnic minority counsellors. The study results highlight the importance of attending

to the intersection of client and counsellor identities within the therapeutic relationship and the

opportunities this presents for the development of culturally competent and safe counselling

practices that can potentiate positive counselling outcomes.

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Appendix A: Study Advertisement

University Study on Positive Transformation Among Ethnic Minority Mental Health Professionals Who Have Worked with Attempted Genocide Survivors (Study Pro# 00098068)

A study at the University of Alberta is looking for ethnic minority mental health professionals (counsellors, psychologists, mental health therapists or social workers) who: (a) have counselled a survivor of attempted genocide who they perceived to be highly resilient - i.e., strong enough to overcome the trauma or major life difficulties the client faced, and (b) feel they have been positively changed or strengthened by working with the client. An attempted genocide survivor is someone who has been targeted for violence or death due to the person's unique ethnic or cultural background or identity. The study is being done by Mikaela Burgos Cando as part of her Ph.D program in Counselling Psychology at the University of Alberta, under the supervision of Dr. Noorfarah Merali. Past research on mental health professionals has focused on the negative impacts of working with clients who have experienced trauma, such as burnout or being traumatized themselves. Newer research has found that working with trauma survivors may also have positive impacts on counsellors, such as increasing their own strength and capacity to help others. No study has been done to learn about how ethnic/cultural minority counsellors are affected by working with resilient attempted genocide survivors, even though there may be some things in common between these clients and their counsellors. Ethnic minority counsellors may also have identities that have resulted in other people trying to hurt or harm them, like through racism or discrimination. The purpose of this study is to understand how these counsellors benefit from working with and learning from the experiences of this client group. The study results will inform training, supervision, and professional development activities to help minority counsellors maximize the benefits on them of working with clients who are genocide survivors.

Who Can Take Part in This Study?
You can take part in this study if you:
- Are a member of an ethnic/cultural minority group
- Are a mental health practitioner of provisional status or are certified or licensed to provide counselling services in Canada
- Have at least 2 years of experience working with clients who have experienced any type of trauma

- Have worked with a genocide survivor within the last two years or are currently working with a genocide survivor who you consider to be resilient and who has had a positive or transformative impact on you

What Would I Have To Do?

If you choose to take part in the study, you will meet with Mikaela once for a 1 to 3-hour interview online through a secure videoconferencing platform to talk about your experience in working with the resilient client that had a positive impact on you, and how working with this client affected your sense of self and your identity as a member of an ethnic/cultural minority group, your practice with other clients, and your commitment to social justice, equality, or human rights. You will meet with her one more time for 1 to 2 hours to give her any information you would like to add, change or clarify from your first interview and make sure she properly understands and captures your unique experiences. If you would like to take part in this study or would like more information about this study, please call Mikaela at 647-688-8675 or email her at burgos@ualberta.ca.

Appendix B: Study Information Letter

University Study on Positive Transformation Among Ethnic Minority Mental Health Professionals Who Have Worked with Attempted Genocide Survivors (Study Pro# 00098068)

STUDY INFORMATION LETTER

This study is about the experience of vicarious resilience, which is the process of being positively transformed or strengthened by the work you do with your clients who have gone through major life adversity or trauma and who have overcome their difficulties. No study has been done to learn about how ethnic or cultural minority counsellors are affected by working with attempted genocide survivors who get better from psychological distress or life problems. Attempted genocide survivors are people who have been targeted for violence or death due to their unique ethnic or cultural identities. There may be some things in common between these clients and their counsellors, because ethnic minority counsellors may also face situations where others try to hurt or harm them, such as through racism, discrimination, or other acts. The purpose of this study is to understand how ethnic/cultural minority counsellors benefit from working with and learning from the experiences of their clients who are genocide survivors, such as how this work: (a) affects the meaning they make of their own ethnic identity and its role in their lives, (b) has helped them become stronger or better able to handle problems or challenges in their own lives and their client's lives, and (c) has affected their role in society, such as their commitment to social justice, human rights, or equality. The study results will inform training, supervision, and professional development activities to help ethnic minority mental health service providers maximize the personal and professional benefits of working with genocide survivors. This study is being done by Mikaela Burgos Cando, a Ph.D student in Counselling Psychology at the University of Alberta working under the supervision of Dr. Noorfarah Merali.

