A Narrative Inquiry into Counsellor Trainees' Experiences of Working with Trauma

by

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Abstract

With the increased attention paid towards the effects of trauma work on counsellors and psychologists in the last 35 years, a singular narrative has emerged that has deemed it a risky practice, leaving one susceptible to vicarious trauma, burnout, compassion fatigue, and a number of other possible negative consequences, and leaving very little space for alternative stories. From this dominant narrative, and my personal experiences during counsellor training, the research puzzle emerged. Coming alongside three counsellor trainees in a PhD counselling psychology program in Canada, I inquired into counsellor trainees' experiences of working with trauma, while paying attention to social, cultural, institutional, and familial narratives (Clandinin & Rosiek, 2007) within which our experiences were nested. Attending to earlier landscapes that have shaped our views of trauma and trauma work, and experiences within and outside counsellor education programs, we co-composed narrative accounts to build understanding of our experiences. I explored with participants, "how have your past experiences shaped the way you approach trauma survivors? How have you been shaped by your experiences of working with trauma survivors?" Learning about the storied experiences of counsellor trainees was done with the aim of understanding how counsellor training programs can better facilitate personal and professional growth and development in counsellor trainees, and support students as they begin to learn about and encounter clients who have experienced trauma. Drawing on narrative inquiry, and the understanding that we lead storied lives (Connelly & Clandinin, 2006), I understand that individuals shape their lives through stories they live and tell and that are told about them and others. Situating our experiences in the three-dimensional narrative inquiry space (sociality, temporality, and place), (Clandinin & Connelly, 2000), opened up possibilities to ground our experiences contextually, and attend to different aspects of our experiences that

shaped how we each came to learn and understand trauma as it lived in our own lives and the lives of our clients.

From looking across the stories of participants emerged four narrative threads: (1) coming to construct what it means to have experienced trauma in different ways; (2) using the trauma lens to reflect on our own lives; (3) storying trauma into our personal and professional lives; and (4) making sense of trauma and vicarious trauma in the silences. Identifying these threads brought to light important considerations for how we teach about trauma and trauma work within counsellor education programs. They opened up new wonders and questions about trauma and vicarious trauma that would be applicable for consideration by professors in counsellor education programs, counsellor trainees, and clinical supervisors.

The findings elucidated the importance of finding spaces to share stories within counsellor education programs, engaging in discussions about boundaries in counselling work, and attending to intersecting identities of counsellor trainees. Implications for supervision were also discussed, including defining the scope of supervision and creating spaces for discussions about the effects of trauma work. Additionally, the many misconceptions about vicarious trauma were notable and provided a clear and necessary need for improvement in teaching and supervision in counsellor training programs. Attending to these various aspects within counsellor training programs is pivotal towards heping students manage distress in their work and better prepare as they enter the field and engage in trauma work.

Preface

This thesis is an original work by Helena Dayal. The research project of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, "A Narrative Inquiry into Counsellor Trainees' Experiences of Working with Trauma Survivors," No. Pro00061844, 1/31/2016.

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Chapter 1: Introduction

Narrative Beginnings

Stories of Early Family Life

As I think of how to begin sharing my story, I take pause and struggle to put words on the page. I'm once again reminded of a voice in my head that has been with me since I was a child. "Don't trust anyone outside the family." It was a common saying I grew up hearing within my family. It was a rule I never questioned and willingly abided by, ensuring that I never shared many of the stories of what went on in my family for a very long time, until I left home and started my master's program. I look back now on how that family rule evolved, and wonder if it was an attempt to change the family story of betrayal and broken trust, one which I know intimately from the many stories told to me by my parents as I grew up. Was it created in an attempt to keep our family together, and bonded?

My early memories of my family life involved a lot of time spent around my elder brothers and my cousins who lived next door. My family had moved to Canada from Scotland when I was just a year old to support and be closer to my aunt who has schizophrenia. As a child, I had no concept of what schizophrenia was. My aunt would pace the halls and made little eye contact or spoken connection with anyone. She was always in the background, but I never had a sense of her– who she was, what she was thinking. She was, in so many ways, invisible to everyone. However, there is one instance that I remember when this wasn't the case. I was at my aunt's house, and I remember being alone. As I descended the staircase to the basement in search of my cousins and brothers, I tripped and fell to the bottom. It was my aunt who came to my rescue. I recall her touch and her look and her offer of a treat. I remember this instance well because it was a rare moment of connection between my aunt and I. She recognized my hurt and

I saw the person behind the illness. On this rare occasion, she was present, and I felt she saw me and I saw her.

As I look back on this memory I'm reminded of the silence around mental illness that I was exposed to at a young age, which rendered my aunt invisible to everyone. Her story was always incomplete for me, and I never felt like I knew her. At the same time, I recall vividly being afraid that I might "catch" this illness too. As far as I understood, she contracted schizophrenia the same way you contract a common cold. I became scared of mental illness, with no discussion and no understanding of how or why she became schizophrenic. It also framed my understanding of what mental illness looked like. My aunt, who suffered in very visible ways, set a benchmark for how mental illness looked and developed. I was told that she was a very happy child who did well in school, and then suddenly she got sick. It was abrupt, and it affected her ability to work, communicate with others, and be aware of her surroundings. The silence around her mental illness led me to fear that I would likewise develop this illness that would leave me disconnected from everyone. I learned to stay quiet about mental illness as a result.

I awakened to this story of my aunt and developed an understanding of the tensions within the cultural scripts of my family much later in life during my master's program when I was asked to share my very first memory during a course. The memory of my aunt and falling down the stairs was the first thing that came to mind, and this was the first time I shared it. I come from a family of mixed cultural heritage– my mother was born and grew up in Finland, and my father is originally from India. My dad has been caring for his sister since the age of 13, and while he strayed from the cultural script of marrying another Indian by choosing to marry my mum, he followed the cultural script of being a "good brother" by moving our family to Canada to support her.

Moving to Canada was not easy for my parents. They longed for the time when they lived in Scotland, where they started their married life, and oftentimes shared stories of their early lives growing up in India and Finland. These were other worlds– places I had not been to but felt connected to in the same way that when someone tells you a story enough times, you feel a part of it somehow. These imagined places were part of the landscape from which I learned to understand who I was. Knowing my family stories helped me to piece together where I fit in the stories. I recall proudly sharing at school when someone asked me where I was from, that I was "half Finnish and half Indian." I knew it was unlikely that I would meet another person like me and felt unique because of this. At home, I felt less special living by this story.

My parents were involved in ongoing conflict with my grandparents on my dad's side throughout my childhood. My dad disobeyed the expectations shaped by the cultural narrative by marrying my mother, when he was expected to have an arranged marriage. Because of this, my grandparents would not accept the marriage. My parents' relationship with my paternal grandparents went through many turbulent times, and there were long periods when we had no contact with them at all.

Leaving their homelands meant that my parents had no familial connections in Canada, apart from my aunt and her three children. It is no wonder to me that family became so important, and my parents worked hard to keep us all together. My aunt was unable to work and struggled to take care of her children because of her illness. My mum took care of all of us. I look back now with awe on how she managed to take care of me, my two brothers, my three cousins, and oftentimes my aunt as well. Even though my cousins and aunt lived next door, it was our house that was always full. I recall all of us cramming into the car to do errands and my mum working hard to keep us all occupied. She helped my aunt do her shopping, made sure she

took her medication, and helped manage her finances. My two older brothers also struggled with asthma, which meant that nearly every time one of them got sick, my mum had to take them to the hospital. Meanwhile, my dad worked two jobs, which kept him quite busy.

I always knew what was going on at home. My parents were very open with sharing what was happening, whether it was positive or negative. My dad made light of these struggles, always finding humour in the direst of circumstances. One of the struggles my dad joked about was losing jobs. I recall him saying, "whenever I have a kid, I lose my job." When my mum became pregnant with my younger brother, he lost his job once again. I was 11 at the time, and I remember coming home from school and seeing my dad sitting on my bed next to my mum crying. It is a vivid memory because there were so few times I saw my dad cry. I now think of how worried he must have been about supporting our family. As I look back on my early family life, despite it being constantly in flux, I remember my experiences fondly. My parents seemed to encounter challenge after challenge, and yet, they always pushed through.

Memories such as these help me make sense of why it was that I felt the urge to help at such a young age. I was aware of the struggles my family was going through when I was young, and I knew I was very fortunate. I looked to my cousins and thought about what it would be like to have a mum who was ill and not present and able to care for me. I looked to my brothers who struggled to breathe and thought how lucky I was to have my health. I knew of my parents' struggle with money, and of the conflicts they faced with my grandparents. Knowing that there were a lot of difficulties for others, I started to help others in whatever way I could. I composed a life in which I was a "helper" and the "healthy one." My parents and others around me storied me as someone who was happy and healthy. They leaned on me for support about issues I had little understanding or knowledge about. I learned to be self-sufficient, but I only awakened to

the role I took in my family, and the huge felt responsibility I had towards them much later in my master's program when I began to share some of my stories with others.

Experiencing Mental Health Issues Firsthand

I learned more about mental health when I entered into my undergraduate studies in Psychology. I became attuned to the wider societal narratives around mental illness. Learning about the *Diagnostic and Statistical Manual for Mental Disorders* (DSM), I saw that mental illness was something labeled with specific criteria and a checklist. It was something we could categorize, a problem to fix. The DSM was part of the larger dominant narrative around mental illness. It seemed to me that either you had "it" or you didn't. There was no in-between; there was a strict dichotomy. I continued to see mental illness as something people could contract. My experience with my aunt gave me a benchmark of what mental illness looked like, and this, alongside what I learned from the DSM, led me to overlook many other mental health issues within my family and friends, which were less visible.

After finishing my undergraduate studies, I was out of school for the first time, which was a big shift for me. I had always thrived and felt safe in school. It was 2009, a time of recession, and jobs were scarce. I went through nearly a dozen interviews without getting a job. I had also just ended a romantic relationship, and my close friends from high school had moved away from the city. I felt lost, and very low in confidence, not knowing where I was going or what I wanted to do. I felt like a failure. No matter what I did, nothing paid off. I volunteered, applied for jobs regularly, did interviews, and kept getting turned down. Eventually, I landed a job at a local coffee shop, but I continued to struggle. It was the first time I really struggled in a way I did not know how to change. I also felt shame for being so distraught and kept this secret. "It is not that big a deal," I told myself, as I tried to remain hopeful. On some level, I knew

things were not right with me, and yet I had never had to ask for help before. I still lived by the story that I was the healthy one, the happy one, the helper, and there was no room for struggle or not being able to manage in that story.

An acquaintance of mine shared that she was going to study counselling. I started to think that this might be a good fit for me. This, however, brought up a great tension for me. How could I study counselling when I was struggling myself so much? It felt very incongruent. Shouldn't I know what to do if I plan to be a counsellor? Counsellors should have 'their stuff' together! I prided myself on not being affected by what occurred around me. It was only when I started my master's degree two years later that I acknowledged that I was struggling with my mental health.

Finding Spaces to Share My Stories

I decided to leave home in order to study for my master's degree and chose a program on the east coast, in Fredericton, New Brunswick. It was the first time I was away from home and I was relieved to be back in school and excited about living in a new city. I had no idea what I was walking into. My views of mental illness, and what it meant to be a counsellor, as well as my stories to live by (Connelly & Clandinin, 1999) shifted while I undertook the master's program.

Wounded Healers

In my first counselling class, one of the first articles we read was called "wounded healers," an article that acknowledged that there were many people with mental health issues in the helping professions, and it encouraged us to "heal our wounds" so that we could help others and not cause harm to our clients or ourselves. Learning that others also struggled with their mental health lifted a great weight for me– I was not the only one. It normalized and validated my experience and alleviated some of the shame I was feeling.

I fully embraced this idea that we need to care for ourselves in order to be helpful to others. Managing my own mental health became a priority throughout my program, and I looked forward with the idea that this needed to happen in parallel with my counselling skills. I reevaluated what it meant to be a counsellor, which I previously understood to be someone who had things together, could offer advice as a professional, and was free from mental health issues. I now viewed counsellors as people that were on a more even playing field with everyone else.

Part of this meant sharing my stories. I broke the family rule of trusting no one outside the family and began sharing some of my difficult experiences growing up. I did this during our counselling practice, when we were organized into triads and counselled one another, as well as outside of the program. I found safety with some of my peers, who were comfortable sharing their stories. Many of them were older than me and had previous careers and families. I realized how powerful it was to feel heard. I became wakeful to how I was affected by my experiences growing up. I started to acknowledge how the pressures to be healthy and happy and care for others affected me in negative ways and went through a process of labeling my experiences. I awakened to less visible forms of mental illness and started to understand some of the stories I heard from family members as indicating that they had experienced trauma. I did not yet acknowledge that I also had experienced trauma.

Earliest Memory

My professor, Sharon, who taught me in a counselling practice course believed it was important to know what it was like to be the client before starting to counsel someone. She organized our course on group counselling as a process group. As a student, I was simultaneously in a group process, and learning about group process. I was very nervous about how much I would have to share in this class. In each class, we sat in a circle, and Sharon

proposed an activity. During one class, she asked us to share our very first memory. I was reminded of the experience with my aunt when I fell down the stairs and chose to share this story. Sharon tilted her head as she listened intently. I cannot remember what she said when I finished, but I remember thinking about how long I had kept this story secret. Afterward, friends I had in the class shared with me how powerful the story was. I wondered what they heard in the story, and what struck them as so powerful.

As I reflected on the story, I began to understand how bearing witness to my aunt shaped my understanding of mental illness, and I was reminded of the fear I had at falling into that category of being "mentally ill" and seen as "other." There was also a forward-looking story embedded in that memory, in which I wanted to become a counsellor who looked to clients as people with autonomy and strengths, rather than different from myself.

A majority of the required work in the program was in journaling what I thought and felt about the exercises, and what the stories were that I told myself, and others, about me. Sharon responded to my journals, offering wonders and prompts to deepen my inquiry into my experiences and to help me understand how they shaped who I was, and was becoming.

The Red String

In a different class in the same groups course, Sharon handed each of us a bright red string. She told us that the string represented our life. One end represented when we were born, and the other when we die. She asked us to tie knots on our own string at points where significant moments occurred for each of us. The bigger the knot, the more significant it was. We were asked to either share the story of each knot with the group, or to share what we felt about each one.

Nervous about this activity, I thought about the knots I would tie and noticed myself worrying that my knots were not significant enough. The time between my undergraduate degree and master's program was a challenging time for me, but I worried that others in the group who were much older, would have more "significant" life experiences, such as losses, divorces, or other events that I understood as "trauma." I worried that my "privileged little problem" was not significant enough to be voiced. I pushed myself to share it anyway. I started to unpack stories of when my youngest brother was born, an exciting and happy moment for me, but also a very challenging time for my family. I also recalled finishing my undergraduate degree and the years of feeling lost.

As others shared their knots, some chose to give stories to the knots or shared how they felt. However, everyone's response was similar in that they were affected by their experiences they shared. A lot of tears were shed. This was a very memorable and emotional activity for everyone. It led me see commonalities across our experiences and I began to think of how the events I shared had shaped me, and of why they were significant for me. This exercise was, as all our exercises were, opportunities to get a sense of what it was like to be the client. Looking back now, I think it was also an opportunity to look at our personal traumas in a way that was safe. I realized that it wasn't the event that was important, but our personal experience of it that determined if it was significant for each of us. I began to see how this is similar for trauma.

Learning about Counsellor Wellness

I was learning to compose new stories for myself as I learned about a continuum of mental health. I had a voice in which to share my experiences, and I was learning to integrate how my early life shaped who I was as a counsellor and a person. However, other messages within the program about maintaining counsellor wellness bumped up against this.

One day during class, Sharon brought up the idea of self-care. She shared that if we didn't take care of ourselves, we would burn out. She told us that working with trauma survivors could lead to vicarious trauma, an elusive concept, which I understood little about and which invoked fear in me. Looking back on this experience now, I'm reminded of the fear of contracting schizophrenia that I felt as a child. Vicarious trauma brought up similar feelings: a concern that I might contract it as an illness; worry I might not know if I had caught it; wonders about how to avoid catching it; and fears of being alienated from others socially.

In my first entry into counselling practice at the university counselling centre, therapists there also supported this narrative. I encountered several clinicians who spoke about how no therapist should have more than two clients with borderline personality disorder on their caseload. They said no one could manage more than that. I also learned that clients who experienced trauma were something to be wary of because they can negatively affect the counsellor. This challenged what I understood about mental illness, and how it develops. However, despite this contradiction, the clinical narrative shaped the way I viewed clients. I noticed I distanced myself because of my fear that I might be harmed by them. This created dissonance for me, because I believed that all clients are capable and trying their best to cope, yet there was a clear emphasis, especially with trauma survivors, to see them as "the other" and in a separate category altogether. Thankfully my supervisor was a humanistic therapist who didn't seem to follow this narrative. This initial practicum was short lived. However, each subsequent practicum had a new supervisor, and a new social environment where I continued to negotiate this tension.

There was little program follow up on how to maintain wellness as a counsellor, except for one other conversation. I recall another professor who taught our theories course who

emphasized the importance of leaving work at work. He commented that when he put on his jacket and walked out of the counselling room, he made a mental note to leave his clients' stories at the door and to return to his personal life. Hearing this message, I recalled something that my father had relayed to me when I told him I wanted to study Counselling. He told me that I'd never be able to manage such work if I was to empathically relate to each client. There would be no way to maintain any sanity if I was to approach it that way. He suggested, "faking my way through it" by pretending to empathize with clients. I recall being extremely offended and dismissed this idea. However, his words impacted me, and I questioned my ability to sustain myself in this work. These two stories stand out to me because they speak to the idea that work life and home life can be separated so that we can mentally shut ourselves off from what we hear in the counselling room and live a life outside of counselling that is completely separate. It also suggests that who we are as people in our personal lives should not come into our professional lives.

This message of separating personal and professional selves created a tension for me. On one hand, I was learning that I have been affected by earlier experiences in my life and had been working to integrate this. I was also learning that clients do, and should, affect you– to be empathic means being affected. This message around wellness went against all I learned and suggested that I needed to separate myself into a professional self and a personal self with lives in two worlds. The messages around how to maintain wellness did not fit with my understanding the world. I didn't see a clear distinction between who I was in my personal life and who I was in my professional life, and I didn't believe I could, or should, compartmentalize these two parts.

Indeed, this conception of personal and professional identity as separate entities conflicts with the perspective that narrative work takes (Estefan, Caine, & Clandinin, 2016). Narrative

inquiry proposes that identity is derived from the embedded stories of one's personal, cultural, and historical contexts (Bruner, 1994; Carr, 1986; Gergen, 1988), which suggests that our personal stories of who we are have been influenced by larger socio-cultural contexts (Gergen, 1988). We do not have separate identities for the different roles we take on, but rather one life-story that we are continually revising, rewriting and striving to making sense of (Gergen & Gergen, 1987). Taking the stance that identity is continually evolving and influenced by one's personal past, present, future, and socio-cultural contexts (Gergen, 1987), there is a continual search for narrative coherence, or in other words, a search to make sense of the meaning of events in one's life (Carr, 1986). To section off parts of ourselves, as suggested in the two stories I relayed, would make it challenging, if not impossible to achieve a coherent narrative of our lives and sense of identity.

As such, I thought it would be an ineffective and harmful approach to attempt to separate these two parts of myself, and yet it was the view that most colleagues, supervisors, and others in the profession seemed to take. I understood from these messages that in order to maintain a balance between one's personal and professional life and to avoid vicarious trauma, taking these measures were necessary. However, I also knew that I could not function by compartmentalizing my experiences in such a way that I divide my life at work from my life at home, nor did I feel that attempting to would help me learn from my experiences.

It is curious to me now as I look back on my experiences that I learned about vicarious trauma before I learned about trauma. What trauma was and how people who had experienced trauma was not taught first. There was a definite movement toward prevention of vicarious trauma that was at play. I began to wonder what was different about work with trauma survivors?

How would I know if I had been vicariously traumatized? How could I allow my clients to affect me, and hear their stories to help them heal, and protect myself from harm at the same time?

With little understanding of vicarious trauma beyond preventing it through practicing self-care, I really didn't know what to do, what to watch out for, or how to be with clients who had experienced trauma. I felt out of my comfort zone with no training in the area. Most of what I learned was through my own reading about trauma and vicarious trauma, which appeared to be endemic to the helping professions and a serious professional wellness issue. What I learned about vicarious trauma went against all I believed in about developing relationships with clients. I aimed to develop strong bonds with my clients and minimize the power differential. The messages of caution around trauma work led me to fear that I would be negatively impacted and therefore needed to be cautious.

Early work with Trauma

I noticed a more pronounced silence around mental health issues and any discussion around the effects of working with clients in my transition to the Counselling Psychology program at the University of Alberta. Being a larger institution, where competition was more evident, I noticed that my colleagues spoke much less about their personal reactions in therapy and appeared to want to ensure an image of invulnerability.

I continued to worry about the elusive vicarious trauma that I might experience from being with clients who experienced trauma and whether I would be able to sustain myself in my work. To this point, I'd received no training in trauma work and I felt lost because I was told that this was a different kind of counselling. With no instruction, and the message that I had to be careful of getting vicariously traumatized, I lost touch with some of the basic skills I knew because of my worries about being harmed.

During my first year of the PhD program, I felt low in confidence given my heavy course load, with two simultaneous practicums, and the absence of support from previous supervisors and colleagues as I was now in a program far from New Brunswick. I had been assigned several clients who had been attending therapy for years, many whom were identified as experiencing longstanding trauma. One client, Stan, had attended the clinic off and on since 1991. I struggled to make any movement with him and I felt pressure and carried a sense of responsibility to make change happen for him and other clients. I recall an instance during supervision near the beginning of the year, when I was sharing my frustrations and started to cry because I felt I was not being helpful to Stan. My supervisor tilted her head to the side, peered at me in a knowing way, and told me I was experiencing vicarious trauma. I felt pathologized, that I had done something wrong, and that it was a reflection of my abilities or inabilities as a counsellor. I had been trying my best to take care of my mental health, and this experience led me to believe I was doing a poor job at self-care. However, even in that moment, I disagreed with her assessment. I did not believe that because I was crying, I was now vicariously traumatized. Her response to me perpetuated the silence around my work with clients, and the reactions I had to them. It told me that it was not natural to feel frustrated or upset as a reaction to my work. Her labeling of me as vicariously traumatized silenced me. I chose not to share my reactions with my supervisor.

As I inquire into this experience now, I think about how she storied me as someone who was “vicariously traumatized” after only a few meetings. I think about the missed opportunity for me and for her to explore this moment together. I never saw this supervisor again. After I approached the course professor about the incident, the supervisor decided she no longer wanted to supervise me. I was perplexed by this. The course professor acknowledged how strange this was, and did not place the blame on me. I began to wonder about how counselling programs

approach counsellor wellness. I began to imagine how it could look different. I wonder how differently this conversation might have unfolded had she been curious about my experiences rather than certain about what had happened in her response. What might have happened if she asked me about my transition to university, and about starting the PhD program? What might have happened if she considered other reasons for why I might be crying?

It was a turning point for me. I wanted to know more about the experiences of counsellors. How do counsellors sustain themselves in their practice? What are their experiences of working with clients who have experienced trauma? By this point, I had only learned what the institutional narrative had taught me– vicarious trauma is to be avoided, yet it is a definitive outcome if you engage in trauma work.

As I read research and spoke with practitioners at agencies that provide support to those who experience trauma, my views started to shift. These agencies took the point of view that vicarious trauma is natural, not to be avoided, but monitored. There is even potential to grow and personally benefit from work with clients. This mostly silent story shed light on the positive experiences of counsellors, which so rarely get discussed in counselling programs. The notion that counsellors might personally be changed from their interactions with clients is one that makes sense to me, given my theoretical views of experience. My research puzzle began to be shaped around the experiences of counsellor trainees in their work with clients who have experienced trauma. I began to puzzle about how counsellor trainees are shaped by their experiences working with trauma survivors? How have their past experiences shaped how they approach trauma survivors?

Research Puzzle

This research was focused on better understanding the experiences of counsellor trainees in their encounters with trauma survivors during their practice. While the narrative that I learned through my own practice emphasized vicarious trauma prevention, I would like to shed light on the actual experiences of trainees. My hope is to learn from their experiences living in the midst of tensions created between the institutional and socio-cultural narratives. Recognizing the contextual, relational, and temporal importance of learning about trauma work, I explored counsellor trainees' experiences of working with trauma as it was lived and told through their personal narratives of engagement with clients, and earlier landscapes that have shaped their perspectives. My aim was to develop a way of understanding how counsellor trainees make sense of their experiences working alongside trauma, and to see if their views of trauma work shift as a result of these experiences.

By inquiring into their experiences, I wanted to understand how they were taught about trauma work, and the messages relayed to them from professors, supervisors, peers, and others. Furthermore, I hoped to learn more about counsellor trainees' own thoughts, feelings and experiences entering into relationships with clients, and the experiences within, and outside, the counselling program that influenced how they viewed trauma work. I also hoped to come alongside participants in reflecting on their journey with clients, highlighting any struggles, growth, and development that occurred. In this way, I hoped to learn both about how their perspectives shifted and changed through their work, as well as their lived experiences working with trauma.

Historical Views of Trauma

Trauma is the psychological response to one or more harmful events that exceed an individual's ability to cope or effectively adapt (Briere & Scott, 2006). Events that are sudden, unexpected,

perceived as undesirable, uncontrollable, out of the ordinary, and threatening to one's well-being can be viewed as traumatic (McCann & Pearlman, 1990). People who experience traumatic incidents are left feeling that the world is an unsafe and dangerous place. This leads to questioning their ability to do anything meaningful to control their lives, protect their well-being, or to ensure the well-being of others around them (McCann & Pearlman, 1990).

Trauma's impact is far-reaching because it has the ability to shatter our most fundamental beliefs and assumptions about the world. Generally, people believe that they have control over their lives, the world is reasonably fair, and bad things do not happen to good people. Traumatic events raise questions about the purpose and meaning of life, or questions about the fairness and controllability of the world (Janoff-Bulman, 1989; Park & Ai, 2006).

Trauma research generally has examined pathogenic outcomes such as post-traumatic stress disorder (PTSD; Breslau et al., 1998), as common in the immediate aftermath of extremely negative events. However, most people who are exposed to trauma do not develop PTSD. About 76 percent of the Canadian population is exposed to traumatic stress, yet only 2.4 percent of individuals currently suffer from PTSD (Van Ameringen, Mancini, Patterson, & Boyle, 2008). There is a consistent body of research suggesting that most people exposed to trauma retain a stable equilibrium without reactive psychopathology (Bonnano, 2004; Bonnano, Galea, Bucciarelli, & Vlahov, 2006), and approximately 75-90% of trauma survivors actually report benefits from their traumatic experiences (Tedeschi, Park, & Calhoun, 1998). These findings suggest that we drastically underestimate the capacity for people to thrive despite adversity (Bonanno, 2004), and it speaks to the incredible resources and capacities that individuals possess to cope. With the advent of positive psychology, concepts such as resilience and posttraumatic growth have emerged to explain the positive and adaptive changes to trauma survivors' self-

perceptions, relationships, and philosophy of life. An in-depth exploration into positive psychology and the aforementioned concepts will be discussed in chapter two.

By exploring the existing paradigms and perspectives on trauma work within the introduction (chapter one), I hope to expand on this understanding by providing more recent views of trauma work in the literature review (chapter two). Within the literature review I will be focusing specifically on the extant literature concerning psychologists, counsellors, and counsellor trainees' in their work with trauma, theoretical foundations that underlie the current understanding of trauma and vicarious trauma, as well as research related to counsellor trainee professional development and personal growth.

Counsellor Responses to Trauma Stories

Mirroring the research on trauma and PTSD, research on the effects of trauma work on counsellors has overwhelmingly attended to the negative implications, with little attention paid to the resilience, growth, or adaptive responses to counselling trauma survivors. Terms such as burnout, vicarious trauma (VT), secondary traumatic stress (STS), and compassion fatigue (CF) have become widely used within counselling and psychotherapy practice and have been intensely researched within the last 35 years.

For the purpose of reference, I have provided definitions of some of the commonly used terms within the extant and current literature conducted on the vicarious effects of trauma work among counsellors and psychologists (See Appendix A). I will be referring more frequently to vicarious trauma (VT) and exploring it more deeply because it is a robust term, which is rooted solidly in theory, unlike many of the other terms used which shift and change in their use depending on the study and the author. Additionally, I will be exploring other new terms (e.g.,

vicarious posttraumatic growth) as a means to offer a breadth of possible experiences for counsellors engaging in trauma work, in chapter two.

VT has been defined as a negative transformation in the therapists' inner experience resulting from empathic engagement with the client's trauma material (Pearlman & Saakvitne, 1995). VT is considered a natural and almost inevitable response to working with trauma survivors (Pearlman & MacIan, 1995; Pearlman & Saakvitne, 1995) and is seen as pervasive (i.e., affecting all realms of life), cumulative (i.e., each story reinforcing gradually changing schemas), and arising from repeated engagement with traumatic material (McCann & Pearlman, 1990).

The symptoms of vicarious trauma mirror those of the trauma survivor and may take shape as psychological (e.g., hypervigilance, anxiety, intrusive thoughts, emotional numbing), somatic (e.g., headaches, nausea, insomnia), and social (e.g., feeling isolated, avoiding relationships) in nature (McCann & Pearlman, 1990; Neumann & Gamble, 1995; Steed & Downing, 1998). VT interferes with the therapist's feelings, memories, self-esteem, and central cognitive schemas (about trust, safety, esteem, control, and intimacy; Pearlman & MacIan, 1995). The effects are linked to multiple aspects of the clinician's personal and professional life (Saakvitne, Pearlman & Abrahamson, 1996) and can persist for months or years after work with traumatized persons (McCann & Pearlman, 1990).

The effects of vicarious trauma include negative implications for the therapist and the client. If unaddressed, the results of VT can be pervasive, ranging from occasional non-empathic distancing from clients, victim blaming, to progressive loss of energy and idealism from the clinician's standpoint (i.e., depression; McCann & Pearlman, 1990). When not attended to, VT may result in burnout and departure from the field (Saakvitne, Pearlman, & Abrahamson, 1996).

Therapists may engage in boundary violations and may question their choice of profession (Neumann & Gamble, 1995). Thus, clients may be at risk because the changes that take place as a result of VT can adversely affect the interpersonal relationship between therapist and client (Pearlman & Saakvitne, 1995). VT may also set the stage for emotional exhaustion, depersonalization, and reduced feelings of personal accomplishment in the therapist (Maslach, Jackson, Leiter, Schaufeli, & Schwab, 1986).

Influence of Vicarious Trauma Narrative on Counsellor Education

The research conducted by McCann and Pearlman (1990) brought to light the many dangers of VT both for the clinician and client, noting specifically the risk of boundary violations, victim blaming, and non-empathic distancing. It is this progressive research that has guided the movement toward counsellor training programs incorporating self-care and wellness initiatives in order to prevent vicarious trauma (Sansbury, Graves & Scott, 2014). Counsellor trainees have been identified as a group at risk for developing VT (Adams & Riggs, 2008; Neumann & Gamble, 1995). Lack of clinical experience, lack of trauma specific training (Baird & Jenkins, 2003), and personal trauma histories (Adams & Riggs, 2008; Ozer, Best, Lipsey, & Weiss, 2008) have been identified as putting counsellor trainees at higher risk for VT than counsellors or psychologists in practice. Unfortunately, such prevention initiatives have materialized into experiences of anxiety, shame, and feelings of incompetence in counsellor trainees who do experience vicarious trauma, leading them to question their choice of profession (Neumann & Gamble, 1995; Pearlman & MacIan, 1995).

The tendency to look at the negatives when considering trauma work is thought to emerge from a deficit-based model that looks to pathology rather than progress and improvement (Hyatt-Burkhart, 2014). Indeed, it appears that therapists are conditioned to expect multiple

harmful effects from their work and tend to be well versed in terms such as VT and burnout (Hyatt-Burkhart, 2014). It has been suggested that therapists need to be coached to discuss positives, as they are more likely to speak of the negative aspects of their work (Hyatt-Burkhart, 2014). The current approach toward VT prevention is rooted in the criteria for posttraumatic stress disorder (PTSD) within the DSM V (American Psychiatric Association, 2013). The DSM V acknowledges VT by defining PTSD as arising through both direct traumatic experiences or as a consequence of hearing trauma stories of others (American Psychiatric Association, 2013; Figley, 1995), through learning about an event or events experienced by a relative or friend, or through repeated indirect exposure to aversive details of an event through professional work, or via the media (American Psychiatric Association, 2013). As with other psychiatric disorders, the point at which normal reactions end and abnormal reactions begins is not clear-cut (Joseph, 2011). As such, VT has been acknowledged as a mental illness, and this reigns as a dominant thread in trauma work. Given that posttraumatic reactions range along a continuum from mild to severe, it may be more useful to use the term *posttraumatic stress* to reflect the experiences of a wider group of individuals who may not meet the criteria for PTSD (Joseph, 2011).

Similarly, research on emotional contagion supports the idea that VT may be contracted unconsciously through synchronizing with the emotions and postures of another (Pearlman & Saakvitne, 1995) suggesting that by empathically responding to clients, counsellors put themselves at risk for VT. It has been suggested that VT is a rite of passage that occurs among all trauma therapists (Engstrom, Hernandez, & Gangsei, 2008), and that VT is an inevitable consequence of working with trauma survivors. This is a further notion that reinforces a single narrative of trauma work and elicits fear in counsellor trainees that they may not sustain in their practice. Furthermore, existing theories of PTSD are restrictive of positive implications because

they do not account for the possibility of growth (Joseph & Linley, 2004). Thus, inherent in the structure in which counsellors learn and work is an implication that hearing trauma stories may lead to personal traumatic reactions. Absent from this narrative is the possibility of learning or growth for the counsellor.

Purpose of the Research

By inquiring into the experiences of counsellor trainees, I hope to reconsider the paradigm in which we view counsellor mental health and trauma work. Guided by narrative inquiry (Connelly & Clandinin, 1990), in this study I inquired into the experiences of counsellor trainees in their work with trauma survivors. Given that previous research has extensively focused on the negative implications of trauma work, the hope is that through re-presenting the stories told, I can begin to make sense of, and bring coherence to, the narratives, which encompass all elements of their experience, not simply the negative aspects. By doing so, the aim is to gain a richer understanding of experiences working with trauma survivors in order to improve counsellor training programs, through attending to social, cultural, and other contextual elements that are tied to experience.

Chapter 2: Literature Review

In the context of therapy, trauma plays a key role in the transformation and development of both client and clinician alike. In the last 35 years, research has emerged and selectively focused on the negative effects of such work for therapists, and other helping professions. Focusing on vicarious trauma and other negative implications has considered only one side of the coin. Prior research on vicarious trauma and the cognitive changes that occur when counsellors identify with their client's perceptions and emotional responses has brought forth a number of unexpected positive responses (Canfield, 2005; McCann & Pearlman, 1990; Schauben & Frazier, 1995).

While trauma plays a pivotal role in both pathology and growth, the two may not be dichotomous outcomes (Christopher, 2004). The outcomes from trauma experiences depend not only on the stressor itself, but also on the response of the individual and circumstances/supports in his/her environment. In this way, the transformation can be deleterious as well as growth producing. Consequently, within this literature review I will be exploring an alternative perspective to the historical views of trauma experiences and trauma work. Namely, I will be drawing from the salutogenic framework, which views health on a continuum. I will begin by defining the various concepts related to posttraumatic stress disorder that have emerged to define alternative consequences from direct traumatic experiences. I will then examine the literature concerning vicarious experiences with trauma for therapists and other professionals who engage in trauma work. Lastly, I will focus on counsellor trainees, the importance of growth and development in their training, and the existing literature on their experiences with trauma work. The aim of my research is to explore the experiences of counsellor trainees in their work with trauma survivors. Through narrative inquiry, I hope to re-present these stories to acknowledge

and convey the complexity of working with trauma, while attending to various contexts (e.g., early life experiences, training environment, global contexts) and interpersonal interactions (e.g., with peers, supervisors, professors) that may influence counsellor trainees in their experiences.

Positive Psychology and Salutogenesis

By focusing on the conditions and processes that contribute to optimal functioning of people, groups and institutions, positive psychology aims to add to the knowledge base of how to live a good and meaningful life and promote positive experiences and emotions (Christopher, Richardson, & Slife, 2008; Gable & Haidt, 2005). Positive psychology critiques the exclusive focus on pathology that has overridden so much of the discipline of psychology. Rutz (2001) proposes that we have to overcome this split between positive and negative mental health categorizations by taking into account the continuum between promotion, prevention, and treatment, acknowledging that factors promoting health also prevent disorder. Indeed, critiquing psychopathology does not entail denial of the negative effects of crisis and trauma (Almedom, 2004), rather the aim is to identify that a number of alternative paths are possible. Positive emotions have been found to buffer stress (Frederickson & Joiner, 2002) and are indicators of resilience (Tugade & Frederickson, 2004). Positive psychology focuses on the positive features that make life worth living (Seligman & Csikszentmihalyi, 2000) and are seen to both indirectly and directly alleviate suffering (Lee Duckworth, Steen, & Seligman, 2005).

A further distinction of positive psychology is the idea that the relief of suffering and negative emotions does not equate to feeling positive emotions or experiencing well-being. Positive and negative emotions are separate, independent processes (Bradburn, 1969), which justify the study of positive psychology as a discipline in itself (Lee Duckworth et al., 2005).

A paradigm shift that preceded positive psychology by 30 years and is rooted in humanistic psychology is salutogenesis (origins of health), which complements pathogenesis (origins of disease; Antonovsky, 1987). Salutogenesis opposed the dominant pathogenic view of health/absence of disease (Antonovsky, 1987). Rather, Antonovsky (1972) conceived of health as a dynamic steady state that shifts along a continuum. Salutogenesis gives a broader theoretical framework for exploring resilience on an individual and collective level (Antonovsky, 1987). Rather than focus on the traditional view of psychopathological reactions to trauma, the focus on resilience and growth outcomes to trauma highlight the numerous and often unexpected means by which people might successfully mitigate the disruptive aspects of adverse events (Bonanno, 2004).

Salutogenesis emerged from the field of medical sociology in order to understand what helps people stay healthy and to recover from diseases (Becker, Glascoff & Felts, 2010). It was subsequently picked up by research across the world in different disciplines. The salutogenic paradigm places emphasis on prevention and operates under three assumptions: (1) Stress is considered universal. As such, imbalance and suffering are considered inherent to human life, and thus health is not considered to be given by default, but something to be built and maintained throughout life (Antonovsky, 1990). (2) People are not either healthy or sick, but instead they fall along a health ease/dis-ease continuum. This assumes that we can hold both healthy and sick elements at the same time. (3) The study of salutogenesis is holistically interested in all aspects of a person's life situation and searches for factors that promote movement towards the healthy end of the continuum. In contrast to positive psychology, stress and negative emotions are integrated as something we should deal with in a balanced way, rather than neglect them (Antonovsky, 1990). The salutogenic paradigm holds great promise for understanding growth

and resilience in the face of trauma and has thus been selected as a way in which we can understand both sides of the coin (i.e., posttraumatic stress and growth). It was suggested in the salutogenic paradigm that individuals mobilize "generalized resistance resources" to manage stress and overcome pathogenic effects of everyday environmental demands. Such resources include sense of individual identity, intelligence/knowledge, social relationships, sense of control, material possessions, cultural stability, stable values and beliefs, genetic predispositions, and sense of coherence (Antonovsky, 1987).

Resilience

Resilience has been defined in many different ways over time. There is some consensus that resilience can be described as a trajectory of adaptation that is shaped by life circumstances (Luthar & Cicchetti, 2000). Resilience involves retaining a stable equilibrium without reactive psychopathology or posttraumatic stress disorder following challenging life circumstances (Bonnano, 2004; Bonanno, Galea, Bucciarelli, & Vlahov, 2006; Lepore & Revenson, 2006) and "the ability to cope in the face of adversity" (Ward, 2003, p. 17). It is important, however, to note that individuals who show resilience during recovery from trauma does not suggest that they are unaffected by their traumatic experiences (Rutter, 2006). Instead, resilience is simply one of many possible outcomes from trauma for individuals exposed to highly adverse experiences (Rutter, 2006).

Resilience has been defined as a dynamic process in which multidimensional factors are at play (Luthar & Cicchetti, 2000; Rutter, 2006). There has been a movement towards viewing resilience as a pattern of positive adaptation to challenges (Masten & Coatsworth, 1998) replacing earlier definitions of resilience as a trait bounded by static risk and protective factors. Resilience is linked to emotion regulation and associated with the ability to use internal and

external resources in order to flexibly apply various coping strategies and emotional expression to meet the demands of a stressful situation (Watson & Neria, 2013).

Historically, the trauma field has excluded the meaningful integration of social, historical, and diversity dimensions in trauma work. Class, gender, race, sexual orientation, disability, and religious identity all shape traumatic experiences. These dimensions influence access and opportunity to recovery, resilience, and meaning that therapists, clients, professional communities, and societies have with traumatic experiences (Hernandez-Wolfe, Killian, Engstrom, & Gangsei, 2014). Environmental and contextual elements have been highlighted as important factors in resilience. Ungar (2013) defined resilience as "the capacity of both individuals and their environments to interact in ways that optimize developmental processes" (p. 256). The socio-ecological perspective of resilience sees it as a result of the interplay between many personal and environmental factors. This idea falls in line with Antonovksy's (1987) salutogenic model. Indeed, Rutter (1985) has similar ideas to Antonovksy's idea of salutogenesis, viewing "resilience" and "sense of coherence" synonymously. However, Rutter's studies remain rooted in pathogenesis and psychopathology (Rutter, Caspi & Moffitt, 2003).

Posttraumatic Growth

Like resilience, posttraumatic growth (PTG) is a salutogenic construct (Tedeschi & Calhoun, 1996). Research on PTG similarly arose from the recognition that growth experiences in the aftermath of traumatic events far outweigh reports of psychiatric disorders, with 30-70% of survivors of traumatic events reporting positive changes (Calhoun & Tedeschi, 1999). The major life crisis (or crises) severely challenges and shatters a person's understanding of the world and his or her place in it (Tedeschi & Calhoun, 2004). A paradoxical result occurs– from a loss there is a gain (Tedeschi & Calhoun, 2004). Like resilience, PTG does not discount the negative

psychological experience of exposure to trauma, rather it purports that in addition to the negative experience, trauma can lead to enhanced meaning and purpose which brings about personal growth and change in life (Smith & Cook, 2004).