Researcher Background:
Mikaela Burgos Cando is an ethnic minority counselling student who has previously worked with migrants and refugees as a mental health service provider. During both her clinical training and practice, Mikaela has tried to better understand how a counsellor's own ethnic identity can be a source of empowerment or strength.

Study Procedures:

Ethnic minority mental health service providers will be asked to attend one interview with Mikaela for 1 to 3 hours to share their experiences of working with a survivor of attempted genocide who overcame their difficulties, and how they were positively affected or changed by working with this client. Due to the need for physical distancing during COVID-19, the interview will take place using a secure videoconferencing platform instead of in person. While you are talking, Mikaela will be recording just your voice using a digital audio recorder, so that after the interview is over, she can listen to the interview again and write out the interview word for word, using a fake name to keep your identity private. You will meet with her 1 more time for a shorter amount of time (1 to 2 hours) to give her feedback on:

- Any information you would like to be taken out or changed from your interview to make sure the write-up and Mikaela's understanding of your experience is a correct description of the information you wanted to share
- Any information you would like to be to be taken out or changed to make sure no one who reads the write-up could recognize that it is about you.

Once the write-ups are ready for all the study participants, Mikaela will pull out common results across all the interviews she has gathered from ethnic minority counsellors she has interviewed. She will summarize all participants' experiences in a report that will be later shared with psychology training programs in the hopes that other counsellors and clinical supervisors will be able to read and learn about the experiences of ethnic minority counsellors. The report will use fake names only, not your real names. She may also present the information at meetings of psychologists or write up a paper based on the study results. These presentations or papers will also only include fake names to protect your privacy.

Participation is Your Choice:

It is up to you whether you want to take part in this study or not, and anyone can stop taking part in the study at any time without any questions or problems. If you feel emotionally upset while sharing your experience during the interview, you can choose to pause or stop the interview, and Mikaela can provide you with a list of support services if you like.

If you would like to no longer participate in the study, you can tell Mikaela up until one week after the final interview meeting which will be the final chance to leave the study if you do not want to continue. To stop participating, you will only need to tell Mikaela that you want to stop being in the study and she will no longer have any contact with you. She will also erase all your interview information, if any have been provided during the study.

Benefits and Risks:

Although there may be no direct benefits in participating in this study, potential indirect benefits include the chance to further reflect on and share your experience of vicarious resilience after working with a resilient genocide survivor client. This may help you in building new understandings of your personal and professional life. Your participation in this study can also help add to the research on vicarious resilience and support other ethnic minority counsellors in their career development.

Since you will be asked to reflect on your experience of vicarious resilience as an ethnic minority counsellor working with genocide survivors, it is possible that you may feel some level of stress during the study. At times, reflecting on our personal and professional lives can create some feelings of stress. Mikaela will make sure to ask if you are comfortable throughout the study so that you feel emotionally supported. If you do feel stress during the study, Mikaela will connect you with free or low-cost counselling support. She will give you a list of helpful support services before the study begins. Mikaela will also be sure to remind you that your decision to participate and any information you provide will not be shared with your employment organization. If you do not wish to continue in the study, you are free to stop participating up until one week after the final interview meeting.

Privacy:

All information gathered during the interviews (Mikaela's write-up of your interview and her recording of your voice during the interview on a digital voice recorder) will be stored in a locked filing cabinet in Mikaela's office, and no one else will access this information. Mikaela will not share any information about who is or is not participating in this study with anyone or any agencies that may have helped her advertise this study. The voice recording will be destroyed once the study is over.

Ethics Board Approval:

The plan for this study has been reviewed by a Research Ethics Board at the University of Alberta. If you have questions about your rights or how research should be conducted, you can call (780) 492-2615. This office is independent of the researchers.

If you have questions or concerns about this study, you can also send an email to Mikaela at burgos@ualberta.ca. You can also email her supervisor, Dr. Noorfarah Merali, at the University of Alberta at noorfarah.merali@ualberta.ca, since she is presently working remotely and is not available by phone.