The concept of posttraumatic growth has been defined as a positive psychological response to trauma which involves a transformative process that fundamentally changes the way we see ourselves and the world in which we live (Merriam, Caffarella & Baumgartner, 2007). A wide variety of events may function as a catalyst for PTG: bereavement, HIV infection, cancer, heart attacks, transportation accidents, house fires, sexual assault/sexual abuse, combat, refugee experiences, being taken hostage, and so on (Tedeschi & Calhoun, 2004).

The individual engages in a struggle with a new reality in the aftermath of the trauma, but manages to derive meaning from the trauma, and consequently can encompass both pre- and post-trauma realities (Calhoun & Tedeschi, 2006; Tedeschi & Calhoun, 2004). Growth does not occur as a direct result from trauma. It is the individual's struggle with the new reality in the aftermath of trauma that is essential to determining the extent to which PTG occurs (Tedeschi & Calhoun, 2004). Precipitated by significant challenges to one's identity or core assumptions that give one's life meaning, PTG develops through a meaning-making or schema reconstruction process (Davis, Wohl, & Verberg, 2007) that occurs through cognitive engagement and rumination (Calhoun & Tedeschi, 2006). An outcome to this process is resilience– a greater ability and preparation to deal with subsequent events that may otherwise be viewed as traumatic (Calhoun & Tedeschi, 2006). This transformation may occur in one moment of time, or over a period of time (Mezirow, 1996).

PTG involves improvements to critical life areas such as changes in perception of self (i.e., viewing oneself as a survivor versus a victim, understanding one's inner strength, and

identifying coping strategies to be used in the future; Calhoun & Tedeschi, 2006), interpersonal relationships (i.e., greater self-disclosure and emotional expressiveness with others, increased compassion and emotional expressiveness with others; Taku, Calhoun, Cann, & Tedeschi, 2008), and changes in philosophy of life (i.e., facilitation of wisdom; Joseph & Linley, 2006). Prior research on PTG has primarily considered the experiences of trauma survivors themselves, and yet minimal research has considered the potentially growth-producing impact of hearing stories of trauma from individuals in the helping professions.

Posttraumatic Growth Versus Resilience

Theoretically, resilience and PTG are often confused in the literature (Tedeschi, Calhoun & Cann, 2007). For example, it has been debated whether PTG is a form of resilience, and whether growth is superior to resilience (Lepore & Revenson, 2006; Westphal & Bonnano, 2007), whereas others (e.g., Levine, Laufer, Stein, Hamama-Raz, & Solomon, 2009) have argued that resilience can be seen and measured by a lack of posttraumatic stress disorder following adversity and is inversely related to PTG.

According to Tedeschi and Calhoun (1996, 2004), PTG is a positive psychological change that might result from struggles with challenging circumstances, which differs from resilience. PTG differs from resilience on two accounts: resilient people do not engage in *meaning-making* behaviours (Bonnano, Wortman, & Nesse, 2004) and are not *transformed* by the struggle with the implications of trauma (Westphal & Bonnano, 2007), rather they positively *adapt* despite adversity (Luthar & Cicchetti, 2000). Essentially, resilient people more easily mitigate the impact of the traumatic event, and consequently are less likely to perceive threat to self or worldviews (Tedeschi & Calhoun, 1996, 2004). However, they may experience short-term dysregulation and variability in their emotional and physical well-being (Ong, Bergeman,

Bisconti, & Wallace, 2006). For resilient individuals, reactions to a traumatic event tend to be relatively brief and usually do not impede personal functioning to a significant degree (Bonnano et al., 2004).

Alternatively, PTG only occurs if the trauma has been upsetting enough to drive the survivor toward positive meaning making of the negative event. It involves a transformation that surpasses the capacity to bounce back without being damaged by the trauma. Central to this growth process is a struggle with the effects of trauma (Tedeschi & Calhoun, 2004). Growth is stimulated from the need to find meaning from the traumatic event and represents a change for the better following adversity (Tedeschi & Calhoun, 1996, 2004). While PTG is viewed in direct contrast to PTSD, the two are not on the same continuum, and are thought to be independent from one another (Tedeschi & Calhoun, 2004). Additionally, resilience is also seen to be in contrast to PTSD and argued to buffer the effects of adverse events.

Responses to Trauma in Counsellors and Other Helping Professions

Parallel to the common pathological terms relating to the adverse implications of trauma work (such as vicarious trauma, compassion fatigue, secondary traumatic stress, and burnout) there have been many attempts to conceptualize the positive effects (See Appendix A for definitions of each term). These terms include compassion satisfaction (Figley, 2002), vicarious adversarial growth (Linley, Joseph, & Loumidis, 2005), vicarious posttraumatic growth (Arnold, Calhoun, Tedeschi, & Cann, 2005), and vicarious resilience (Hernandez, Engstrom, & Gangsei, 2010). Many therapists experience a great deal of satisfaction, personal growth and professional development from witnessing clients grow through their triumph over trauma (Cohen & Collens, 2013; Schauben & Frazier, 1995; Splevins, Cohen, Joseph, Murray, & Bowley, 2010). The following terms speak to the range of positive experiences resulting from trauma work.

Compassion Satisfaction

Compassion satisfaction (CS) has been defined as "the pleasure you derive from being able to do your job well" (Stamm, 2005, p. 5). It has been suggested that CS may counteract compassion fatigue when counsellors are aware of the joy derived from assisting clients (Lawson & Myers, 2011). However, due to the limited studies on CS that are available (e.g., Sprang, Clark & Whitt-Woosley, 2007), this hypothesis has not been explored as a potential protective factor in counsellor VT.

Coined by Figley (2002), CS is the opposite of compassion fatigue. It is seen as contentment, pleasure, or professional satisfaction that results from helping others in one's role as a professional (Stamm, 2005). The potential for CS is based on fulfillment from helping others and positive collegial relationships as part of trauma work (DePanfilis, 2006). CS is influenced by internal motivational factors such as self-efficacy perceptions, and external factors such as environmental factors and direct feedback from role models (e.g., supervisors, colleagues). CS may play a protective role by strengthening the clinician's sense of worthiness and contribute to optimism and a belief in the good of humanity (Craig & Sprang, 2010). Compassion satisfaction reflects the contentment with one's work in a helping profession. While this is an important element towards sustaining one's role as a counsellor, it is not specific to trauma work.

Vicarious Adversarial Growth

Vicarious adversarial growth is a general concept based on adversarial growth, which Linley and Joseph (2004) developed to describe a process of struggling with adversity, where changes may arise that help individuals reach a higher level of functioning than that which existed prior to the event. These positive changes have been described using various labels including: PTG, stress-related growth, perceived benefits, thriving, blessings, positive by-

products, positive adjustment, and positive adaptation– each with reference to people who have worked with trauma survivors (Linley et al., 2005). While this concept was derived from an attempt to describe the positive changes that emerge through vicarious engagement with trauma survivors, it has not been used extensively within the literature, and does not include a supporting theory.

Vicarious Posttraumatic Growth

Studies of VT have illuminated that alongside the negative emotional impact of trauma work for counsellors and helping professionals, positive changes also may co-occur (Harrison & Westwood, 2009). Bearing witness to the suffering of others affords the opportunity for the clinician to look at questions of meaning and purpose that arise in the context of the therapeutic encounter (Howard, 2010). Vicarious posttraumatic growth (VPTG) was proposed to describe the process by which psychological growth occurs in individuals who are in contact with trauma survivors through their vicarious brushes with an individual's direct trauma experience (Arnold et al., 2005). VPTG asserts that people attempt to reduce pre- and post-trauma cognitive dissonance by accommodating new trauma-related material. VPTG suggests that if trauma workers experience similar PTG processes to those experienced by trauma survivors, they might also successfully integrate and transform their VT and maximize the possibility of growth (McCann & Pearlman, 1990).

To date, there have been limited studies exploring the positive, more salutogenic views of trauma work. Primarily, such findings have been anecdotal accounts identified within studies on VT experienced by individuals working with trauma survivors (Pearlman & Saakvitne, 1995). VPTG has been examined in individuals with various roles and professions, including couples and family members of trauma survivors (McCormack, Hagger, & Joseph, 2011) research

psychologists (Radeke & Mahoney, 2000), funeral directors (Linley & Joseph, 2005), disaster response workers (Linley & Joseph, 2007; Shakespeare-Finch, Smith, Gow, Embelton, & Baird, 2003), interpreters (Splevins et al., 2010), ambulance personnel (Kang et al., 2018), physicians (Manning-Jones, de Terte, & Stephens, 2016), nurses (Beck, Eaton, & Gable, 2016; Taubman-Ben-Ari & Weintroub, 2008), social workers (Lev-Wiesel, Goldblatt, Eisikovits, & Admi, 2009), and therapists (Arnold et al., 2005). Additionally, studies on VPTG have explored specific types of client groups who experienced trauma such as bereaved individuals (Proffitt, Cann, Calhoun & Tedeschi, 2007), traumatized children (Hyatt-Burkhart, 2014), refugees and torture victims (Splevins et al., 2010).

In Arnold et al.'s (2005) seminal article exploring VPTG, all 21 clinicians who participated commented on some type of negative experience related to their trauma work (e.g., intrusive thoughts and images of clients' trauma, fear, anger, sadness) all of which align with descriptions of compassion fatigue (Figley, 1995) and VT (McCann & Pearlman, 1990). However, all participants also spontaneously reported positive responses to their trauma work, frequently in relation to observing their clients' posttraumatic growth, which led to enduring, personality trait-oriented changes in themselves.

Numerous positive changes in individuals who have experienced VPTG through their work with trauma survivors include: increased compassion (Arnold et al., 2005; Splevins et al., 2010; Steed & Downing, 1998), self-awareness and insight (Lonergan, O'Halloran, & Crane, 2004), acceptance of others (Bell, Kulkarni, & Dalton, 2003; Ben-Porat & Itzhaky, 2009), less judgment, more respect of others, and more time spent living in the moment (Splevins et al., 2010). Additionally, increased sensitivity, tolerance, empathy, gratitude, and appreciation of strength and resilience of the human spirit have been identified (Arnold et al., 2005). Observing

spiritual or existential growth in clients has led helping professionals to be more accepting of spiritual paths unlike their own (Arnold et al., 2005), and feeling more spiritual and wise themselves (Splevins et al., 2010) which has contributed to their own spiritual well-being (Bell et al., 2003; Schauben & Frazier, 1995; Splevins et al., 2010). The vicarious processes of growth were described at an emotional rather than a cognitive level, even though new worldviews were developed through cognitive changes (Splevins et al., 2010).

Namely, these positive changes mirrored the changes seen in trauma survivors who experience PTG and occurred in three broad areas: (1) changes in self-perception; (2) interpersonal relationships; and (3) philosophy of life (Tedeschi & Calhoun, 1996, 2004). However, VPTG differs from PTG in that areas of growth may be more specifically focused towards professional growth, rather than focused solely on personal growth. Exploring these three areas specifically, there is evidence to suggest that changes in self-perception occur following a shift in worldview. These changes result in an increased personal strength as a consequence of making sense of the work, and increased confidence in their abilities as a mental health professional (Barrington & Shakespeare-Finch, 2013). Secondly, the changes in interpersonal relationships relate to a change in how the person relates to others. For example, they might limit their social circles to those they truly connect with and share similar beliefs.

Lastly, changes in life philosophy involve developing greater self-awareness, a change in values and life priorities, greater understanding and less judgment of others, coupled with an increased sense of gratitude, appreciation of loved ones, freedom and safety, and deepened spirituality (Barrington & Shakespeare-Finch, 2013). In terms of changes in spiritual or religious beliefs, there have been mixed results. A few studies on VPTG have found that such changes may be a mechanism by which people make meaning of extreme situations, and are viewed as

positive changes (Park, 2010). However, in Barrington and Shakespeare-Finch's (2013) study, clinicians experienced changes in spirituality when working with refugee trauma survivors, however, such changes were not used to make sense of trauma. Furthermore, some participants described decreases in religiosity, though they viewed this in a positive light. Thus, it would be important to consider the purpose and meaning behind any spiritual changes in the current proposed study.

The impact of VPTG on individuals in various helping roles had significant implications on a personal and professional level as many changes occur both inside and outside of work life (Hyatt-Burkhart, 2014). On a personal level, working with trauma survivors enriched helping professionals' lives, and provided a useful perspective for their own traumatic experiences. On a professional note, trauma work changed the meaning clinicians attached to their professional roles and practice, and they valued the profession more than before as well as enjoyed being part of the healing process (Shamai & Ron, 2009). In a study by Splevins et al. (2010), interpreters working with refugees and individuals seeking asylum remarked on their wishes to assert themselves to fight for justice and fairness, wishing to give something back and feel of value to another, which may reflect their specific work with refugees in a political context. However, the findings from this study suggest that implications for advocacy, fighting for social justice, and self-confidence may be products of VPTG and positively contribute to one's profession (Cohen & Collens, 2013). The changes in personality traits and perspective of their work through VPTG reflected improved abilities to understand, accept and connect with others (Arnold et al., 2005). All of such characteristics are important qualities for therapists and would positively contribute to one's professional role as a developing counsellor.

Factors That Predict Vicarious Posttraumatic Growth

Meaning Making and Sense of Coherence. In studies on trauma work with refugees, interpreters and clinicians, these individuals initially identified more negative outcomes in their adjustment to the role. Such negative outcomes included intense emotional reactions and symptoms of distress characteristic of VT (Pearlman & MacIan, 1995; Splevins et al., 2010). However, such negative symptoms translated into VPTG with more time in their role and once distress was reduced to manageable levels (Splevins et al., 2010). A key determinant as to whether VPTG or VT developed was the meaning made as result of the struggle with a shattered belief system. The initial shattering of beliefs appears to quickly be ameliorated in clinicians who experience VPTG because they are able to process the stories, rework their beliefs and assumptions about self and the world (Arnold et al., 2005; Calhoun & Tedeschi, 2006; Janoff-Bulman & Yopyk, 2004), and effectively incorporate the traumatic material (Joseph, 2011; Joseph & Linley, 2005; Park, 2010). Effortful meaning making may also include questioning oneself, one's life and identity in order to make sense of vicarious experiences (Cohen & Collens, 2013; Pearlman & Saakvitne, 1995). This may help one achieve a sense of coherence (Linley et al., 2005), enhanced personal growth, and experience changes in worldview– all of which have been identified as signifiers of VPTG (Abel, Walker, Samios, & Morozow, 2014). Indeed, research on PTG contends that the positive changes that occur in the aftermath of trauma may not necessarily lessen emotional distress, but usually do trigger a reconsideration of assumptions about life, the world, and others, which stimulates a search for meaning (Calhoun, Cann, Tedeschi, & McMillan, 2000). Many theorists argue that meaning making processes are associated with positive outcomes and adjustment when they entail integration of past knowledge, beliefs about the traumatic event, expectations for the future, and a sense of coherence (Abel et al., 2014; Joseph & Linley, 2006). Alternatively, search for meaning without

finding a coherent sense of understanding is associated with greater negative outcomes (Linley & Joseph, 2011).

There are at least three ways in which meaning making occurs. In Barrington and Shakespeare-Finch's (2013) study, individuals who experienced VPTG described changing their ways of thinking, seeking additional support, and developing self-care strategies to make meaning out of their work. Turning to support from colleagues also helped to process and make sense of VT in individuals who experience VPTG (Barrington & Shakespeare-Finch, 2013). Colleagues function as an important social network for clinicians and can validate feelings and offer support (Linley & Joseph, 2007; Sexton, 1999). Supervision is another area where clinicians can find a safe place to process horrific and graphic stories (Barrington & Shakespeare-Finch, 2013). Given that organizational and social support are key predictors of VPTG, it would be important to attend to the contextual factors within workplaces and training programs during this study.

Sense of coherence has previously been identified as a key factor to resilience and healthy functioning in research on salutogenesis. According to salutogenesis, sense of coherence (SOC) is dependent upon three cognitive and emotional components which describe one's internal and external environment (Antonovsky, 1987): (1) *Comprehensibility,* which is the belief that stimuli in the world makes cognitive sense, is structured, predictable, explicable, as opposed to chaotic and arbitrary. Strong comprehensibility refers to the ability to make sense of events in one's life even if they are devastating in nature. (2) *Manageability* refers to the confidence that it will be possible to cope with demands using the resources that are available and controlled by oneself (i.e., skills, abilities, material resources), as well as those provided by trusted others (e.g., support and help from others, trust in politicians, god). Those who have a

strong sense of manageability do not feel victimized by adverse events and believe that stressors are within their control. (3) *Meaningfulness* is the motivational belief that demands from life and the environment are a challenge rather than a burden, and are worthy of commitment, engagement, and emotional investment. Individuals with a strong sense of meaningfulness try to give emotional meaning to experiences and make every effort to cope with the situation (Antonovsky, 1987). Antonovsky's (1987) salutogenic framework proposed that individuals with a stronger sense of coherence are better able to appraise situations in order to choose the best way to meet demands and rely on resources in response to stressful situations. He emphasized that while all three components of SOC are important, the most important element was meaningfulness. Essentially, those who live with an internal SOC articulate themselves in a meaningful way, such that the punctuating events in their narratives are what make them who they are today (Oliveira, 2015) and appear to be more apt to foster growth when vicariously exposed to traumatic experiences.

Vicarious Trauma as a Precursor. Consistent with previous studies on VPTG and PTG, distress is seen as part of the post-trauma experience, and a precursor to PTG. The process of growth is a complex interplay of positive and negative outcomes as a consequence of vicarious exposure to trauma (Abel et al., 2014). However, research on VPTG is unclear regarding whether VT is a prerequisite for VPTG to occur. One of the many possible symptoms of VT includes intrusive thinking, which has been identified as facilitating vicarious growth by allowing individuals to work through information about the traumatic event. Indeed, many studies on PTG suggest that rumination and distress are needed for meaning and growth to take place (Abel et al., 2014).

Barrington and Shakespeare-Finch (2013) conducted a study on the lived experiences of managerial and administrative staff, as well as clinicians working with survivors of refugee-related trauma. From this study, the authors argued that VT acts as a precursor to vicarious growth. They posit that it is impossible for a trauma worker to experience growth without first feeling somewhat traumatized by their work (Barrington & Shakespeare-Finch, 2013). Participants described moving from a position of vulnerability to one of growth. This finding is complicated by other research, which posits that VT and VPTG can be seen as separate independent processes that lead to different outcomes for different schemas. There has been some evidence to suggest that STS and VPTG may co-occur simultaneously. Manning-Jones, de Terte, & Stephens (2016) identified that social workers who experienced high levels of STS also described high levels of VPTG in their quantitative study. While this finding has not been identified between VT and VPTG, it is possible that the two may be linked. However, quantitative studies up until this point are limited in being able to understand this connection (Cohen & Collens, 2013). Taking a narrative perspective of counsellor trainees' experiences working with trauma survivors would offer a view of trauma work that is rooted in context, while attending to the social, temporal, and place dimensions (Clandinin & Connelly, 2000) potentially delineating these relationships further.

There are many questions left unanswered regarding the relationship between VT and VPTG. While it is unclear in previous research on whether VT is a necessary precursor for VPTG to occur, a certain level of distress appears to instigate the transformation that occurs. The current model in place to understand the process of VT does not include VPTG, thus the relationship between the two concepts is indistinguishable.

Vicarious Resilience

An alternative concept in the literature that describes the positive effects of trauma work on individuals working with trauma survivors is vicarious resilience (VR). It has been described as a "common and natural phenomenon illuminating further the complex potential for therapeutic work both to fatigue and to heal" (Hernandez, Gangsei, & Engstrom, 2007, p. 237). VR initially arose from qualitative interviews with mental health providers who spoke of their positive experiences while working with victims of torture (Hernandez et al., 2007). This led to speculation that working with trauma survivors had the potential to affect and transform therapists in a unique way. Vicarious resilience has been defined as "the positive meaning-making, growth, and transformations in the counsellors' experience resulting from exposure to clients' resilience in the course of therapeutic processes addressing trauma recovery" (Hernandez, Engstrom, & Gangsei, 2010, p. 72). It is characterized by "a unique and positive effect that transforms therapists in response to client trauma survivors' own resiliency" (Hernandez et al., 2007, p. 237). Hernandez et al.'s (2010) definition of VR does not reflect most definitions of resilience which posit that meaning-making (Bonnano, Wortman, & Nesse, 2004) and transformation in the aftermath of the struggle with trauma (Westphal & Bonnano, 2007) are rather characteristic of PTG as opposed to resilience. As such, while there is a clear distinction between resilience and PTG, there is much crossover in the literature on VR and VPTG resulting in no clear distinction between the concepts. This will be discussed further in the section on differences and similarities between VR and VPTG.

The VR process occurs through viewing clients' resiliency as they heal from trauma in the therapeutic process (Hernandez et al., 2010; Hernandez et al., 2007) and through the mechanism of the therapeutic relationship, which is where therapists transform, grow, and develop their own potential (Hernandez et al., 2007). Of note is the reciprocal process in which client and

counsellor influence each other during the therapeutic process (Hernandez et al., 2010). This reciprocity opens up the possibility of appreciating, attending to and making meaning out of the process whereby therapists themselves may learn to heal and change with clients (Hernandez et al., 2010). This reflects Jung's (1950) notion that counsellors and clients can both be transformed in the working alliance. The working alliance (Bordin, 1979) has been defined as the collaborative agreement on three elements: an affective bond, and agreement on goals and tasks between therapist and client (Horvath, Del Re, Flückiger, & Symonds, 2011). The working alliance is a term used to reflect the quality of the relationship between client and therapist and has been identified as central to achieving therapeutic goals (Bordin, 1994; Horvath et al., 2011).

VR has been explored in the context of therapists working with various client groups, including: victims of politically motivated torture and trauma (Barrington & Shakespeare-Finch, 2013; Engstrom, Hernandez, & Gangsei, 2008; Hernandez et al., 2007; Hernandez-Wolfe et al., 2014), and children and youth victims of interpersonal trauma (Silveira & Boyer, 2014). VR has also been explored in the context of elementary school teachers working with child victims of violence (Acevedo & Hernandez-Wolfe, 2014). It is unknown whether VR is a phenomenon that occurs in other areas of trauma work apart from torture survivors or victims of politically motivated violence. Furthermore, the bulk of research on VR has been conducted with seasoned therapists and mental health professionals (Hernandez-Wolfe et al., 2014). As such, it is uncertain whether VR exists as a phenomenon in less experienced counsellors. To date, no known research has explored VR in the context of students in counselling programs.

Several domains of change and growth have been identified by therapists experiencing VR. Many of these changes fall in line with the three broad areas described in PTG and VPTG: changes in self-perception, interpersonal relationships, and philosophy of life (Tedeschi &

Calhoun, 1996, 2004). For example, changes in self-perception include: increased resilience (e.g., reassessing one's own problems as more manageable, increased perception of self as resourceful, increased capacity to cope with challenges in life; Engstrom et al., 2008; Hernandez et al., 2007).

Changes in philosophy of life include shifts in life perspective (e.g., life direction, goals, priorities, connection with others), understanding and valuing spiritual dimensions of healing, discovering the power of community healing, and regaining hope (Engstrom et al., 2008). There was also an increased commitment to social justice and advocacy similar to studies on VPTG. This was done through making the professional and lay public aware of the impact of multiple dimensions of violence by writing and speaking in public forums (Engstrom et al., 2008). These awareness initiatives included consciousness-raising activities to bring light to larger social issues, influence policies, resource allocations, and to break stigma (Acevedo & Hernandez-Wolfe, 2014; Hernandez-Wolfe et al., 2014). The effects of working with victims of torture and trauma generalized beyond the scope of their professional role to shape their perspectives of self, relationships and their environment (Acevedo & Hernandez-Wolfe, 2014).

However, several noted changes do not fall into the three categories in VPTG and were unique to VR. In particular, there were changes on a professional level that included: increased recognition and feeling inspired by client's capacities and resources for healing and recovery, as well as increased recognition that clients' social contexts have an impact on their ability to overcome adversity (Engstom et al., 2008; Hernandez et al., 2007). There was also a movement toward increased self-care practice, self-reflection, self-attunement, and mindfulness (Engstrom et al., 2008; Hernandez et al., 2007). VR is seen to counteract the fatiguing process that trauma therapists normally experience, strengthening their motivation, helping them to find new

meanings, and discover ways of taking care of themselves (Hernandez et al., 2007). Engstrom et al. (2008) noted that individuals who experienced VR reaffirmed the value of therapy. For example, they felt committed to their work through an increased understanding of therapeutic processes, the resilience process, and self-efficacy in their work. This renewed value for therapy and potential for VT prevention appears to be unique to VR and is not found in VPTG.

On a personal level, therapists remarked that they reassessed the significance of their own problems and developed better tolerance for frustration (Hernandez et al., 2007). They also felt motivated to articulate personal and professional positions regarding political violence (Hernandez et al., 2007). By working with trauma survivors, mental health workers remarked on acceptance of their own imperfections and increased compassionate communication with partners and family members (Silveira & Boyer, 2014). Indeed, Engstrom et al. (2008) found that a sample of mental health workers reported being able to apply lessons of client resilience to their own lives.

On a professional note, therapists commented on feeling a greater sense of self-efficacy in their work and their theoretical model through understanding resilience and therapeutic process (Hernandez et al., 2007; Silveira & Boyer, 2014). Therapists described developing better boundaries and use of self in therapy. They also indicated an increase of: hope and commitment to their job and role (Hernandez et al., 2007), optimism and hopefulness through witnessing resilience (Silveira & Boyer, 2014), and increased motivation to articulate their theoretical frameworks for work with clients (Hernandez et al., 2007). There was a tendency to include spirituality as a dimension in treatment as well (Hernandez et al., 2007). They relayed interest in learning more about differentiating concepts such as survival, resistance, resilience, and how such elements look in practice (Hernandez-Wolfe et al., 2014). Therapists remarked that they felt

inspired to expand their trauma work into teaching, writing, and research, suggesting that VR holds promise for encouraging professional development of therapists (Hernandez et al., 2007).

Many of these descriptions of VR fall in line with the concept of "professional resilience." For mental health providers, professional resilience has been defined as a "commitment to achieve balance between occupational stressors and life challenges, while fostering professional values and career sustainability" (Fink-Samnick, 2009, p. 331). Professional resilience is seen to develop over time by turning challenges into growth opportunities that become part of the professional's identity and core values (Hodges, Keely, & Grier, 2005). A similar concept is "professional PTG" which is characterized by positive effects such as increased compassion and connectedness with clients that co-exist with symptoms of distress (Bauwens & Tosone, 2010; Dekel & Baum, 2010).

Similarities/Differences Between Vicarious Resilience and Vicarious Posttraumatic Growth

It appears that the concept of VPTG overlaps significantly with VR, as both terms highlight the positive impact of vicarious exposure to working with trauma survivors (Hernandez-Wolfe et al., 2014; Silveira & Boyer, 2014). Both VPTG and VR entail observing resilience and growth in clients, which as a result enhances the clinician's own ability to explore new possibilities and expect positive outcomes and change (Arnold et al., 2005; Hernandez-Wolfe et al., 2014; Hyatt-Burkhart, 2014; Tedeschi & Calhoun, 1996). Additionally, symptoms of distress (e.g., anger, hopelessness, fear, feeling overwhelmed) as well as the positive changes have been identified by therapists in studies on VPTG and VR (Engstrom et al., 2008; Hernandez et al., 2007; Silveira & Boyer, 2014; Splevins et al., 2010).

In VPTG, the shattering of beliefs associated with VT act as an impetus for meaning making, growth and other positive outcomes. Individuals adjust their existing beliefs and

accommodate traumatic stories to make meaning of their experiences. Consequently, therapists move beyond their initial level of functioning and "grow" from these experiences. For example, in Barrington and Shakespeare-Finch's (2013) study exploring VPTG in personnel working with torture and trauma refugees, the participants sought out additional support and supervision to make meaning and to identify a sense of purpose from their work. While observing resilience in clients may occur with VPTG, it is not an impetus for growth. VPTG does not contend that therapists must witness resilience in clients for positive changes to occur.

With VR, the central element is that therapists are positively affected by the resilience of their clients– a process of reciprocity occurs in which the therapist positively influences the client and the client in turn positively affects the therapist. However, VR does not assume that observing clients' resilience leads to flourishing and growing beyond their original levels of functioning (Engstrom et al., 2008) which is indicative of VPTG. VR posits that the client and therapist mutually influence one another and construct meaning within the therapeutic relationship (Anderson, 2007). Witnessing the client's own resilience in the course of trauma recovery is what results in transformations in the therapist's experience (Hernandez et al., 2007; Hernandez-Wolfe, Killian, Engstrom & Gansei, 2015). In this way, the therapeutic relationship is framed within layers of context (organizational, familial, communal, and social) and includes power dynamics that are inherently based on social differences. VR rests upon the claim that resilience is "the potential for personal and relational transformation and growth that can be forged out of adversity" (Walsh, 2002, p. 130). In this way, it captures how people evolve, adapt and cope individually and collectively.

VR is seen to counteract the fatiguing process that trauma therapists normally experience, strengthening their motivation, helping them to find new meanings, and discover ways of taking

care of themselves (Hernandez et al., 2007). VPTG differs on this account, as it does not argue for any preventative implications for VT. VR may constitute as a buffering against the distress caused by working with trauma survivors resulting in effective adaptation, while VPTG may involve a process of schema reconstruction and meaning making due to shattered beliefs, which facilitates growth in the therapist to a point beyond previous levels of functioning.

Hernandez-Wolfe et al. (2014) suggested that VR does coexist with VT at various points within therapists' experiences of working with trauma survivors. Early on in therapists' careers, however, experiences of VT appeared to trigger careful attention to self-care for therapists (Hernandez-Wolfe et al., 2014). It is suggested that the degree to which therapists are affected depends on the length and intensity of trauma stories told (Hernandez et al., 2007). This suggests that VT may trigger positive effects for therapist wellness as well as elements of VR when the trauma is not severe.

There remain to be complications on differentiating VPTG and VR because both contend for growth, transformation, and meaning-making, which are generally elements found in PTG, not resilience (Tedeschi & Calhoun, 1996, 2004).

In my attempts to gain clarification on the concepts of VR and VPTG, the comments of Hernandez-Wolfe, the author who defined VR were helpful:

> The difference I see stems from the background literature foundational to each concept, the robustness of the research involved, political positioning of the research itself, and the very definition of each concept based on the qualitative data researched. Both concepts stand on the vicarious aspect of the process (P. Hernandez-Wolfe, personal correspondence, February 24, 2015).

Similarly, in correspondence with Richard Tedeschi, one of the authors who discovered both PTG and VPTG, commented:

> …generally, the difference between resilience and PTG is that PTG represents a qualitative or transformational change in a person, whereas resilience means to be relatively unaffected or to return to the previous level of adaptation or functioning (R. Tedeschi, personal communication, February 18, 2015).

As such, both authors seem to contend that the roots of each concept stem from the original foundation of resilience and PTG. While I see VPTG as corresponding to the tenets of PTG, I do not see VR as reflecting the definition of resilience. Additionally, the research on VR is restricted to specific populations (i.e., victims of trauma and torture, politically motivated violence) in specific regions of the world (i.e., Columbia, South American regions). Consequently, I see VPTG as a more robust construct with closer application to my participant group (counsellor trainees in Canadian training programs) therefore it is a preferred term. For more details on the differences and similarities between VPTG and VR, see Table 1.

Table 1.

Comparison of Vicarious Posttraumatic Growth (VPTG) and Vicarious Resilience (VR)

	VPTG	VR
Similarities	Highlights the positive impact on individuals working with trauma survivors	
	Observation of resilience and growth occurs alongside symptoms of distress	
	Changes occur in three areas: self-perception, interpersonal relationships, and philosophy of life	
	Growth in personal and professional areas occur	
	Initiates desire to engage in social justice and advocacy activities	
Differences	Observed resilience is not an impetus for growth or positive change	Resilience is reciprocal within the therapeutic relationship
	Significant distress is precursor for growth	Distress may motivate self-care, not growth
	Transformation beyond one's previous level of functioning occurs	No transformation beyond one's original level of functioning
	No preventative implications for VT	Holds preventative implications for VT by buffering against fatigue
	Growth occurs through schema rebuilding (i.e., meaning making, sense of coherence)	Reaffirmed the value of therapy, self-efficacy, and commitment to professional development
	Theoretically derived from constructivist self-developmental theory	Theoretically derived from resilience and social learning theory
	Identified across roles and professions working with survivors of different types of trauma	Identified primarily in individuals working with survivors of politically-motivated violence, trauma and torture

Theoretical Underpinnings and Comparison of VT, VPTG, and VR

While supporters of VPTG advocate for its use in lieu of a framework based on VT, VR does not posit that it is a parallel process that can be conceptually understood on similar theoretical foundations to vicarious trauma. This is because VT is based on constructivist self-developmental theory (CSDT; Saakvitne, Gamble, Pearlman, & Lev, 2000). Alternatively, VR emerged from qualitative observation, and was built using grounded theory, and has been explored through resilience and vicarious learning theories (Bandura, 1986; Luthar, 2003). In recent studies, VPTG has operated under the same framework as VT, simply because an alternative framework is not in existence yet. As such, I will discuss VPTG using the accepted CSDT model which has been applied to both understand VT and PTG, and Bandura's social learning theory to discuss VR.

Constructivist Self-Developmental Theory

The most uniformly accepted theory to date that explains vicarious trauma, posttraumatic growth, and vicarious posttraumatic growth is *Constructivist Self-Developmental Theory* (Pearlman & Saakvitne, 1995). CSDT is a framework that was developed to understand why some trauma survivors are traumatized by their victimization and others are able to resolve their experiences. Indeed, the literature on psychological responses to trauma indicates that not all victims experience the same responses and some fare better psychologically than others (McCann, Sakheim, & Abrahamson, 1988). CSDT is an integrative personality theory rooted in psychoanalytic theory, constructivist theory (Mahoney, 1988), social learning theory (Rotter, 1954), and cognitive developmental theory (Piaget, 1971). Developed using clinical and empirical data from a variety of trauma survivor groups, CSDT is based on the constructivist notion that individuals construct their own realities and make meaning of how they experience

events such as a trauma (Pearlman & Saakvitne, 1995). This creates room for the possibility that each individual is uniquely affected by the traumatic event and that trauma is subjectively defined by the individual and not the facts of the event (McCann & Pearlman, 1990).

Piaget (1971) described cognitive structures as 'schemas'– mental frameworks that include beliefs, assumptions, and expectations about self and the world that allow us to make sense of our experiences. Schemas are templates that are developed through experience and are used to organize information for future experiences. Underlying CSDT is Piaget's (1971) theory of assimilation and accommodation in response to disequilibrium. New experiences are filtered through schemas, which either correspond with the schema (assimilation) or change the schema to incorporate new information (accommodation; Piaget, 1971). New information that does not correspond with the therapist's own beliefs or schemas may change to accommodate new information. Piaget (1967) argued that assimilation involves using pre-existing schemas to interpret incoming information. Assimilation refers to the process whereby new information is integrated into existing schemas.

CSDT contends that five aspects of the self are impacted as a result of the traumatic experience: frame of reference (i.e., one's usual way of understanding the self and world, including spirituality), self-capacities (i.e., one's ability to maintain a cohesive sense of self in relation to others, maintaining a positive sense of self, feeling a sense of connection to others), ego resources (i.e., skills required to meet psychological needs and to relate to others, such as awareness of one's own psychological needs, insight, ability to take perspective, set boundaries, use one's judgment), psychological needs (i.e., there are five psychological needs and cognitive schemas that can be impacted– need for safety, trust, esteem, intimacy and control), related cognitive schemas, and memory system (i.e., verbal, affect, imagery, somatic, and interpersonal).

Individuals who experience trauma directly, or vicariously have disruptions in one or more of their psychological need areas. The area that is disrupted depends on the individual's unique background and which need area is salient to the individual (McCann & Pearlman, 1990). CSDT adequately encapsulates the uniqueness with which a trauma survivor or clinician working with trauma survivors might experience symptoms as a consequence of the trauma (Pearlman & Saakvitne, 1995). It suggests that when therapists are unable to assimilate material into current cognitive schemas, cognitive disruptions occur. Similarly, the imagery that is most painful for therapists often centers around the schemas that are related to the therapist's most salient need area (McCann & Pearlman, 1990).

Constructivism argues that knowledge is both built and continually tested as a result of our experiences, and schemas survive as long as they are pragmatic and useful (von Glasersfeld, 1981). Essentially, constructivism is considered a meaning-making theory, where individuals create their own understandings based on the interactions of what they already know and believe, and the phenomena or ideas with which they come into contact (Richardson, 1997). Central to this theory is the focus on schemas and prior experience in influencing the therapist's ability to assimilate new information relayed by the client. CSDT appears to best relay the process of developing VT and how and why it occurs in some therapists versus not in others through consideration for the unique experiences of each individual within his or her context.

Given that CSDT is the most widely accepted theory used to explain the processes of VT, PTG, and VPTG, it makes sense that the benefits of trauma work may involve the same types of schemas about self and world that are identified as the hallmarks of VT. This includes a heightened sense of personal vulnerability, which is a change in self-perception that makes life feel more precious and consequently inspires living richer and fuller lives (Arnold et al., 2005).

Alternatively, heightened vulnerability can lead to feeling more suspicious of others (Steed & Downing, 1998).

In relation to CSDT, the process of PTG and VPTG suggests that distress is inevitable because trauma challenges fundamental beliefs, whether experienced directly or vicariously. Trauma is seen as an impetus for effortful meaning-making processes and subsequent positive outcomes (Joseph, 2011; Joseph & Linley, 2005; Tedeschi & Calhoun, 2004). Through accommodating new trauma related material, clinicians or those directly impacted by trauma can experience growth (Park, 2010). Additionally, the assumptions of CSDT support the notion that experiences that occur in the professional realm are not restricted to this role. Changes in schema cannot be limited to one area of life and do filter into one's personal life.

Social Learning Theory

Bandura's (1978) idea of reciprocal determinism within social learning theory contends that individuals actively select, organize, and transform stimuli with which we come into contact. It supports the idea that the interaction between environment, one's own behaviour, and the individual influences how we behave (Bandura, 1978). Consequently, behaviour is self-regulated and we act based on real and perceived efficacy of our beliefs. In the context of vicarious experiences with trauma, self-efficacy plays a major role regarding whether or not the observed behaviour is learned by the therapist through interaction with the client. That is, the therapist's interaction with the client and consideration for their own life circumstances both influence how the counsellor might react (i.e., fear, hypervigilance, increased hope). The theory behind VR is based upon the notion that reciprocity occurs within the therapeutic experience; that is, the trauma therapist and survivor client influence one another to bring about VR (Hernandez et al.,

2010). VR focuses primarily on how the clients' experiences of resilience affect the therapist (Hernandez et al., 2007). As such, reciprocal determinism may explain why this occurs.

Additionally, the positive result of work with trauma survivors (which constitutes as VPTG and VR) is coupled with negative consequences from such work. Indeed, the two may co-occur and simultaneously exist. It has been suggested that a theory of VPTG or VR might better account for the experiences of trauma workers as opposed to the dominant theory of VT because VPTG and VR do not discount enduring distress, but rather create a more balanced perspective on the potential positive and negative consequences of trauma work (Splevins et al., 2010).

Implications: Shifting the Meaning of Trauma Work

Identifying Resilience and Sharing Stories

Research on VR and VPTG assert that counsellors who are aware of the transformative potential of attending to client stories of resilience and growth can re-contexualize their own emotional responses to trauma (Arnold et al, 2005; Hernandez et al., 2007) and reframe their thinking about working with traumatized clients (Silveira & Boyer, 2014). Sharing stories about the positive impact of trauma work with peers and supervisors can help counsellors reignite the understanding of the meaning, significance, and impact of the episodes of resilience that their clients experience (Hernandez et al., 2010; Silveira & Boyer, 2014). The language of VR may be used in workshops and supervision to help counsellors reflect and notice small acts of resilience in clients (Silveira & Boyer, 2014). Without initiating conversations about the positive or beneficial aspects of trauma work, counsellors are unlikely to discuss them (Hyatt-Burkhart, 2014). It is therefore imperative that such discussions are encouraged within counsellor training programs.

Counsellor Wellness

VR may guide therapists to take care of themselves and use what they have learned vicariously from clients to apply to their own lives in times of crisis (Hernandez et al., 2007). From a prevention view, VR may be useful towards counteracting deeply fatiguing processes where therapists come to see themselves as victims of those who are victimized (Hernandez et al., 2007). Learning to attend to and bring conscious awareness to VR may help to support the health and strength of trauma workers (Hernandez et al., 2007).

VR processes may counteract the helplessness experienced by counsellors in their work with clients and may bolster their optimism and work satisfaction (Silveira & Boyer, 2014). VR may buffer the negative consequences of hearing clients' trauma narratives through establishing a deep meaningful connection and strong therapeutic bond (Silveira & Boyer, 2014). Inherent stressors of trauma work can be minimized when clinicians make sense of their experiences and the trauma stories they hear. It helps clinicians feel capable, satisfied, and fulfilled in their work and promotes possibility of growth within themselves and their clients (Barrington & Shakespeare-Finch, 2013). Thus, the coherence and meaning-making processes may have positive implications for personal growth and professional development.

Vicarious Trauma Paradigm Shift

While VT appears to be a component of VPTG and seemingly triggers the growth process, it would be more accurate to think about shifting the way we think about vicarious trauma and distress within trauma work. That is, VT is often thought of as something to be prevented or avoided, with solely negative implications. However, the literature on VR and VPTG negate those findings, and highlight a number of positive factors, which change the way we view the climate of trauma work. For example, VR may guide therapists to take care of

themselves and use what was learned vicariously from clients to apply to their own lives in times of crisis (Hernandez et al., 2007). It is through hearing and re-presenting the stories of counsellor trainees that I hope some of such elements may be acknowledged and used to alter the way that trauma work is viewed and taught within counsellor education programs.

Important Factors Influencing Vicarious Trauma, Vicarious Resilience and Vicarious Posttraumatic Growth

Empathic Engagement

Empathy is the capacity to feel the distress, be aware of, understand, and vicariously experience the world and perspective of another (Wilson & Brwynn, 2004). Empathically engaging with clients provides relief to the client who has experienced trauma and is considered to be an essential ingredient in effective therapy (Rogers, 1980). However, the same empathy that may prove beneficial for clients may negatively impact the clinician (Pearlman & Saakvitne, 1995). In other words, the ability to share in the emotions of another contributes to success as a therapist, yet makes one vulnerable emotionally to a client's distress (Figley, 1995).

There are three conditions specific to trauma work that have been thought to facilitate empathic bonding to produce VT: (1) empathic engagement and exposure of the therapist to graphic and traumatic material; (2) empathic engagement and exposure of the therapist to the reality of human cruelty; and (3) the therapists' participation in traumatic re-enactments where client responses re-enact elements of their trauma within the therapy process (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995). Empathic engagement has been understood to be double-edged in nature: it is seen as the gateway to both VT and VPTG. However, the relationship between empathy and negative implications for counsellors who engage in trauma work is less straightforward then originally described. A recent study exploring the impact of

trauma on counsellors in their work with clients who have experienced gender-based violence and sexual abuse supported the notion that empathy may actually be a protective factor against the negative implications of trauma work (Coleman, Chouliara, & Currie, 2018). Consequently, the relationship between empathic engagement and VT and VPTG remains inconclusive.

Emotional Contagion

While empathy involves understanding the distress of another person, emotional contagion is reflecting and experiencing that distress at an unconscious level. Emotional contagion is involved in empathy (Miller, Stiff, & Ellis, 1988), and suggests that emotions (e.g., depression) can pass from one to another. While our tendency to synchronize with the emotions and postures of others offers therapeutic information, if therapists do not monitor or remain aware that these emotions are not their own, this leaves therapists vulnerable to VT (Pearlman & Saakvitne, 1995). Operating under a similar principle, research on VR and VPTG contend that observation or exposure to resilience in clients may facilitate resilience of the practitioner (Hernandez et al., 2010). It seems that individuals who observe growth in the experience of clients' relayed trauma stories are more capable of tolerating their work (Hyatt-Burkhart, 2014). Interventions (in supervision for example) that do not allow time and scope to explore this process may inhibit the facilitation of therapist growth (Cohen & Collens, 2013). As such, emotional contagion may have implications that place a counsellor at risk of VT, but also offer the opportunity for resilience.

Type of Trauma

It appears that counsellor transformations of VR and VPTG are independent of the specific type of trauma or age group of clientele, as evidenced by the similarity of themes between studies (Silveira & Boyer, 2014). Regardless of the specific issues experienced by

clients, there appears to be agreement that therapists feel inspired and recognize the clients' strengths and capacity to thrive (Silveira & Boyer, 2014). However, research on VR has been explored in limited scope, and has primarily targeted groups influenced by politically motivated violence and torture and trauma within Columbia and South America (Barrington & Shakespeare-Finch, 2013; Engstrom et al., 2008; Hernandez et al., 2007). As such, VR may be a concept limited to certain types of trauma experiences and cultural background. It is possible that different types of trauma may impact different schemas in different ways. For example, negative changes to self-schema were predominantly expressed by individuals who worked with victims of sexual abuse, domestic abuse, and mistrust toward men (Cohen & Collens, 2013). There have been several studies exploring VT symptoms across therapists working with different client groups. In one study, no differences in levels of VT, traumatic stress symptoms or burnout were found between therapists working in psycho-oncology, sexual assault, or general psychotherapy practice (Kadambi & Truscott, 2004). However, a separate study found that counsellors working with a high percentage of sexual violence survivors on their caseloads experienced more disruptions in their basic schemas of themselves and others, increased symptoms of PTSD, and more self-reported VT (Kassam-Adams, 1995; Schauben & Frazier, 1995). As such, the findings are mixed and inconclusive at this point as to whether specific types of trauma may place therapists at higher risk of VT. However, it does appear that VR and VPTG experiences occur independently from the type of trauma.

Therapeutic Alliance and Theoretical Orientation

In Silveira and Boyer's (2014) study, counsellors remarked on feeling a deep satisfaction from a strong therapeutic bond, which seemed to counteract the negative consequences of hearing the clients' narratives of their traumatic experiences and to promote compassion

satisfaction in those counsellors. The strong bond developed with clients increased optimism and belief in change for these counsellors (Silveira & Boyer, 2014). The therapeutic process has the possibility of a bi-directional potential, in which therapists may not only serve to generate positive effects, but also serve as recipients. This enhances their own gratitude, perceived strengths and confidence both as healers and outside of their role as counsellors (Silveira & Boyer, 2014). Many studies have emphasized that two partners need to be involved in order for resilience to occur (Nuttman-Shwartz, 2014). There is a dyadic and reciprocal process that has been reflected recently in research findings, where therapists convey that they were satisfied with their ability to help others but also recognized that they were helping themselves (Dekel & Nuttman-Shwartz, 2014). Therapists also indicated that they learned from both their clients and themselves about what helps in situations of threat and they developed methods of intervention that effectively helped clients and themselves (Nuttman-Shwartz, 2014).

Two factors– the theoretical model adopted by the counsellor and witnessing the clients' resilience and ability to overcome challenges contribute to this cycle in which counsellors and clients inspire one another and initiate a feedback loop (Silveira & Boyer, 2014). Therapists who achieve an appreciation for their clients' attitudes of hope, strength, resilience, and growth potential are therefore more likely to recognize their own personal strengths as healers and human beings (Silveira & Boyer, 2014). Attending to the strengths of clients, therapists and the therapeutic process mutually reinforces the empowerment of the client's potential to heal, opening new avenues for change, and increasing compassionate understanding for one another (Hernandez-Wolfe et al., 2014).

Silveira & Boyer (2014) propose that adopting a strengths-based theoretical model may help to enhance this sense of optimism, resilience and protect from VT in therapists (Silveira &

Boyer, 2014). Therefore, it may be helpful to attend to theoretical orientation and the therapeutic relationship when exploring the experiences of counsellor trainees in their work with trauma survivors.

Personal Trauma Histories

A majority of therapists have their own trauma history. For example, 81 percent of therapists in the sample of 21 therapists in Arnold et al.'s (2005) study indicated that they had suffered trauma in their own life. It is possible that the experiences relayed in the study could be confused with the clinicians' own personal experiences with trauma and their own PTG rather than VPTG experienced through working with clients (Arnold et al., 2005). For example, clinicians' retrospective accounts of the positive effects reaped through their work may reflect their own personal gains through direct encounters with trauma. Furthermore, in many studies of VPTG, the clinicians do not work exclusively with trauma survivors, and so they may misattribute their positive gains from other clients to those who are affected by trauma.

Using narrative inquiry, counsellor trainees relay their experiences and elucidate their understandings of working with trauma survivors. As I came alongside participants, I co-composed narratives that provided coherence to their stories. Rather than attribute any growth or challenges they face in their work to either personal or professional events, I contextualized their experiences in the three-dimensional space of temporality, sociality and place (Clandinin & Connelly, 2000). It was important to take into account that clinicians' experiences of working with trauma survivors encapsulate much more than simply their one-on-one relationship with the client.

Organizational Factors

To date, the primary focus of research on VT has looked at individual factors. However, the organizational context of trauma work is also an important factor. A lack of supportive work environment has been identified as a risk for VT (Boscarino, Figley, & Adams, 2004). Ungar (2013) argued that resilience is a phenomenon that extends beyond the individual, and the environment affects the resilience of individuals and their ability to deal successfully with trauma. The concept of resilience goes beyond the micro-level context of the client-therapist relationship and includes relationships at the meso-level, such as relationships with colleagues, managers, and family members (Ungar, 2013). As such it would be important to explore multiple levels involved in the lives of counsellor trainees by attending to the many contexts they live in.

Specifically, organizational culture (e.g., normalization of effects of working with trauma survivors), workload (e.g., diversity of caseload), work environment (e.g., creating a sense of safety), education (e.g., on VT), group support, supervision, and resources for self-care, and training and collegiality in the workplace are all factors that are included in the organizational structure (Bell et al., 2003; Hernandez et al., 2007; Hernandez-Wolfe, et al., 2014). These elements are necessary to consider when looking at experiences of counsellor trainees working with trauma survivors. It is important that trainees feel validated, supported and educated on how they might be affected during their work with trauma survivors. In this study, I inquired into these aspects of trainees' experiences by attending to place, sociality and temporality as their stories unfold.

Personal Growth and Professional Development in Counsellor Trainees

To date, the research on counsellor trainees' experiences of working with trauma survivors has exclusively focused on the negative implications of such work (i.e., VT, STS, CF). Anecdotal accounts within research on VT suggest that practicing counsellors experience

psychological growth from trauma work, which holds promise for students training to become counsellors and psychologists. However, the extant literature is relatively silent on the growth, change, and positive experiences that may occur, which creates an unbalanced view of the work that counsellor trainees engage in.

Indeed, the literature to date on counsellor trainees forecasts a very negative perspective on their potential for trauma work. First, counsellor trainees are a unique population that is at higher risk of vicarious trauma and burnout than experienced counsellors (Adams & Riggs, 2008; Neumann & Gamble, 1995). That is, younger, less experienced counsellors exhibit the highest levels of distress (Arvay & Uhlemann, 1996; Pearlman & MacIan, 1995) compared to more experienced counsellors and psychologists. This is because they have had less opportunity to integrate traumatic experiences into their belief systems and develop effective coping strategies for dealing with the effects of VT than older, more experienced therapists because of their limited time in the field (Neumann & Gamble, 1995). Additionally, there is some speculation that trainees may be still learning the mechanics of therapy and may not have developed self-care methods to mitigate VT (Rothschild & Rand, 2006). Trauma work oftentimes involves tolerating lengthy periods of feeling helpless, inadequate, shamed, attacked, and abandoned. As such, the trainee may face difficulty in taking risks in their work, and be susceptible to VT (Neumann & Gamble, 1995). This is important to note given that many practitioners' first applied experience with trauma clients occurs during practicum training in graduate programs (Adams & Riggs, 2008).

Secondly, there has been some focus in prior literature on the presence of mental health issues in counsellor trainees. Indeed, higher rates of psychological and emotional issues have been found among counselling students than the general population (White & Franzoni, 1990),

and implicit and explicit messages in training programs have implied that therapists should be above human frailty (Neumann & Gamble, 1995). This potentially places counsellor trainees in a vulnerable position for developing VT.

Recognizing this emphasis on the negative implications of trauma work, it makes sense to take a more holistic view of trauma work by narratively inquiring into counsellor trainees' experiences of working with trauma survivors. On a positive note, trainee wellness and self-care initiatives have been incorporated more consistently within counsellor training programs. However, there is little agreement on how to stimulate personal growth and wellness in students training to become counsellors. This is due in part to the lack of research in the area of counsellor development– an additional reason for exploring counsellor trainees' experiences of working with trauma survivors. While counsellor wellness is indeed an important element in counsellor training, for the purposes of this study, the aim was to explore the experiences of counsellor trainees in their work with trauma survivors, which may additionally highlight what keeps counsellor trainees well.

Personal and Professional Development

Recently, there has been a growing interest in discerning the elements that positively influence trainee personal and professional growth and development (Orlinsky & Ronnestad, 2005). Personal and professional development have been described as two elements that make up the broad process of counsellor development (Skovholt & Ronnestad, 2003). The two concepts intertwine and are interdependent, despite being considered separate for training purposes (Johns, 1996). For this reason, it has been proposed that the distinction between personal growth and professional growth is an artificial one given that factors in one's professional work life bleed into one's home life. Given that there is no clear separation, Wilkins (1997) has proposed

that counsellor development be viewed on a continuum of personal and professional needs, with personal development at one end, professional development at the other end, and personal growth in the middle, influencing both. Taking this perspective is inclusive toward acknowledging the importance of all these concepts and their interdependent nature.

Professional development is primarily concerned with acquiring specific knowledge and skills through engagement in activities directed toward developing and maintaining therapeutic effectiveness (e.g., regular supervision, familiarity with ethical codes, further training; Donati & Watts, 2005). It encompasses "doing needs" such as techniques, skills, explanations and theory, validation and research, training and qualification (Elton-Wilson, 1994). Meanwhile, personal development is concerned with "being needs" such as authenticity, interpersonal engagement, intimacy, self-valuation (Elton-Wilson, 1994), ability to self-reflect (Donati & Watts, 2005) and includes everything else that facilitates being a counsellor (Wilkins, 1997). Personal and professional development are not mutually exclusive concepts because professional development may also include aspects of a more personal nature, such as the therapist's own counselling and self-care (Elton-Wilson, 1994). Professional education has been argued to place most of its emphasis on preparation for the "real" world and therefore is largely centred around skills and attributes necessary for readiness to practice. This oftentimes includes very little room for education around life making, self-composition and recomposition (Estefan et al., 2016) which are salient to the personal growth of counsellor trainees.

Personal Growth

The requirement and goal to foster personal growth alongside professional knowledge and skill development within counsellor training programs (Banikiotes, 1975) stems from the humanistic tradition and Rogers' and Maslow's work on the concept of self-actualization

(Rogers, 1961). Rogers advocated for the idea that humans inherently take steps toward reaching their own potential and fulfilling their unique identities. Personal growth is seen as a linear but gradual process that involves revealing the real self and is judged in relation to one's life purpose. It involves an exploration of personal meanings and values, and their relevance and consistency (Rogers, 1961). The end of this exploration will result in cohesiveness and the wholeness of a self-actualized person (Rogers, 1980). Maslow (1954) further contends that it would be ideal if counsellors were self-actualizing people who are living fully and using their potential, which is characteristic of those who are self-actualized.

Despite no agreed upon definition for personal growth, it is established that personal growth is a necessary condition for counsellor trainees, and that it holistically encompasses awareness of one's own morals, values and beliefs, and is related to one's competence as a counsellor (Banikiotes, 1975). While the emphasis on personal growth has been acknowledged, there are a limited number of studies that have qualitatively evaluated the personal growth experiences of counsellor trainees. It would be important to consider this element within counsellor education programs because counselling is rooted in the humanistic tradition– which places emphasis on growth and the self as a tool in facilitating client change, growth, and resilience.

Given that the majority of trainees encounter trauma survivors in their practica (Adams & Riggs, 2008), and such work challenges our fundamental beliefs and schemas about oneself and the world we live in (Janoff-Bulman & Yopyk, 2004), the potential that hearing stories of trauma may facilitate psychological growth is possible and has been demonstrated through studies on VR and VPTG. Personal growth and professional development have been identified as parallel and mutually influencing processes that are equally important to counsellor development

(Souders, 2009). An essential component to training effective counsellors is counsellor development (Ronnestad & Skovholt, 2003). Further exploration into the experiences of counsellor trainees in their work with trauma survivors may illuminate additional factors that contribute to growth and development in order to prepare effective counsellors. This study helps to better understand how training programs can best facilitate growth of their students and how to best support students encountering clients with traumatic experiences. For these reasons, understanding trainee development is important not only for students, supervisors, and counsellor educators, but also for clients and the society at large (Ronnestad & Ladany, 2006).

Within studies on vicarious trauma, anecdotal accounts of psychology trainees indicated that working with trauma clients led to feeling they could make a difference in the lives of their clients in a short amount of time. Consequently, they felt better equipped to feel the distress brought on by the work, and they felt less susceptible to work-related problems such as burnout (Engstrom et al., 2008; Fucci, 2008). Listening to the stories of trainees in their experiences working with trauma survivors would provide a more comprehensive approach to understanding how this relates to counsellor growth and development than seeking out the positive or negative effects of trauma work, which is characteristic of most other studies on VR, VPTG, and VT.

Learning more about counsellor trainees' experiences with trauma work might elucidate important aspects in the training environment that encourage growth, improve their ability to manage distress in their work, and better prepare trainees for their work with trauma survivors in the field. For example, aspects of the psychotherapy process, supervision process, teaching, or other elements of the counsellor training environment that facilitate growth and development may be identified. It may consequently enhance job satisfaction, career longevity, and retention of staff. Learning from their stories might facilitate integration and transformation of vicarious

exposure to trauma to maximize the possibility of personal growth and professional development in counsellor trainees, as well as growth in their clients.

Factors Influencing Growth and Development

In a study exploring change and development of counsellors by Orlinsky and Ronnestad (2005), there is a generally mixed result of experiencing growth (signifying a sense of improvement) and at the same time experiencing depletion (which reflects impairment). Factors influencing this pattern included age and gender. Progress was characteristic of female therapists, and regress was more common among younger women (under age 35) and older men (aged 50-70). Additionally, experience level also influenced growth patterns. Therapists with less than five years of experience were more likely to experience progress than highly experienced therapists (Orlinsky & Ronnestad, 2005). In regard to theoretical orientation, therapists who claimed no salient orientation were least likely to show signs of progress, and more likely to show regress, as were therapists who practiced cognitive-behavioural therapy (Orlinsky & Ronnestad, 2005). Alternatively, integrative and humanistic practitioners were seen as growing the most, which may reflect their openness to experience and tendency to experiment in practice (Orlinsky & Ronnestad, 2005). Therapists who were currently engaging in their own personal therapy also showed higher rates of growth than their counterpart colleagues that were not in therapy (Orlinksy, Norcross, Ronnestad, & Wiseman, 2005). Therapists who work with inpatient clients showed the lowest rates of felt progress and highest rates of regress.

The sense of ongoing growth as a therapist occurs most prominently in the context of involvement with healing clients, satisfaction with work, and when accompanied by a commitment to future professional development (Orlinsky & Ronnestad, 2005). Alternatively, a sense of decline or impairment occurs within stressful involvement with clients and due to a lack

of motivation for professional development. Additional positive influences on trainees' development included taking courses or seminars, and supervision (Orlinsky & Ronnestad, 2005).

Supervision

Supervision is seen as one of the most important components of training and professional development in applied psychology (Ellis & Ladany, 1997). The supervisory relationship holds potential to lessen the deleterious effects and risk of developing VT in trainees (Harrison & Westwood, 2009). Indeed, psychology doctoral trainees who rated their supervisory relationship as more positive were less likely to experience symptoms of VT compared to trainees who viewed their supervisory relationship negatively (Ellis & Ladany, 1997). Both the quality of the supervisory relationship and training in trauma have been identified as factors that prevent VT (Fama, 2003; Figley, 1995). Collaborative supervision that actively addressed VT also influenced trainees' ability to cope with their work (Sommer & Cox, 2005).

Trauma sensitive supervision consists of four components and directly addresses VT through: (1) a strong theoretical grounding in trauma therapy; (2) attention to both the conscious and unconscious aspects of treatment; (3) a mutually respectful interpersonal climate; and (4) educational components that directly address VT (Pearlman & Saakvitne, 1995). It has been suggested that taking a collaborative, strengths-based approach and the use of stories to facilitate meaning making and self-reflection are helpful toward offering a trauma-sensitive supervisory approach (Sommer & Cox, 2005). When supervisors asked about trainees' emotional reactions to trauma stories and normalized and validated their reactions, this was seen as crucial to preventing VT from trainees' perspectives (Fucci, 2008). Helping trainees to make sense of their experiences may help trainees feel capable, satisfied, and fulfilled in their work, which has been

shown to promote growth both for therapists (Neswald-Potter & Simmons, 2016) and their clients (Sexton, 1999). Additionally, helping counsellors understand that cognitive and emotional shifts are not unusual is important, and assisting them to understand how these shifts occurred helps prevent future perceptual disruptions caused by VT (Neswald-Potter & Simmons, 2016). Further research on the experiences of trainees working with trauma survivors is essential toward further educating supervisors in their supervision practice.

In studies on VPTG, experienced counsellors working with refugees preferred to speak about the benefits of their work despite having both VT and VPTG experiences. However, Hyatt-Burkhart (2014) suggested that therapists need to be coached to discuss positives, as they are more likely to bring up the negative aspects of their trauma work. Given that experienced counsellors are not afforded much opportunity to discuss the positives in their work, and that they are conditioned to expect negative effects of trauma work, it brings up the question of whether students training to become counsellors are offered opportunities or encouraged to speak about the benefits of their work within their programs or outside of their professional life.

Trauma-Specific Training

Many professionals indicated that their academic training did not provide them with the adequate skills to work with trauma survivors (Alpert & Paulson, 1990). Most graduate programs do not provide extensive training focusing on work with trauma survivors (Pearlman & Saakvitne, 1995). A growing consensus supports the need for some degree of training and supervision in trauma as part of graduate curricula has developed (Campbell, Raja, & Grining, 1999). Turkus (2013) identified that offering trauma informed care, education, clinical practice, research and self-reflection are important elements to include in graduate counsellor education programs. Lu, Zhou, & Pillay (2017) listed theoretical frameworks of trauma and vicarious

trauma, educating students on what to expect when engaging in trauma work, clinical skill development, self-care and coping strategies are important for inclusion when educating counsellor trainees about trauma work. In one study, student therapists with zero to two semesters of applied experience working with trauma clients reported significantly higher levels of impaired ability to differentiate from clients compared to those with more semesters of experience. Deficits in trauma-specific training were highly associated with trauma symptoms in trainees (Adams & Riggs, 2008) and may leave trauma therapists vulnerable to potential harm from the work (Baird & Jenkins, 2003; Pearlman & Saakvitne, 1995).

Additionally, there are numerous other factors that influence personal growth and professional development in counsellor trainees, especially in relation to trauma work. Given the limited research explored in this area, it is essential that further research be conducted to understand the contextual and individual factors that facilitate development and growth in order to best support students training to become counsellors and psychologists working in the field that will encounter trauma survivors.

Conclusion

VR and VPTG conceptualizations of trauma work offer a more inclusive perspective (Silveira & Boyer, 2014) and hold great promise for shaping the way that trauma work is viewed and taught about. Research on trauma work has primarily explored VT in binary terms: either one has it or does not. Re-conceptualizing trauma work by inquiring into the storied experiences of counsellor trainees and their experiences with trauma survivors provides a more holistic account of such experiences.

Offering explicit attention to alternative views of trauma work during training and supervision of therapists may prevent burnout and foster a sense of hope in trainees (Hernandez-

Wolfe et al., 2014). Such an approach also holds important clinical implications such as enhanced clinician well-being, role retention, improved therapeutic outcomes and effectiveness (Nuttman-Shwartz, 2014). A less pathologizing conceptualization of trauma work might help clinicians to view themselves, their clients, and their work in new and empowering ways (Arnold et al., 2005) bolster optimism and work satisfaction through acknowledgement of the range of experiences that occur from such work (Silveira & Boyer, 2014). Consequently, increasing awareness and understanding of counsellor trainees' experiences with trauma work might hold positive consequences for both clinicians and clients.

Given prior research which indicates both personal and professional gains through therapists' interactions with trauma survivors, the aim of this research is to explore counsellor trainees' experiences working with trauma survivors, by paying particular attention to earlier landscapes which have shaped their views of trauma work, and through inquiring into their experiences within and outside the counsellor training environment. Ultimately, through this study I offer understandings of how past experiences shaped the way counsellor trainees approach trauma survivors, and how counsellor trainees have been shaped by their experiences of working with trauma survivors.

Chapter 3: Methodology

Why Narrative?

The study used narrative inquiry to explore the experiences of doctoral level counsellor trainees in their work with trauma survivors by inquiring into how they have been affected by their work, and how this has shaped their perspectives of trauma work. Given the uniqueness of the experiences that were examined, it made sense to use an approach that captured the experiences of this population.

Previously, narratives have been used as a means through which humans have been able to attribute meaning to critical turning points in their lives (McAdams, 2001). As a consequence, individuals have been able to make sense and understand the meaning of challenging life circumstances through telling stories (Clandinin & Connelly, 2000; Riessman, 2008). Narrative inquiry challenges the idea that to understand experience we must atomize or break down thoughts and language into small parts (Bruner, 1987). Instead, Bruner (1987) and other contemporary psychologists (e.g., Murray, 2003; Polkinghorne, 1988) argue that we frame our worlds as a series of stories that exist, and are shaped in larger structures, as a way of making sense of the world.

Narrative inquirers work from a perspective that individuals lead storied lives (Clandinin & Connelly, 2006), as remarked here:

> People shape their daily lives by stories of who they and others are and they interpret their past in terms of these stories…Narrative inquiry, the study of experience as story, then, is first and foremost a way of thinking about experience. Narrative inquiry as a methodology entails a view of the phenomenon. To use narrative methodology is to adopt a particular view of experience as phenomenon under study (p. 375).

To date, the research on counsellor trainees' experiences of working with trauma survivors has exclusively focused on the negative impact of such experiences (e.g., vicarious trauma). By taking a narrative approach to this research, my hope was that I would be able to co-construct narratives together with participants which highlighted the complex nature of trauma work, and the numerous elements of experience that influenced how they were affected by trauma work. For example, I anticipated that counsellor trainees were not only affected by their clients, but also their earlier experiences prior to entry into their training program. This included organizational factors, and interactions with various individuals within, and outside, the counselling program which influenced their perceptions and how they experienced trauma work.

Ontological Assumptions

Ontology is the study of being and is concerned with the nature of existence and structure of reality (Crotty, 1998). Narrative inquiry begins with a pragmatic, relational ontology in which experience is viewed as the beginning and end point in inquiry (Clandinin & Rosiek, 2007). Thinking narratively keeps the research puzzle open, rather than approaching research with a problem-solving goal (Polkinghorne, 1988). Unlike some methodologies, narrative inquiry begins with experience and not theory, which is, in part, why I introduced narrative beginnings within my introduction prior to delving into the extant literature (Clandinin & Rosiek, 2007).

In narrative inquiry, there is the ontological belief that multiple realities exist and are constructed through lived experiences and interactions with others (Lincoln, Lynham, & Guba, 2011). Humans organize their experiences, memories, life situations, and events in narrative form, and consequently, the nature of reality is constructed and storied (Bruner, 1987; Clandinin & Connelly, 2004). Story is viewed as a portal through which a person enters into a world, where he or she interprets and makes personal meaning from their experiences (Clandinin, 2013). There

are multiple realities that may exist because people construct meaning in different ways (Crotty, 1998). To make universal claims about the nature of personal experience is therefore impossible because such experiences differ in historical, cultural and practical contexts (Crossley, 2007).

Epistemological Assumptions

Epistemology concerns the nature of knowledge and explains how we know what we know (Crotty, 1998). Bruner (1987) contends that there are two ways of knowing: (1) narrative mode, which perceives and constructs reality through connecting events over time through stories; and (2) paradigmatic-positivistic mode, which relies on logic and inductive reasoning, and is often used in the natural sciences. Narrative inquiry operates under the former assumption and is rooted in a pragmatic perspective.

Epistemologically, narrative inquiry is transactional and generates inquiry into the relation between humans and their environment (Clandinin, 2013; Dewey, 1938). Given that the ontology of narrative inquiry supports the notion that multiple realities exist, the epistemology is known through a co-construction between the researcher and the participants and is thereby shaped by individual experiences (Lincoln et al., 2011). Knowledge is viewed as embedded in lived and told stories and embodied in lived or living stories (Downey & Clandinin, 2010).

The relational nature of narrative inquiry acknowledges that the researcher is part of the phenomena under study. Therefore, it requires the researcher to inquire into his/her own experiences, which are always understood in relation to those of participants (Clandinin & Connelly, 2000). Given that inquirers are part of the phenomena under study, there is an underlying view that truth and meaning are constructed from our existence and engagement with the realities of the world. Context is central to experience in narrative inquiry (Clandinin & Connelly, 2004) because knowledge is constructed at an individual, social, and cultural level.

Therefore, all knowledge is dependent on social context, and shaped by the experiences of the researcher and participants.

The Three-Dimensional Narrative Inquiry Space

Theoretically, narrative inquiry draws from a Deweyan theory of experience (1938, 1958), which highlights continuity, situation, and interaction, arguing that the interactions that individuals have with their social context influence their experiences. Dewey's ideas provided the grounding for the three-dimensional narrative inquiry space (Clandinin & Connelly, 2000). It is a conceptual framework in which the narrative inquirer attends to temporality, sociality and place to understand the narrative quality of experience. It consists of: (1) personal and social dimensions (interaction); (2) temporal dimensions to experience (which allows for continuity of experience among past, present, future); and (3) notions of place (situation). At the same time, the exploration of the inquiry occurs in four directions: inward (e.g., to personal feelings hopes, moral stances), outward (e.g., to existential conditions, environment, and social dimensions for researcher and participants), and backward and forward (to past, present and future).

The notions of temporality, place, and interaction are particularly important in consideration of understanding how counsellor trainees experience their work with trauma survivors, their perspectives on trauma work, and any changes that may have occurred through their work with trauma survivors. Such experiences may be best understood through trainees' stories of working with their clients, interacting with faculty, supervisors, peers and others within, and outside, their counselling programs. The narrator, audience, and broad social, institutional, and cultural contexts influence the structure of narrative accounts (Murray, 2003). Therefore, narrative inquiry serves as a way in which to focus on how events shape the way we understand ourselves and operates both as a methodology and phenomenon of inquiry.

Continuity, Relationships, Sociality

Three components are essential to the view of experience within narrative inquiry. The structure of reality includes relational, continuous, and social components (Clandinin, 2013). It places emphasis on the individual, social, cultural, and institutional narratives within which the individual's experience (Clandinin & Rosiek, 2007) is nested (interaction). Narrative inquiry assumes that experiences grow out of other experiences and these experiences lead to further experiences (temporality). Continuity is thus important for understanding experiences and is used to ground our understanding (Clandinin & Rosiek, 2007). As such, we can be positioned in different places on a continuum– whether it is an imagined present, past, or future (Clandinin & Connelly, 2000). Continuity is used as a means by which narrative inquiry can be understood as a relational methodology as well as an aspect of experience (Clandinin, 2013).

A relational methodology, narrative inquiry is about "people in relation studying people in relation" (Clandinin, 2013, p. 23). This includes relationships between the person and his/her world, temporality between past, present and future, between person and place, between events and feelings, and the physical world and people (Clandinin, 2013). The relationship of teller and listener must be taken into account because the meaning can shift in different situations and historical contexts. Each lived and told story is embedded in contexts, and without the contexts, field texts (narrative inquirers' term for data[1]; Clandinin & Connelly, 2000) become meaningless (Ayres & Poirier, 1996).

Attention to relationships was of particular importance in studying the phenomena of counsellor trainees' experiences working with trauma survivors because trainees engage in numerous relationships within their training programs (e.g., with supervisors, colleagues,

[1] The purpose behind using the term "field texts" in lieu of data is to reflect that field texts are created using interpretation and are not objective in the way that data proposes to be.

clients). Additionally, my own role and close connection with participants is a relationship that was negotiated and considered throughout the research process. Using a methodology that takes a relational focus is essential to understanding how counsellor trainees may be affected by trauma work. Narrative inquiry offers a framework for promoting personal and social change and is therefore a suitable choice because it defines reality and identity socially (Murray, 2003).

Sociality refers to the need to attend to both personal conditions (e.g., feelings, hopes, desires, moral stances), and, at the same time, social conditions (e.g., conditions under which the participants' experiences are unfolding, such as cultural, familial, and social narratives). Personally, I was attending to my experiences as I heard the participants' stories and inquired into the social dimensions of experience as described by participants.

Research Participants and Timeline

In the study, I invited three doctoral students from a Counselling Psychology program in Canada to participate. I entered the field, that is, the relational space with participants (Clandinin, 2013) in March 2016, and came alongside three doctoral students in the Counselling Psychology program in Canada who had completed their first-year practicum course. I had four conversations with each participant over the course of two years (March 2016-March 2018). In engaging these participants in the inquiry, I ensured first that they had previously counselled a client (or clients) who suffered from a traumatic experience or experiences (i.e., events that were disruptive enough to challenge or overwhelm clients' ability to cope). Traumatic experiences included, for example, sexual assault or abuse, physical assault or abuse, serious physical illness or disability, traumatic bereavement, traumatic divorces, witnessing violence against others, natural disasters, and military combat. I left it to the perspectives of the participants as to whether their clients had experienced trauma or not. My aim in inviting doctoral students who had

completed their first-year practicum course to participate is that they likely would have had exposure to clients who have endured traumatic experiences by this point in their training (having completed practicums both within their doctoral and master's degrees).

Given that the focus of this research was on individuals' experiences, no restrictions were placed on participants' gender, ethnicity, age, sexual orientation, religion, race or disability. In accordance with the Tri-council policy statement on Justice, any potential participant who I had a "power-over" relationship with were excluded from the sample (e.g., students taught, mentored).

Inviting Participants

I advertised and invited participants to take part in the study via email through a listserv for students in a Counselling Psychology program and by posting study advertisements within the training clinic on the university campus. I explained the nature of my research and requirements for participation in an invitation letter. The advertisement also included my contact information. During the initial contact with potential participants, I (a) reminded them of the nature of my study; (b) confirmed that they met the eligibility criteria; (c) discussed ethics and gained a shared understanding of informed consent, confidentiality, expectations; and (d) arranged for the first conversation if they were willing to participate. During our first meeting, I offered participants a $30 Chapters Bookstore gift card as a token of appreciation for participation. The meeting times and formats were chosen in collaboration with the participant.

I engaged in conversations with participants at agreed upon locations, where the participant felt most comfortable. The first conversation with each participant was held in a private room in a clinic on campus. Subsequent conversations were mostly held at my apartment, which posed fewer complications about our roles, and held less familiarity of a counselling session. There were a few exceptions to this. One of my conversations with Jennifer was held at

her former elementary school because this emerged as a significant place in her stories. I also held one conversation in a private room in the library because it was more amenable to Rose. An ongoing consent process occurred with the conversations, as I negotiated the number of conversations with participants. All conversations were audio recorded with participant consent. Prior to beginning the conversations with my participants, I reminded the participants about the nature of the study (e.g., requirements for participation, risks, benefits, etc.) by going over the study information letter and addressed any questions they had about informed consent.

Reflexivity

An important piece to this research included reflexivity on my part. Throughout the study, I was continually inquiring into my experiences before, during, and after each conversation (Clandinin, 2013). Engaging in narrative inquiry is interpretive at every stage, so reflexivity (self-knowledge and self-reflection) is needed for quality assurance and helped to establish trustworthiness of the research (Holloway & Freshwater, 2007). While considering the feelings and meanings underlying participants' stories, I also explored how my own positions and assumptions influenced the research process. This involved revealing an awareness of the contextual implications of the research, reflecting on how I influenced participants and the research process, while attending to issues of social context and interaction. To maintain my reflexive stance throughout the research process I kept a personal reflective journal. I used my reflective journal to keep track of my thoughts and understandings as I made sense of what was relayed to me through the participants' stories, and to keep track of my learning. Further, it also served as a place in which to engage in resonant remembering (Downey & Clandinin, 2010) of my stories that were called up from hearing about the participants' experiences. I also wrote field notes to document contextual information, details and observations of our conversations, where

they were held, and so on. Finally, I also engaged in oral discussions about my reactions to participants and their experiences within my response community, and with Dr. George Buck and Dr. Jean Clandinin. Throughout the inquiry, I shared samples of my writing, drafts of the narrative accounts, and engaged in discussions about my reactions, wonders, and curiosities about participants and my stories as they related to understanding trauma and trauma work. Engaging in these conversations helped me to situate my experiences and remain reflexive.

Touchstones of Narrative Inquiry

The 12 touchstones of narrative inquiry (Clandinin & Caine, 2012) were used to judge the quality and genuineness of the work. Here, I discuss each of the touchstones.

Relational Responsibilities

Ethics in narrative inquiry involves an ontological commitment and responsibility to human relationships (Clandinin & Murphy, 2009). Relational ethics include short and long term relational responsibilities with participants (Huber, Clandinin, & Huber, 2006). Special care is taken not to write participants out of the researcher's life when the project is complete (Garrick, 1999). Participants and I were continuously engaged in a process of composing and co-composing field texts (data) within the three-dimensional narrative inquiry space (Clandinin & Connelly, 2000). This involved learning how to listen and receive stories characterized by interactions of authenticity and respect. Relationships are fundamental to narrative inquiry because it is within these relationships that the inquiry lives and evolves (Clandinin & Connelly, 2000). I anticipate that I will remain in contact with all participants, as we remain colleagues working in the same field.

In the Midst

I was aware as I entered into the lives of participants that both the participants' lives, and my life were, and are, continuing to unfold. Participants' lived stories influenced me and vice versa, to co-compose new stories (Clandinin & Connelly, 2000). As our lives met in the midst of unfolding multiple experiences, we began to shape time and places where we could come together and negotiate ways of being together and of giving an account of our work together (Clandinin & Caine, 2012). Working within the three-dimensional narrative inquiry space involved ongoing reflection, wakefulness, thoughtfulness, and transparency about all decisions that were made as the research puzzle evolved (Clandinin, Pushor, & Orr, 2007). Wakefulness and active listening allowed me to "…enter into relationships and to make connections across differences in ways that do not finalize people" (Sparkes & Smith, 2008, p. 302).

It was important to consider the implications of negotiating entry, the relational living alongside, and eventually negotiating exits, which are never final (Huber et al., 2006). Indeed, for this study, it was particularly important to negotiate these pieces given that I inquired into the experiences of participants with whom I had pre-existing relationships as colleagues.

Negotiation of Relationships

Entering the field began with negotiating relationships, purpose, transitions, intentions, and texts– all of which were ongoing processes throughout the inquiry (Clandinin & Caine, 2012). Additionally, I negotiated ways in which I could be helpful to participants both during and following the research, while drawing on personal practical knowledge and social positioning (Connelly & Clandinin, 1988). While I entered into relationships with participants as a researcher, my intent was for participants to see me as a person in relation to them.

Narrative Beginnings

At the outset of the study, I outlined several experiences that led me to my narrative research puzzle. However, I continually practiced reflexivity and inquired into my experiences before, during, and after each conversation with participants. Though not all of my reflections were included in the final research texts, they did help me to attend to the places in which the stories unfolded, and the social contexts that shaped the stories (Clandinin & Caine, 2012). I revisited my narrative beginnings after writing the narrative accounts and added in stories of my experience that were called forth from hearing the stories of participants. I included my story alongside participant's stories when identifying narrative threads across all accounts.

Negotiating Entry to the Field

An ongoing element of narrative inquiry involves negotiating the relational space. This started by listening to individuals tell their stories and living alongside participants as they lived and told their stories (Connelly & Clandinin, 2006). To begin, I initiated conversations with participants. I was already embedded within the community that participants belonged to because of our shared identities as counsellor trainees.

Moving from Field to Field Texts

I negotiated and co-composed field texts with participants and together we decided on which texts would be included in the final text (Clandinin & Connelly, 2000). In this study, the primary way to compose field texts was through conversations. Through conversations, the aim was to focus on general areas of the participants' experience of working with trauma survivors, including their training environment, supervision experiences, life outside of school, and early landscapes that shaped their experiences. I recognized that the inquiry may venture into various areas of the participants' lives through attending to the three-dimensional inquiry space (place, sociality, and temporality). The conversations were guided by the questions of "looking back

over your experiences prior to and during your training to become a psychologist thus far, what stories can you recall of your work with clients who have experienced trauma? How have your past experiences shaped the way you approach trauma survivors? How have you been shaped by your experiences of working with trauma survivors?" I took the lead from participants in discussing what was relevant for them in their experience, and allowed them to decide the direction and form of the conversation. I listened and probed in a respectful manner, recognizing the importance of flexibility, trust, equality, empowerment and care in doing so (Clandinin & Connelly, 2000).

I invited participants to draw annals with me in our first conversation.[2] This was a means by which they could outline their life experiences temporally, and they took shape in whatever form that made sense to them. For example, Barbara drew an annal outlining significant points in time in a linear fashion, and also elaborated on certain points drawing a visual map to depict the many times she moved in her early life. Jennifer drew an annal in pictures, which relayed the importance of place in her lived experience. The annals were revisited and added to throughout our conversations, and used to clarify the timeline of events, and to understand connections between experiences.

I also invited participants to share family stories, photographs, and memory box items as the inquiry unfolded,[3] to serve as a repertoire for calling forth stories and as a means to aid in fleshing out their stories that they constructed about themselves. In this way, I opened the door to earlier landscapes that shaped the experiences of participants, remaining open to the people,

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[2] Annals refer to a framework that is used to construct oral stories, and may include a list of dates of memories, events, stories, and so on. This is used to help construct personal narrative histories (Clandinin & Connelly, 2000).

[3] Memory box items are items that trigger memories of important times, people, and events, and are a means around which we construct stories, providing a rich source of meaning (Clandinin & Connelly, 2000).

places, and social elements that played a role in their lives in a range of contexts across time. I continuously thought narratively within the three-dimensional inquiry space and remained awake to the "temporal unfolding of people, places and things…the personal and social aspects of [the] inquirer's and participants' lives, and the places of inquiry" (Connelly & Clandinin, 2006, p. 485). In this way, I also hoped to stay open to the imaginative possibilities for composing field texts (Clandinin & Connelly, 2000). For example, Jennifer identified an important point in time occurring when she moved schools in elementary school. Asking her to take me to the school offered the opportunity for her to elaborate on those experiences and call forth additional stories and served as her memory box item. These various methods offered the opportunity to live, tell, retell, and relive stories. I therefore incorporated several kinds of field texts, including transcripts of conversations, photographs, memory box items, and field notes into the inquiry.

Moving from Field Texts to Interim and Final Research Texts

Field, interim, and research texts were negotiated with participants in an iterative process, shaped by questions relating to meaning and social significance (Downey & Clandinin, 2010). I transcribed the audio recordings verbatim after each conversation and took field notes prior to and following encounters with participants that occurred between conversations. To make sense of these field texts, I read over the transcripts one at a time, several times, thinking within the three-dimensional narrative inquiry space to move deeper into the meaning of the experiences (Clandinin, 2013).

Interim research texts are situated in the spaces between field texts and final published research texts. These texts consist of interpretive accounts, usually termed narrative accounts, and are centred around particular ideas and concerns (Clandinin & Connelly, 2000). Such texts were used to make sense of multiple and diverse field texts (Clandinin & Caine, 2012) and called

forth the telling and living of additional experiences. Interim texts were intentionally written as tentative, open texts that were read and negotiated with participants to reach an intersubjective truth (Clandinin, Murphy, Huber, & Murray Orr, 2009). I was actively involved in transforming and interpreting the participants' stories, intertwining them with my own, which resulted in several versions of reality, and the culmination of a co-composition, which was used to answer my research question. Through my personal journal, discussions with my supervisory committee, and conversations with my response community, I cultivated an awareness of my understandings, as they were situated within the three-dimensional inquiry space. Looking backward and forward, inward and outward, I reflected on my own perspectives and how they shaped the inquiry process. I negotiated the plotlines and expanded on gaps, silences, and tensions through conversation with my participants. I read the narrative accounts with each participant and asked them to discuss any changes, concerns, or elements they wished to add or omit. I also included many of my wonders throughout the narrative accounts during moments of tension, to offer opportunities to further expand on, or provide clarity in, their stories. I attempted to attain responses from the participants regarding my interpretations of their stories and asked them to respond in ways that they wished, ways that included offering affirmations, verifications and further stories.

Research texts are the final texts, such as this dissertation or books and articles. Research texts grow out of repeated questions concerning meaning and significance from the field texts. As such, I considered the personal, practical, and social justifications of the work in this process of moving from interim to final research texts. I experienced many tensions in writing final research texts, as I considered the voices of participants and the wider audiences who would read them (Clandinin & Connelly, 2000). I had originally planned to create a composite narrative

account as a means by which I could conceal the identities of participants.[4] However, upon hearing the stories, I felt that a composite account would not do the stories justice and could not capture the varied experiences as they differed so widely. In conversation with each participant, I explained that I hoped to relay their individual accounts and would work to preserve their anonymity. Together we co-constructed accounts that each of the participants were comfortable with. For some participants, this meant meeting several times to create an account they felt comfortable sharing publicly.