Mikaela Burgos Cando, M.A.   **Noorfarah Merali**, Ph.D.
Dept. of Educational Psychology   Dept. of Educational Psychology
University of Alberta   University of Alberta
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Appendix C: Informed Consent

University Study on Positive Transformation Among Ethnic Minority Mental Health Service Providers Who Have Worked with Attempted Genocide Survivors (Study Pro# 00098068)

AGREEMENT TO PARTICIPATE

This study focuses on ethnic minority counsellors who have experienced positive effects from working with a genocide survivor client who has successfully dealt with life adversity or trauma. This study is being done by Mikaela Burgos Cando, a Ph.D. student in Counselling Psychology at the University of Alberta working under the supervision of Dr. Noorfarah Merali. The study results will inform counsellor training, supervision, and professional development activities to help ethnic minority mental health service providers reap personal and professional benefits from supporting clients who have been targeted for violence due to their ethnic or cultural identities.

If I initial the boxes below and sign this form, it means I understand these things about the study:

I understand that:	Initials:
• I know I will meet with Mikaela by myself for one to three hours online using a secure videoconferencing platform. She will ask me to tell her about my experience of working with the client I was positively affected by, including how working with the client affected my sense of self and my feelings about being an ethnic or cultural minority group member, my practice with other clients, and my role in society – such as my commitment to social justice, equality, or human rights.	
• I know that while we are talking, Mikaela will be recording my voice only using a digital audio recorder. She will do this so she can listen to the interview again after it is over and write out what I said using a fake name for me. I will be able to provide feedback on the written interview and her description of the interview in a follow-up interview or meeting that will take less time than the first interview. In this 1-2 hour meeting, I can ask Mikaela to change or take out any information to make sure I feel the write-up reflects my true experience, and that no one reading the description can recognize that it is about me. This meeting will also take place online using the same secure videoconferencing platform.	

• I know Mikaela will record just my voice and what I say in all of our talks, unless I disagree with this. If I disagree, she will write down what I say instead.	
• I know that Mikaela will use a made-up name for me when writing up what I said in my interview and that I can choose this fake name if I want. Only the fake name will be linked to the interview and the tape recording, so nobody knows that I have shared this information.	
• I know that Mikaela will remove any information that may reveal who I am from the interview information and any reports she writes or presentations she makes based on the study results.	
• I know that Mikaela will not tell anyone or any agencies I may have found out about this study from that I am taking part in the study or if I decide to leave the study.	
• I know that Mikaela will keep everything from the interview (the recording of my voice and notes she makes) in a locked filing cabinet in her office, and no one else will get to see this information.	
• I know that there may be no direct benefits to participating in this study, but that my participation may indirectly help me, and other ethnic minority counsellors better understand the experience of vicarious resilience.	
• I know that if I feel stressed or worried when I talk about my experiences, I can get a list of support services where I can access help if I tell Mikaela what is happening to me.	
• I know that even if I sign this form, I can still stop taking part in this study at any time without any questions or problems.	
• If I have questions or concerns about this study, I can send an email to Mikaela at burgos@ualberta.ca or I can email her supervisor, Dr. Noorfarah Merali at the University of Alberta, who is presently working remotely at noorfarah.merali@ualberta.ca	
• *The plan for this study has been reviewed by a Research Ethics Board at the University of Alberta. If I have questions about my rights or how research should be conducted, I can call (780) 492-2615. This office is independent of the researchers.*	

Participant Name (please print)**:** _____

Participant Signature: _____ **Date:**_____

Researcher Signature: _____ **Date:** _____

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Dept. of Educational Psychology   Dept. of Educational Psychology
University of Alberta   University of Alberta
Edmonton, AB, T6G 2G5   Edmonton, AB, T6G 2G5

Appendix D: Demographic Form

Participant Information

<u>Questions About You:</u>

1. First and Last Name: _____
2. Age: _____
3. Gender: _____
4. Your Ethnic or Cultural Background:_____
5. Degrees you have:

   _____

6. Your counselling credentials (e.g., Registered/Provisionally Registered psychologist, licensed social worker, Canadian Certified Counsellor, Mental Health Therapist, etc.):

   _____

7. How long have you been in clinical practice for (years of counselling experience)?

   _____

8. Number of years of experience working with trauma survivors (any type of trauma cases, not just refugees or genocide survivors)? _____

9. How many sessions did you have with the resilient client you worked with who was a survivor of genocide? _____

10. How long ago did you work with this client: _____