I tried to offer priority and care to the experiences of participants and their voices as I chose forms, which honoured their voices and the stories that emerged from within our relationship (Clandinin, 2013). Recognizing the varied and unique experiences, plotlines, and multifaceted tensions experienced by each participant, I decided to write individual narrative accounts as one form of representation, in which we co-composed stories of our individual experiences. Within these accounts, I wrote found poems (Patai, 1993), which were a creative means by which the voices of participants could be brought to life, and could spotlight particular events, and voiced and not-voiced moments within their stories. In Jennifer's narrative account, I used layered stories (Ely, 2007) to illustrate the juxtaposition and rich emotional experience of her work with a client, which gave credence to the depth and complexity of her experience. These creative attempts were made with the intention of representing knowledge and the meaning-making process of stories shared in the relational spaces that we occupied. My voice was depicted throughout each of the narrative accounts in italics, as a means by which to identify my wonderings and stories that were called up, as I came alongside each participant.

[4] A composite narrative account involves fictionalizing various aspects of participants' stories such that elements of the story, background, and voices may be switched to maintain confidentiality, while maintaining the narrative truths of their stories (He, 1998).

Additionally, while respecting the uniqueness of each of our stories, a series of narrative threads were identified from our stories. Narrative threads are resonances that are echoed or reverberated across the narrative accounts of the storied lives of participants (Clandinin, 2013). These threads offer a deeper and broader awareness and appreciation of our experiences of learning about trauma and were identified as a means to open up new wonders and questions about trauma and vicarious trauma. They allowed me to highlight overlaps, gaps, and silences across the accounts. These threads emerged from reflecting on patterns and commonalities within and across the stories, while attending to the context of larger social, cultural, and institutional narratives. To highlight these shared stories among counsellor trainees, I hoped to raise awareness to these common threads, and open conversations about the interconnected patterns that weave through our lives (Clandinin & Connelly, 2000).

My hope was to create research texts that engage audiences in "resonant remembering,"– a term denoting the call to personal stories that occurs in reading the story of another person (Downey & Clandinin, 2010). Resonant remembering is a process that involves, "…calling or catching threads from the teller's story" that trigger the recall of memories from the inquirer's own experiences (Downey & Clandinin, 2010, p. 392). It may bring forth more wondering and imagining of alternative possibilities (Bateson, 1994; Clandinin, 2013). Knowledge can be constructed through this process. In addition to using this research to complete my dissertation, I would like to relay the stories of participants to students entering into, and currently enrolled in, Counselling Psychology programs and potentially use these stories as a teaching tool during their coursework as they begin to learn about trauma work.

Narrative inquiry provides unique interpretations of human experience that create a storied truth as opposed to an empirical truth (Vezeau, 1992). Experience itself is viewed as a

storied phenomenon, and story is argued to be the best way in which we can understand experience (Clandinin & Connelly, 2000). Narrative inquiry posits that the coherence and congruence of a person's life story and the meaning they attain from it determines how one will live and perform his or her life. In considering trustworthiness and credibility of the events told, it is therefore not the goal or the aim to determine whether the story reflects actual events (Shafer, 1992).

Representing Narratives of Experience in Ways that Show Temporality, Sociality and Place

Attending to temporality, sociality and place during the research process was important to bring forth the complexities of the research puzzle and bring about new insights. Additionally, this brought about disruptions, fragmentations and silences in participants' and my lives. The intention was not to engage in therapy or to heal, but it did draw attention to difficult places, times or contexts (Clandinin & Caine, 2012). Additionally, it was important to note that the aim was not to provide a smoothed over text with final answers (Clandinin & Connelly, 2000), rather the aim was to engage audiences in rethinking, retelling, and inquiring into experiences in collaborative and ethical ways, to look at the ways in which they practice and relate to others (Clandinin & Caine, 2012). Indeed, the aim was not to determine who is more likely to experience vicarious trauma or growth through working with trauma survivors, rather my hope through this research was to bring to light new questions about trauma work. I was interested in the unfolding of trainees' experiences, and by situating their experiences within the three-dimensional inquiry space I hoped to understand these contextual elements.

Relational Response Communities

I engaged in a response community with two members from the EDES 501 course who were also engaging in narrative inquiry for their various research projects within the Faculty of

Nursing. Response communities are places where narrative inquirers can give accounts of their developing work over time, and ongoing response from several individuals is given (Clandinin & Connelly, 2000). We met together over the course of three years, starting in 2015, following completion of EDES 501. The three of us met after select conversations that each of us had with participants, and shared samples of writing, as the inquiry unfolded. By engaging in this response community, I considered ethical and responsible ways of being in relationships with participants, learned more about methodological and theoretical development, and understood the complexities of narrative inquiry research through hearing diverse perspectives (Clandinin & Caine, 2012). This was a place to share personal reflections and practice reflexivity in an oral format, to complement my field notes.

Justifications

In designing my inquiry, I imaginatively placed myself among the lives of participants, within the three-dimensional narrative inquiry space, engaging in a detailed autobiographical narrative inquiry, which was documented in my introduction and which was revised and changed throughout the inquiry (Chung, 2008; Downey & Clandinin, 2010). Inquiring into my own experiences helped me to justify the research personally, practically and socially. This will be explained more fully, as I address these justifications in chapter eight, "Looking Back and Forward: Toward New Understandings."

Attentive to Audience

It was important for me to attend to issues of voice, signature and audience throughout representing the lived and told experiences of participants and researchers. Indeed, I balanced attention to both participants and possible public audiences, while reflecting on questions such as "so what?" and "who cares?" to draw out the social and theoretical significance of the accounts

(Clandinin & Caine, 2012). In composing final research texts, I attended to the audiences that I anticipated reading these stories, including colleagues, professors, faculty, family, and other wider audiences who might identify the participants in the study. I tried to honour the voices of participants, composing accounts, which were true to their experiences, while remaining attentive and respectful of their wishes to remain anonymous.

Commitment to Understanding Lives in Motion

Essentially, I maintained a commitment to entering the research in the midst of my own life and the lives of participants, with awareness that no final story will emerge. Rather, each story may beget another story, and so I entered into the field with recognition that I was seeing and representing lives in the making. As such, narrative inquiry aims not for an objective truth or verifiability in the data, but rather opens up possibilities to continuously inquire into the social fabric of experience, noting that people are always in a state of becoming (Clandinin & Caine, 2012).

Conducting an Ethical Inquiry

In conducting narrative inquiry, I see the importance of being ethically aware of the impact I had and continue to have in relationships with participants, to ensure the well-being of participants through carrying out research in an ethical manner as described by the Tri-council research ethics board standards of the university.

Given the nature of the study, attention was paid to any potential distress that could arise in discussing their stories recalled. I ensured that participants were given a verbal and written explanation of the nature of the study and its purpose. Included in this explanation were the rights to confidentiality, anonymity, and the right to opt out of the study at any point in time. I obtained written informed consent from each participant prior to engagement in the study, and

orally engaged in a consent process throughout our conversations. Participants were notified that their consent could be withdrawn at any time, and they could request withdrawal of their story at any time without penalty, that is prior to publication or any public presentation of the study.

Participants were notified of any potential risks or benefits to the study. Such risks included distressing emotions that might arise in recounting one's work with trauma survivors. In sharing their life stories, some participants recalled their own traumatic experiences. I clarified upfront my role as a researcher, and not a therapist in anticipation of this. Additionally, participants were provided a list of counselling resources in their area.

The benefits for this study included potentially gaining a sense of coherence of their experiences from telling their stories. Furthermore, they could potentially benefit from knowing that their stories would contribute to the advancement of knowledge on approaches to teaching bout trauma work, education and training of counsellors, supervisors, and professors. Indeed, through engaging in conversations about their work with clients, participants were practicing the important skill of self-reflection, which is inherent and invaluable to their professional growth and personal development as a future psychologist.

Participants' names, their programs of study, and all other identifying information (e.g. geographic location; other unique aspects of their experience that could be used to identify them) were removed or anonymized with pseudonyms from interview transcripts and narrative accounts to preserve anonymity. I used pseudonyms that were chosen by each participant. I transcribed all conversations across all formats to maintain confidentiality. Only I, the researcher listened to the interviews and read the transcripts. Members of my supervisory committee had access to the narrative accounts once they were anonymized. Through negotiating the accounts, the participants were able to remove any other details they consider identifiable within the

narrative account. Ultimately, the narrative account belongs to the participant, so I worked to honour and respect however they wish to share it with others if they wished to make any part of their narrative account identifiable. To protect confidentiality, the computer in which audio files, field notes and transcripts were stored with password protection. All paper documents were stored in a locked filing cabinet to ensure security of the data.

The main objective of this research was to understand the experiences of working with trauma survivors, holistically, from the perspectives of students training to become psychologists. The focus of trauma work to date has overwhelmingly focused on a negative, singular narrative of what trauma work looks like, by continuing to reiterate the harmful effects on counsellors and psychologists. It is unknown how the experiences and perspectives of students training to become psychologists have been shaped by their earlier experiences in life, the wider narratives at play, and elements within and outside their training environments and lives as students. Using narrative inquiry, I inquired into the stories of counsellor trainees in their work with trauma survivors, to shed light on how past experiences have shaped the way counsellor trainees approach their work with trauma survivors, and how counsellor trainees have been shaped by their experiences of working with trauma survivors.

Chapter 4: Rose's Narrative Account

I came to know Rose a couple of years prior to connecting with her for this study. We first met at a Christmas party, and thereafter, I ran into her sporadically at a community clinic. When Rose emailed me, indicating interest in participating in the study, I was pleased that she was willing to take part. I was also curious to know more about her, having not had many in depth conversations before this. I knew where she was from and what she was studying, but not much more. My impressions were of someone who had things together, was sure-footed, and came across as very professional.

For our first conversation, we agreed to meet at a clinic on campus. I got there a bit before Rose, and no one was in the room. Generally, the clinic would be bustling with students, but today it was quiet. Rose arrived, and we began chatting a bit about where she was in her research. After a few minutes, we made our way down the hall to a counselling room I had booked. It felt strange to me to be walking down these halls, where we would generally be counselling clients. I shared that it felt a bit weird to be back here, and she told me she was also thinking of all the time spent counselling during her training.

As we took seats across from one another in the counselling room, I was reminded of the familiar feeling of starting a counselling session. I had to make a mental note that we were here for a different purpose: to hear Rose's stories of experiences. I wondered if Rose had similar thoughts. I regretted the choice of location, but nonetheless continued. In future conversations, I made the plan to have them elsewhere, and we agreed to meet at my apartment, which felt more comfortable. I felt a bit nervous because I didn't know what was to come or how to structure our conversation. I had little idea on what the conversation should look like. After a few moments chatting, I asked Rose to begin sharing her stories, offering her the chance to draw an annal to

mark significant points in her life. She was familiar with the idea of a lifeline and said she had previously done an exercise like this. She took the pen and paper and began writing points down as we spoke.

Living a Good Personal Life

Rose began by sharing that she grew up in a city in Eastern Canada, with her parents and one sibling. She shared little about her early years, apart from the fact that her parents always emphasized getting a good education, and she alluded to an older sister who was a high achiever. She grew up within the Roman Catholic faith, but said this never really caught her attention or was something she was invested in. She was an average student and was always very social, with many friends. Her life was pretty normal, and she described it as "a good upbringing" with no major issues.

I asked Rose what a good upbringing meant to her, as I also feel that I had a good upbringing, despite many struggles, and yet I had some sense that what she defined as "good" looked different to her. She explained that there were no major "traumatic" experiences for her growing up, noting that she had no experiences where she felt she was carrying any major unfinished business with her from the past.

My sense from Rose was that she felt her life really got interesting when she reached her teens. She described being on a search to find her path and sense of purpose in life. When she was in grade nine, she went through a break up with her first boyfriend, and at this time, discovered the world of self-help literature. She spoke about finding a self-help book at the store with her mum, which helped her with the end to that relationship. She referred to the break up as an "adjustment concern" as opposed to a trauma, but nonetheless identified it as pivotal in where she is today.

> It was just so validating to hear what this guy had to say about my relationship with myself…it just helped me heal. It gave me a sense of confidence because of the things it taught me. Like, you have control over your beliefs...you can try to make your life what you want it to be, kinda thing.

I'm struck by Rose's story of the impact of this experience on her and also about the strength of a first relationship break up. At the time and now as I write I was reminded of my own experience of need for support when I experienced my first break up.

Asking Rose where other supports were in her life at this time, she remarked that she talked with her friends and her mum about the break-up which she found validating, but the book "struck a chord" with her because it was exactly what she needed to hear at that time. She spoke about the educational aspect of the book, which gave her clarity and insight about the experience. Defining the experience as an "adjustment concern," she said this meant that it was an experience that she would have recovered from even without the support from the book.

As Rose spoke about self-help, her voice quickened and she grew excited. She remarked on discovering Anthony Robbins,[5] and David Burns thereafter,[6] while she was still in high school. She started skipping math classes to read self-help books and took out eight to ten self-help books from the library at a time. Rose said she "found herself" when she started reading these authors, as this was the first time she discovered something that "lit a spark" in her.

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[5] Anthony Robbins is an entrepreneur, author and motivational speaker best known for his self-help books, entitled "Unlimited Power" and "Awaken the Giant Within" (Lewis, n.d.)

[6] David Burns, M.D., is an adjunct professor emeritus at the Department of Psychiatry and Behavioural Sciences at the Stanford University School of Medicine, and the author of books such as "The Feeling Good Handbook," and "Feeling Good: The New Mood Therapy." These best-selling books have popularized the use of Cognitive Behavioural Therapy ("Feeling Good," n.d.).

> It was the one thing that made me blossom in a sense because it was something I just felt so connected to… it gave me a sense of confidence because of the things it would teach you.

Seeing how beneficial self-help was for her, she wanted to share this, and thought about different ways in which she could do this. She was already connected to a health company that focused on using business to market health. Influenced by this, she thought of ways she might be able to help others, while at the same time make a bit of money.

Her first idea at the age of 18, was to put an ad into the newspaper to become a life coach. Despite poor response to this ad, Rose kept telling herself that she could do this, and was motivated to challenge herself to see if it was a fit. As I listened, I was struck by her entrepreneurial spirit in her early beginnings of business, as she described going to 12 schools to do educational workshops to middle school kids. The messages she shared in her educational workshops were about goal setting and self-esteem. They consisted of inspirational messages such as "If you can believe it, if you can see it in your mind, then you know it's going to be easier to take steps to achieve it."

Working Through Self Doubt

I was struggling

I don't have anything

Really you know…heavy

Am I a phony?

Or an imposter?

No, no, no

I'm so passionate about this

I have a lot to offer, right?

My sense in listening to Rose speak was that finding self-help was the first time she found something that differentiated her from the crowd, and it gave her something to aspire to: becoming a psychologist.

Rose's story of deciding to do her PhD reminds me of the first day of my PhD program. We were doing introductions to the program and a professor asked us to introduce ourselves and to share a story of when we decided we wanted to become a psychologist. The stories varied widely, and after the fact many people shared with me that they made something up on the spot. It made me realize many people still didn't know the reasons that brought them to the field.

Asking Rose what made her want to become a psychologist and what she envisioned this would look like for herself, she emphasized making a difference in the lives of others and being able to provide information to help them through transitions and relationship concerns.

Rose resonated with the authors in the self-help books in ways that seemed to serve almost a mentoring role in her life. This gave her the idea to share this new knowledge with others in various ways. Rose told me about numerous ventures she applied for to share self-help and psychology, including providing educational workshops. Laughing as she shared these stories, she acknowledged that she was a go-getter. She pursued a number of opportunities even though she knew they would not materialize. At an early age, she had her own business cards and applied for a variety of jobs she knew she was unqualified for, but felt it was important to try them out. She did this to see if it was something she liked. She took these steps primarily on her own, because most other people her age had not yet formulated their paths.

Seeing other leaders in the field of psychology created a voice of self-doubt in Rose. They could speak from experience because they had dark and traumatic pasts, or fit into a "hero archetype." She didn't fit into this category.

> Either I have to have achieved something amazing to be a speaker, or I have to have had some major struggle that people would feel sorry for me...and I didn't have either one of them. It was really just regular little things that might happen.

As I heard Rose speak, and now as I write, I am reminded of my entry into the field of counselling, and how I had not thought that I needed to have a difficult past in order to help people. I recollect now that when I started in the field I was concerned that my struggles would be a detriment. I wonder now about the many different stories of people who come to the field of counselling. What kinds of struggles prepare people for the work of counselling? Can we be helpful to clients without having experienced trauma beyond the ordinary?

Rose worked through her self-doubt primarily through journaling about it. Journaling "unlocked something" in her, and she reconciled the issue of not having an exciting story or great achievements to share. She was able to own her story, "honour her voice," and give herself permission to share her knowledge.

> [Journaling] helped me with my self-awareness, my self-esteem, and just honouring you know, myself as an individual and accepting myself regardless of anything…and not worry[ing] what other people think.

She found some freedom in journaling because she would not be judged. It was different from sharing with friends or her mum because it was like a "therapy session" in which she could share anything, and it was focused just on her. Rose became interested in self-reflection and

speaks to this as a continual practice in which she engages. This process was largely done on her own and was kept private.

Rose brought in a journal to show me about the importance journaling has had on her life during one of our conversations. As I looked at the bejeweled cover and the blank pages inside, I was curious to know what she journaled about. Rose told me some of what she wrote about in her journaling practice included looking at who she is, what she wants and how she was going to get there. She also realized through journaling that her passion for psychology was enough to put on those educational workshops.

I think about my own experiences of journaling as a counselling student in my master's program, as a part of our assignments. Much of that reflection occurred through sharing journals with my professor, who would comment on the stories I shared. At the time, I felt nervous sharing my thoughts and feelings in an academic setting. I now think of how helpful that practice was, and how I learned about myself and how my past shaped my present experiences. It is hard for me to imagine how I would have learned to do this without the response of another person.

Despite using journaling and self-reflection to work through her self-doubt, concerns about being credible re-emerged several times. They emerged when she started providing educational workshops, became a life coach, did her own writing, started graduate school and so on.

Rose's goal with reading about self-help, and ultimately entering into the field of psychology and counselling was to grow, personally develop, and flourish to her potential. She described it as "self-actualizing." Drawing on the work of the authors she read, she motivated

herself by telling herself she is committed and passionate, and that this is her path and purpose in life. While the self-doubt was there, it wasn't always shared with others.

When Rose started her Master's program in Counselling Psychology, this same reminder of feeling like she did not have difficult life experiences to inform her practice resurfaced. Many of her peers in the counselling program had difficult childhoods and entered counselling for this reason.

> I remember a guy in my master's program who became a motivational speaker. One of the things that happened to him was he was in a major accident, and it just really affected…I mean he was no longer fully able-bodied…so he had this backdrop story to share.

Rose differentiated herself from others in the counselling program, composing a life story in which trauma was not present. Understanding trauma from the lens of leaders in psychology and the DSM, Rose did not identify any big events that would be considered traumatic that shaped her interest in pursuing counselling. She explained that she never experienced a life-threatening event where she feared for her safety, or that drastically changed her identity. This left her questioning if she had anything to contribute to her clients who had experienced trauma. She had concerns that they would question her credibility given her lack of traumas in life. This was the first time that being different from her peers was a negative thing for her.

I wonder how telling her stories of experience as not shaped by traumatic history influenced the way she counsels and the way she is storied by others, including her peers and clients. I wonder again, as I have throughout the dissertation process, why trauma is viewed in all or none terms. How important is this label? Are we not all likely to encounter trauma in our lives? I think of the stories I share, and the hesitation I have sometimes felt to name them

"traumatic," for fear that they would take away from experiences that others might have which are more "serious."

Some people had some major experiences

You know…some kind of major trauma

Or abuse or whatever

They would probably talk about it

But for someone like myself who

Maybe I was just a bit quieted

Listening to other people's major things

That they've gone through

It's just like, well

I've worked here and there

Been exposed to a lot of that, but…

Remarking that some of her life struggles were maybe minimized in hearing the major traumas of others, I wondered if she felt like there was no space for her to share her experiences in her program. I personally felt that there were no spaces to share my experiences in the PhD program. I wonder now as I think back on my first years of the PhD, how my understanding of trauma may have changed if I had those opportunities to see where I stood in relation to it. I wonder how my practice might shift with the opportunity to share my stories.

Rose remarked on practicing counselling on one another with members of her cohort during her PhD practicum course, as well as chatting with peers outside the program on the phone or off campus. She felt safe with most of her peers, and shared with them any of the difficulties or stresses she might be facing. She remarked that she did not share with her

professors or any clinical supervisors because these issues were more personal in nature, and there wasn't the opportunity, time, focus, or kind of relationship that would allow for that in the programs she attended. Additionally, she didn't ever feel like she had any unresolved issues in her personal life that would affect her clinical practice, so this did not merit discussing any of her difficulties faced in her personal life within supervision.

As she shares this, I remain curious about how Rose's life struggles might have shaped the way she counsels if she had the opportunity to share any of them in her courses or get feedback on her reflections. What place might they have in informing her counselling? How might they shape the way she comes into the room with clients and inform her work with trauma?

Keeping the Personal Separate

It's funny
Trying to recall all of this
Everything is compartmentalized
There's client stuff
And personal stuff
You just haven't thought of
For so long
For some reason

Rose frames her understanding of trauma through a clinical lens, which she learned in the PhD program and her work at a women's shelter, where she encountered trauma at the "extreme" end of the spectrum. She gave the example of attachment issues as a result of abuse, abandonment, or neglect. Through this lens, and by putting her life experiences side by side with

the experiences of her clients, she has not experienced any trauma firsthand. Acknowledging that she has experienced many struggles, which were stressful, she doesn't define these as traumatic for herself, remarking that if it weren't for entering the counselling field, trauma would not be in her vocabulary. She shared, "…my childhood, I never had any like trauma myself. Like, you know, sexual abuse or anything like that really."

I think about how my own definition of trauma has shifted and changed through my reading, client work, and lived experience, and how it continues to evolve and broaden. How does this shape my practice? How do others' experiences of what they each count as trauma shape their practices?

Asking Rose about how she learned to define trauma and how it shapes her practice, she pauses and struggles to come up with an answer, remarking that she hasn't thought a lot about this. Rose recalls incidents experienced by others in her personal life, that she defines as "traumatic." As she recounts these experiences, I have the sense that they are not stories she often thinks with or shares. She was digging deep to think of anything that happened prior to starting her counselling work.

Again, does it matter what we each think of as counting as trauma in our lives? I wonder about poverty and wonder if that is a kind of relentless, ongoing trauma in some people's lives. I wonder again about whether context shapes what we each see as traumatic. Thinking of my own experiences, there have been traumas that have overwhelmed my ability to cope and left me feeling hopeless. Instances where others might not be affected so strongly. For example, I recall finishing my undergrad, and not being able to find a job, and simultaneously going through a break up, and feeling unsupported by those around me. Many would say these are just general life stressors and, looking at the events themselves, they are. For me, it was the first time I really

needed emotional support, and it wasn't there, and it was the first time my hard work did not pay off. Those experiences carried a different weight and meaning than they would for others. I was left feeling helpless, questioning my abilities, and feeling as though I had no power to change my situation.

Rose agrees that trauma can exist on a continuum, and yet, she contends that she wouldn't use that word for herself in any of her personal experiences, remarking that this is largely a semantic choice, and not minimizing what she experienced. Regardless of the word chosen, she said she is able to connect, and recognize different nuances of suffering and pain in others. When sharing stories of witnessing trauma in her life that she considers personal, Rose remarked that the experiences she shares impact her in the moment, and yet they are not stories she carries with her into her practice. Trauma in what she sees as her personal life does not seem to cut across trauma witnessed in her professional life.

Rose started her first serious relationship with a man named Kevin when she was 18. She maintained a busy life, going to university, working part time jobs, doing educational workshops, and dating Kevin. It was a new experience for Rose, as Kevin was older than her by about five to six years. Prior to this she had not spent time with people who had "harsher lifestyles." She learned that this was a different world than she was used to when she first visited his house. She drove her parents' car to his house, in another part of town, and while she was with him the car was broken into. She also discovered that there were a series of secret tunnels under his house and Kevin ran a grow op for marijuana. She saw that Kevin lived in a world where people struggled financially, and often found other ways to make ends meet. It broke a "bubble of naiveté," as she recognized that there were some "hard-core" people out there. Part of her

questioned who she was associating with. While she described these experiences as shocking, she did not see them as traumatic.

Rose remembers Kevin fondly, sharing that he was noble, and wanted to be self-made. He turned down inheritance money from his grandma because he valued making money on his own. Kevin had a large social circle, was attractive, and had very good street smarts. However, he struggled with school and a career, and left high school a few credits short of graduating. Looking back now, she guesses he had an undiagnosed learning disability and was probably in a bit of trouble with teachers. She remembers Kevin showing her his psychological assessment file, which was a couple of inches thick.

Kevin witnessed a lot of domestic violence growing up, and, during their time together, he told Rose stories of his mother smashing a VCR on his father's head during an argument when he was younger. Kevin laughed as he shared these stories, and she reflects on his good sense of humour and resilience. As Rose tells these stories of Kevin, she recalls another memory. Kevin shared with Rose that he was raped when he was eight years old. Recalling this memory is novel and not something Rose has thought about in a long time. It is hard for her to put herself back into that moment and remember her reactions to hearing this. Feeling numb was her first reaction, explaining that it was outside her realm of experience, and no longer raw for Kevin who had gone through this when he was a child. She also recalls the surprise and shock she felt in hearing this. Empathizing with what an awful thing he had to go through, she also felt disgusted and angry for him. She wondered how he managed to deal with the experience. Reflecting on how it impacted her, she said it broadened her awareness of the different types of things people go through, and made her more empathic and compassionate towards Kevin. It was clearly eye opening to her.

> Hearing those things from him it just made me, I mean I was already really close to him, and like loved him and cared about him, but just him opening up and sharing that with me made me care more about him, cause I kinda saw him as a vulnerable person.

This clearly shifted her view of Kevin, and I'm left wondering, if hearing his story was traumatic for her. Asking Rose what it meant for her to see Kevin as "vulnerable," she shared with me that she saw him as a victim of circumstance, who was powerless in this situation. It also made her realize that this could happen to anyone. She recalled his laughter and understood that he could talk about those experiences with humour because they were so long ago and no longer affected him. Recalling this memory of Kevin is a first for Rose. She remarked how huge an event it was, and yet she hasn't thought about it until it came to mind as she talked about understanding how others' experiences are different than hers. Keeping these stories separate from her professional life is not done intentionally, but she acknowledges they are not stories that she reflects on.

I try to put myself in her shoes and imagine how learning about Kevin's experience would have shifted my understanding of the world. It calls up early memories of mine when I learned about physical abuse experienced by a member of my family when I was 10 years old. I explained the shock and confusion at learning that this happened. I also started to look at this person differently and started to story her as someone fragile that needing caring for, describing her as sensitive and crying often, and avoiding certain situations and people. It was not until I entered my master's program that I was able to connect some of these pieces and understand how the way this person behaved was linked to the abuse they had experienced, and the role I had taken on as protecting them.

I asked Rose where she learned to keep these personal stories separate from her professional life, and she remarked that her experience with Kevin was not something she often thought about. This experience was not suppressed or blocked out, and she felt the impact of what Kevin told her when it happened. However, she hasn't thought about it since then. Asking her if there were spaces in which she had the opportunity to talk about personal experiences, as they relate to her practice, she remarked that there weren't opportunities, and she never saw this as something unresolved that she had to work through.

As she shares this, I think about the idea of only bringing personal experiences that are unresolved into spaces within the training program, and what experiences qualify for informing how we practice. I begin to wonder about the different kinds of stories that shape my own understanding of trauma and how I practice.

Keeping the Professional Separate

Rose shares that some of what she saw as her first encounters with trauma were shaped by her training in first aid and in lifeguarding. She worked as a lifeguard for many years during high school and in university. If there was an accident she was always prepared to put those skills to use. It was all about taking action and following a protocol, proceeding in a detached way. She recalls one particular accident in detail.

We were on this busy corner

And there was an accident

There was this guy–

One of our customers

Turning on an advance green

An elderly woman

She was walking

She shouldn't have been walking

He couldn't see her

The sun was coming into his eyes

He hit her

Her legs were folded backwards on top of each other

Running out there

I knew what to do

How to assess her and everything

I would just act

Just dive in

Do what you have to do

Rose got involved in several volunteer positions such as the distress line and the sexual assault centre to increase her chances of getting into graduate school. She also worked at a women's shelter during her master's program. It was crisis work, and so the approach was very similar to her lifeguarding and first aid training. There was a structured protocol and a focus on taking action. It was all about meeting the practical needs of the clients and getting them set up with beds, basic needs such as food and shelter, and so on. It was fast paced and stressful. Part of Rose's job involved doing a very detailed 10-page intake with the women as soon as they came into the shelter. Oftentimes these women were fleeing a domestic violence situation.

First time a woman came in

We do a detailed assessment

Right off the bat

Asking women about

Financial abuse

Emotional abuse

Sexual abuse

Physical abuse

Go through all the categories

No grounding

You just jump right into it

Didn't really know about trauma

I guess I had no real problems with it

Other than kind of noticing

There wasn't much rapport

Rose felt uncomfortable working in this position because she felt like a police officer, who had to monitor the women, administer medications, and make decisions about who got a bed and who didn't. She described the clients as vulnerable persons, and the mandated approach was not sensitive or respectful. She often had to report child abuse when meeting new clients who were fleeing domestic violence situations. It felt like a betrayal and destroyed any chance of relationship with them right away. She wanted the job of the psychologist who worked there so she would have the chance to build long-term relationships with the clients. Working at the shelter was another exposure to trauma for Rose, who became more attuned to the world of addiction, abuse, and sexual violence. She started to see how common these experiences were for many people.

In hearing the horrific stories of her clients, she remembers being very numb to all the experiences. She said she never really took those stories home with her because she was so detached from them. The job was fast paced and action oriented, and it was a high turnover environment and very stressful. The job was the opposite of her passion for personal development, and she recognized when working there that crisis work was not her purpose in life.

Rose's early professional experiences with trauma call up a memory of one of my first courses in my master's program. My instructor described the need for boundaries between work and home life, and he provided the example of changing his clothes when he got home to signify leaving behind the work day and all client issues. I shared this story with Rose, and she commented that this was a good idea. My response when I heard that instructor was that I couldn't possibly just leave the stories of my clients behind so easily. When Rose commented on this being a good idea, referring to it as a mindful activity to switch gears, I started thinking of it a bit differently. I started wondering if it is less about shutting out what I heard that day, and rather mentally shifting my attention. I have always been one to bridge my personal and professional life together, so it is hard to think of separating the two. It has always been a great curiosity as to how we keep what they teach us in the program as "boundaries" between personal and professional life. I continue to be curious about this and the different ways we learn about and practice this.

Approaching Trauma Work with Caution

Rose was as "prepared as can be" to engage in trauma work when she started her PhD. She felt ahead of others in her class in terms of crisis skills because of her previous volunteer work with the distress line, the sexual assault centre, and working at the women's shelter.

However, she was faced with messages of caution from supervisors and professors in approaching trauma work. This was in stark contrast to her past experiences, which encouraged her to dive right in to the work. When she started her PhD, the "brakes were put on," and she was encouraged to go slowly with clients. Trauma was looked at in more "black and white" terms here than in previous environments she was trained or worked in. She was told that she had to make sure the client was prepared and had proper coping skills in place before asking them to speak about their traumatic experiences. Frustrated by this, she felt like the professors assumed she was going to act like an expert and push the client to go somewhere they didn't want to go. Readiness was emphasized due to concern about re-traumatizing the client. This made little sense to Rose, whose work on the frontline was not one where readiness was a consideration. She started to reconsider the work she was doing, and to approach work with trauma survivors much more cautiously. These messages were not helpful to Rose, as she noted, "I'm already cautious, you don't need to tell me to be more cautious."

I can resonate with these messages that Rose received in the PhD program, however my experience around the messages of caution were largely related to vicarious trauma and taking steps to prevent this, rather than caution around harming the client. Recalling early experiences in my master's degree, one of my professors shared how we would need to take care of ourselves, or else we would burn out or get vicarious trauma, especially when working with trauma survivors. Hearing this at the time, I thought, how do we do that? Self-care…does that mean bubble baths and taking time to relax? There must be more to it than that! It wasn't really followed up with any kind of instruction. The message was that you need to be cautious, because simply being around trauma survivors could ultimately lead to getting vicarious trauma. It made me wary of trauma work. Not only did I lack skills or knowledge on trauma, I also didn't want to

get vicarious trauma! Learning about vicarious trauma before I learned about working with trauma set a precedent for the work, which made me very tentative. I wonder how these messages affected my experiences going forward.

As I share these experiences with Rose, she remarks that for some people who have a long history of severe or unresolved trauma in their lives, vicarious trauma is a concern. In her own life, she described having "soft spots," and while she hasn't experienced vicarious trauma, she does recall seeing one client in distress who she worried about outside of sessions. Upon reflection, she believes the worrying came from seeing too many clients, as well as the fact that this woman lacked resources and supports, and only had a limited number of sessions. She said she felt burned out at the time for these reasons. When the feeling of responsibility for clients' well-being filters into her personal life and interferes with her concentration, she said she manages this by talking and debriefing with colleagues and friends.

One of her first practicums of her PhD was at a clinic that was highly specialized in trauma. Immediately, she was informed that she was only allowed to treat clients with PTSD if she had training in one particular approach to trauma. This was enforced despite having experience working with trauma using various other methods in other practicums, such as art-based approaches. She remembers thinking she was qualified and given she was in a PhD program, she should be able to work with these clients.

"I guess they think that you could do harm if you're not treating by that particular protocol, or something." This further encouraged the idea that there is only one way of working with trauma, and it made her question her abilities, and feel insecure about her skills and practice.

> Even to this day, I kind of feel like…cause I dealt with lots of trauma with clients and stuff, but yet there's part of me who's still like, you're not qualified, you don't know how to treat trauma. Right? But that's sort of like I think buying into the discourse that there is some secret formula that you better go out and learn.

The caution from the program shaped her practice when she started her internship and resulted in tentativeness when working with trauma survivors. She mostly worried about making things worse for clients by asking them to share their traumatic experiences.

This one female client

She was raped at one point

Like as a teenager

And she had other issues too

Like depression

And different things

I think she had borderline personality disorder

Emotion regulation was difficult for her

In all areas of her life

She had academic problems as well

Very complex case

But for her she really wanted

To deal with this

But *she* herself was also concerned

Am I ready to deal with this right now?

I remember

Having conversations in supervision

You know, trying to think of ways…

Maybe I'm not being aggressive enough

Maybe I need to lead her more

Ask more questions

No, just go where the client wants to go

That client ended up talking about it

"Oh she's fine"

I thought she was going to go crazy

Or something

That's what her dialogue led me to believe

And of course

Everything you hear in classes

Like she's going to be crying hysterically

Not be able to stop

Or maybe she'd become suicidal or something

None of that really happened with her

I can resonate with Rose's experience here, and the uncertainty about determining if clients are ready to speak about their traumatic experiences. I think of the "dance" we engage in with them around how much to lead and follow them. I'm reminded of a few clients that I saw in my internship who I encouraged to share their stories, not knowing what they were going to share. Oftentimes they shared stories of childhood sexual abuse. When they did share early on in our work together, they often did not return for another session. I think of how overwhelming it

must have been to share all at once, and the shame that must have accompanied doing so with a stranger. I think of my own experience in this study and how hard it has been to share family stories, and my own stories of trauma with Rose and others. I do think it can be overwhelming. When I hear about the messages of caution by professors, I understand the need for it, and at the same time am conflicted by this message because I think it encourages the idea that trauma survivors are not resilient.

As Rose reflected on the messages of caution she received, she never consciously thought that it led her to believe clients are not resilient, but she agrees that this makes sense when I bring this up. She noted that the messages of caution made her move more slowly with clients and feel fearful of harming the client. Asking her how her encounter with Kevin and his story shaped her understanding of trauma survivors, Rose remarked that he was very resilient and recovered, able to talk about his trauma easily, and this shaped the way she looked at him. However, it does not seem to carry with her to shape the way she views other survivors of sexual abuse. In hearing Rose speak, there is a recognition that clients are resilient and able to handle a lot that seems to have been realized from this experience with her client. She described engaging in a dance with clients around their readiness to speak about their past traumas, being careful not to rush them, and at the same time, not making the trauma seem bigger than it is by avoiding it.

Rose shared another experience with a client who had been sexually assaulted. After a few initial sessions, the client shared with Rose that she didn't want Rose to think all of her problems were due to being sexually assaulted. Rose recognized that the client was worried she was being pathologized, and also saw this as a sign that they were moving too quickly. Recalling the messages from her supervisor that she was being too cautious, Rose decided to dive into

discussing the trauma with this client. However, Rose remarked that this client stopped her and told her she was not ready.

I think of myself as this client and how little I would want to share with someone who I felt was looking at me as someone who was "sexually assaulted." Curious to know how Rose decided to go forward and push the client to speak about the trauma, she remarked that she did so because she knew the presenting concern was to treat the trauma. She wanted to be the leader and to gently push her client to be able to talk about the trauma to help her get to that point.

As she shares this, I wonder how Rose sees herself in her clients' eyes. What are the assumptions and expectations she has for herself as she engages with clients in doing this work?

Rose continued to work on the readiness piece and shared that she was continuing to practice by letting the client take the lead and build a good relationship with clients. She said her insecurities popped up around doing trauma work prior to and during her internship, but she has no worries about being personally affected by the stories clients bring up.

> I've never really had any like big things within me that I've had to worry about being triggered, you know…but there's definitely always that voice I think in the back of my mind like, am I doing the right thing? Am I going too soon? Is it too quick?

Wondering alongside Rose about the possibility of being affected or vicariously traumatized in working with clients who have experienced trauma without having major traumas oneself, Rose remarked that she generally doesn't take her clients' stories home with her and isn't weighed down by their stories. Rose seems a bit perplexed by this question, noting that she hasn't thought very much about how she might be affected by her clients. She agrees that if one is doing too much work, or is feeling incompetent, this can lead to vicarious trauma. However, this isn't something she has experienced.

Rose's view of how to treat trauma shifted through her work during her internship. She was introduced to a completely different view of trauma– one in which various forms of therapy could be used, including art forms, writing timelines, etc. She also learned about psychodynamic and more interpersonal forms of therapy from one of her supervisors, which she felt was very effective. Working with clients who experienced developmental trauma, she took a more interpersonal process approach.

She shared an example in which one of her clients grew hostile with her. She said they together debriefed on how they perceived one another, and he called her "rainbow and sunshine," questioning her ability to "handle his darkness." Rose recognized that he was trying to test her to see if she could be trusted. She brought out dramatic interpersonal interventions, such as letting him see her dark side through expressing the anger he was bringing out with her. Rose learned that these types of interventions and style of relating in a dramatic way were most effective with clients who have personality disorders.

As I hear this story, I think about what I might do in that situation, and the immediate surprise and embarrassment I might have at being viewed this way. I might reflect on this and wonder about how I conduct myself that might lead my client to see me this way.

Rose shared an awareness that she is perceived as sweet and nice by many people, and recognizes that she comes across as privileged, white and highly educated, and therefore assumed to be free from any "dark experiences" by some clients. Rose remarks that these assumptions are true in that she hasn't had experiences that many of her clients have had, and so there have been times in her practice where clients have been concerned that she won't be able to handle what they share. She manages this by asking clients about the perceptions that her clients

have of her to identify if they are hesitant for any of those reasons, understanding that it is generally the complexity of the clients' trauma that gets in the way of building trust.

Learning about Trauma Outside the Program

As I meet with Rose for our final conversation, it has been over a year since our first conversation. When I ask her about her comfort level in working with trauma survivors, it has shifted. She told me that she has been doing multiple trainings in trauma outside of the program. In fact, I remember running into her at a trauma conference last year where she shared with me that she wants to specialize in trauma work.

> I think I've just…you know, thrown myself into that literature…the same way through my self-help…the psychology books when I was younger, right?...and so now I feel like...confident to be able to understand. Here's what I'm doing, and here's how it might be different with different clients and stuff.

As she engaged in more reading, training, and educating herself, Rose now feels confident and intentional in her practice. She also trusts that her clients can handle what she pushes them to do.

> Being able to understand why am I pushing the client now, versus I wasn't before…oh I'm pushing them now cause I've actively seen us deal with you know, heightened emotion, and I've seen him be able to respond to my grounding in session. I'm confident you can do this.

Through her own training in trauma outside the program, Rose shares that she has learned to be more aware of trauma as it presents in a person's body language. Acknowledging that trauma includes more than just people who have PTSD, she says it exists on a spectrum, giving an example of a traumatic developmental experience as something that might not fit into a

diagnosis of PTSD. Yet it is hard to think of how seeing trauma on a spectrum has shaped her practice in any identifiable way.

Looking back on the messages of caution she had in her training during the PhD, she remarks on how this has been integrated into her practice, and she is more explicit now in ensuring safety of her clients before going into discussing the trauma. She remarked how she felt it was not explained well, as she had to do her own reading to understand why readiness was important and what the risks of moving too quickly were. She additionally noted that she was already ensuring safety of the client naturally in her practice, and so learning about it was a bit redundant.

Rose shared some of what she wishes she learned in the program, and emphasizes she hoped for more focus on skills and practical training. This would have been useful to her professional development.

> It would be nice if you came out of the program, and you had done training in Prolonged Exposure…those things were part of the program…even basic Cognitive Behavioural Therapy for depression and anxiety. Not that we don't talk about those things, but…for me it was kind of like…there should be more practical skills you come out with. You spend all these years in a master's and PhD and then you come out and everybody's racing to get training and they feel like they still need to learn so much more.

As I listen to Rose speak, it's clear to me that the real learning in doing trauma work for her comes from reading, skills, and practice. I continue to wonder if and how personal experience factors into her work on any level. Thinking of myself as I near the end of the program, I agree with her wish for more practical skills to work with trauma. I oftentimes have thought about my wish for basic trauma training, rather than treating it as something you need

to specialize in outside the PhD program. I think of the varying experiences in my master's program, which was so focused on self-awareness and self-reflection, and the contrast of the PhD program which was more skills focused. I think about how each approach shapes our work with trauma survivors very differently. I wonder about the skills needed to do trauma work and what place technique and skills have, and the place that personal experiences and relationship play in helping someone.

Rose acknowledges once more that her experiences prior to entering the field of counselling do not shape her practice, as she largely draws from and reflects on her experiences with clients to inform her practice. She comments that it sounds bad to say this, and she isn't sure why this is the case. She remarks on how important she feels the relationship is that she builds with her clients, describing her approach as integrative, and focused on getting feedback from the client to inform the way she works.

In reading over her narrative account, Rose reflected back on her experiences struggling with self-doubt, realizing that this and other smaller life stressors such as her search for meaning and life purpose that she went through in her teens, did prepare her to be able to counsel others, even though they were not traumatic experiences. She doesn't believe that she has to have gone through the exact experiences of her clients to be helpful to them, but she does still know that dialogue exists, where credibility is built on that idea.

> I think everybody goes through their own life transitions…your general path of life development can be inherent with its own kind of struggles…you know adapting to different things. And I guess to be human you do have struggles, right? But they might not be seen as like big traumas. They're just more…the things in the everyday. Going through something difficult like moving or a break up, or you know, struggling in school,

dealing with stress. You don't have to have gone through the actual trauma that your client has gone through.

Chapter 5: Barbara's Narrative Account

I met Barbara at the beginning of my PhD program. We met for the first time at a community clinic, where students practice counselling in the first few years of the program. We had many interactions over the last several years, and I got to know her mostly through conversations at the clinic, and also at various social gatherings with other students. She always struck me as someone who worked very hard and cared a lot about the people around her. She seemed to be someone who kept ethics at the forefront of her mind, as I recall her bringing up ethics in several conversations with peers who were deciding a course of action with a client. She talked with people from all different levels of training, whether they were master's students or PhD students, treating all of them respectfully. On several occasions, I saw her take time out of her day to help other students who were struggling with the stress of school, or with a client issue.

When she indicated that she would take part in my study, I was pleased because I was curious to learn about her experiences, knowing that she had worked with many populations of clients to whom I had not yet been exposed. Additionally, she was someone whose opinion I trusted and felt I could learn from. We agreed to meet for our first conversation at the community clinic, because it would be easy to book a room, and have privacy. The next few conversations were held at my apartment because I found the community clinic reminded me too much of our clinical work and it felt like a strange dynamic to have a conversation with her in the seats we normally took with our clients.

I arrived at the clinic for our first conversation and she was already there, finishing up some work on her research in one of the study rooms. She made a comment about having to rein herself in as she was going overboard with her analysis. She shared a short story of doing too

much homework as a child and having to meet with the teacher about her high achievement in elementary school. Sharing little bits of herself in stories such as this was quite common for Barbara. I also shared with her small tidbits of my earlier years. I described my experience of helping out at an after-school homework club at a local high school this past week, where I was asked to help students with their math homework. I laughed, sharing that I was the wrong person for this task, as I did very poorly in high school math. Many of my teachers in high school expected me to be a math genius because both of my older brothers were top of their class in math and science. I shared with Barbara how my grades improved greatly when I started university because those expectations were no longer placed on me, and I started to study psychology, which was something I enjoyed and excelled at. Knowing that stories came easily to Barbara, I thought to myself that this would work well when it came to asking her about her experiences for the study. We began our first conversation with Barbara sharing stories of her early life.

Learning How to Stand up for Herself

Barbara grew up in a small town in Western Canada called Hawksbury with her mum, dad and older sibling. She also had relatives from both her mum and dad's side living close by. With less than 10,000 people living in Hawksbury, everyone knew everyone. Her father bought and sold businesses as a career and started travelling north when Barbara was between the ages of eight and 12. He was away for weeks at a time for work until Barbara left home at 18 for university. Her mum "did everything," ran the household, took the kids to their activities, cleaned, cooked, and at the same time held down a full-time job as a mental health professional. She grew up with the understanding that work was very important and took priority. Dad being away for work was something she "always understood…it was just a fact of our world." She

understood that her dad kept buying and selling businesses to get better opportunities, and he had to do this to survive and for them to get what they had.

Barbara recalls moving a few times in her childhood. Drawing me a map of Hawksbury, I saw that she moved within a radius of a few blocks within the town, each time to a bigger, and nicer house. Wondering why she moved so many times, she explained that her Dad was always looking for "something that's bigger and better." Eventually, when she was 11, they bought a bigger house, in an area known by the kids as "snob hill" because it was on "rich man's road." Explaining that her dad had grown up in a tiny house with a large number of siblings where each person did not have their own bed, this was a moment of "my dad's made it." Barbara conveys modesty in sharing this, not identifying with these labels.

A year before moving to the bigger house, Barbara became much closer to a girl named Carrie who she had been friends with since the age of five. Barbara and Carrie's siblings played hockey together and she and Carrie's mums were also friends, so they would play together during hockey games, and also went to school together. In grade five, they started spending time together both inside and outside of school.

Unlike Barbara's family, where conflict between her parents was always discussed behind closed doors or after Barbara was in bed, conflict in Carrie's family seemed much more in the open and was more frequent. Spending a lot of time at Carrie's house, Barbara never witnessed any of the conflict. However, Barbara recalls Carrie sharing with her that her father had broken her mother's jaw at one point in the past. Carrie didn't confide in Barbara about the abuse a lot, but Barbara recalls hearing this one story.

I recall hearing of physical abuse when I was around this age, and how I automatically saw people who were violent as "bad people." I didn't have a lot of understanding of why they

did what they did. Asking Barbara how she felt and thought in hearing about the harm inflicted on Carrie's mum at the time, she remarked on feeling uncomfortable, and that when she heard something serious that she didn't comprehend as a child she would feel physical discomfort. She couldn't even conceive of what it must have been like to get punched in the face, or why someone would do that. At that age, she was still in her childhood bubble of understanding the world as a safe place.

When speaking of her relationship with Carrie, Barbara described it as a troubled relationship and one that she doesn't reflect fondly on. Barbara recalls Carrie always making comparisons between the two of them in terms of weight, appearance, and grades. When Carrie got a higher grade on an assignment, she rubbed it in, but if Barbara did better, she got jealous. "She would just make me feel bad about myself." Carrie was very attached to Barbara. Recalling an overnight school trip, Barbara was asked to stay in a room with some other friends who did not wish to stay with Carrie. As a result, Carrie refused to stay at the camp overnight without Barbara in her room. Carrie then made Barbara promise to room with her the next year, something Barbara was not keen on but was unable to decline due to Carrie's extreme actions (i.e., the camp was a significant drive from town and Carrie's refusal to stay with her peers forced her parents to drive out to pick her up and drop her off every day of the camp). "I think she really struggled making other friends… but then she made my life hell which made it hard to want to be her friend." Barbara remarked on the sense of obligation and feeling of being trapped with Carrie, who she now sees as "playing on her guilt" to make her do what Carrie wanted.

In grade six, Barbara moved from a bigger friend group to a much smaller friend group that only included Carrie and one other girl named Adriana. Unsure of how she ended up with such few friends at this time, Barbara recalls Carrie being upset with her when she tried to

expand her circle of friends. Other people didn't want to spend time with Carrie, and Carrie wouldn't let Barbara spend time with other people. Isolated from everyone else, Barbara had no other relationships to compare this to. She simply knew she didn't like the way she was treated. Adriana was friends with a girl named Chantal, who had more of a "backbone," and "coached" Barbara and Adriana on how to approach the situation with Carrie. Together, they created a list of things they found hurtful and that they didn't want Carrie to do anymore. However, when they brought it to Carrie, she "shot it down," and they weren't even able to make it all the way through the list. It came to the point where Barbara felt like "you're damned if you do, you're damned if you don't, and then you're damned if you try something else."

In grade eight, Barbara joined a new group of people, who didn't always want to include Carrie. On one occasion, Carrie broke into her dad's liquor cabinet and showed up drunk to a party she was not invited to with Barbara's new group of friends. Barbara recalls having to take care of Carrie during the party and calling her mum to pick them up because Carrie was plastered. It was at this point that Barbara had enough and decided to break off the friendship. She was very worried about making the phone call to end the friendship because she was scared of what Carrie's response might be. Calling Carrie on the phone, she told her they couldn't be friends anymore, and that she was leaving on a trip to Asia in the next few days. Barbara said she chose to break off the friendship this way because on other occasions when she tried to end the relationship, Carrie manipulated her back into being friends.

Carrie's response was, "well now you know what I have to do." Barbara understood this to mean that Carrie was going to commit suicide. Unsure of how she knew Carrie was referring to suicide, she expects Carrie may have alluded to this beforehand. Reflecting on this now, Barbara understands Carrie's position and why she was thinking about suicide.

> She was at a point that…that was it. She had no way out. She had no other friends. She had alienated everybody else around her. Nobody liked her. Nobody wanted to spend time with her. She didn't like herself. She didn't like the way she looked. She didn't like the way she acted. There was nothing she liked about herself.

On some level, Barbara knew this was Carrie's last-ditch effort at trying to keep Barbara as a friend, but she also felt that there was some validity to what she said. At that age, she didn't really know what it meant for someone to take their own life, having not known anyone who died at that point. Worried about what she might do to herself, Barbara told her mum and asked her to tell Carrie's mum that Carrie was suicidal. Barbara's mum called up Carrie's mum a few days later, and Carrie started attending counselling. Feeling relieved when she broke off the friendship, Barbara doesn't recall thinking about Carrie at all when she was in Asia. The distractions of being in a new country were part of the reason she never thought about Carrie while she was away on a student exchange with her classmates for two weeks. Explaining that the end of the relationship was looming for some time, she remarked, "I think every part of me had already left it, other than the entire part of me that was in it."

She explained that she "locked her emotions down" and treated Carrie like she didn't exist after that. Cutting ties in relationships was and still is uncharacteristic for Barbara, but in this case, she felt that it was necessary in order to protect herself. She doesn't recall ever speaking to Carrie again, and never shared with anyone what happened. As she reflects back on it now, mental health issues were kept secret, and threatening to commit suicide was a big deal in her town so she knew not to talk about it. Despite ending the friendship, Barbara still ran into Carrie regularly the next year and thereafter, as they went to the same high school, and were in band together playing the same instrument.

A year later, Barbara received a letter from Carrie apologizing for ruining her chances with a boy Barbara liked and who was at the party they both went to. Angry at this misunderstanding of why she ended the relationship, Barbara remarked, “To this day, she has no idea what she’s done.” She was frustrated by this, but decided not to reply to the letter, stating: “If I open the door, then she’ll pull me back in, and I’m not strong enough to not…cause…I can be easily manipulated because…I want to help you, and be your friend, and…I can’t say no.”

Avoiding Recalling Negative Experiences

Asking Barbara to bring in an item from the period of her life when she was friends with Carrie, she chose a photo album from a class trip they took together in junior high. A few days prior to this conversation, she sent me an email in which she shared her initial reaction to bringing in an item associated with Carrie. She told me that she didn’t want to associate that time in her life with Carrie, and felt herself “digging her heels in” just thinking of bringing the item in. She also acknowledged that she can talk about experiences related to Carrie because she can cognitively speak about them and emotionally detach. Bringing in the object would make it harder for her to detach. Understanding that she was uncomfortable with bringing in a memory box item, I reminded her that she didn’t have to if she didn’t want to. She reiterated that she shared her discomfort simply to let me know for the research and because she was surprised by her reaction. I myself was surprised at the reaction she had, given that when she spoke about the experience with Carrie, she was so composed. Looking back on this now a year later, she explained that in ending the relationship, she “closed the lid” on it, and decided not to think or look at it anymore. Bringing in the album was making her open that lid and make that experience real again.

Looking at the photo album cover, Barbara struggled to identify why she was friends with her. It's hard for Barbara to recall good memories of Carrie, as most of the memories were things that made her uncomfortable, and things she didn't like about Carrie. "I don't think I really wanted to be that good of friends with her, but I just couldn't get away from it, 'cause she kept forcing herself into things."

Not wanting to look at the photo album, she motioned to close the cover when I opened it up and first began to ask her questions about it. Choosing to look only at photos where Carrie wasn't in the pictures, and flipping the pages quickly, she said "I block her out of it," noting that she remembers this trip with Carrie not present, and only realized Carrie was on this trip when she opened the album and saw pictures of Carrie just before bringing this in to show me. Curious to know what she learned from this experience with Carrie, Barbara shares that she tries not to let the experience with Carrie, and, more generally, negative events "impact" her.

See the thing is

Things happen

Things shape me

Have impacts

But I try not to let things impact me

I'm the worst hypocritical counsellor ever

I try to just have my life

Go about my life

And not really be influenced

Asking where she learned to block recollections of negative events, Barbara said she had a terrible temper when she was young. When she would get angry, her mum taught her to "lock

down" because otherwise you say things you don't mean, and act in ways you don't intend. Carrying this forward, she said she continued to block this feeling. Acknowledging that this is an "unhealthy coping" pattern, she said blocking comes to her quite easily now. "I think my emotions are too strong, and it hurts me too much, so I shut her down, and/or that's how I was molded."

I'm reminded of my own upbringing, and how little I shared with others about my own stories and what I was experiencing. I similarly took the tack of not letting myself be affected by negative events, until it was too much, and I started to struggle with my mental health after my undergrad. It wasn't until I was working on my master's that I awakened to the possibility that some of the experiences I had in my younger years actually affected me and this was why I was struggling. Acknowledging that the way she leads her life is not the one she wishes for her clients, I wonder how she finds coherence between the story she lives out personally with the story she lives out professionally when practicing counselling.

She pauses and struggles with my wonder, remarking that she doesn't really look for coherence.

Barbara reflects back on her difficulty confronting Carrie, noting that she still struggles with confrontation. She looks back at how long she stayed in that relationship, and it seems to me that she sees the way she ended her relationship with Carrie as a poor attempt at asserting herself. She doesn't believe the experience with Carrie shaped her future relationships, but rather what got her into the relationship with Carrie is a stable personality characteristic that was there well before Carrie and has continued forward into other relationships.

Part of what got me into the relationship with her, and allowed it to go on for so long are still very much parts of who I am. I didn't change those aspects of me. I continued on

> with that kind of behaviour afterwards. But it was more boyfriend girlfriend relationships instead of friendship relationships. I'm still…not good at ending relationships. I hold on to things. Even when people don't want to be in relationship with me, I have a hard time letting those go. I'm willing to bend over backwards to make those relationships happen. Did I take anything away from it? Probably not. I just kind of continued similar patterns, just with different people.

It has been an ongoing challenge to identify what is and is not healthy in relationships since ending the relationship with Carrie. She shared that she "chased" several other unhealthy friendships and romantic relationships up until starting her PhD. Through our conversations, she remarked on having an "aha" moment in which she understood how the experience with Carrrie shaped her because all of her attempts at boundary setting were disregarded. Looking back on her parents and how they avoided conflict, she understood that she also learned from them that conflict is to be avoided. "Any confrontation is super anxiety provoking, and not fun times." She described having learned and grown from these experiences in some sense, noting that in her current romantic relationship, she feels comfortable voicing her feelings.

Awakening to Mental Illness

In our second conversation, I shared with Barbara some stories from my early childhood, and how I grew up with my aunt who has schizophrenia. I explained how this set the benchmark for how I understood mental illness. I told her about the silence around how my aunt developed schizophrenia in my family. I explained that this silence occurred because of cultural reasons and because there was very little understanding of mental health issues in my family. I feared that I might get schizophrenia too (which I discuss in more detail in my narrative beginnings). I shared a photo of my family on a trip to England to visit my grandparents, where all of my

siblings, my parents, as well as my cousins, aunt and grandparents were present. In this photo there are six kids, and I explained how my mum used to care for all of us.

Reflecting on my story, Barbara remarked with interest on how she knew nothing about mental illness until she started university, and any talk of depression or other issues were kept quiet. “My family kinda just like…didn’t talk about it…it just didn’t happen.” When Barbara was growing up she was told by her parents that her dad had cancer when he was in his 20s. This was shared as “just a fact of life.” There was no discussion about this when she was growing up. It wasn’t until she was 18, when one of her friends asked him questions about it that she found out more details. Barbara learned then that he had a potentially deadly form of cancer, and that the doctors did not expect him to survive because the tumour had burst. He received surgery within a week of his initial diagnosis. She learned that around that same time, both her grandpas had had heart attacks, and that one of them had died. She understood that her parents dealt with this prior to her being born six years later, so it was never talked about. Reflecting on this now, Barbara shared that it was nice to be ignorant as a child.

I think of how much silence there was around difficult experiences within Barbara’s family and how different our family lives were. Having open conversations in my family, I always knew the intimate details of what was happening from a young age. While we spoke very little about mental illness, my parents shared detailed stories of their lives growing up, and this shaped my understanding of who they were, and also helped me make sense of what was happening in the present. Without it I would have been very confused.

Barbara understands this silence around mental health issues as due to growing up in a small town, where there was little diversity, and there was a culture of stigma around mental health. She makes sense of silence from her family as a coping strategy that is a reflection of

generational differences with her dad whose family was raised in poverty. She wonders if mental health issues were not a concern because there were so many more important things to consider.

Asking Barbara how treating difficult experiences as "facts of life" shaped her, she said she never thought about this before, but expects that this shaped her beliefs that her parents were infallible, made all the right decisions, and would protect her. Describing her upbringing as being in a "bubble," she remarked on having a skewed view of the world as a kid, and a skewed view of the world now because of the work she does.

Having been "sheltered" from a lot of stuff growing up, she started to learn more about mental illness when she moved away from Hawksbury at 18 to begin her undergraduate university studies in a city of about a million people, a few hours drive from her hometown. The transition was like going from "junior high to high school," and it wasn't that big of a jump for her because she previously came to the city for camps for a few weeks every summer. It was the only school she applied to, and she knew she would attend this university because her parents also went there.

She and her boyfriend at the time, Daniel, went to separate universities several provinces away, and soon after broke up. Through speaking with him in conversations over time during her undergraduate studies, she awakened to some of the struggles he faced while they were together, struggles which continue. Explaining that he struggled with his mental health, he told Barbara that he had experienced episodes of self-harm and suicidality. Barbara was shocked by this, having no idea that he was struggling to such a severe degree. Part of the reason Barbara was so shocked to hear this was because Daniel was so good at keeping it secret. It was "scary that someone can lie that well. That you can get so close to somebody, and spend so much time with

them, and not know what's really happening." She was also very surprised he struggled with his mental health because he came from a good family.

> His dad was a [professional], and that's a big prominent position in a small town, right? …and his mum's really nice. [His family] did lots of traveling and seemed really happy, and lived in this nice house, and he had lots of good friends. There was like…no reason. He had a girlfriend. In high school, he had it made.

Daniel also told Barbara that she could always tell when something was wrong, and that he felt that she was more attuned to him and how he was feeling than others from whom he hid his struggles. Not knowing he struggled with his mental health on any conscious level, she was surprised to hear this. She still isn't sure what she did to make him believe that she knew. Looking back on this, she wishes she had known what was happening, and could have done more to help. Another part of her is angry with him, and wishes he would help himself, knowing that he is stubborn and won't seek help from a therapist. Describing herself as a "small town country bumpkin," she remarks she is more aware of mental illness now than when she was in high school. She learned that mental health affects people of all kinds of backgrounds, and there isn't always an identifiable source. She now names his struggles as dysthymia, with periods of major depression.

Around the same time, soon after she left Hawksbury for her undergraduate studies, a suicide epidemic occurred in Hawksbury. About a dozen people completed suicide within a couple of years. This led to a local investigation, and a committee being formed to find out the root cause. Barbara understood that this was an initiative formed to find out if there was something toxic in the area causing this to happen, as opposed to a systemic issue that would be better addressed by mental health supports and education. The suicides continue. When I met

Barbara for our third conversation, she shared that a high school friend of hers just committed suicide earlier this year.

She recalled that a very pretty and popular girl in her grade in high school went missing recently and was found to have killed herself. Barbara heard rumours that she was gay, and that this was part of the reason she struggled with mental illness. Noting that there were no women who were openly gay in Hawksbury, she understands how that would have been hard, and at the same time struggles to understand why she would commit suicide when her life seemed so good in so many other areas. She tries to empathize and figure out why they felt that they had no way out, but then at the end of the day, it is a "fact of life."

Looking back this mental shift that happened when she left Hawksbury for university, Barbara shared that this was a change in perspective that allowed her to see the world more realistically, and to become more aware of the struggles that people have.

Developing a Professional Identity

Inspired by a biology teacher in high school, Barbara decided she wanted to become a science teacher, and enrolled in science in university. As part of the program, she was required to take physics, a subject she detested. In an effort to avoid the hated subject, she took a psychology course. She said she really liked it, and so she ended up switching majors to a specialization in psychology. She started to think about becoming a psychologist and decided to volunteer at the distress line and a campus peer support program, to see if this was something she really wanted to do. She tells a story about having an affinity for helping people. Thinking back to grade eight, around the time when she was friends with Carrie, she recalls being known as the one who took care of everybody. Her peers would come to her with their problems, and they called her, "Dr. Barbara" mimicking the radio personality that provided advice, "Dr. Laura." She

recalls always being nurturing of people and animals, even as a young child, but it was in grade eight that this was really brought to her attention. In some ways psychology fit with this persona.

While volunteering at the distress line, she learned to develop a professional version of herself for counselling, which was detached, and "robotic." This was her first encounter with counselling individuals who had experienced trauma, in a professional way.

You had a distress line voice

You didn't exist

You need to respond this way

Follow this chart

Ask these questions

Sound a certain way

Act a certain way

I had this very ideal

Ok this is counselling mode

This is counselling Barbara

Professional me

Nothing outside of it impacts

That was what we were trained to do

I'm struck by this first encounter with counselling work, and how different it was from my own. In particular, the emphasis on encouraging a power differential with the client is surprising. My first experience with counselling was in my master's program, which was a very person-centred program, where we focused on self-awareness as the most important piece of

learning. We were encouraged to minimize the power differential between client and therapist and see similarities in our experiences rather than differences.

Asking Barbara how taking this stance with clients started to shape how she viewed clients and herself, she told me that it has 100% affected how she counsels. She doesn't see this as creating a power differential with her clients, but rather she saw herself in a "helping role" where that was her only role. She remarked on learning to "lock down" her feelings and be there to "serve these people."

While at the distress line, her calls were recorded, and they assessed all of the volunteers to ensure they were following the protocol. Barbara didn't receive the results of her first assessment until a few months after the call had occurred. She was told she had failed the review. Finding out she didn't pass the assessment worried her, and led her to wonder, "Have I been hurting people for the last month and a half?" She said this occurred at the same time in which she was struggling in her relationship with her ex-boyfriend Daniel, had another relationship conflict with one of her friends, and was stressed out with school work. "It was just like a lot of emotional stuff that I wasn't dealing with, so it all hit at once."

Deciding that she needed to take some time off from volunteering, she decided to take a month off from the distress line to take care of her mental health. She was still struggling when she returned, anxious to await feedback on her work on the lines from the supervisors. However, when she returned no one asked how she was doing. Wanting to go back to Hawksbury for the summer to work, she was told by her supervisors that they would take her off the phone lines for good if she left for the summer. Not wanting to lose the opportunity to volunteer at the distress line, she decided to keep her volunteer position as well as balance two summer jobs back home in Hawksbury. This meant she had to make the two-hour drive back and forth from the city for

these shifts. Barbara was upset by the lack of support she received from the program staff and the significant delay in having her skills assessed. Due to the culmination of stressors, she decided to seek some counselling at this time.

Wondering what it was like for Barbara to story herself as someone who struggles, Barbara shared that she still has challenges accepting that she, like anyone else deals with mental health issues from time to time.

It's hard for me

I can cognitively say it

Deep down to be like

"I have ups and downs and it's ok"

There's still part of me that's like

"No no no"

But I'm perfect

I gotta be good

I gotta do this

I gotta volunteer

I have to be here

I have to do this

Barbara is aware that going to counselling is something that would be helpful for her, and yet she feels held back by herself even now.

> I want to be more free with going to counselling, and I still have my own internal stigmas about myself when I go…I still have a hurdle of, it's ok for everybody else to go…but I

don't need it. I know that I still have things I want to work on, and I know there's stuff I still want to work on to be a better therapist, but yeah. I still haven't resolved this.

Going to counselling felt validating. She doesn't recall too much about the sessions themselves but remembers that the counsellor acknowledged that it was ok to feel the way she was feeling, which was helpful because others around her made her feel like that wasn't ok. Despite this, after a few sessions, it was "back to the grind," and Barbara said her difficulties finding balance in her life are an ongoing struggle.

During her graduate studies, her boyfriend, that she was living with, broke up with her after she returned from a night shift. She said she was devastated, didn't sleep very much, locked down her emotions, and went to work counselling the next day. Examples such as these are common for Barbara, as she recalls another memory of someone in her family dying and going to work the next day. Calling in sick to work for emotional reasons is not something she does because she has a strong work ethic and feels like she is breaking a commitment by doing so. "If I'm having a bad day, I lock that shit down because I got to do this for my clients. Right?"

Volunteering on the distress line was her first experience working with sexual violence in a direct way. She learned about "slimers" during her time there. Slimers were repeat callers who would call the line with the intention of obtaining sexual gratification. Barbara remembers the "slimer book" which described common situations the repeat slimers would describe. She was annoyed with herself when she didn't catch a slimer, and was "slimed," giving the caller what they wanted.

In another example of her work on the distress line, she remembers a caller who she was talking to that she was sure had killed himself. Calling the police to trace the call, she heard from her supervisor that the caller had been flirting and making jokes with the officer who responded.

Barbara was confused, having been sure that he must have killed himself and feeling helpless to do anything about it. To find out that it was not real was shocking. She didn't return to the distress line after that. These early experiences of being tricked by clients is something she continues to experience in her work, and she remarked on having to be skeptical of her clients' motives to avoid being taken advantage of and getting "snookered."

Seeing the Impact of Trauma Across the Spectrum

In high school, a friend of hers was badly bullied for being gay. A few guys driving down the street pulled over and threw rocks at her friend on one occasion. Her friend came up to her crying because of what happened. The town was so small, he "couldn't get away from it." She thinks this might not have happened in a bigger city which would be more "forward thinking." There were also few people with disabilities in Hawksbury. "The special needs kids were kept in the special needs class away from everybody else." There wasn't much exposure to people of different backgrounds or abilities. Barbara believes that because she had such little exposure to people of different backgrounds, this is a limitation for her practice.

Barbara described her first practical exposure to people of different backgrounds occurring during an internship in her undergraduate degree. Choosing to do a full year internship to gain more practical experience and learn more about counselling, she applied and got a position at a correctional centre just outside the city. Unsure of how her interest in forensic psychology developed, she recalls the position being coveted, and one of the hardest to get into. She liked the idea that she was able to teach and found the job description interesting. As she shares this, I think of what a jump this was to move from growing up in a tiny town that she viewed as safe, to learning about mental illness, volunteering on a distress line and then deciding she wants to work with offenders in jail. Asking her about her exposure to offenders and forensic

psychology before this, she remarks that she had none. This position fell into her lap, but she is glad that it did because she enjoyed it a lot.

Having learned from growing up in Hawksbury that the native reserves near her town were not safe places, it was not surprising to Barbara that about 50 percent of the population was Aboriginal at the correctional facility. She recalls taking a cultural awareness training during her internship, where she first learned about the residential school system. She was also involved in the development of a new program with community partners. As she looks back on this experience now, she recalls one of the community partners sharing stories about her experience in the residential school.

Bars on windows

Reflecting on her time

In a residential school

She was a storyteller

Spoke in the aboriginal way

Not direct

Kinda danced around

Had this moment

Overwhelmed

Talking and crying and talking

Feeling trapped

What is she talking about?

She wasn’t clear about it

Don’t think I understood the full significance of it

How traumatic it would have been

It was really disjointed

Talking about this one thing

She kept taking the conversation over

Going off track

We have this list

We're white people

Meeting for two hours

We have all these things to do

That's not how their culture works

Barbara recalls being confused hearing her story, knowing on some level that she was talking about the residential school, and thinking she was speaking in indirect ways because this was part of her culture. She didn't fully grasp the significance of the trauma at this point. Barbara is now much more aware of the trauma experienced by Aboriginal people through the residential school system, and how this has transcended over generations.

Barbara noted that this internship was her first experience working with clients who experienced trauma. Barbara encountered a lot of inmates who were both perpetrators and survivors of sexual assault. She gained a lot more exposure to people of different backgrounds and levels of ability. She spent time with two sex offenders who were in wheelchairs, one of whom was female. She took them for walks and chatted with one of them. This was surprising to Barbara, first because one client was a female sex offender, which is rare, and secondly, because they were both disabled, which made her wonder how they managed to offend. "The fact that somebody that was severely disabled could sexually offend blew my mind."

Similar to her time on the distress line, she kept a professional identity separate from her clients here. She also sat in on an eight-week group for adult survivors of sexual abuse run by a psychologist. She mainly observed and prepared the coffee. However, she recalled each of the women disclosing their story on the first day of group. What stood out to her the most was the fear and horror of their memories that they continued to experience. Asking her how she felt hearing their stories and what her response was, she had difficulty, noting that she struggles to connect with her emotions.

I just kinda shut off

It's one of those things

You know when you're a little kid

You'd hear things

Your body would react to them

But you didn't really understand what they meant

You'd just feel weird

You know

Feel weird in your stomach

Bodily sensations

It doesn't fit the situation

You felt uncomfortable?

I think so-

Awkward

Steps outside the norm

Hearing these things that happened

I was a student

New to counselling

It's not embarrassment

I would probably blush

Because you just feel out of place

As Barbara struggles to name her emotions and tries to make sense of the reaction to what she heard, I ask her about whether she has shared some of these experiences in her training or during supervision, and she tells me she has not. As she shared the discomfort being in the group, I think of how nervous and confused I would be hearing horrific stories, not knowing what to say or do.

The psychologist who ran the group was male. Barbara was one of the few people working at the prison who was female. She recalls that he was very gentle, kind and caring, and many women in the group developed an "appropriate affection" for him. Knowing that most perpetrators are males, she saw it as a corrective experience that these women were able to develop a trusting relationship with this man. She also recalled a moment where he cried in group, saying that he was touched by what one of the clients shared. This was very surprising to Barbara, not only because he was a man who was crying, which she didn't see very often growing up, but because he wasn't a robot in the way he counselled. It demonstrated to her that he was affected by their stories, and she saw that it was ok to be real and to use that therapeutically.

Barbara recalled one woman in the group who was in her 50s and was sexual assaulted as a child. The woman was petrified that her elderly father would somehow be able to figure out that she was in the room disclosing this story. Barbara remembered this woman in detail.

Within the jail

There's a lot of Aboriginal women

A ton of abuse in Aboriginal areas

A lot of street women

Women that were prostitutes

Or were homeless

Women involved in substances

Lower socioeconomic status

Lots of those women

She was nothing like any of those

She was a higher socioeconomic status

Her crime was white collar

It was like my mum in jail

Like somebody you know

Put together

You would never expect to be in jail

She stood out because of that

And because of the insane fear she had

Seeing this woman in jail who had such a similar background to her "blew her mind" and "broke down stereotypes" and gave her a broader understanding of crime. This bridged the gap between "them versus me." Overtime, that barrier was reduced, through encountering other clients who were of similar background, socioeconomic status, and intelligence level in jail.

Also, through witnessing that even those who are innocent can be found criminally responsible, made her realize the justice system is not always fair.

She learned that this woman's father had a lot of power in the community, in a far-reaching way. Noting that Barbara was raised to tell someone if something bad happens to you, she was amazed that this woman kept the secret of her sexual abuse for so many years.

As I hear this, I think of the sexual assault cases coming out in Hollywood, including Louis C.K., Harvey Weinstein, Kevin Spacey, etc., and the amount of power these men hold in their positions. I think of how challenging it must be for women to come forward with their stories publicly, when doing so in the safety of a group such as this one created such intense fear.

Recalling other adults she worked with who were scared that their perpetrators would find them, Barbara shared:

> They're adults! They're full grown people, and they're just petrified of these people!...and just like that power those people have over them. I'm getting chills just talking about it. It's mind blowing, right? Just that…power.

Barbara was awestruck at the power that perpetrators have over sexual assault survivors, as well as the longevity of the impact, because the abuse happened when these individuals were children, and they are now adults still experiencing this fear. Looking back on her upbringing where difficult events were treated as facts of life, she remarked on how "mindblowing" it was to see how prolonged the effects were, and also that adults, whom she understood to be all-knowing, were crippled by what had happened to them. Her own upbringing made it hard to understand the stuckness experienced by her clients.

Opened my mind to struggles

Mental illness and experiencing trauma

I grew up with

Ok this happened

Not a big deal

On you go

Life is life

Then you see these people

Wow this happened 30 years ago

You’re continuously reliving it

That blew my mind

Impacts every part of your being

It’s hard to come to terms with

Trauma comes in so many different forms

Same trauma impacts people differently

Broadened my understanding

It’s about coping

When thinking of trauma in this population, she remembers the fear, the severity of the abuse, and the impact it can have on their lives. She understood from this experience the impact of trauma from a first-hand perspective, having not read the literature on trauma before this. Barbara understands their fear at sharing as a result of repeated breaches of trust by someone close to them, and not being able to do anything about it. She reflects on how her views of trauma have shifted over time, and she no longer sees sexual assault as happening randomly the

way the media makes it seem, but rather something that is most likely to occur with someone close to you.

Uncovering Family Stories

When you look back

To me, I've had such a normal childhood

I've been really supported

And really loved

Had all my needs met

I was really successful

And everything was great

Then you look back

Oh yeah

That's not good

That's happened

But I still

Always been loved and supported

You take your life in a trauma lens

I've not really had any trauma

But then...maybe

During her master's, she completed a project in which she was asked to interview her mother. This gave her the opportunity to ask her mum questions, and she was curious to know more about her family. She described this as a "huge turning point" because she learned so much about her family that she never knew. She recognized that her mum was almost like a single

mum, and acknowledged how much work her mum did in the family when she was growing up, while her dad was away working. Understanding her family background gave her a bigger, broader understanding of her past. Prior to starting her master's, Barbara labelled her life as relatively "trauma free." When she started to look back on her life with a "trauma lens," she started to see it differently. She struggled a bit with the notion of whether it was "trauma," or simply being more "aware" of stuff.

When Barbara was young, her dad shared few stories of his childhood, most of which were told with humour. Many of the stories involved grandpa, but stories of grandma were not shared. Dad came from a large family, and grew up in a small house in Hawksbury. Barbara learned more about her father's early life from her mum, who had been told stories through her dad's siblings. She was told that there were times when his family did not have enough food to go around. She learned that her grandma was physically and emotionally abusive and neglectful of the children and this was why none of her kids had any respect for their mother even to this day. "If he grew up in current times…they would've been taken away. Social services would've taken some of them away, for sure."

At times, her dad got strapped with the belt, but that was "the time" and she didn't name this as abusive behaviour, because corporal punishment was acceptable then. Likewise, Barbara shared that her parents also spanked her and her sibling from time to time.

Learning that Barbara was spanked by her parents and that one of the teachers at her elementary school spanked kids surprised me. Given that we grew up in the same generation, and spanking wasn't accepted by my parents or teachers where I lived, I thought it would be the same for Barbara.

Barbara shared that it might be because she grew up in a small town, which was less progressive than the big city where I grew up. She also noted a difference provincially, in terms of wealth, political views, and deeply ingrained values and beliefs. Barbara noted that she grew up in a place where there was a "work hard, play hard" mentality, and change occurred more slowly than where I grew up. This made sense to me.

With rules always changing, it led me to wonder how we decide what is "trauma" versus what is "normal" for someone. Reminded of the #MeToo movement that is occurring right now, and how some of the actions which are now named "sexual assault" were seen as normal in the past, and only now are acknowledged as harmful and potentially traumatic.

She also learned some of the backstory of her grandma's life through second hand stories. She heard that her grandma was abused, and treated differently from her half-siblings, after her own mother died, and her father remarried. Barbara understood that she wasn't loved or cared for, and instead was treated like the servant of the family. She understood that her grandma lacked a lot of basic skills like how to bathe, so as a result she ended up becoming quite "selfish." She said she didn't realize the extent of her abuse until she heard some of these stories. Barbara recognized she still doesn't know the whole story, with new stories coming out all the time from various family members.

Only upon reflection, she realized that grandma never came to visit or spend time with her family unless invited, despite living in the same town. Barbara expressed distaste for the way her grandma behaved, sharing additional stories in which grandma was racist towards a bank teller, discriminated against a young boy with a developmental disability, and beat up her aunt on a celebratory occasion.

Barbara never heard these stories of grandma's abusive behaviour as a child. When she was young, her grandma was the one who made beautifully decorated cakes for her birthdays. On one occasion her grandma made her a doll cake with a beautiful dress. Speaking to how she was protected from some of the negative things that grandma did by her parents, she remarked, "grandma was always grandma, and they never really ever showed me her true colours until later. As a kid, they let me enjoy her."

Wondering what it was like to hear these new stories and how this shaped her understanding of the family in which she grew up, Barbara said it's turned her against her grandma. She said she can stand back and see the intergenerational impact of trauma and how abuse and neglect can get passed on. Sharing that several of her aunts and uncles have mental health issues and anger issues, she is surprised that none of them are in jail. Noting that everything her education has taught her, would lead her to believe they are "perfectly bred for crime." She believes that it was their intelligence that saved them from a life of crime.

During her master's, Barbara also started to reflect on her experience with Carrie and asked her Mum questions about Carrie and her family. She learned that Carrie's father was an alcoholic, and she started to understand why Carrie was so controlling, given her family environment. She labelled the relationship between Carrie and her as "emotionally abusive" and "controlling." She shared her understanding of Carrie's situation:

> I think it was…my dad's an abusive alcoholic. I come from a super angry household where I had no control…where I'm walking on eggshells because of my dad's drunk. My mum has low confidence because she was a victim of his abuse.

Grappling with using labels for this experience, Barbara feels uneasy using the labels of "abuse" and "trauma" for herself in this experience with Carrie, noting that she previously did

not see this as a trauma. “I still have a hard time identifying as someone that was emotionally abused, and I also worry if I’m being too liberate with that definition.” Noting trauma exists on a continuum, and this is on the low end because this experience with Carrie didn’t leave any significant lasting impacts on her. Aware that labels can be powerful for people, she doesn’t want to use the label of “survivor of abuse” for herself because she worries about devaluing the label. She said she still goes back to, “it is what it is,” compartmentalizes it, and moves forward with her life.

Barbara notes that because she was loved and cared for by her family, this is another reason she de-identifies with the experience with Carrie as “traumatic” and glosses over difficult moments such as these from her childhood. Being loved and cared for gave her a “solid core” of liking herself, and being comfortable with who she is which allows her to bounce back from negative events. At times, it is hard for her to empathize with people such as friends or clients who have experienced something horrific like a death of a parent or sexual assault. Sharing that cognitively she understands how horrific it is but is unable to emotionally connect it to her own experiences.

It seems to me that both learning about psychology and counselling allowed her to put some of the pieces together about what happened in her relationship with Carrie. She remarked on having spaces to share about the struggles that she had with Carrie when it was happening, but Barbara still found it hard to get out of the relationship. Asking her why her mum did not intervene, she said she spoke with her Mum about it in the last year or so, and the answer was always the same. “My family knew it wasn’t a healthy relationship for me, but they just kind of knew that I had to come to that on my own.”

Barbara contends that she also knew the relationship was unhealthy, but she didn't realize it was emotionally abusive until she was in her master's. Remembering that Carrie shared with others in her hometown that the relationship ended because of a boy, Barbara told me that if she had the chance, and if Carrie shared this story again, she would tell her the real reason the relationship ended was because Carrie was abusive and manipulative. She said she learned from the counselling work she does now, that Carrie's story of what happened "dishonoured" Barbara's experience, and took away her power as a victim.

Hearing her say this, I think of how disempowered Barbara must have felt to not have been able to share her reality of what happened with anyone. I wonder if her experience shaped her understanding of voice to regain power for survivors in abusive relationships.

Barbara remarks that she doesn't identify as a survivor of abuse and hasn't thought about how her own experience with Carrie could be translated into her work with survivors of abuse. Noting that this is in part because she did not receive training which might have allowed her to explore how her past shapes her work, and in part because she faces a block of not wanting to look back on her difficult experience with Carrie. Barbara adds that she doesn't wish to look at her past as a way to bring empathy to survivors, because she can draw on what she has learned cognitively and theoretically about the value and importance of voice.

Barbara shared this story of Carrie tentatively as she thinks she is making it bigger than it was because she now has the labels for it.

> I worry that I make it bigger by taking what I know now and then looking back on something. Either I minimized it then, or I'm maximizing it now, cause your memory's not accurate.

As I hear her worry that she is making this event bigger or smaller than it was, I resonate with her experience. Reminded of labeling some of my past experiences when I went into my graduate studies, I identified with the experience of being "parentified," serving as an emotional support for my parents growing up. Naming that experience was two-fold. On one hand, it resonated clearly with what I experienced, on the other hand, it also carried blame and shame on my parents when context wasn't considered. I worried I was making it out to be worse than it was by using that label.

Asking Barbara how she decides if an experience is "big enough" to merit the label of trauma, she reflects on this and the hesitancy she feels toward using the labels of "trauma" and "survivor of abuse." She acknowledges the subjectivity of trauma, but also sees that she has a double standard of what constitutes as trauma for herself versus her clients. Noting that what she defines as "capital T traumas" for others, when experienced by her are not acknowledged as such. She gives an example of working with a client who she understands as experiencing trauma.

Met with a client

Close friend of his

Tried to grab his junk

He stopped it

No physical contact

I was like "that was very traumatic for you"

We sat with it

Worked with it

It was a huge huge deal for him

If that happened to me

I'd be like, "what the fuck dude?"

"don't do shit like that"

Moving on

I have different standards for myself

Than I do for my clients

It's a double standard

I don't feel like I've ever experienced trauma

With a capital T

But when I go through events in my life

They meet the definition

Of trauma with a capital T for my clients

As her stories of her parents and herself shifted during her master's, this impacted how she perceived her family. When she was young, she viewed her parents on a "pedestal," as perfect people. It was during her master's, through training, and getting older, that she started to see them as "people." She shared, "they're just me, but 30 years down the line." As a result of becoming an adult, she said her parents started treating her differently, her mum talked to her more like a friend, and gave more information about the family. On a broader level, she also realized that people make mistakes and are fallible, and she felt less of a discrepancy between herself and those who were older than her.

I think of myself and how this discrepancy wasn't so apparent between my parents and me. I certainly looked up to them, but we had a different sort of relationship because they shared so much with me, and I knew their lives intimately.

Viewing Her Life Through a Trauma Lens

I know so much more of the world

Of people

How things work

Things that are not so nice

Difficulties of mental illness

Struggles that people have

Sometimes I wonder

I almost miss the days before the stuff I know now

It just felt so much simpler

It was just, “ok that happened”

This is just how it is

There’s almost a freeness

Knowing more…

There’s more of a weight

An onus with that

I carry more weight now

Than when I was an ignorant kid

I just didn’t know any better

There is some disappointment with having learned to look at things clinically and reflecting on her own life using a trauma lens because she started to see the darker side to life. She remarked that she believes the trauma lens is very important for her clients and has seen how validating and powerful it can be to label something as “trauma” for her clients. Barbara

questioned the usefulness of the trauma lens for herself, because it shifted the way she now reflects on her life. Looking back on her experiences now, she thinks of how different she would view them if she had not learned about trauma. She thinks of her friendship with Carrie, and how she would have looked at this as a "bad friendship," where they "didn't get along," as opposed to "emotionally abusive." Likewise, she said she never would have known about her high school boyfriend and his struggles with depression. She would have chalked it up to fighting a lot, and it being a high school break up. Instead, she labelled his struggles as "dysthymia."

As I hear this, I start to think about what a drastic shift it must have been for Barbara to look back on her life, having learned many new sides to people in her family, and about events she never knew about. I learned many of these different sides to people growing up because I was curious and asked questions, and it was shared with me over time, so I had time to integrate it all. I think of how differently I would see the world if I initially thought it was all positive and then suddenly started to see the negative side.

Remarking that sometimes she just wants to "wipe it all away," and go back to being that "ignorant kid" again, she seems wistful for that innocence she once held. At the same time, Barbara acknowledges that with learning to think clinically and to self-reflect she can look back on her life with more objectivity, clarity, and understanding of the past. She said training was helpful because it made certain things click. "I think with more of a clinical lens you can turn around and look at stuff. Whereas anybody else would be like, that's just life."

Barbara adds that she is of two minds when thinking about the clinical lens, noting that while it can bring more understanding, we are also at risk of seeing every situation and experience through this clinical lens. "I think being a professional and having that knowledge and ability, we can be really guilty for overanalysing stuff." She wishes she could be more

present, as opposed to dwelling in the past or worrying about the future, and just live in the moment and enjoy life. Having asked Barbara to share her early experiences and how they shaped her as a counsellor, she explains that it has been the other way around for her.

> It's not that my past experiences have contributed to my work, it's that my work has contributed to identifying my past experiences…my childhood was sunshine and roses until I went to school and turned around and realized all this stuff, and it wasn't sunshine and roses…I went to school and was like ohh, ok so…that was trauma, and that was traumatic…you know?

Struggling to Integrate Herself into Therapy

I went to my master's program
One person made fun of me
For that voice
I couldn't control it
I couldn't break that voice
Need to integrate who I am into being a counsellor
A really big process
Maybe why I have a hard time
Using past my experiences
To inform how I do treatment

Having learned to reflect on her past, this paved the way for Barbara to learn to be a new way with clients during her master's– one in which she herself was part of the therapy. This differed from her volunteer work at the distress line, and at the correctional facility, where she adopted a separate professional identity, "Counselling Barbara."

Over time, Barbara had a few opportunities to learn to integrate herself into her counselling, including the paper in which she had to interview her mother during her master's. She did not get a good grade on the paper. She said this may have been because the professor didn't feel like Barbara was getting deep enough, speaking to a "block" she experiences when trying to look at herself. She also remarked on challenging this professor on how she taught the course, having included multiple readings on women, and few other topics, when the class was supposed to be on diversity in counselling.

I wonder if there have been others in Barbara's life that have been helpful in allowing her the space to self-reflect, such as conversations with peers, friends, etc. I'm reminded of how beneficial I found conversations with peers in my program in being able to process some of the reactions I had when counselling others, and how this tied back to my past. I am also curious as to how she understands this block? I wonder how Barbara imagines practice might look if she integrates herself into her therapy.

Asking her if any of her personal experiences, such as her experience with Carrie, have shaped her practice with clients who have lived similar situations of emotional abuse, Barbara notes that she hasn't and probably wouldn't bring any of what she experienced with Carrie into counselling. Speaking to experiences in supervision during her master's and PhD, she remarked,

> I really wanted the supervision that would do stuff like this. To sit down and just be like, ok so is something from your past impacting you. Kind of transition those life experiences to moments or see if…what I'm doing in therapy is influenced by my past and making those connections…I never got that.

Hearing this is not too surprising to me, as I reflect on my own experiences in supervision, where only one or two out of 14 supervisors in my training actually asked questions

related to process and made who I am as a counsellor a focus. Most of the time, I had to bring these things forward to discuss them in supervision myself. I'm reminded of my experience in supervision in which my supervisor named me as "vicariously traumatized" that I shared in my narrative beginnings, and how experiences like that made it hard to bring up how I was affected by clients.

Barbara said in supervision she avoided things that were uncomfortable or emotional for her, unless she ethically needed to disclose them because they impacted her clients. She said she never asked to watch her videos of her sessions with a supervisor because it was uncomfortable. However, she did not share my experience of worrying about being labelled vicariously traumatized.

Barbara commented on the struggle she has had to integrate herself and her personal experiences into her work as a counsellor. "For me…I'm really bad at kind of making those connections cause I'm just like…shut the door. This is my counselling side." Questioning if it is an impact of experience and environment or whether this is a central aspect of who she is that makes her practice in a way that removes herself, she shared:

> I don't know if it's an expectation from earlier training, but I think a part of it is also part of who I am…I'm such a perfectionist, that I have to be perfect. That I *can't* be impacted by my clients. I have to be able to…[be] this solid wall.

Despite recognizing that it is natural and organic for therapists to be impacted by clients, Barbara admits that if she does get impacted, she feels like she is a "bad therapist." She reflects on her past and wonders if this was in part learned from her mum, who doesn't allow things to impact her.

Barbara adds that her approach to therapy is a bit more directive, involves a lot of teaching, and is a bit less person-centered, so this is consistent with the modalities she chooses and part of the reason she doesn't bring herself into therapy.

> On one hand, I think it would be helpful to integrate myself more into therapy, but on the other hand, I don't know if my theoretical orientation really blends to that. So maybe it's totally fine that I'm kind of a bit separate. That I integrate myself when I think it's appropriate. I build a relationship a little bit, and give tidbits of myself now and again, or do self-disclosure when I think it's helpful and appropriate. But otherwise, I'm pretty separate.

I think of some of the counsellors I saw at the beginning of my training, such as Carl Rogers, whom I looked up to because of his genuineness, and ability to guide the client in a subtle way, while offering the client the space to discover their own solutions.

Asking Barbara who she looked up to in her training, she remarked on looking up to one of her first supervisors, the psychologist at the jail who cried and was affected by the women in the group. She reflects on this as strange because it contradicts what she said about trying not to be affected by clients. Barbara remarked that her time on the distress line was formative in teaching her that being affected by clients was bad, and what being a perfect counsellor looked like.

The nature of the clients she works with adds to this challenge of integrating herself into her work. Given that she has worked with sex offenders and sexual assault survivors, she remarked on needing to be "a solid front," and "the stable one." There are differences between working with sexual survivors versus perpetrators. She shared the advantages and disadvantages of being affected when working with each population.

> There's an advantage in…working with sexual assault survivors of being impacted, so the client sees that someone cares. That the client feels like they matter to someone. You know…whereas [for perpetrators] sometimes I want to acknowledge that you were a victim of like, you were abused as a child, but you also perpetrated abuse. And so I need to be empathetic towards that but then "teacher no no no" to this [*referring to offending behaviour*]. You know?

She said that integrating herself into therapy is an ongoing challenge for her. "That's something I still, really kind of battle with…is how much of myself do I put forward? How much of myself do I keep back?" She explained how she had to manage her reactions when hearing stories from sex offenders.

I don't want to become uncomfortable

I have to work with people

They make disclosures

Your body reacts to this sexual material

It's weird and wrong

You're hearing this stuff

You get the image

It's not fun

You try to shut all that down

Just hear it for what it is

You don't want them to get off

You don't want them to see judgement

There's tons of shame

At the same time, she notes that being able to compartmentalize things is an advantage in this setting because if she hears something horrific, or disturbing, she can put it aside and not feel it.

Hearing this, I understand why she would feel the need to shut down her emotions when with clients. Having never worked in the prison environment myself, I have not had the firsthand experience of hearing disclosures from sex offenders. I imagine the disgust, anger, sadness, and hopelessness that she might feel.

Asking Barbara if she experiences these feelings, she noted that she "doesn't allow herself to go there." She remarks that she has the opportunities to discuss them in supervision or with colleagues, but she doesn't. Barbara said her colleagues use a lot of black humour and do share moments of feeling disturbed by the stories shared by their clients from time to time. She received some advice from one of her supervisors about how to manage the work she does.

> When I do assessments, I get to read in detail what their offenses are. So, my supervisor at my placement gave me this advice, he just told me, "don't read their offences. Unless you have to, don't read it. Don't take on that vicarious trauma. Don't expose yourself to it unless it's necessary." Whereas for me, I think it's helpful to have an idea of what they've done. Not the nitty, nitty gritty, but just an idea of what they've done, so you know what you're presented with. So, when they try to do their offender type behaviours you can call them on it.

The same supervisor took a compartmentalizing approach to his work, "shutting off" at the end of the day to protect himself from the horrific stories he hears in his work.

Losing herself in Graduate School

I'm in

I see my clients

Back to back to back

Do my homework or notes over lunch

I'm out

I gotta go

The one criticism was

I wasn't social

I didn't connect with other people

I'm not here to connect

I'm here to get my stuff done

I gotta go

Busy as all tomorrow

Not going to chat up everybody

The problem was

I wasn't building connections

Some concern that I wasn't unloading

Wasn't building teamwork and support

That you need

When working with a trauma population

Barbara recalled that during her work at a community clinic treating sexual assault survivors, she was criticized for not being social, but with the demand of her PhD program, she didn't have time to socialize.

Barbara reflects back on entering into her internship which was full of professionals who were more clinically oriented, feeling really lost because she was behind in some of her clinical and diagnostic assessment skills compared to her peers. She went in thinking she would get supervision to help her integrate herself more into therapy and do a lot of process work, and leave feeling autonomous. Instead she said her supervision was more skills-driven, and she left feeling "disjointed" and lost.

> What am I thinking? How do I case conceptualize? Emotionally, how do I respond to things? How do I integrate who I am and what I am into practice?...I feel like I don't know anything. I feel like I knew more before I started my [PhD] than I do now.

She talked about the transition into her PhD, and the clinical nature of our program, and a focus on "doing things the right way," as well as having difficult supervision experiences, such as her supervisor only looking at her tapes once in eight months, which contributed to "losing herself."

> In my master's, this whole world opened up. You're learning all this stuff, and when you get into PhD, it's like burnout-land. Right? You get so stressed and you don't remember things anymore, and it's just about getting it done and getting through. I feel like you lose yourself in it. I kind of almost wish I stopped the journey before I started the PhD, and then could have gone off and prospered.

Barbara commented on how much she has learned through her time in the master's and PhD programs, and yet she still doesn't feel solid in her professional identity. She remarked, "I definitely learned a lot, a lot of different things. I still don't know if I know who I am though."

Describing her burnout as a struggle with motivation, memory, and focus, she said she used to be able to work nonstop, and now she can't. Wondering how Barbara understands the

burnout as happening, she remarked on struggling to implement self-care throughout graduate school and finding a balance between work and life. She noted that being busy with school kept her from keeping up an exercise routine, eating well, and from maintaining relationships with friends. She felt like she was losing herself in her clinical work because she wasn't matching up in clinical skills to other people in her internship and feeling subpar because she was still developing as a clinician.

> I feel like your PhD kind of just eats your soul. Which sounds horrible, but I don't really know what I like anymore, 'cause I haven't had time to do the things that I like. I don't know what life outside of school is like anymore…maybe because I let it consume me so much.

In the last year, she said she has been working towards putting more self-care in her routine, and planning coffee dates with friends, taking weekends off and so on.

Storying the Person Behind the Crime

Having worked with both perpetrators and survivors of sexual assault, Barbara said she has had the chance to see trauma from both sides, and this has shaped her in a big way. She realized from her work with perpetrators that they are not bad people. When working with perpetrators she separates the person from the behaviour, acknowledging that what they did was bad, but they are not bad people. When working with survivors, she fully acknowledges that what happened to them was wrong and does not separate the person from the perpetrator's behaviour in any way because it is healthy for them to be able to express their anger and see the perpetrator as the bad person. She can empathize fully and allow them to feel whatever they feel.

Trying to understand better what Barbara's draw was to work with sex offenders, she told me that it fascinated her in a weird way. Despite the horrendous things they did, there was still an

"element of curiosity" there for her. She wonders how they came to do the things that they did. Working with sex offenders, Barbara also recognized that the general public hates them.

> It's beyond hate. There's not a word worse than hate, but just detest, despise, think they need to be hung up by their toes on a stake and burnt alive. [The general public] just want horrific things to happen to these people.

Recalling that when she started working at a centre that treated survivors of sexual assault, the other counsellors were shocked that she worked with perpetrators. She noted that they saw the perpetrators as "the bad people." Meeting with perpetrators, she said she saw "really good stuff" in them. She saw where the hate came from and shuts that part off when meeting them. She can understand and accept their feelings, seeing them as people and not just their offences. Barbara remarked that when she first began working in jail she met the person before she knew about their crime, so she easily sees good qualities in each of them.

Barbara differentiates between perpetrators, explaining that some of them have experienced trauma themselves and some have not.

> It's really interesting because you have a pocket of people that are just assholes. Right? They're just antisocial or psychopathic, and they're just jerks. And there's absolutely no rhyme or reason why they did what they did…then you have a pocket that have been horrendously abused.

Remarking that many of the offenders used their horrendous life experiences to justify their terrible actions, she is struck by how they get caught up in the past. She takes the approach of shutting down the idea that trauma caused them to offend, telling them it was a choice; that they have control over their behaviours. To her, it is important to heal from trauma but to not use

trauma to justify the further perpetration of trauma. She believes perpetrators need to feel in control of their behaviours so they can act in more appropriate and less harmful ways.

As I hear her distinguish between these two types of people, the idea of being "born evil" doesn't fit with my worldview. Having not had the experience of working with clients who are psychopaths, I can't say whether I would make the same distinction.

She described having empathy for clients who experienced trauma and became perpetrators, individuals she describes as "starved for love" and not getting what they needed growing up. She remarked that she doesn't condone what they did because there are many people with stories like this that don't offend, and she doesn't see their offending as causally related to the trauma. She strongly adheres to the belief that the "behaviour is good or bad…person is not good or bad." She believes people should be punished for bad behaviour, and sexually offending is inexcusable and a choice. Noting that many people in forensics do not agree with her on this, she said she has had backlash when attending a workshop where some clinicians argued for trauma and addiction as vulnerability factors that cannot be dismissed in the context of crime. Barbara agrees with this, acknowledging contributing factors to behaviour but ultimately, remains firm in her stance that the behaviour is within a person's control.

> Sometimes I feel like sexual abuse is worse than killing somebody in a way. It's not, according to our law, but the ramifications of what people have to deal with, for that person [are] huge…I think I have a really rigid view of right and wrong when it comes to sexual abuse.

However, she thinks back to the huge changes she has seen when she first met offenders and when they left the treatment facility for adolescent sex offenders. "At first, they're really messed up, but then eventually you start to see who they are." She had more difficulty having

empathy for perpetrators who committed crimes with no apparent reason, referencing individuals with antisocial behaviours.

I agree with her that many people do have stories of trauma that do not commit crime. However, it is hard for me to imagine that the crimes would be committed without any trauma in their history, and while trauma is not the deciding factor, it is often present. I also think of how much easier it would be to have empathy for clients who have a clear story of what led them to do what they did. I think of how clients who do not have coherent stories, or do not have the awareness or ability to share those stories, might be seen as evil.

Seeing the World Differently

> As much as we are taught about vicarious trauma, and as much as…you know we're taught to be careful about all that kind of stuff, there's still very much that [belief that] it's not going to happen to me. I don't want to let it happen to me kind of thing.

After working with sex offenders for four and a half years, she said she looks at the world and people differently. One example of this involves how she views children. She shared how she hates when people put photos of their kids in bathtubs on Facebook because it is "kiddie porn."

I'll look at a kid

I don't see them how I used to see them

I work with so many people that assault kids

Every once in a while

You see a kid

How is that sexualized?

You just see them through a different filter

Kids used to be so-

They were not sex objects at all

They were kids

There was an innocence to them

Now you look at a kid

How does somebody find that attractive?

Weirds me out

I look at parks and playgrounds

I don't look at them the same

I hear the confusion and disgust in her voice at trying to wrap her head around offenders who sexually assault children. I start to understand why she keeps up a professional profile when working in jail, and why attempting to keep herself separate is important in the work she does because some of it is so heart wrenching. Regardless, I'm hearing that she is still affected by the work she does, and it filters into her personal life.

"I've just seen way more of the world, in terms of what people can do to each other."

As she says this, I think of the innocent, young Barbara who was unaware of mental illness and saw her town as a safe place growing up. I think of what a far cry this is from her upbringing where she described not knowing much about the world and seeing her parents as all knowing. I now understand why she wishes she could go back to the life before she knew about trauma and mental health. I can't help but think that the beliefs about the world she once envisioned have been drastically changed by the work she does.

Barbara doesn't like her reactions to how she sees children now. Her first reaction when seeing parents' pictures of children posted on Facebook is to tell people not to post it. Her frame

of reference is to worry that people are using these pictures as child porn, and she sees them through this lens of being sexualized objects instead of just children. She doesn't like that she sees them that way but struggles not to given the work she does. She noted that she did not bring up issues such as this, and other instances of being affected by her clients in supervision or with peers, unless she felt like it was impacting the care she was providing to her clients. She shared worries about being pathologized for her reactions, further preventing her from disclosing them.

Wondering how Barbara continues to feel safe when she hears so many stories that suggest it is otherwise, she noted that she tries to think realistically and remembers that horrific things generally are committed by people that you know, so keeping her sphere of influence to people and activities that are safe helps her feel more at ease.

> I do safe things, I try to keep safe…you try to block it out too I think, or just be realistic and not like let it like get into, "nothing's safe anymore." I'm probably way more paranoid about…watching the street and being aware of people and where they are. I don't like people walking behind me, I like to keep everyone in front of me. So, there's things I do to try to control that. And realistically, I can't go through my life feeling unsafe all the time. Just because I know bad things happen and horrific things happen, generally it happens to people that they know.

Seeing trauma from all sides and having been able to work with both offenders and perpetrators of sexual assault, Barbara shared what she has learned from this. "People are horrible. I think it just…it breaks that little childhood bubble of the world is a safe place. The world is a just place."

Sharing an example of working with a man who was a rampant sex offender for over 60 years, and then came to jail and continued to offend there, she told me he had a really positive

thing happen to him that many other people would wish would happen to them, such as attaining a large prize. She said when she sees this type of thing happen, the "just world hypothesis" gets thrown out the window. Barbara notes that the world is not fair, and she reminds herself that she only has control over herself and what she puts out into the world, but she doesn't always have control over what she gets back from the world.

> When you have the just world hypothesis… The world is a just place. Bad things are happening to me; therefore I must have done or must be bad. For me, it's healthier to say, no the world is not just. It's shitty. It's not just. Because then I can still be a good person, and not at fault. Or not 100% at fault when things don't go my way.

Trying to differentiate where the good and bad fall, she remarked that there are "people who want to be good and do bad things, and then there are people who don't give two shits and do bad things." Asking Barbara how she decides who is a good person who may have a traumatic past, versus someone who was born bad, she remarked that it is subjective, and she tries to go in with the idea that there is good in everyone. Speaking to a gut feeling that she has when meeting a psychopath, she also looks to what they say, how they act, and how they talk about other people. She noted it is hard to be accurate, and she does make mistakes. She gave an example of a client she thought was a psychopath. After doing some interviews with him, she eventually found out that he was actually on the Autistic spectrum. Recognizing this as an error on her part, she generally tries to have a rolling conceptualization of what is happening for the client, so that she is open to other possibilities of what might be happening. When she found out her client was on the Autistic spectrum, the therapy became much more pleasant, and it shifted from "I won't" to "I can't." There was a lot more she felt she could do with this person, and the focus changed to behaviour management, as opposed to feeling annoyed and intolerant.

She remarked that she does get taken advantage of and doesn't always judge it correctly. She recalls working with one man whom she wrote a letter for to help him get money for social assistance. He came back pretty quickly having spent that money on drugs and bragged about it. Working with clients who take advantage of her kindness, she has learned to take a skeptical attitude towards offenders, noting that it's part of her job because a good chunk of them lie and manipulate. She knows that the motives of offenders to get help is sometimes to please their parole officer or make it look good on their record, and she uses her gut and other variables to gauge this. However, she does try to look for the good in her clients and build their strengths because she believes that doing so will reduce their chances of reoffending. She is aware her views of people seeking help is probably skewed from working with offenders so much. Despite having good and bad clients, she still enjoys working with some clients who are not good people and looks for the good in them even if they prove her wrong.

Reminded of all the conversations around self-care and prevention of vicarious trauma within courses I've taken, I ask Barbara what early signs would be that she attends to and how would she know if she was experiencing vicarious trauma.

> I think I put my little blinders on to be honest when it comes to this kind of stuff. Cause all of this stuff is important stuff to be talking about in supervision, and it's important stuff to be processing and discussing. And I don't do this as much as I should. Guaranteed…how I view kids totally changed. Right? 100%. That's vicarious trauma.

Barbara acknowledges that she needs to find a better balance in her life. She noted that she doesn't know a lot of the signs of vicarious trauma, and that she should have a better understanding of them and when she is experiencing them. She remarked that the program preaches self-care over and over again, and yet they do not give the time and space to do it. She

remarked on “ignoring the signs because you have to get through it.” Used to putting herself second to her clients, as well as others in her life, she said she is mindful that her needs are sometimes important because if she doesn’t attend to them, it can impact her clients. She said she has been working hard towards making this life change.

Chapter 6: Jennifer's Narrative Account

I first met Jennifer a few years prior to starting this study. I spoke with her on a few occasions at a community clinic, and over time we got to know each other, through conversations outside the clinic. We also spent some time together traveling to conferences. When she said she would take part in this study, I was very excited. She was always someone I admired and wanted to get to know better because she was very grounded, had a good sense of humour, and seemed to be less pressured by the competition that comes with being a graduate student than many others. I was curious to hear her stories.

Having had several of my first conversations at a clinic on campus with other participants and seeing that this set up a strange dynamic between the participants and me, I suggested meeting at my basement apartment. It was on a warm summer day in June that we had our first conversation, and Jennifer arrived a little bit early. We spent a few minutes chatting about how the summer had been going for each of us. As I took my seat on the couch, Jennifer said she preferred to sit on the floor because she was more comfortable there. I decided to join her, and we began our first conversation.

Born in the Midst of Ongoing Family Stories

Handing her a clipboard with some paper and a pencil, I explained the use of an annal to help share who the important people, places, and events were in her life that have brought her to where she is today. Jennifer started drawing an annal that was covered in pictures of the different places she lived over time. Sharing complex and layered stories of her family life with me, I was pleased that she felt safe enough to share both lighthearted and fun stories and stories that have been kept silent. While listening to these stories, I saw Jennifer get excited as she told me memories of her childhood. After each of these conversations, Jennifer commented how nice it

was to share these stories in detail: something she had never done before. I was pleased to be present to her unfolding story, and to get to know her in a deeper way.

Jennifer's story began before she was even born. While her life began in Canada, Jennifer was well aware of the many family stories that brought her to where she is today. Right away I noticed that Jennifer was awake to the many lives around her, as she recounted her family history and details of what happened before she was even born. While growing up, her parents told stories of living in the old country before coming to Canada as refugees. Her parents lit up when they talked about the old country, and these family stories were told over and over, up until this day when she visits home to have dinner with her family. As a child, she soaked up these stories, in awe that these were real things that happened. Jennifer herself lights up in telling me this, excited to be able to share her life with me.

Her parents fled from the old country as refugees. Her mum's family was very rich, and they owned a shoe store in her hometown, which was as popular and as well-known as Aldo here in Canada. The shoe store was named after her grandparents, so her family name was well known in the country. Despite their wealth and social status, they had to hide the money because they lived in a communist country, where they were not safe. Jennifer reflects on how "messed up" this was, commenting on how even when "you're doing well, you are living in fear." She vividly described her mum counting dinner tables full of cash, and her grandpa sleeping on a mattress with wads of money hidden underneath. When trying to flee the country, her mum was caught twice, noting that she was running with numerous gold bars, that she had to shed in order to run faster.

Coming to Canada was a mixed blessing. All the money her family had accumulated in the old country was spent to come to Canada, so they were very poor, and the contrast was

astonishing. It was a trade of wealth for safety. Living in small grungy apartments with no furniture, her Mum worked at McDonald's for three dollars an hour, they ate at soup kitchens, and she wore hand me down clothes. However, her whole family made it to Canada, save one sibling each on her mum and her dad's side.

Feeling Misunderstood

While both of Jennifer's parents were from the old country, they met here in Canada. Her mum was only 16 when she came to Canada and gave birth to Jennifer when she was still in her teens. Her parents were trying to build a future for the family and worked all the time. She was left to stay with her grandparents for the majority of her early years until age seven or so. As she started to become more acculturated, it was hard to relate to her grandparents who were more traditional. It was a difficult and confusing time for Jennifer, who missed her parents a lot. She cried a lot and was often scared and worried.

> I never knew when my parents were gonna come back…Sometimes they'd be late, and I remember I played this game with myself that if I count 20 cars, they'll be here by then, and then they wouldn't be there, and then I would count 20 more cars.

Attending an inner-city school with lots of other children of immigrants, she and the other kids did not speak very good English and were not very bright. Her English was quite poor at the time, because she was living with her grandparents who only spoke their native tongue and her parents were also just learning English at the time.

Jennifer has many memories of being picked on and being punished for her behaviour by teachers. She felt misunderstood by her teachers and did not feel like they empathized with her. Feeling that the way the kids and teachers treated her was very unfair and unjust, she let out her anger aggressively. Describing herself as a "big bully," she shared one incident in which she

punched a girl in the face during library hour for making fun of her reading level. Jennifer told this story with humour, and recalled this incident vividly, remarking how she felt the other kid "had it coming" because she was picking on her continuously over time. She felt powerful being able to do something about being bullied. Afterward, when she was approached by the teacher about the incident, she was unapologetic because she was so overcome with anger and feeling misunderstood. She developed some bitterness towards authority figures for not being able to take her point of view in situations like this. "I just remember not feeling bad…which is kind of scary for me to talk about now, cause I'm like oh my god, I was like a little psychopath in the making! But I was just so angry."

I think of how easily misunderstood Jennifer would be, not having the language skills to explain what was happening, and, at the same time, facing the difficulties she was experiencing at home. I think of myself at that age and how different I felt. I was very obedient and made sure to follow the rules. I also had the luxury of learning only one language and being raised by a stay at home mum. I was surrounded by my siblings and cousins, so I had company. I had many privileges that Jennifer did not have. Being the youngest of six, I did get teased quite a bit, and would often get angry. Looking back, it was healthy anger, but at the time they were labeled "tantrums." Luckily, I had my mum who was there to protect me. I think of how life might have been different, had I not had that support. I also wonder how Jennifer's life might have been different, had the teachers approached her differently.

It was only when she entered psychology in university that Jennifer was able to have a new frame of reference for understanding what was happening at this time. "It wasn't until I got into psychology and reading the DSM, you know…that I realized I'm pretty sure I had like major anxiety, like separation anxiety disorder." Despite the difficulties she had at this school,

Jennifer enjoyed school. When her parents told her they were moving to a new house and school, she was mortified because she had developed an attachment to this school and was comfortable there.

Forging her Identity

We upgraded

We got a house

We got like a *real* house

In a pretty ghetto area

It was big too

Seeing this house for the first time

I was like what?

This is *ours??*

My parents built it

Worked so hard

I couldn't believe it was ours

In grade three, she moved to a new neighbourhood called Caldwell and started going to a new school in a slightly wealthier area. She described this as a "huge awakening" because it was a "different culture." At the new school, there were many more Caucasian kids than at her previous school, and she was one of the few kids with her ethnic background. The kids spoke good English, and there were new rules of how to behave socially. Being at the new school felt like going from being "top dog" to being "bottom of the rank." At her previous school, visible minorities were the majority, and she knew the kids, understood how things worked socially, and she was on a similar level to the other kids academically. It was hard to adapt to these new rules,

and she laid low for a while to try to understand how things worked. All the kids knew one another since kindergarten, so she felt like an outcast. She started to associate with "the middle eastern kids."

Hanging out with the middle eastern kids

They had their own group

Hung out with each other

I somehow got into that group

They were kind of outcasts

I was kind of this outcast

We were the minority group

The white kids hung out together

I was an other

I naturally fell into that group

We didn't have that much in common

All the cool kids used to play soccer. Jennifer met her best friend, Kelly, when she was standing by the goal posts on the soccer field alone one day. She said Kelly and another friend named Erica approached her, and they became fast friends.

> They kind of took me under their wing, and got me into their crowd, and…like basically taught me English! And taught me the ways of the world, and I remember it being such a big deal cause my friend Kelly was bright. She was really, really smart…so when I became part of her peer group it was a big deal!

She looks back, recalling the main reason they became friends was because of her lack of English language skills. Kelly and Erica helped teach her English, which forged their friendship.

Joining the popular, smart kids who were into academics and well respected by their peers, she started trying harder at school. Her grades improved a lot, and she started making new friends, and found her "groove." She remembers starting to learn better English, and became "a high flyer", a program where you get special privileges when you do well. She said she stopped expressing her anger in destructive ways. She and her new friends lived within a few blocks of one another and spent a lot of time outside of school together. Jennifer no longer even thought about her old school, and how she used to be. That was all left behind.

> [It was] a big turning point in my life because I think it helps make up who I am today, and even though I'm super educated now, I feel like I'm pretty grounded and down to earth because I grew up [here].

Given that her time at Caldwell from grades three to six was such a significant point in time for her, I asked Jennifer if she would take me to her school. Excited by this idea, Jennifer picked me up in her car on a warm fall day. She agreed to drive, as it was a fair distance from where we both live today. We arrived after school hours, at 3:30 pm, and no kids were present, only the odd teacher who was still finishing up their work for the day. As we entered the main office, Jennifer introduced herself as a former student who wanted to show the school to me for a class project. The administrator told us that we would have to be escorted for a tour. A middle-aged Asian lady, wearing a bright patrol vest agreed to take us around. It seemed that she worked for the school as some kind of office aid or support staff. Moving room to room, she asked Jennifer questions, and gave her updates on what was happening in each room presently. The lady had also attended the school as a child, and was very vocal in leading the conversation, so I stood back and allowed Jennifer to share what she remembered. There was some sense of hurry

not to take up all of this woman's time. I decided that I would ask Jennifer more questions when we were outside and no longer in the presence of this woman.

As we walked the halls inside, Jennifer excitedly recalled the school song and mascot, remembering stories from each of the classrooms where she spent time. She was struck by how big she felt and how small the school felt now as an adult. The feeling was a familiar one that I have also had when I visited my elementary school as an adult, so I knew just what she was talking about.

Walking down a hall lined with school pictures, the three of us began a search for Jennifer in the mass of students in each picture listed by year. There were very few children who shared Jennifer's ethnicity at the school at that time, so we expected to find Jennifer easily. The lady noted that even now there were only three kids who shared Jennifer's ethnicity at the school to this day. As I scanned the photos, with tiny images of hundreds of children, I noticed more visible minorities than I expected from hearing Jennifer's stories. She reminds me that while there were several ethnic minorities, few of them shared her ethnic background. She pointed out many of the kids she remembered, giving the names as well as current updates on what they are doing now. She remains connected with many of them.

I begin to wonder what it was like for Jennifer to come in as a minority to this school with so few other students who have the same ethnicity. I recall Jennifer sharing that she is one of very few people in our program currently who have this particular ethnicity, and I think of how this part of her identity is constantly brought to the forefront in every new situation. I think back to my elementary school where the school population was quite diverse, with a large number of kids belonging to Jennifer's ethnic group that I was friends with. However, no one shared my particular set of characteristics, and I was continuously asked where I was from. I

recall proudly telling people I was "half Finnish and half Indian." It made me feel quite special to have a mix that I never would come across in others. I also always felt more comfortable with the kids who had varied cultural backgrounds, and I never thought too much about it at the time, perhaps because the majority in my school was made up of diverse ethnicities. If I think back now, it makes sense to me that there was some shared identity that bonded us. Wondering how Jennifer started to understand what it meant to be a visible minority, while at this school and how she started to negotiate her ethnic background, I ask her about her minority status and how it has shaped her views of herself and others.

As she reads over her story, Jennifer realizes that her transition to Caldwell was the first time in which she was confronted with being a visible minority. At the inner-city school, all the kids were minorities, and she easily fit in. At Caldwell, she not only became aware that she was different because she was a minority, but she became aware of how others perceived her as different. "Kids would say things that point out that you are not white, and that just carries on throughout your life." She recalls being self-conscious about what she brought for lunch, because her mum would make homemade lunches that the other kids would look at with disgust, while the other Caucasian kids would eat "Lunchables." She wanted nothing more than to get Lunchables because that would make her "normal." Jennifer thinks about her attempts to avoid standing out, commenting, "I didn't want to take up too much white space." She remarks that she still gets jokes about her ethnicity to this day and remains aware of the space she takes up. Furthermore, coming to Caldwell made her realize that being an ethnic minority not only went along with being different, it also went along with being poor.

After our tour of the school, we went outside to the back of the school. She pointed to her house, which was a visible distance from the soccer field. Her mum would call her from the back

doorstep to come home. As we approached the soccer field, Jennifer began to have memories. This was a place where she not only met her friends Kelly and Erica, she also played soccer, and spent time after school there. There used to be a big brown portable classroom between the soccer field and the school, giving a sense of privacy so they weren't watched. There is now a wide gaping space of green grass where the portable once was, and Jennifer remarks how weird it is that the portable is no longer there.

Despite it mostly being boys who played soccer, she said she always played. Even after becoming friends with Kelly and Erica and some of the white kids, she still played on the team made up of "ethnic kids."

I was friends with all the outcasts

Sometimes it would be like four on 10

Like the four ethnic kids

And then the white kids

Us and then everyone else

It was so unfair

Where you pick teams

It was just go where you want

Kind of this rivalry

Even though we were friendly

And Kelly

She used to just switch teams

It was so whatever for her

For me

I always played on that team

Even though we lost

We sucked

And they were never that nice to me

But I felt like I identified with them more

Puzzled as to why she remained loyal to those she named "ethnic kids" or "outcasts," Jennifer became awake to the divide in ethnicity and how unjust it was as she shared this with me. Despite becoming friends with mostly white kids at school, part of her still identified with the kids of different backgrounds. She also shared that there was one white kid, named James, who also played on the team of ethnic kids. She said he fit in with them because he was a very good soccer player, from a low-income family, and had anger issues.

As I hear this, I wonder what it meant for her at that time to be an ethnic minority and if and how that has shifted since then. As an ethnic minority myself, I felt a sense of belonging with kids of different backgrounds. In other contexts, such as at home, I noticed that I was different. Having darker hair and skin than my siblings who had white skin and green eyes, I felt very different because I was told that I looked more Indian. Wondering how Jennifer started to negotiate her identity and understand how race, behaviour, wealth and social status were connected, I ask her how she started to negotiate her identity.

Looking back on these experiences, Jennifer remarks on how playing on the team of ethnic minorities felt natural and was not done consciously. She said her time at Caldwell was an opportunity for her to learn about the fluidity of race and friendship and how none of it really matters. Unconsciously she probably identified with the minority group and felt a sense of belonging and loyalty there, but she said she is the type of person to move in and out and around

freely through different groups, regardless of race, class, social status, etc. This started at Caldwell and carried forward up until today.

After befriending Kelly, possibilities started to emerge. “Oh, I can be smart, and like all these things too.” She also seemed to see the possibility of being friends with both “ethnic kids” and “white kids,” noting, “I feel like I’m friends with everyone.” Carrying this forward, she says this is true for her even today. The foundation of who she is today was built here. She looks back on herself with pride, thinking of how she liked herself when she was a kid.

Walking to her old house, which was down the street from her school, she recalled this being a happy time at home for her as well. Her mum was in a job she enjoyed and had less stress of taking care of a young child. She spent more time with her parents, and they started to bond more by going to movies, and also spending time with her extended family.

Issues with her family seemed to dissipate when she moved to Caldwell, and I think of all the stressors that were no longer present, such as money, language, and job security.

Jennifer is still friends with Kelly, and though she doesn’t see her that often, they are “bonded by that sense of time and history” and when they see each other, they just “pick up where [they] left off.”

I think of how much Jennifer learned from her peers and how few adult role models she had that shaped who she is today. I think back to myself at that age, and the most significant people were my parents, my soccer coach, and my teachers.

Finding a Supportive Environment

> I like that I can be that person who listens to them and actually hears them out and stuff. Cause I wanna be what I needed, you know? And I feel like I needed that, and I didn’t get that.

In grade six, Jennifer participated in an afterschool program for young girls, for a few months. Run by two teenage girls, they learned to cook and do crafts, and spent time with her friends. She loved it. She remembers these girls as positive influences.

One day after school, she and some of her friends decided to play spin the bottle on the soccer field. A few of the kids, including Jennifer, kissed some boys. They were excited at first, but she immediately felt bad about it afterward. Jennifer admits, she just did it because her friends were doing it. Her teacher, Ms. Dunn found out about it, and "freaked out" saying it was very inappropriate. Feeling bad to begin with, the reaction from Ms. Dunn made her feel even worse.

Bringing up the issue in the afterschool program, the leaders responded calmly and suggested telling the teacher what they shared at the afterschool program– that they did it and felt bad about it. She said their advice and calm response really made her feel supported, rather than ashamed. She appreciated that they didn't overreact, and instead responded calmly. She said the issue resolved after that. Looking back on that experience now, she thinks about what an overreaction the teacher had, and how normal it is for kids to experiment and kiss.

Receiving both helpful and unhelpful responses from authority figures as a child taught Jennifer how to empower others and reinforced how important it is to feel understood. This is an important piece in the work she does today. Knowing how important that environmental piece is for a child, she wants to be a part of an environment that supports kids. As Jennifer grew older, she ended up working for the city as a leader in one of these after school programs very similar to the one she attended.

Reflecting on her time at Caldwell now, she attributes her early years as influential in shaping her theoretical orientation in counselling. Jennifer focuses on the environment and takes a systems perspective in her counselling work.

> I was the same kid, but when you put me in an inner-city school where kids were mean to me, and I wasn't being challenged, and then you bring me into a different environment, where I was being challenged and I'm with kids who are strong…it completely shifted…I don't feel like I was ever a bad kid, I just had shitty situations. And I think that makes me able to empathize with people and like clients…and also my theoretical view of when I do counselling. I think it's…not a personal problem, but like…the environment fosters and shapes you.

Reflecting back on her time in Caldwell, Jennifer believes that these were formative years in making up who she is today.

Getting Along with Everybody

After finishing grade six, Jennifer attended junior high with all her friends from her elementary school in Caldwell. She said she loved it, even though many of the kids were doing a lot of drugs and there was a lot of violence. "Kids were stoned in class all the time and it was so weird because here, I was like a goodie goodie! I was like the nerd here. It's so weird to me, how my life progressed."

Again, she is perceived differently in this context, and I start to wonder how being perceived differently depending on the environment has shaped the way she understands herself and others, and what possibilities this creates for how she can be.

Jennifer indicated that a shift occurred here both because the environment changed, and she herself was changing and getting smarter. Depending on how she was perceived by others,

she said she took on that identity more. Recalling that before Caldwell, she was punching kids in the face and acting out, which led her to believe she was a bad kid and adopted that role. In junior high, kids were trying to cheat by looking at her work, which told her that she was a smart kid. Adopting this new identity, she recalled that one day the teacher left the class because they were misbehaving. She chose to take the teacher's notes and continue the lesson. Jennifer had a drive to learn and embraced the "nerd" identity because others saw her this way.

Kids would come to class stoned

We drove three substitute teachers out

On stress leave

They were not good kids

But they were my friends! You know?

I kinda got along with everybody

I tried to help kids here

When Jennifer says this, I feel a resonance with what I know of her. I have witnessed that she does get along with everyone.

One guy was a heavy smoker

In French class

He approached me for help

I was trying to get him to quit smoking

K, let's make a contract

If he smoked he'd pay me a dollar or something

He signed it

My first intervention

It did not work because he still smoked

I never got any money

This could be something

Maybe I can like help people

But I didn't really know what that was

It strikes me that Jennifer's interest in working with kids is firmly rooted in her personal experiences. I hear her make sense of what brought her into studying counselling, and I start to wonder what her hopes are for kids like the ones she stories from her school days.

While her time in junior high school was a lot of fun and she got along with everyone, Jennifer started to think about where her life was heading at this time. Her parents were encouraging her to go to an academic high school, and she was starting to think about going to university. Recognizing that she wasn't being challenged, she remembers trying to think "smart" and make a good decision for herself. She shares an event that helped make this difficult choice.

One time I was standing here

Waiting for the bus

Like any normal day

With the rest of my friends

One of my friends

The guy I tried to get to stop smoking

Pulls a dagger out of his backpack

Starts chasing another guy with it

Not for fun

He was going to stab him

Holy shit!

I know him!

Yeah, he's made some questionable choices

But he's a good guy

I wouldn't say he's a bad person

I had an epiphany

"You have to get out of here"

Jennifer remarked that seeing her classmate with the dagger did not make her fear for her safety. Fighting was common at her school, and people would get together to watch the fights in the parking lot. It was scary, but not surprising that this happened. She realized in seeing this that there was a risk of becoming desensitized to the violence, and that was not good. Eventually, she expected she would get pulled into it, which is why she decided she needed to get out of there. She eventually made the difficult decision to leave her friends and go to an academic high school where she knew no one.

When Jennifer first talks about going to an academic high school, I have a hard time understanding what she means because we didn't differentiate academic and regular schools where I grew up. As she shares the content of what she learned at her academic high school, I start to realize that the school I went to was likely matching the same criteria. This is something I always took for granted, and never even thought about. A majority of the kids I went to school with went on to university, and it was something I knew from a young age that I was on the path to do. It was not an "if" but a "when." I recognize my own privilege as I start to understand this. I grew up hearing family stories of going to university from both parents, as well as my grandparents who are both doctors. My elder brothers also took the path of becoming doctors,

so there was a well-trod path ahead of me, even though it wasn't something I always planned to do. What a difficult decision this must have been to make. I think of myself at that time and how important friends were. I also recognize how much Jennifer learned from her friends (language, social skills, etc.), and appreciate how difficult this must have been to leave behind.

Asking Jennifer where she got the motivation to go to university, she tells me that because her parents didn't go to university and she was aware they had sacrificed a lot for her to have this privilege, it was even more motivating to do it. Education was always seen as important when she was growing up. She was aware that if she went to the feeder school, she might not go to university because the feeder school was similar to her junior high, where she would be one of the smartest kids and there was violence and stressed out teachers. She looks back with pride at her decision to go to an academic school across town.

Finding Personal Connections to Trauma Work

Starting at her new high school was similar to when she started grade three in Caldwell. Half the kids were white, and half of the kids shared her ethnic background. However, she was in the academic stream, which was primarily composed of kids who were white. The socio-economic status was even higher than at Caldwell, and she had no friends. Again, she made friends with the "outcasts" who were kids that came from other schools and didn't know anyone. It took some time to really get settled here and make good friends. When she did, she described herself as a "floater" who made friends with everyone. Similar to her time at Caldwell, she felt at home with the kids who were of the same ethnic background, but remarks that by this point, most of her close friends were white because she felt she had more in common with them and felt challenged by them.

Having recently gone to her high school reunion, she shares that she was a floater at the party. Able to get along with people from all the different social groups, she moved from group to group for the entire night. She is proud of her ability to do this and likes that she can get along with everyone.

I am reminded of the start to the PhD program, where I recognized the increase in socioeconomic status, lack of ethnic diversity, and how privileged everyone was in the program. To me, it seemed that many did not acknowledge how privileged they were, and Jennifer agrees. I felt that they behaved as though they had never had any difficulties in life. I did not feel like I fit in with these people, and we seemed to have little common ground.

Jennifer shares that by this point, she has navigated many spaces like the one in the PhD program, and her race is less at the forefront of her experience. She acknowledges her privilege and sees the privilege of those around her and this allows her to stay grounded. Given that she now is at an education level that is much higher, and she feels smart, she moves in spaces like this with confidence because she knows how they work, and trusts that she will be able to figure it out if she doesn't understand what is happening.

Adding to the difficulty adjusting at a new school, she also went through a painful break up with her boyfriend of two years, who she met in junior high.

It was a really bad break up

He was really lovely

But he really wanted to have sex

I was not ready for it

I was 16

It just didn't feel right

He would really push it

I label it now as extremely coercive

I didn't see it then

I'm so proud of myself

There were times where I had to push him away

Physically

"This is not how it's supposed to go down"

"I am saying no!"

He became really upset

To the point where he was demanding that it happen

Otherwise he would leave me

"This is the next stage of our relationship"

"If you actually loved me…"

If that's the way you feel, then we have to break up

I was so heartbroken

She remarks how difficult this experience was and how confused she was at the time. However, by grade 11 she had "found her groove" again. She decided she wanted to have a good high school experience, and joined teams and clubs, and made a few close friends. She saw Kelly and her other friends from elementary school rarely, as they lived far away and went to the feeder school. However, when she started university, she learned to drive, so she reconnected with them again.

Starting university, she decided to major in Psychology. Thinking about studying counselling for grad school, she decided to get some volunteer experience, and began

volunteering at the sexual assault centre. She laughs commenting that she chose the sexual assault centre because the distress line involved a night shift and she didn't want to do that. She said she knew nothing about sexual assault. As soon as she got involved, she discovered feminism and a new group of people that were all passionate about activism and the issue of sexual assault. Jennifer understands feminism as acknowledging the inequality between genders and appreciating the gravity of the problem of sexual assault and mistreatment towards women. It means taking action to alleviate this problem. Feeling as though she "found her calling," she joined the education team and began informing others about what a big issue sexual assault is, the rate at which it occurs, and the impact it has on people.

It was only though learning all the different tactics used by perpetrators that she was able to label the experience with her high school boyfriend as coercive. Recalling the line he used, "if you loved me you would," she recognized how manipulative it was. It was shocking to learn this. "It was kind of like…someone telling you, you have a disease for the first time, but apparently you've had it forever. I also identify as one of these statistics."

Labelling that experience validated that she was right to trust her gut, and it is a problem for individuals and society. She looks back now with pride at her ability to think straight, make a good decision, and recognize that this is not what a good relationship is, even at such a young age. She started to feel angry towards her ex-boyfriend, and the education system for not teaching her what healthy relationships should look like and what she should do in a situation like this.

Learning more about what sexual assault looks like, she started to call up other experiences from high school she experienced of stalking and forced physical contact. She never thought to tell anyone, and, at the time, she chalked it up to something that just happened, and it

wasn't that big of a deal. She now labels it as sexual assault, and no longer sees it as a normal thing that happens. Channeling her anger in a positive direction, she makes it her mission to engage in activism, educate, and prevent this from happening. She sees naming sexual assault as instrumental to recovery in trauma. Jennifer recognizes sexual assault as a social issue, so trauma work means working on an individual as well as societal level.

Her earliest encounters with trauma as a professional happened when volunteering at the sexual assault centre. From her experience as a volunteer, she recalls one girl who was recently sexually assaulted that came into the centre with her friend.

She was devastated

Just crying

Shaken up

As if it just happened

This is a big deal

I walked with them to protective services

Sat through the whole reporting process with her

She had to share her story, what happened

It was on campus

He was a student

I felt so badly

She went through this horrible thing

Had to go through this process

Relive it all again

Then not be really sure

If anything will happen

I remember saying bye to her

That really sucks

She's carrying that with her

No one will ever see that

Hearing these encounters first hand, she was surprised this was happening on "MY campus," to her friends and students. It felt very close to home. Only a year after naming her own experience with her ex-boyfriend as sexual coercion, and now heavily involved in the issue of sexual assault, Jennifer found out that her mum was raped by someone in her family, when her mum was much younger. Jennifer had been on her way to an event for the sexual assault centre, and her mum had been really upset that day, and had been riling up and eventually exploded into sharing, "I am the way I am, because this happened." Hearing that she had been raped, "blew [her] mind out of the water." Jennifer was outraged to find this out and that it was done by another member of her family. Everyone on her mum's side of the family had swept it under the rug, and for this reason her family was torn apart, and not close anymore.

All of these things that happened

It just made so much sense

Why she did what she did

Why she acted the way she acted

It made me angry

Who was she before this?

It made me feel for my mum more

Made me so angry

Why my passion for sexual violence advocacy is *so huge*

It was already big before any of this

To have my own personal–

And then family

Ripped apart

From something that happened

I'm meant to do this work

Because of all these experiences

Learning that this happened made her commitment to advocacy, activism, and prevention in the area of sexual assault even stronger. "It definitely drives my act in this social justice piece. But then also my counselling and also my research, and it definitely shapes, it shapes everything I do." She explains all of these events coming together as a result of being guided by something bigger than herself, something she has a hard time putting words to. "If we drew…if this map was everything that ever happened to me…this is weird energy. Everything just connects. It's so weird."

I went into counselling

Because of my mum

Grew up seeing her

Act differently

Not knowing what to do

Knowing something is wrong mentally

Didn't have the words for it

No one talked about it

I learned about what psychology was

This will be my way of helping other people

Through similar experiences

But also be my way to learn

My journey through grad school

Has been all these experiences of labeling

Label a lot of things

Learn as a counsellor

But also learn so much about myself

And what has gone on

I think of myself and the similar labeling process I went through in grad school, and how much relief it felt to know that these experiences were common to others. At the same time, I think of the isolating quality of labeling and how limiting it can be, and how we can get stuck in certain storylines when we hold too tightly to them. I think back to the first article I read upon entering grad school, which was Maeder's "Wounded Healers." Reading this article put words to some of my experiences growing up. I learned about "parentification" and now had a word to understand how my parents leaned on me for emotional support. Labeling it helped validate and normalize my experience because others also experienced it, especially in the counselling profession. It gave a frame of reference as to why I struggled so much with my own mental health, and had trouble meeting my own needs and seeking out help. It brought up a lot of unresolved issues for me and gave a starting point from which to work on them. I started to learn about boundaries, and how I could begin to shift the relationship I had with my parents, which was not easy work.

Jennifer shared that going through the labeling process and putting words to her experience likewise validated that what happened was a real issue, and helped her learn about herself and her family. This brought about healing, growth, and she saw this trickle down to her work with clients because she understood it on an experiential, personal level. She started to look back on her life, and how differently it all could have gone, had some key decisions not been made, such as moving to Caldwell, attending the academic high school, and breaking up with her boyfriend. It is scary for her to think about what a different person she could have turned out to be had she not pulled from that strength that allowed her to make wise decisions. Understanding what she went through has brought about a lot more insight for Jennifer.

A dilemma arises for Jennifer, as she tries to be helpful to her Mum.

> I always try to help her, but I guess I never really understood her, and she just gets mad cause I don't understand her but I'm trying to help her…I'm currently at the point where I've collected a lot of these pieces, and I do understand. I feel like I do understand, but she will never feel like I understand…I feel like I have the tool box to fix this thing, but it won't let me be fixed. So, what do I do?

As Jennifer comments on not being able to fix the past and what happened to her mum, I feel her frustration. I also think of Jennifer's commitment to ensure people are understood because she knows what it feels like to be misunderstood. It must be painful for her to not be able to offer that up to her mum. I'm reminded of my experiences with some family members. In particular, during the beginning of grad school, when I started to understand and name struggles some of my family members experienced, and identified what would be helpful, it was very hard to hold back this knowledge. I also felt a huge weight of responsibility to help one of them in particular, and the helplessness at not being able to do so as a child. I recall vividly

learning that it was not my responsibility to fix her, and how liberating this was. There are still moments I get stuck under the pressure of the "fix it" mindset with clients, and it is moments like these where I start to take on more responsibility than the client. Having felt that responsibility growing up, it is hard to know where my role ends.

Jennifer tells me that her approach with her clients as a counsellor looks different than her approach with her Mum. She says that with her clients, she doesn't try to fix them, but because she is so close to the situation with her Mum, she just wants it to be better and knows she can't do therapy, so she thinks, "how can I fix this?"

> Now I've just accepted I can't help my family, I just really have to help other people. But for me, it's just about helping and understanding what's going on and that has to be enough. But I'm pretty certain my mum has borderline personality disorder, and it makes so much more sense to me.

How does she draw the line of "enough"? Having been in a role of helping for a long time before coming into counselling, knowing when is "enough" has always been a hard line to draw for myself. I think of moments in supervision when I've been told that I was working much harder than my clients. Teasing apart what I am responsible for versus what my client is responsible for has always been a challenge especially since I rarely work from a protocol or worksheet. I think of how much more impactful our work is when we are personally invested, and at the same time, it makes the boundaries blurry.

Jennifer said that when she has to fight for something really hard, and it takes up all her energy, and she sees no benefit for herself, this is the point at which she takes a step back and looks at whether she is doing enough. Having been to therapy for help around how she can support her mum, she said her counsellor talked to her about "acceptance." Learning that doing

nothing was in itself doing something, she started to learn that by trying to fix her Mum, she was wasting energy, and was only hurting herself. From this, she learned to set boundaries in various aspects of her life, including school work. “If it’s taking more out of me, and I’m not benefitting, then it’s too much and I have to scale back.”

In speaking about her counselling practice, she shares an understanding for people who experience interpersonal trauma, as a consequence of growing up with her mum.

> When people…come in with some kind of interpersonal violence and they’re upset and angry, or they’re confused…those feelings are very similar and so I can really empathize with where they are coming from. I think that adds to the humanness of me.

Jennifer emphasizes the importance of working collaboratively with clients, human to human before anything else. Acknowledging experiences of sexual assault in her own life reminds her that trauma affects everyone and has reinforced her commitment to the work.

Hearing Multiple Tellings of the Same Family Story

After finishing her undergraduate degree, Jennifer went on a trip to the old country for the first time to visit some of the places she had heard so much about as she grew up. Going to the old country was very emotional and different than she envisioned.

> It’s like when you’re reading a book and there’s no pictures…then they make a film about it, and then you watch it, and you’re like, this isn’t how I imagined it…or you’re mad cause this isn’t how it was *told*, so you see this different angle to it.

She visited with her uncle on her mum’s side who lives there. He had not been able to join the rest of his siblings in fleeing the old country because he was married with kids. He was known as the “one who was left behind.” One place Jennifer most wanted to visit was the shoe store that was owned and named after her grandparents. It had previously been her grandparents’

house. Her grandparents had since passed away, and the shoe store was sold by her uncle. Selling the store had created tension in the family because the shoe store held great significance for the whole family. Jennifer awakened to why the store was so significant for her family on this trip. It represented her grandparents' lives and so much hard work. Selling the store wasn't just selling a business, it was like erasing her grandparents' memory because it was the one thing they left behind. When she asked her uncle to take her to the shoe store, he agreed to drive her on his scooter to the end of the street and said she could walk on her own from there, pointing in the direction she needed to go. Her uncle told her that he never goes down that street, because it is too painful for him to walk by the store.

Standing in front of the shoe store brought up a rollercoaster of emotions for Jennifer. Thinking about all the happy memories made by her family in the past, it also reminded her of the sad current situation of her family being torn apart back home in Canada.

I think about the distance between Jennifer's family and her extended family in Canada, and the silence around her mum's sexual assault. It brings up the silence in my family around my aunt's mental illness, and lack of acknowledgement by various family members. There was little conversation about my aunt and what she was going through, how she developed schizophrenia, and what possibilities there were for her future. My grandparents in particular did not ever name it, and on visits to India with her, would take her off her medication. I have never had conversations with them about her illness, but I suspect they had a very hard time acknowledging she was ill because it brought great shame on the family. I think about the silence and neglect of my aunt and how this influenced my own understanding of mental illness. My aunt's illness set the benchmark for what mental illness looked like early on in my life and led me to believe that it is not ok to talk about, and it is shameful to be mentally ill.

Asking Jennifer how the silence around her mum's mental health shapes and affects her, she tells me about how she was aware of the stigma around sexual assault even before learning her mum was sexually assaulted. Seeing her own family torn apart as a result of this, she understands why there is so much silence around sexual assault. She recognizes how complex it is and this motivates her in her work.

> It honestly pushes me to want to do more. Knowing I can't impact it on an individual level, but this is so much bigger than me, so I need to impact it on a bigger level. I accept that this is the way it is here. I refuse to accept this is the way it is for the world.

I'm also reminded of my own visit to India which I did with my family a few years ago, where I saw firsthand the places my dad had told me about in elaborate detail through stories I heard as a child. Visiting the many schools he attended, I saw many new perspectives to the stories he told. One particular place that I saw was the boarding school he was sent to when he was eight years old. A school that was many hours from his hometown and located in the Himalayas. My dad shared exciting stories of trying to escape, his pockets lined with cornflakes, encouraging other kids to join him. The stories were always told with great humour and excitement. When I arrived at the school with my parents, my grandparents decided not to join. I wondered if there were feelings of guilt for sending him there at such a young age.

In the car, as we drove the winding roads up the mountain to where my dad was sent, my grandma shared with me that when she was younger, she had no idea what to do with my dad. He was such a troublemaker. She shared how she would put him into a grocery room, a "room without air" when he was bad. I felt sick hearing this, another reminder of how cruel my grandma could be, which added to the many other stories I heard growing up from my dad. Then, surprised, I saw her tearing up, and she shared that she didn't know what to do with him.

He was such a difficult kid. I started to see her differently and understand that she felt a great amount of guilt for how she treated him. I saw some humanity in her. I thought seeing the school in person would be exciting and match the descriptions my dad gave in his stories. Instead, seeing the school in person brought up great sadness for me as I watched my dad walk the barren playground without words. I recall the voice of my mother as we peered into empty classrooms and the deserted grounds of the school, "who sends their child here?" I shared these stories with Jennifer, who recalled more memories of her visit to the old country and continues to learn new stories of the events she was told.

After visiting the shoe store, Jennifer spoke with her uncle and learned his story. Hearing his dreams of dedicating a monument to her grandparents, she started to see how much he missed them and loved them. He obviously still struggled with having sold the store. The stories she heard before this were only from her mum's perspective, and her uncle was left out of the story. Learning multiple stories of the same event, from the people who lived it, she realized there were so many ways to look at the event that she never heard before.

> When my parents share their stories, they tell me their perspective, and what they know, but they aren't there now, and don't see what it is now. So…it was weird cause I was learning parts of the story that my parents, even though they were the experts of these stories 'cause they lived it, I was now the person who's like, this is what it looks like.

As she was hearing her uncle's stories for the first time, she learned that everyone has their own stories of what happened. It humanized him for her and made her realize there is so much more to these events than one person's single account of it. She speaks to her take away from this experience, which is that she'll never know everything.

> I can't trust just one telling wholeheartedly. There is not one truth. To uncover the actual truth, it might be uncovering everyone's truth to see every angle. There is one truth for each individual person, their own perspective, but it might not be the actual truth, it's just what they live.

However, she had accumulated many stories of what happened from different people who were present, which to her meant she had more knowledge of what happened than any of the people who lived it. She took a picture of the shoe store to bring back home with her to share with her parents. She felt unsure of how to relay this story back to her mum, knowing that her mum has no desire to return to her hometown and wanted to put the past behind her.

In addition, when her uncle asked her to bring gifts to her extended family back home to Canada she felt the awkwardness of trying to explain to him why they do not talk. Given the strong emphasis on connection and community in the old country and the view of Canada as a place of freedom and wealth, she tried to explain why they do not talk, but it fell flat. Jennifer indicated that she still has these gifts and never gave them to her extended family.

What pressure there must be to maintain the silence around her mum's story. I think of the stories my family has shared with me of past traumas experienced, and how I kept these stories secret for years and years. It took a great toll on me, knowing I was one of the very few people to know those stories. I felt helplessness because I didn't know how to help and didn't know what to do with the information I held. I felt as though I had to keep these stories secret because they were not my stories to tell.

Agreeing, Jennifer remarked that they aren't her stories to tell and her mum has told her not to tell them, and yet she also recognizes that she has to share it because keeping these stories

to herself impacts who she is, her work, and her health. “We’re already professional secret keepers in our jobs, I don’t need to do it on a 24-hour daily life basis.”

Sharing with me how she felt after this experience of learning new stories of what happened, she told me:

> I felt in a way, connected to the story more, but also disconnected because culturally it’s so different. And even when I’m here, I’m so connected to the culture here, but I’m so disconnected from the past, and so it’s like…everywhere I go there’s like connection but like…something is never fully fitting. Because there’s always a difference and no one will ever understand like this certain position that I’m in I guess.

And as I listen to her say this, I think of what a stuck place she is in. Holding all these stories and no one understanding her position. There are so many layers to how Jennifer is feeling here. I struggle a bit to understand all the different aspects of her experience. I hear her speak to being more connected with the story because she now has various perspectives of what happened. I also hear her feeling of disconnection culturally because she recognizes that she doesn’t really feel like a native because going to the old country made her realize how connected to Canada she was. She feels disconnected from the past because she didn’t live out the story that she learned about and didn’t experience what it was like to live in the old country at that time.

I think of my own experience and I’m reminded of the disconnection I felt with the countries and languages that my parents speak which I grew up hearing about. I always believed they are part of who I am, and yet I never lived there, or spoke the language. Growing up in Canada, which is a foreign land to both of my parents, there was always some disconnect because they didn’t grow up here. We can’t land on the same page on certain things because

their upbringings were wildly different from each other and from mine. At school, I could connect with my peers who shared this environment of learning and play, but my home life was so different because there were conflicts about cultural differences, my aunt's mental illness, and other issues that were rooted in the past. Home life and school life felt like different worlds. Looking back on this, I think of how complex it was to navigate all these points of disconnection, and parts of my identity, and yet it isn't something I've ever really voiced before. It makes me think of how much time we spend thinking about identity, and how oftentimes these different pieces are left silent or untouched unless we are asked about them.

Trying to make sense of these different points of connection are so important to her identity. Jennifer remarks on how working through these points of disconnection have made her who she is today. "Without them, I don't know who I'd be." Having these experiences make her aware of culture and privilege in ways that give her a different understanding than learning from a textbook. Making these connections through labeling and becoming open to other people's perspectives allows her to put these pieces together and be comfortable when there are layers and disconnection in others' experiences.

Taking a Not Knowing Stance

> "I could never truly understand, and can try but… I never can assume anything**.**" One of my professors said this in class one day. It stuck with me. She just said…you're sitting across from someone and you don't know who this person is. You just don't. And sometimes I feel like I want to or I think I do, or like based on what I learned I'll be able to, but I try to go in with this idea of, I have no idea.

Jennifer takes a "not knowing" stance in therapy with her clients. She doesn't pretend to know who they are or what they have been through. When she receives a file for a client, she

tries not to read it until after she has met them because she knows she will be biased by one person's story of who they are.

> You can't judge a book by its cover. It's cliché, but it's so true…you just have no idea and if someone gives me a report or says this person is like a criminal…immediately you're going to think of something. If someone has borderline personality…people just have an instant reaction to those things, right?

In this way, she wants to make her own interpretations of the person and what is happening for them, without bias.

I think of all the stories Jennifer has shared that she has heard from her mother and her family in the old country, which may have shaped this idea of not knowing. I begin to wonder how Jennifer's not knowing stance shapes the type of relationship she builds with clients, what they share with her, and how much they trust her. I wonder about the idea of "not knowing," and how in some instances this can be beneficial because we don't make assumptions or make decisions based on personal bias, and we instead remain curious. In other instances, I think of how not knowing can be a source of tension when as psychologists we are supposed to be knowers. Does Jennifer feel this tension?

Jennifer explains that she comes into the room not knowing about the person but retains knowledge about psychology. In this way, she is able to work together with her clients, with them contributing knowledge of their lives, and she contributing knowledge of psychology. Going in with an open mind, she says the only way she can get to know someone is by talking to them. She asks them questions and learns about them. I think of how Jennifer embodies the idea that subjective experience is what is most important in therapy. Early experiences of being misunderstood have helped her understand how important taking this stance is. She feels this is

especially important when working with trauma survivors because even if a particular traumatic event like sexual assault occurs, you do not know how each person might react to it.

I think of Jennifer's early childhood experiences and how she was different depending on context, and how there was silence around some family stories. I wonder if, from this, she learned that we hold many stories that we don't always share, and that people are complex and there is more to them than what we might hear second hand. I think about how those experiences have shaped her approach when she enters the room with clients.

Agreeing, Jennifer tells me that for her whole life she was confused, and it wasn't until her mum shared that she was sexually assaulted that the pieces fell into place. She therefore takes the stance of not knowing with clients, hoping they will feel comfortable to share those key pieces. Jennifer shares the importance of subjectivity of people's experiences in defining trauma, noting a story her supervisor shared with her that made her understand trauma in a new way. She remarks that she never knows how an event will impact someone until she speaks with them.

> When she [my supervisor] was a school counsellor, she had a girl come in and she was bawling her eyes out and it turned out her boyfriend had just dumped her and she asked how long they'd been going out, and she said two weeks…to her, it was kinda laughable, right? It's just a minor thing, but to this young girl, it was her whole life. That really hit home for me, 'cause I was like…I don't know what it's like…what someone else is experiencing.

I think about how when I started to learn about trauma, I only thought of major events as traumatic, such as sexual assault, abuse, witnessing natural disasters and so on. As I learned more, I started to learn about different types of trauma, and concepts such as "big T" trauma and "little t" trauma. The various nuances learned over time of what it can look like really

shifted the understanding of my past and gave voice to those experiences. Looking broadly at my life, there are a few major traumatic events that others might identify as traumatic if they heard about them. However, some of the smaller, more continual and persisting events were what I consider to be more traumatic, such as lack of the support I needed during stressful periods of my life, betrayals by those I trusted, and being misunderstood. I wonder about how looking at trauma narrowly versus broadly shapes the way we work with our clients, and what we consider to be important or not. What might we miss if we assume that traumatic events only count if they are "big" and based on what we ourselves would consider traumatic?

Cultivating an Understanding of Trauma and Trauma Work

When she started her PhD, she had many more clients who had experienced trauma on her caseload. In her community placement, she didn't receive any formal training in trauma, but she learned about trauma through observation in groups, from what her supervisors suggested, and from her practicum course. She bought a lot of books and integrated what she learned into her practice. Sitting in her practicum class, learning about trauma, she thought to herself this is what she needs so badly, and yet all the material was crammed into two days of classes. She wished for more teaching on how to work with people who experienced trauma, as the transition from master's to PhD was a big jump. "I have so much responsibility! Like trauma is a big deal you know? Like counselling is a big deal, but it was a big step going from master's doing career counselling, to like oh my god!"

I shared with Jennifer that I also felt this shift in moving from my master's to PhD program. There was a huge felt responsibility because you counsel so many clients who have experienced trauma, and yet there was no training on how to do this in my program of study. I

was a bit envious that she had even two classes on trauma work, as I had none until I was in my third year of my PhD: five years after starting to study counselling.

By this point, she had all this knowledge about working with sexual assault but felt nervous and unequipped because she didn't know how to go about counselling sexual assault survivors through their trauma. "What do I actually do when that's the main issue? How do I even start?"

At the same time, the comfort with the content area of sexual assault eased the transition for her. She learned that basic counselling skills, a lot of psycho-education and debunking myths went a long way when working with those who have experienced sexual assault. Jennifer's group experience seems to have impacted her understanding of how trauma work can be done.

> My assumption was maybe you have to work through the trauma, and talk about the trauma, and therefore do trauma work to get at these other areas. When I did a group [for sexual assault survivors] that wasn't the case. We never talked about the trauma, hardly ever. We just touched on the edges of it, and yet people got so much out of it…so I was starting to question, do we actually have to talk about, and hash out what happened for it to be helpful for someone? And maybe that's something I'm still wondering today. On one hand I think yes, 'cause you don't want to avoid it, but on the other hand I also think it doesn't have to be like sitting down and retelling and reliving. It's getting at that emotion enough so they feel something, but then being able to like shift or expand or grow beyond that.

Many of the questions Jennifer asks herself are questions I've had myself and ones that I wonder about. I think of how beneficial discussions such as these would have been in my own

learning and start to wonder about different ways we could learn about trauma work through supervision and coursework.

She believes in following the client and not forcing them to talk about the trauma unless it is something they are avoiding. Jennifer follows the idea of "working on the edges" with her clients and emphasizes readiness. She recalls learning this from her professor in her practicum course, and understands it to mean that she can touch on the thoughts, feelings and impact of the trauma without asking them to share exactly what happened. She remarks on how every single person she saw at the sexual assault centre was afraid to come in on the first day, and many would recount what it was like sitting in their car or walking up to the door. Recognizing how challenging it was to come to the centre helped Jennifer appreciate that speaking about the sexual assault may not be something they come in wanting to talk about right away.

> That's what I always tell my clients, is if they weren't ready to go there, it's not going to be therapeutic for me to push you to go there, so let's work with what we can work with…some people eventually got there, right? Just took a matter of time, and confidence, and relationship to get there.

I think of how beneficial learning about the idea of "working on the edges" would have been in my own training. Oftentimes wondering about the idea of readiness, and thinking I had to help my client to share the whole story of what happened. I had a few clients who did share stories and never returned because I suspect it was too much for them to share too soon. I start to wonder how differently I would have practiced, had this kind of training been provided.

> Sometimes…you know, we touch on the trauma and I kinda leave that for them to go as far as they want to, cause then they'll take it as deep as they want to. Some people want to tell me everything, every little detail, cause it's helpful for them. It's serving them

> some purpose, right? If they don't, then I don't really poke at it unless I think they're avoiding it.

As she started to work with clients who have experienced different types of trauma, she felt out of her element. She recalls her supervisor telling her, "trauma is trauma." At first it was hard to see how they were similar.

> I don't know what do to with these people! Brain injury, cancer, PTSD from bullying. I kind of got into my own groove [working with] sexual assault. I felt like I knew what I was doing and I was like, does this apply to…everybody else? I mean some of the symptoms do, but it's a little bit different. But I guess [my supervisor] was right, trauma is trauma. So, I kinda try to take pieces of what worked and implemented here. It's just kind of a different story.

Jennifer acknowledges that trauma counselling often gets labeled as something different and can cause a lot of anxiety for new therapists, including herself. Jennifer iterates her dislike for how we classify it as different.

> I think people get scared of the word trauma. So, when you add the counselling piece in there it's like what do I do? I don't even like calling it trauma counselling cause I feel like it puts this label on that it's something separate, it's just counselling for people who have experienced trauma, which is no different than for someone who has experienced something else. It's still counselling.

And I wonder how framing it broadly this way shapes her practice and how Jennifer approaches her clients? If we don't call it trauma counselling, do we miss something? I start to think about how framing something as trauma versus some other issue influences the approach we take.

Trusting the Resilience of Clients

Working with a client who was sexually assaulted, Jennifer shared that their work together was so good because there was a balance of Jennifer working for the client, but the client also working for herself. She balanced how much to push this client, who would respond by telling her if it was too much. “When I pushed, she met it…if she said it was too much I didn’t. But if I knew she could do it…I pushed her to go beyond her comfort zone.”

Jennifer sees her clients as strong resilient people. There is an appreciation for their abilities and she seems to communicate and be able to gauge what someone is capable and ready for. Jennifer explains that she looks for little things that the client is willing to do, and intuitively develops a scale for what they are capable of and pushes them slightly beyond that. If she knows they are avoiding something, she will encourage them to do it. *I wonder if having experienced trauma and hearing family stories of enduring trauma may have shaped her beliefs about resilience and possibilities for change in her clients.*

She explains this in an example of working with this same client.

Her offender was someone in her family

She wanted to be ok with him

So hard to do right?

I had to help her with her goal

At the same time

I’m looking out for you

Do you really want this person coming over

In your house

Where exactly this happened?

I tried to challenge her there

She was trying to push herself forward

I would question

Is forward the right direction?

Or is it sideways?

She wanted to rekindle things with this person

And be ok with it

Also traumatized of how it happened

Let's plan this out if you're actually going to invite him

Let's make this safe for you

I was playing devil's advocate

What if you leave and he follows you?

What if he's walking behind you on the stairs?

"Oh my god, I haven't thought of that"

She had a body reaction

These are things you need to think about

You're healing but raw

We need to prepare you

For every possible situation

I know this is what you want

Maybe this is where your healing needs to go

Maybe one day

Right now

I don't think that's the best thing

Jennifer's example shows how she manages to balance the client's autonomy with her concern for her safety. She guides her client to understand the dangers of what might happen. It also speaks to how upfront she is with her clients. When I ask her about this, she responds with a comment that a professor in the program said during her master's:

> We have to be the person that people aren't for that client. People come to us for a different experience. If people are coming to us and we're saying the same thing other people say to them, it's not counselling. You need to be the person to give [them] a different experience that no one will give them because it's scary or it's hard to say or whatever, because if I don't do that, I'm not doing them justice.

Comments such as these shared by professors in the program have really stuck with Jennifer, and she recites them and lives by them. Most of these quotes, metaphors or examples happened within her first counselling class, where she was privy to this professor's statements. She quotes them often, and shares them with others, such as her mentees and clients.

With the same client, she recalls working with her to mourn the loss of the relationship with the perpetrator as if someone had died. Assigning the task of going through a memory box of items that the client had kept of this person, Jennifer laughs saying she doesn't know where she comes up with her techniques. She recognizes how scary and intense a task like this could be for some, but also feels confident that her client can do it. She trusts the strength of the relationship and the clients' resources to handle strong emotions.

The relationship is central to her approach in counselling, as well as to her life more broadly. Sharing her stories, it is clear to me that her family and friends are important, and those relationships are valued and ongoing. She had the opportunity to explore her theoretical

counselling approach in her coursework and early on she realized the relationship is central, and techniques are less important to the work she does. She recognized that in contrast to some of her peers, her approach is about ways of being or seeing that are broader in nature. She said she works very intuitively and chooses interventions based on how she feels in the moment. My sense is that from building a strong relationship with her clients, she is able to develop a sense of what they are capable of.

Working with Clients Who Have Shared Experiences

Weaving all her experiences together, Jennifer believes that her past experiences make up who she is. Having grown up poor, going to soup kitchens and having no furniture she made her way toward doing her PhD, owning a house and traveling the world. She says that having lived all these spectrums, she was exposed to different kinds of people. She reflects back on this with appreciation and recognition of her privilege of where she is today. She also believes that having had experiences with being poor, attending an inner-city school, and moving her way up to a move privileged lifestyle has made her able to understand where people are coming from when working with clients who have different backgrounds. Keeping that spectrum in mind is important to her and it is part of her identity.

> I feel like there's two sides to me, but like they're meshed together. But if I had to separate them, one is like this very academic, privileged side, cause I'm doing higher education. I have these really intellectual conversations. Then the other side of me is…I grew up in poverty…lived in the hood…and I had a troubled upbringing for a little bit. So, I feel like a part of me is kind of like "street" and then another part of me is like this "academic." Together they make up who I am.

Having these different identities and early experiences of weaving in and out of different environments allows her to wear different hats and be able to adapt to working with clients who have varied backgrounds. She provides the examples of working with youth in addictions, as well as university students. She can pull from her experiences to get on their level and build relationships with both.

She tells me that despite now living in a nice part of town, she still goes back to Caldwell to use the gym, even though it is quite far away, and not convenient. Part of her identity is still wrapped up in those earlier years and reminds her of how far she has come. She feels firmly rooted there, and part of her misses it. She contrasts this with people in our program or her friend circles who would not feel safe going to "grungier areas" like this. She said that because she knows that she no longer *has* to live there, she likes being able to go back there by choice. She comments on feeling comfortable with and can relate to non-academic people.

She also explains how it is easy to fall into the trap of thinking you know what people's stories are, and have the answers, and doing your PhD reinforces that idea. Her humble roots keep her down to earth. Academics is the backdrop, not at the forefront. Keeping academics as part of her identity but not the only thing keeps her mentally healthy. She noted, "I feel like I want to be human first of all, and then have these hats."

I think how level-headed Jennifer is as she shares this. I start to think about how keeping grounded has served her in her work and wonder how she draws on these different identities in her work. While she remains connected to her roots, I also hear a great awareness of her privilege that she became attuned to from some of her past experiences.

Jennifer said that when she came back from the old country, she got a tattoo to represent being Canadian and to remind her of her privilege. Her whole purpose behind the trip to the old

country was to find her roots, and she did. Going there solidified that her roots are here in Canada, and she felt appreciative and acknowledged her privilege.

Jennifer's recognition and re-identification with being Canadian resonates with my own experiences that I share with her of going to Finland and India, thinking I would find "my people," in one of those places. Having learned so much about Finland from my mum as I grew up, I started to identify with being Finnish. I made visits from time to time, but it was only on a trip I took at age 16 that I noticed that people in public were staring at me and seemed a bit wary of me. My mum, who is white, blonde, and green-eyed, told me that they likely thought I was a "Romani." I came to understand that Roma were Indo-European persons that were not viewed positively by the Finns. They were seen as "gypsies" who were seen as troublemakers and robbers. Becoming awake to this led me to think I didn't belong with these people. Soon after this experience, at age 17, I made my first visit to India. Thinking this might be where I find my "people." Here, I was treated like a white person. In public, strangers would ask me for my photo. I was told by my family that they wanted to take my picture because I was white, and it would gain them status. Some had never seen a white person and looked at me in awe and amazement. I was storied so differently in each country depending on the context. Jennifer likewise shares her own experiences of going to the old country. When alongside her white, blond friend, she was seen as Canadian, and the locals would try to get more money from her. When with family, she could blend in better, and she was treated more like a local. I think of this search for identity that happened for both of us, and the return back home to Canada and reconnecting with a sense of belonging right where we started. I wonder how these experiences of being storied by others in different contexts shape our understanding of clients, their lives, and what is known and unknown.

Jennifer often thinks about the path she could have taken if she had stayed at her first elementary school. “I think if I stayed here [referring to inner city school], I would be a very different person today. I think I would get angrier, and I don’t know, probably be in like juvie.” Likewise, in her client work, Jennifer often puts herself in the client’s shoes and thinks how easily she could have gone down the same path as them, had her trajectory been different. In her work with young offenders during her undergrad on the forensic unit of a hospital, she felt very similar to these kids, which is why she could relate and connect with them so well. There is comfort in developing these relationships, and she understands this as due to coming from poverty and facing anger issues herself.

> I would forget half the time that they were offended youth, you know? They were just kids that had shitty backgrounds and you look at their lives, and you’re like yeah, I get why you would’ve done that. You had nothing going for you…the empathy that not a lot of people would have.

As Jennifer speaks, I think of how easily she levels the playing field with her clients, and there is a sense that she is easily able to “world-travel” as Lugones (1987) would say. It also seems to me that she has an understanding not only of what it means to be the client, but also what it means to be herself in their eyes. She looks at where she is in her life and looks backward at many different possible paths she could have taken. With this awareness, I wonder what different paths she sees for her clients going forward. I also think of what I’ve learned about boundaries, and managing closeness and distance with clients, especially trauma survivors. I begin to wonder if we hesitate to world travel with those who have experienced trauma. What happens for the client when we do this? What happens for the counsellor?

Jennifer shares an example of working with a young girl who reminded her a lot of herself, because she had a similar relationship with her mum.

It just felt like

Oh my gosh

This could have been me

So I really wanted to help her

I understood where she was coming from

Tried to get that across

Felt like we had a really good relationship

I don't know if I ever really helped her

My goal with her was

To keep her alive

In that sense

I guess I helped her

But I didn't help her

In how I would have wanted to help her

Or how she would have wanted to be helped

Hearing her speak, I think of the pressure she feels in putting this client on another path because she can relate so easily. Understanding the challenges faced by this client as being primarily caused by environment, Jennifer expresses the bind she was in at being able to help this client because her environment was so bad and couldn't be changed. There is a powerlessness to her story, and Jennifer shares with me that she worked through this in

supervision. Noting that she had no power to change the client's situation because she was a minor, they made the goal of keeping her alive and she had to be ok with that.

As Jennifer reflects on her experience in the program, she expresses what little opportunity she has had to explore her past and how it influences her practice. In part, she notes this is because these are personal stories, and because academia is not the right space for it. However, she shares that she wishes she had the chance to look at how her past experiences inform her counselling given that she uses so much of herself in the way she practices counselling. Feeling as though her professors don't really know who she is, and they only "know who I am when I'm practicing counselling," she said she wishes the program devoted more time to exploring this. She did have the opportunity to write about her experiences in her multicultural class for one assignment. She recalls this being cathartic. She shared, "I don't think people really know where we come from," so it would be nice to devote more time to that in the program. "I'm reflecting back on our classes, and it is just like…skill, practice, learn."

Agreeing with Jennifer, I share with her the contrast between the programs that I have been in for my master's vs my PhD, and how surprised I was at how little self-reflection was incorporated in our program. I share with her about the "red string activity" that I did in my master's. We were asked to tie knots to represent significant points in our lives and share this with the class. We had the option of sharing the whole story, or just how we felt about each event. Looking back on this experience now, I think of how powerful exercises like these were to my learning. It allowed for reflection on how I was shaped by my past, gave the opportunity to be in the client's position, and demonstrated that sharing the story was not always necessary when working with trauma, but more around the meaning and feeling we attribute to it.

Where do we find spaces to share our stories? How do we start to connect how our past experiences shape our practice? What might the program look like if sharing our knowledge from personal experiences was encouraged? I think about Jennifer's statement that people in the program don't really know where we come from, and I start to wonder how students might be affected by trauma work having not done this work. As I listen to Jennifer, she tells me that this is the first time she has had the opportunity to share stories from her past and connect it with her practice. I wonder how Jennifer's counselling might be different if she was intentionally drawing from these personal experiences?

It is expected that we engage in personal reflection in supervision, but Jennifer notes that it doesn't feel like a safe space to do this there either. She shares that most of her reflection occurs with her cohort, noting that she got lucky because she feels comfortable sharing her life stories, and deepest fears with them. However, what she shares with them is never tied back to how this impacts her counselling.

I think of how in counselling, we emphasize providing safety for our clients, and ironically, there seem to be such few safe places to do our own self-reflection and work as counsellors. I start to wonder what safe spaces might look like.

Rapport Without Shared Experiences

Often turning to her personal experience to understand and build rapport with clients, Jennifer struggled to relate to one of her clients, when that shared experience wasn't available to her. She was asked to see a male client who was in his 90s that had recently been sexually assaulted for a crisis session. Jennifer felt a strong mix of emotions while working with this client.

Anxiety

I'm not an old person

I don't have any experience being…

Any of the things he was

He was completely different than me

I actually did know *nothing* about him

He was so out of the demographic that I work with or hang out with

He had the experience of sexual assault

Yes, that was similar

But again, so different

It was so different…

I just remember sitting there

I have these tools

First and foremost

Before he's a sexual assault survivor

He's…a man

You know?

An elderly man

Who needed to be understood

On an elderly man level

Before he was understood

On a sexual assault survivor level

How am I gonna connect with a 93-year-old man?

Previous to this, Jennifer had only worked with female sexual assault survivors, most of whom were young women. She saw his experience as totally outside the realm of her experience. She was most worried about how she was going to build a relationship with someone whose life experience she had so little knowledge about. What does he know about sexual assault? What is his experience of this happening to him now at this stage of his life? Is he thinking about dying? Generally taking the stance of knowing nothing about the person that she walks into the room with, she acknowledges in this case that "I *actually* know nothing about you."

Love

To see this elderly man come in…

He was the purest man

So full of life and joy

He made me feel so good

I felt like a granddaughter

He had that warmth

Was so full of life

And he was so *old*

Had a hearing problem

Trying to talk quietly

He couldn't hear

Had to up my volume

Holding my hand

Keeping himself upright

Trying to follow and listen to me

I just wanted to help him

Jennifer notes that she generally would not allow a client to hold her hand during therapy, but in this case, she didn't think twice about it. It felt normal in this context. Sharing his story with Jennifer, he shared that he went to the mall, and met a younger man for the first time and started chatting with him. They became friends, and he invited the man to his home, where the man tried to sexually assault him. Knowing things were not right, the elderly man struggled to defend himself.

Hopelessness

He's defenseless

It breaks my heart

He's a happy old man

I felt so hopeless

I couldn't do anything

This already happened

As I hear her story, I think how heartbreaking it is to hear what has happened to this person, and it brings the issue to a whole other level for sexual assault to be happening to an older man.

Anger

Client: I'm not a gay guy

Jennifer: He was clearly so confused

Client: My son says I'm too trusting of people. I shouldn't have brought him back [home]. I just wanted to have a cup of coffee.

Jennifer: I didn't know what to do with that. You shouldn't have to change you being nice because of the outside world. It's the environment that penetrates good happy people and screws them up. you shouldn't have to be overly cautious. You should be able to make a friend and say "oh let's have coffee."

So sad for him

Angry at the world

I've always been angry

About this issue

Really angry

Thinking about humanity

How beautiful some people are

How terrible some people are

Sadness

His warmth and his love

Exuded from him

To have someone take advantage of that

I felt so heartbroken for him

You should be enjoying your life

Your life is going to end soon

That is a giant blip at the end of it

You didn't do anything wrong

I'm really sorry this happened

This happens more often than you think

It's not you

You couldn't have done anything really differently

You didn't think something would happen.

Sharing how connected she felt with this old man, she said he kissed her on the cheek and thanked her for her help. She noted normally not enjoying work with older people, having a preference with young teens and kids who she can easily connect with. However, she wishes this man was her ongoing client, as she felt so connected with him by the end.

As she shares this experience with me, I become aware that despite the age difference, Jennifer finds a common ground with this client, and she acknowledges this. I share with Jennifer a story of working with a client whom I thought was nothing like me, and I faced the same struggle of not knowing if I could be helpful to him. He was much older than me with very different life experiences. I share my worry my client would see me as unable to relate or see me as not experienced enough. I later found out that my age actually helped build trust, as he did not trust older people who he saw as tarnished by society. Jennifer shares that we never know how we are being perceived and recalls something one of her professors said to her that stuck with her:

"If they were drowning, would you need to have an experience drowning in order to save them?" she answers this stating, "no! if you're drowning you'd want anything and anyone to help you. It doesn't matter what their experience is. They don't have to know what drowning feels like to help you. I have the tools to help."

Chapter 7: Narrative Threads: Looking Across the Narrative Accounts

In this section, I discuss four narrative threads, which I identified by looking across the individual narrative accounts of participants as well as my own narrative beginnings. Looking across for resonant threads involved moving from the relational space between myself and each of the participants, and instead to the resonances across the experiences of counsellor trainees. As our individual stories unfolded, and I read each account over and over again, I listened for points of tension, and points where our stories intersected as we each came to develop an understanding of trauma and how it lives in our own lives and those of others, and how it shapes our identities and practice as future psychologists. Naming these threads might open up conversations about our experiences to bring about new wonders and imagined ways of being.

In this chapter, I elaborate on each thread as a way to understand the complexity of the experiences of counsellor trainees as they enter their counselling programs and begin or continue to work with individuals who have experienced trauma. The threads across accounts are not generalizable, and the patterns in their experiences do not apply to all counsellor trainees who are beginning their work with trauma survivors. Each thread gives the opportunity to think alongside the stories of these counsellor trainees and their experiences and raises awareness concerning the potential effects of trauma on counsellors and counsellor trainees. The identified threads are: coming to construct what it means to have experienced trauma in different ways; using the trauma lens to reflect on our lives; storying trauma into our personal and professional lives; and making sense of trauma and vicarious trauma in the silences.

1. Coming to Construct What It Means to Have Experienced Trauma in Different Ways

Coming alongside Jennifer, Barbara, and Rose, I came to understand how we each viewed trauma differently. The ways in which we each understood trauma was shaped by experiences prior to, and during, our experiences as students studying counselling psychology. Prior to entering the counselling psychology program, trauma was not a word used by any of us in our lives. Each participant and I came to learn about something that was referred to as trauma through different avenues such as stories told by family, peers in the program, work with sexual assault survivors and sex offenders, or women fleeing domestic violence situations. Each participant came into the program with different life experiences that shaped their perspectives of their world and what they understood as trauma.

Jennifer was born in Canada soon after her parents fled the "old country" as refugees. She grew up hearing stories from her parents about life in the old country, and their escape to safety. She learned of her family's wealth and social status back in the old country through hearing about her family's shoe store. Understanding that it was not safe to be wealthy in the old country because of the communist government, she learned that her mum and her mum's family had to hide their money. Eventually, in the family stories that Jennifer was told, when they fled the country, all their wealth was lost in the trade-off for safety. The contrast from what Jennifer heard of her parents' lives in the old country and of what she experienced in Canada was remarkable, as Jennifer recalled growing up going to soup kitchens, living in small grungy apartments, and attending an inner-city school during her early years. Her parents worked hard to build financial stability for the family, which meant they were often working and not there to

take care of Jennifer. In school, she struggled with learning English, and with managing her anger, and she felt misunderstood by her teachers.

In her childhood, Jennifer described each story and how it shaped who she is today and the decisions she made. She did not name trauma in her own life until she entered the counselling program and did not recall others in her life naming her as a trauma survivor either. In our conversations, she weaves a story in which trauma was present, and yet she sees it as a part of her life, something that she sees everyone experiencing. Trauma is not personal or exclusive for Jennifer, and she is aware that what experiences were traumatic for her may not be traumatic for others. Trauma is visible in her stories of growing up in a family of refugees on both her mum and dad's side of the family, and the struggle for money as they built their lives in a new country. Jennifer has a broad understanding of what she sees as trauma and the role it played in her life, including financial difficulties, disrupted relationships, negotiating ethnicity, and so on. She also holds an in-depth understanding of what helped her surpass hurdles in her life, including the importance of providing support and understanding, and the strong influence that environment has in shaping the trajectory of trauma. Weaving her personal experiences into her practice, it creates a backdrop to the stance she takes when she enters the room with clients who she sees as having experienced trauma. Jennifer is aware that clients are sometimes labeled as having experienced trauma before she meets them. However, for Jennifer, the client is the one who defines what is traumatic for them.

Similar to Jennifer, trauma was not something Barbara and myself considered in our own lives until we entered the counselling field. I lived by a story of being healthy and a helper in my family from a young age. I was surrounded by others who struggled in various ways, such as my aunt who was mentally ill, my brothers who struggled with asthma, my cousins who did not have

a mother that could care for them on her own, and my parents who were in conflict with my grandparents, and, at times, were worried about supporting us financially. Seeing the struggles of those around me shaped my identity as someone who was fortunate and who could help. While I looked at my family life as constantly changing and unpredictable at times, I remember it fondly and, for the most part, I felt supported. It was not until I finished my undergraduate studies that I faced a number of challenges that I felt unprepared for, such as difficulty finding a job, experiencing my first relationship break up, and being out of school. As someone who always succeeded, I did not know how to get out of what seemed like a multifaceted troubled situation, and I knew something was wrong. I started to struggle. The words mental illness and trauma were not words that were part of my story and it was hard for me to see that it was possible that they could be. I was the one who helped, the healthy one in the family, and that cut across all other areas of my life. While trauma was present in the lives of others around me, although it was not named as trauma, I did not believe it was something I had experienced. I lived by a story of being happy and healthy, I understood myself as someone who did not experience trauma, until I entered my master's program.

Barbara grew up in the small town of Hawksbury and remarked that she "got everything she wanted" and was always loved and supported, and had her needs met when she was growing up. Her parents protected her from knowing the details about her dad's cancer diagnosis and history of abuse, mental illness within their family, and other difficult experiences, which were treated as "facts of life." The attitude was to pick up and move forward when something bad happened. She never witnessed conflict between her parents because it occurred behind closed doors. The many silences in her stories were informative to me as I listened to her speak. Despite growing up in a small town where differences were not accepted, and in which suicide was so

frequent that a committee was formed to explore what was happening, Barbara felt like her childhood was “sunshine and roses.” She, like myself, storied herself as a helper, and was named “Dr. Barbara” by the other children because she gave advice and solved problems for her peers from grade eight into high school. Her first encounters with people who were labelled as having experienced trauma were through working in the prison system during an internship in her undergraduate degree, where she met several sex offenders and sexual assault survivors. It was not until her master’s and through sharing stories in this study that Barbara looked back on her early life differently, as she awakened to some of the darker realities to life. She hesitates to use the label “trauma” for herself, worrying that she would be devaluing the label and using it too liberally.

Rose shared that if she had not entered the counselling field, the term trauma would not be in her vocabulary. She lives by a story of having a good life, in which she faced normal life transitions and experienced self-doubt from time to time that she overcame with the aid of self-help literature and listening to leaders in psychology speak. She believed she found her calling when she learned about self-help early in high school after a break up in her first romantic relationship. She decided she wanted to become a psychologist and engaged in providing educational workshops for middle school children and put an ad in the newspaper to become a life coach. She was keen to learn about how she could help people self-actualize and grow to their potential. Rose maintains that her encounters with people who were labelled as having experienced trauma did not begin until she started her work with women fleeing domestic abuse at a women’s shelter, and though hearing stories from her peers in the master’s program.

2. Using the Trauma Lens to Reflect on Our Own Lives

When entering the master's program, each of us learned about the concept of trauma, and met clients and people who were labelled as having experienced trauma. We went through a process of reflecting on our own experiences, considering what place trauma had in our own lives, labeling what we understood as trauma for ourselves and those around us. This was done through different homework assignments, classroom activities, comparing and sharing experiences with peers, what we learned from the DSM V, or solitary self-reflection. Some counselling programs were more focused on this element of self-reflection, while others did not facilitate this in any structured way. While the program provided a trauma lens through which to see our lives, we each varied in our perspectives of trauma in our own lives based on how we learned to define it. Through sharing stories with me in the relational space that we co-constructed and lived out together in this research, we reflected on how we each came to understand trauma and what place it had in our own lives.

When Jennifer started her master's program, she went through a process of labelling experiences that she had in childhood, as she started learning new concepts in her coursework. Jennifer looked back on her experience of counting cars and the anxiety she experienced at not knowing when her parents would return and was able to name this separation anxiety as a trauma in her life. She was also able to label the experiences of those close to her, including her mother who she now understood as having borderline personality disorder. This labelling brought forth more clarity for her about her past experiences and how they shaped her as a person. She was also able to label the coercion around sex from her ex-boyfriend when she started to learn more about sexual violence when volunteering at the sexual assault centre on campus. Learning this was pivotal for her because it validated that what happened was a real issue, that she was right to

trust her gut, and that this was not something normal that just happened. Having reflected on her personal experience with sexual coercion and naming that experience as a trauma for her, she understood that trauma affects everyone. Recognizing sexual assault is a systemic issue, Jennifer channelled her anger in a positive direction, working towards addressing the issue of sexual assault through activism, advocacy, and prevention efforts in addition to counselling. Having close encounters with these experiences drives the social justice piece of the work she does and shapes the way she leads her life in its entirety.

Naming experiences in her life as trauma was done openly with compassion, and a sense of hope and agency. Recognizing how important labeling her experiences was for herself, she saw this process as instrumental in the treatment of trauma, especially sexual assault. Aware of the power she holds as a professional, she takes great care in supporting her clients to use the labels that fit for them and their experiences. Identifying what was helpful in overcoming the various challenges in her life, she shared many examples of how she perseveres. I had the sense that what Jennifer learned in her own life was helpful in getting her through these difficulties. These experiences also seemed to resonate into her work with clients.

Jennifer told me that the stories she shared with me were not shared within the program, and self-reflection on how concepts she learned applied to her own life was done on her own time and not facilitated by professors, except for one assignment in a cross-cultural course. She expressed a wish for more opportunities for conversations and sharing of stories in order to bridge how her personal experiences shapes her practice.

My entry into the master's program was eye opening because I started to learn about new concepts I had not heard before, which also allowed me to label some of my own experiences growing up in my family, and to look at them differently. There were several activities and

assignments that we did in classes during my master's, which allowed me the opportunity to reflect on my past and understand how it shaped who I was as a person and counsellor. I look back on these spaces in which I was able to share stories from my past, and how pivotal they were in helping me to weave a narrative of my life.

One of the first articles we read was called "Wounded Healers." I learned about various types of people who enter the helping profession and the importance of healing our own wounds in order to avoid harming our clients and ourselves. I felt validated by reading this article, knowing that others who entered this profession also struggled. Some of my colleagues shared their experiences with me outside the classroom, and this was beneficial in the same way. I learned that being the helper and the healthy one had been a great pressure on me growing up and left some of my own emotional needs neglected. Through journaling my thoughts and engaging in self-reflection on how the readings applied in my own life, I received written queries and wonders from my professor who helped me better understand myself and see myself as someone who was on an even playing field with my clients. This was the first of several class assignments that allowed me the opportunity to name trauma in my own life and to understand how it shaped me.

In an activity during a groups course called the "red string," we were asked to tie knots into a string that represented our lives, to signify important events that occurred in our lives. The bigger the knot, the more significant and impactful the event was for the person. I recall beginning to tie knots, worrying that my knots were not significant enough to share. Sitting in a circle, we went around the room, sharing either the events or simply how we felt about each of the knots. I soon came to realize that it didn't matter what the event was, the feelings around it were common to each of us. Though trauma was not named explicitly, I look back on this

experience as a place in which I started to understand that trauma was something that cut across people's experiences regardless of age, background, etc. I learned that I was no different from my clients or my peers in that I too had experienced traumatic situations. Experiences such as these helped validate and normalize my experience and helped me to know that others had similar experiences. I also realized that I needed to work on myself in tandem with working on my counselling skills and made this a priority in my training.

It was through activities such as these that I learned that trauma was present in my life even though trauma did not look the way I originally envisioned it. My learning about trauma prior to this was shaped by the media, and the DSM. I thought of trauma as a single horrific event that led to unrelenting fear and horror. My views of it broadened, and I understood that many events or experiences could be traumatic for someone. I took this learning into my practice, integrating what I knew about my own experiences to shape the understanding of what my clients might be going through.

Similar to Jennifer and myself, Barbara also went through a process of labeling her own experiences when she entered her master's program. She started looking back on her life with a "trauma lens" after reading a book for one of her courses, where she was asked to interview her mother about her family. She uncovered new stories she had not heard in her family, and this shed a different light on her childhood experiences, which she previously understood to be trauma-free. She recognized that her parents had protected her from some of the negative aspects of their lives through staying silent about them. She saw trauma in places she did not know about, both inside and outside of her family. She learned that her grandma who she previously knew as the one who baked beautiful cakes, was physically and emotionally abusive to her

father. She also awakened to mental health difficulties in her ex-boyfriend who was depressed and self-harming while they were together, and that suicide was rampant in her small hometown.

Barbara also looked back on a friendship she had with a girl named Carrie when she was aged 10-12. Sharing examples in which Carrie controlled who she spent time with, and made jealous comparisons with her, she recalled Carrie threatening to commit suicide when she broke off the friendship. She looked back on this experience and was able to name Carrie's behaviour as emotionally abusive and controlling. However, Barbara is unsure of whether to call what she experienced with Carrie "trauma," as she wonders if this is making a bigger deal out of what happened than it was. She has a hard time identifying as someone who was emotionally abused, worrying about devaluing the label because she does not see what happened with Carrie as leaving any lasting impacts on her. She de-identifies with the labels of trauma and abuse because she was loved and cared for by her parents, which allowed her to bounce back from difficulties such as this. Through our conversations, she recognized that she holds a double standard for herself and her clients because she has no hesitation using the label of trauma for them but would not apply it to herself even if the same event occurred.

Learning about trauma and looking back on her life gave Barbara more details of what happened in her life and is mixed with disappointment that life does not look the way she originally thought it to be. Wishing that she could go back to being an "ignorant kid," she explained that knowing more about the world, about mental illness and the "not so nice" parts of life, means she carries more weight now. While the trauma lens gave her more objectivity, she questioned the usefulness of looking back on these events using this lens, recognizing that with the clinical lens, these events are trauma, and without it, they would simply be called "life." She remarked on the risk of overanalysing the past when in training. She believes that her past

experiences haven't shaped her work, but rather her work and training have contributed to labeling her past experiences. While Barbara's master's program gave her the space to reflect on trauma in her life, she noted that she does not draw on any of these experiences consciously in her practice. Her own approach is largely to put what happens behind her and move forward, not allowing it to impact her. As a result, she said it is at times hard for her to empathize with clients who get stuck in their trauma and are unable to put the past in the past and move on. For example, as a child, she had also learned to treat difficulties as "facts of life" and so she was shocked and found it difficult to empathize with clients in the group of childhood sexual assault survivors at the prison who still held onto events from the past in fear and horror.

Rose's experience in her master's program was different from Jennifer, Barbara and myself. Rose was struck by the many students she encountered in the master's program who she labeled as having traumatic histories, and she understood this to be a prerequisite for being a good psychologist. Giving the example of one of her classmates who had a major accident that resulted in a physical disability, she said overcoming this struggle gave him the credibility to do motivational speaking and help others. Placing her experiences side by side with those of her peers, leaders in the field of psychology, and her clients, she noticed that she didn't fit into this "hero archetype" of overcoming major traumas in her life. While they had experienced "major" traumas such as abuse, or other life-threatening events where they feared for their safety, she did not feel that her experiences fell into these categories, and she felt a bit reluctant to share her own experiences. She, therefore, questioned her ability to contribute to the lives of trauma survivors. She acknowledged struggles in her own life, such as self-doubt, however, she would not label any of these experiences as traumatic. She remarked on using self-help, motivating

herself with positive self-talk, and reflective journaling to help her though the self-doubt she experienced.

The lens by which she understood trauma was largely through learning about the DSM in her master's and PhD program, and working with clients at a women's shelter who had experienced physical, emotional, sexual, and financial abuse whom she labelled as trauma survivors. Trauma was treated in "black and white" terms. Either you have it or you don't. This reinforced the idea that trauma affects a narrow margin of people and is extreme in form. She understands trauma as a life-threatening event where one fears for their safety, or which drastically changes one's identity. She looks to trauma at the extreme end of the spectrum, giving examples of attachment issues as the result of abuse, abandonment or neglect. Rose's understanding of trauma is viewed through this lens, and by laying her own experiences side by side with those of her clients at the shelter, and her peers in the program. Using this lens, she understood that there was no trauma in her life.

3. Storying Trauma into Our Personal and Professional Lives

As each of us reflected back on our lives to see how we stood in relation to trauma when entering the counselling program, our identities as counsellors also took shape. Each of us learned to set boundaries, some fluid, others firmer, between what some participants named "personal and professional lives." Early experiences in life prior to entering the counselling field within families, in volunteer settings, as well as in training by professors, supervisors, and other practicum sites shaped each participant's understanding of what was best practice in terms of developing a professional identity, and of setting boundaries in counselling practice, especially when working with trauma survivors. The separation between personal and professional lives was learned and understood in relation to vicarious trauma. Some participants felt that keeping

separate identities was an effective means of preventing vicarious trauma from happening and managing the effect of hearing traumatic stories on the counsellor. The relationship between personal and professional lives also shaped the ways in which participants developed relationships with clients.

Each of the participants varied in how trauma was storied into their personal and professional lives. Jennifer's personal and professional lives were intertwined, with little distinction between these identities, with one informing the other. For myself, my early training taught conflicting messages in which personal life and professional life were meant to be integrated and yet separate. For Barbara, she wished to integrate the two, however, her early experiences in life and training, and nature of the clients she worked with precluded this from happening. She continues to struggle to integrate these two aspects of herself and wonders if it is important. Rose storied trauma only into her professional life and client work, with distinct separation between her personal and professional lives.

Having grown up in Canada, Jennifer's parents told her stories of the old country and of their flight as refugees. Many of these stories were shared about the shoe store her mum's family owned, which was a very profitable business. She learned that the store was sold, and this was a big deal for her family because it represented her grandparents, and the hard work they did. Jennifer decided to visit the old country after her undergraduate degree was finished. Going to the shoe store, she had the opportunity to see the place that her mum had shared stories about. She learned from her uncle that he struggled to sell the store and felt guilty for doing so. The stories she heard growing up were only from the perspective of her mum, and she understood that her uncle lived out a different story. In this way, she learned that there could be multiple stories of the same event and learned that there is no absolute truth. Learning this resonated into

the work she does with clients, and she brings from this experience an awareness that there can be multiple tellings of the same event depending on the perspective the story teller takes. Jennifer weaves her personal and professional life together. Storying trauma into her life, she pulls on this experiential knowledge when working with clients.

Upon her return from the old country, Jennifer got a tattoo to represent being Canadian and to remind her of her privilege, solidifying that her roots are here in Canada. She is aware that she holds many identities. Some are grounded in the academic, privileged person who is doing higher education, and some are grounded in the experience of growing up with a low socioeconomic status, that she identifies as "street". Having reflected on her life through labeling her experiences while in the master's program, Jennifer is aware there are many moments in which life could have gone differently for her, had certain decisions not been made, such as moving to Caldwell, attending an academic high school, or breaking up with her ex-boyfriend. Looking back on these possible different trajectories, Jennifer acknowledges how important environment is in shaping herself and others. She noted, if she had stayed at the inner-city school, she would be a very different person, and possibly be in "juvie." When sitting across from clients, such as young offenders, she often thinks to herself, "that could be me." Her own encounters with transitions and changing environments helped her see the impact that environment has in shaping each of us, which opens the door to empathy and understanding for how her clients behave. She sees herself as similar to her clients, recognizing her privilege, and that the path they walk could just as easily be the one she is on. She pulls on these experiences to find level ground with clients from different backgrounds, ages, and socioeconomic status, in order to build relationships.

When Jennifer was in her undergrad, she learned that her mum was sexually assaulted by another family member many years ago. Learning this was shocking, and at the same time brought her clarity, as it explained to her why her mum behaved the way she did. Learning that many members of her family kept silent about it, and did not acknowledge what happened, she also started to understand why her family didn't speak to one another. She awakened to the idea that we all have silent stories, and we may never know the story of what an experience is like for another person. Aware of these silences, and that we may easily miss key pieces of the story if we think we know the story before it is told, she enters the room with clients with a stance of "not knowing." She avoids reading the file before meeting with her clients because she knows she will be biased by one person's story of who they are. She wants to make her own interpretations of clients, knowing there are always many parts to the story. She remarked on how important this stance is in her work, especially with trauma survivors. For example, she remarked that a sexual assault may occur for many people, and she has no idea how each person might react to it. She knows the importance of patience in allowing stories to unfold in their own time, as she builds trust with her clients. The relationship is therefore at the forefront of therapy. Jennifer draws on her experiences to inform how she counsels, demonstrating a willingness to be affected by her clients and their stories.

She understands how influential the environment is on one's mental health, and therefore she considers the impact of trauma on individual and social levels. Through her experiences with sexual coercion, learning about her mum's experience, and the silence in her family around sexual assault, as well as her volunteer and practical experience counselling sexual assault survivors, she realized the importance of being educated about sexual assault, so we do not learn

to see it as normal. She, therefore, identifies with activism and education as means of prevention of sexual assault, in addition to her counselling work on the individual level.

Barbara took a different approach from Jennifer and remarked that she "shuts the door" on her personal side when it comes to her counselling work. When I asked Barbara to bring in an item from the time in which she knew her childhood friend, Carrie, she brought in a photo album from a trip they took together with the school. As I opened the cover, she repeatedly closed the album, not wanting to revisit these memories. As I asked her about this, she noted that she "blocked her out," and, until she revisited the album, she had remembered this trip without Carrie being there. Barbara took a similar approach of compartmentalizing her personal life and feelings when working with those labelled trauma survivors. In her early counselling experiences volunteering on the distress line during her undergraduate degree, Barbara described developing a counsellor identity, a professional version of herself that was detached, and she had a special "distress line voice." She understood that to be a "perfect" counsellor meant putting her own experience aside, and not allowing herself to be impacted by clients. She was encouraged to follow a protocol and to stick with it.

She had different messages during her internship at the prison in her undergraduate degree, where she observed her supervisor lead a group of childhood sexual abuse survivors in the jail. She recalls that he was touched by the stories of one of the women in the group and the supervisor, who was male, started to cry. She was surprised by this, as Barbara had not often seen men cry when she was growing up, and she was shocked that a psychologist was crying openly in front of his clients, which she understood was inappropriate for professional practice. She looked up to this psychologist and to see him crying made her realize that it was okay to be affected by your clients.

In her master's program, Barbara was teased by her peers for her "distress line voice" that she continued to use and was encouraged to integrate herself more into therapy. Learning to reflect on her past, and how this has shaped who she is, was part of this process. Barbara remarked on how this is an ongoing struggle for her because she experiences a "block" when she tries to look at herself. Barbara struggles when it comes to deciding how much to put herself forward, and how much to keep herself back, when working with clients.

In a prison setting where Barbara was practicing, she had a supervisor who separated his personal and professional life. He took the tack of "shutting off" at the end of the day to protect himself from the stories he heard each day at work. He encouraged her not to read the assessment files of clients, which detail their offences, unless required, because exposing herself to that was unnecessary and put her at risk of vicarious trauma. Barbara ignored this advice and read the files anyway because she felt that knowing their offenses gave her a better sense of her client's presentation and any behaviours that she should watch out for when counselling them.

In part, Barbara believes that keeping separate personal and professional identities lends itself well to the nature of the work she does in the prison system. She remarked on needing to have a "solid front" for her clients, and not show that she is affected when working with sex offenders. She shuts off the part of her that feels hate towards sex offenders, and looks for the good in them, not thinking about the people they offended against. She doesn't want her clients to see that she is affected because they make disclosures about sexual material, and she doesn't want them to see judgment, her discomfort, or feel shame. In this way, Barbara sees it as an advantage to be able to "lock down" feelings and reactions when in the room with clients because if she hears something disturbing, she can put it aside and not feel it. Barbara keeps her personal life separate from her professional life.

Rose takes a similar approach to Barbara in separating her personal and professional life. However, she remarks on doing so unintentionally. Framing her understanding of trauma through a "clinical lens," she remarks on not having experienced any trauma herself. However, she shared that she encountered trauma experienced by others around her prior to entering the counselling program. Experiences of witnessing trauma in her personal life were not carried with her into her professional life.

In her first serious relationship, she dated a man named Kevin, who was several years older than her and lived a "harsher lifestyle." It was a shock to Rose to enter his world, which was a different one from hers, as he struggled financially, grew his own marijuana, and lived in a different part of town. Kevin had witnessed a lot of domestic violence between his parents growing up, and on one occasion shared with Rose that he had been raped as a child. Rose contends that she felt shock, disgust and sadness at Kevin's powerlessness in this experience. It was eye opening and made her realize that this could happen to anyone. She said she has not reflected on her experience of hearing the harsh stories of someone close to her and noted that her hearing of his experiences has not shaped her or her counselling in any way. She did not see this as something unresolved that she needed to speak about and has not shared this story since it happened. She also noted not having opportunities within the program to share stories such as this.

Rose learned early on through her work lifeguarding, volunteering at the distress line and sexual assault centre after her undergraduate studies and working at a women's shelter during her master's program, how to manage crisis with trauma survivors. She learned to make an assessment using a protocol, taking action, and proceeding in a detached way. In her early experiences working at the women's shelter, she recalled doing a detailed 10-page assessment

with women who were fleeing domestic violence. She recalls asking right away about financial, emotional, sexual and physical abuse. The approach was to "jump right in" without building any rapport or doing any grounding. She doesn't recall taking any of their stories home with her because she felt numb to their experiences and detached from them. The work was fast paced and stressful and was in a high turnover environment. Early experiences such as these reinforced Rose's idea that trauma work could be approached in a way that would not affect her. She learned not to carry her personal life into her professional life or her professional life into her personal life through these experiences.

Shortly before I started my master's degree and entered the counselling field, I recall a conversation with my father in which he asked me how I would manage the work if I allowed my clients to affect me. He suggested that I would need to fake empathy to sustain myself in the profession. Messages such as this continued, as I entered my master's counselling program, and one of my professors taught the importance of boundaries between work and home life. He gave an example of taking off his jacket and mentally leaving his clients' stories at the door. When I entered my PhD, my first supervisor labelled me "vicariously traumatized" when I cried about feeling helpless to facilitate change for one of my clients. Stories such as these taught me that I should not be affected by clients, and that it was best to keep a separate professional identity, even though this went against what I believed.

There were also moments in my master's program, which encouraged the idea that the boundary between personal and professional lives is an imaginary one. Many of group process classes I attended facilitated exploration into our own personal stories to encourage us to see that we were no different than our clients– we each came into the room with stories that would undoubtedly shape the course of therapy with our clients. When we were asked to share our

earliest memories, I heard themes of abandonment in many of my classmates' stories. These were universal stories and the boundary between counsellor and client was diminished. I questioned how we create healthy boundaries in practice throughout my training. Professors and supervisors encouraged the idea that separate identities exist, and yet I strongly believed in using myself, and my experiences, to inform my practice. I thought that what I learned in my life filtered into my practice, and, likewise, I learned things from my clients that filtered into my personal life. Would I be able to sustain myself in my practice? Would I be more susceptible to vicarious trauma because I thought about my clients sometimes outside of work? These were questions that I continued to wonder about throughout my training.

4. Making Sense of Trauma and Vicarious Trauma in the Silences

In learning about trauma work within the program, many participants were taught cautionary messages about trauma work, and vicarious trauma. The teaching around trauma was that it was a different, more serious issue that required additional training and care for ourselves and our clients in our practice. Many of us felt the weight of responsibility in working with clients who had experienced trauma, having learned that it was not something to be approached lightly. Coming into the program with different experiences, we each learned about trauma through the lens by which we storied our lives. As a result, each of us varied in how this cautionary message was interpreted.

The messages from the program largely encouraged us to practice self-care as a means to prevent vicarious trauma from occurring. However, these messages did not go into detail about what the signs of vicarious trauma are, how vicarious trauma develops, how it is prevented, and why self-care is important. The lack of clarity and information on vicarious trauma left each of us to fill in these silences with our own beliefs and understandings of what would put us at risk.

Managing closeness and distance with clients was understood to be a means of protecting oneself from being vicariously traumatized.

Jennifer, Barbara, Rose, and myself each have been shaped by experiences of working with trauma survivors differently and have different ideas about our willingness to be personally affected by the stories of our clients and what it means for our own well-being. For some, the idea of being affected by the stories of clients or taking these stories home with us was seen as a boundary violation and one that would put their well-being in jeopardy. For others, being affected by clients was used as a resource for being able to relate, understand, and empathize with clients.

When Jennifer entered the PhD program, she recognized that trauma gets named something different by supervisors and professors in the program, and therefore creates a lot of anxiety in new therapists, including herself. Trauma was understood to be something that needs to be treated differently, as opposed to an experience that is influenced by the perspective of the person experiencing it. This went against what Jennifer believed about trauma. Thinking at first that she needed to ask people to recount the whole trauma in order to facilitate healing, she realized that asking people to sit down and retell and relive the whole trauma was not necessary. She learned about the idea of "working on the edges" in her first-year practicum course and realized while running a group for sexual assault survivors that psychoeducation and basic counselling skills went a long way in helping people overcome the trauma. She therefore doesn't force her clients to retell the trauma, unless she feels they are avoiding it. Instead she leaves it to them to decide how far they want to go in their telling. Jennifer returned to what she knew about counselling and tried not to distinguish between counselling and "trauma counselling," as she understands them to be the same thing. Instead she thinks of it as counselling for people who

experienced trauma, which is no different than counselling for someone who has experienced something else.

Jennifer's approach to working with trauma survivors largely focused on using her intuition and building the relationship. She incorporates what she understands about trauma from personal experiences learned from her family and the influence of environment, and blends this with what she learned in the program and practicum settings, aware that trauma is subjectively defined by the person experiencing it. Jennifer approaches clients with an intention to minimize the power differential and looks for commonalities rather than differences.

While working with a 93-year-old man who was sexually assaulted, Jennifer remarked on worrying about how she would relate to him and build a relationship with someone who is so far out of her age group and who is also male. She felt different from him on a number of levels, and at first felt out of her comfort zone and was anxious about being able to help him. Eventually, she developed a close caring connection with this man who shared his story with her. She felt a variety of emotions, including anger, helplessness, sadness, and love for this man who was likely near the end of his life and experienced this sexual assault just recently. Coming away from that experience, she realized that she could connect with older persons and felt bonded with the man, and they had more commonalities than she originally thought. Jennifer seems to have no concerns with being close or affected by her clients, and willingly empathizes and expresses the reactions she feels when working with various clients, sharing these openly throughout our conversations.

Jennifer also trusts the resilience of her clients and incorporates different techniques that come to her intuitively. In working with one particular client who was mourning the loss of a relationship with a man who sexually assaulted her, she asked her client to go through a box of

items that she had kept of this person. Trusting the strength of their relationship, she was confident that her client would be able to handle these strong emotions. She used what she knew and saw from this client to inform what she felt the client was capable of. The relationship is first and foremost in her approach, and techniques come secondary.

There are moments in which Jennifer faced difficulty working with clients enduring trauma. Jennifer felt very similar to one of her clients because they shared a similar kind of relationship with their mothers. Jennifer recognized that her environment was the main issue, and yet this person was not an adult, and had little power to change her environment. Jennifer adapted her goals with this client and made the aim of their work together to keep the client alive. Jennifer seems to be flexible in adjusting her boundaries and limits of what she is able to do with clients based on what she understands the issue is and the power she has to make change.

I was taught, during my first practicum setting in the university student counselling centre during my master's, that counsellors should not have more than two clients with borderline personality disorder on their caseload because no one could handle more than that. Cautionary messages from professors suggested that working with trauma survivors was potentially harmful to the counsellor. I recall one of my professors telling us that we needed to practice self-care, or we would surely burnout or get vicarious trauma. Messages such as this left me worried that I would "catch" vicarious trauma if I wasn't careful. I was reminded of my worry about catching schizophrenia as a child. Already careful in my practice because I knew I needed to take care of my mental health to ensure I was not negatively impacting my clients, vicarious trauma became an additional worry. With no instruction on how to prevent vicarious trauma apart from practicing self-care, I was left to fill in the silences and try to make sense of how it happens. Vicarious trauma was elusive to me, and I worried I would get "it" and not know I had "it."

When I entered the PhD program, I learned that trauma was treated like a different issue that required specialized treatment. I had several clients with longstanding trauma on my caseload. With no training in trauma, and the complexity of the issues faced by my clients, I felt overwhelmed because I felt I didn't know what I was doing, and it felt like a huge responsibility. I felt I was lacking in the skills of how to do what I understood to be "trauma therapy." I questioned myself on what that actually looked like. There were no classes or education provided on how to work with trauma until my 3rd year of the PhD, and I was left to do my own reading to understand and figure it out. I noticed myself become cautious when I entered the room with clients who experienced trauma. I was also worried that I might push them too fast to recount the story, I did not know when a client was "ready." I longed for some training or education on trauma and did not trust that my basic counselling skills would be enough to help these individuals.

During one of my supervision sessions, I started to cry because I did not get the guidance I needed. My supervisor labelled me as vicariously traumatized. This assumption on her part led me to believe it was not okay to be affected by my clients. It led me to be silent about how I was affected by my clients within supervision. Having been labelled so easily as "vicariously traumatized" without having the chance to share my experience, I later reflected on what she might have learned had she asked why I was crying. I had recently moved across the country and was feeling the stress of being in a new, very competitive program, with few supports. I also felt very behind in my counselling skills given that my master's program focused so much on self-awareness, and less on counselling skills, and not at all on how to treat trauma. Her labelling me only after a few supervision sessions led me to understand how important it is to hear the stories

of experience of clients and supervisees, as opposed to looking for symptoms because doing so leaves one feeling pathologized and misunderstood.

One criticism Barbara encountered during her PhD while doing a practicum at a community clinic that treated sexual assault survivors was that she wasn't social. Describing her routine to me, she explained that the PhD program was so busy, that she had no time for self-care and building connections in this setting. She said she would see all her clients back-to-back and do notes or homework over lunch and didn't put time into talking to her colleagues. Her supervisor and colleagues were concerned that she wasn't "unloading" or getting the support that is needed when working with a trauma population. Barbara noted that she still questions herself on how she conceptualizes, and how she integrates herself into practice, and felt behind in her assessment skills when starting her internship. This left her feeling disjointed and lost. She described struggling with motivation, memory and focus, and being unable to keep up with eating well, exercising, seeing friends, and finding a balance between work and life.

Barbara holds a belief that she won't let vicarious trauma happen to her and tries not to be impacted by the traumatic stories told to her by her clients. However, after four and a half years working with sex offenders, she does look at the world and people differently. She can't look at children or playgrounds the same anymore, because she is reminded of the horrible things that the people she works with do to children. Thinking of people who assault children, she wonders how anyone would see children as sexually attractive. The first thought that enters her mind when she sees someone post a picture of their child in a bathtub on Facebook is that this is child porn. Concerned that she will be pathologized for the way she views children, she said she stayed quiet about this in supervision and with peers, and only brought up issues such as this if she felt it was impacting her work with clients.

Acknowledging that her views of children have changed, she recognizes that this is a sign of vicarious trauma, and yet she said she puts on her "blinders" when it comes to vicarious trauma because she just has to get through the program and finish. This has meant putting herself second to her clients for a long time. She said she doesn't know a lot of the signs of vicarious trauma but has heard over and over the importance of self-care from the program. She noted that in the last year she has been working to regain some balance in her life, and making it a priority to see friends, eat well, and exercise.

Through her work, she has seen much more of the world than she bargained for and knows "terrible stories" of what people can do to one another. She sees people as "horrible," and the world as "unsafe and unjust." Working in prison broke her childhood bubble that the world is safe. She finds it easier to say to herself that the world is "shitty" and not just, and she is still a good person and not at fault when things don't go her way.

She states that she is trying to maintain a stance of looking for the good in everyone and separating the person from the behaviour. She said she uses her gut feelings and looks to how they talk, act, and treat other people to make her judgements of clients. Noting that she still sometimes makes mistakes. In one instance she labelled a client a psychopath when he really had autism. Barbara remarked on being taken advantage of frequently by clients and maintains a skeptical eye for the motivations and manipulation by her clients, knowing that they often get help in order to make it look good for their parole officer or for some other benefit on their part. When struggling with difficult clients, she said she often uses black humour, and shares stories with her colleagues in a confidential setting, which helps her manage the work.

Barbara manages this feeling that the world is not safe or just by keeping her sphere of influence to people she knows are safe and participating in safe activities. She tries to think

realistically and reminds herself that bad things generally happen by people that they know and not strangers. However, she remarked that when she walks down the street, she feels paranoid and doesn't like when people walk behind her. She tries to maintain control and a feeling of safety by having everyone walk in front of her.

Like myself, when Rose entered her PhD, she learned to be cautious when working with trauma survivors, but for a different reason. Caution was encouraged by professors and clinical supervisors when working with trauma survivors because the client's safety was a priority. Having previously worked in environments that encouraged her to take action, and were more focused on crisis, this was new for Rose. Fearful that she would harm the client by moving too quickly or too soon, Rose became tentative in her approach, bouncing back and forth between being forthright and leading her clients by asking them to share their trauma story, versus letting the client lead, and going where the client wanted to go. It was challenging for Rose to gauge how much to push or pull back in asking clients to share their traumatic experiences. Her worries were largely around making things worse for her clients who had experienced trauma, expecting that they might "go crazy," start crying and not be able to stop, or become suicidal if she asked them to share their stories of trauma too soon. Rose reflects on this experience noting that she was taught to be cautious but never learned the signs of readiness when working with clients, which made doing the work confusing.

After working with other clients who shared their stories and did not become suicidal, Rose came to realize that clients are resilient and able to handle a lot, and she now feels comfortable and knows how to look for readiness in clients. Most of what she has learned about trauma has been from outside of the program, doing her own readings and trainings. Throwing herself into the literature the same way she did with self-help as a teen, she said she now feels

confident to practice intentionally, and trust that her clients can handle what she pushes them to do. Recognizing the importance of caution, she said she had to do her own reading to understand why readiness was important and what the risks were when working with trauma survivors, as this was not taught in the program.

Rose remarked that she doesn't take her clients' stories home with her and doesn't feel weighed down by them. Rose's understanding of vicarious trauma is that it is largely experienced by clinicians with long histories of severe or unresolved trauma. She remarked that she hasn't ever had any big traumas in her life that she had to worry about being triggered in her work, so this isn't a concern for her. In supervision, Rose didn't share any of her difficulties or issues of a more personal nature, largely because she felt that she did not have any unresolved issues in her personal life that would affect her clinical practice.

She acknowledges that she has "soft spots" and is more affected by some clients and is susceptible to burnout when she is overworked. She noted, on one occasion, she was worrying about one particular client outside of session. She said this occurred because she was seeing too many clients at once, and she worried about this woman because she lacked resources and supports and only had a limited number of sessions with her. Likewise, she has felt the pressure to help clients who have experienced trauma, as they are in great distress from extreme things that have happened, and sometimes have seen many therapists already. The feelings of responsibility are high at times. When these feelings of responsibility filter into her personal life and the client is on her mind all the time and interferes with her concentration, or she feels incompetent, she knows there is a problem, and this may be a sign of vicarious trauma. She manages this by consulting with her peers.

Jennifer, Barbara, Rose and myself each learned about trauma in different ways, through encounters inside and outside of the counselling programs. The programs provided a lens by which we were able to reflect on what place trauma had in our own lives. Alongside learning about trauma, we developed our identities as counsellors which occurred in relation to efforts toward sustainable practice. Such efforts included attempts to avoid developing vicarious trauma, which was an elusive concept for many of us. We developed our own conceptions of what this entailed in these silences. In the next chapter I will return to the original research puzzle and discuss how these threads inform my own learnings from the study, as well as practical and social implications for what they mean for how we understand trauma and trauma work.

Chapter 8: Looking Backward and Forward: Towards New Understandings

After coming alongside three participants for two years, I am reminded of the reasons I wished to conduct this study, and of my original research puzzle. I initially sought to better understand the experiences of counsellor trainees as they came to learn about trauma and trauma work. Recognizing the contextual, relational, and temporal importance of learning about trauma work, I hoped to understand their experiences of learning about trauma work as it was shaped by our stories of experience inside and outside the counselling program. I attended to earlier landscapes including family life, volunteer experiences, as well as what was learned in the program, including messages relayed by professors, supervisors, peers, and so on. Through weaving together elements of our experience shaped by social, familial, institutional, and cultural narratives, I hoped to better understand how our experiences shaped our thoughts, feelings, and perceptions as we entered into relationships with clients who had experienced trauma.

As I look back on my own experience of coming to learn about trauma, the research puzzle emerged for me while I was in training during my master's program. Alongside my clinical work, I started to learn about wellness and maintaining boundaries with clients. I learned that trauma work was risky and could result in VT if one was not careful. What I was learning encouraged me to leave my work at work to resist the harmful effects of hearing clients' stories. I questioned this dominant narrative around trauma work that deemed it a risky practice for counsellors, a narrative that suggested I needed to protect myself from my clients. This idea clashed with what I knew about therapy. I had learned and strongly felt that empathy and building a relationship with clients facilitated healing in clients. How, then, was there another narrative that deemed counsellors as too "at risk" to work with clients in relational ways? As I puzzled over the notion of what best practice is when it comes to engaging in trauma work, I

questioned the ways in which we teach about trauma work and wellness, and wondered if, and how, it could be otherwise (Greene, 1995).

The research puzzle emerged from this bumping place and unfolded in a series of two parts. I asked participants to recollect their experiences prior to and during their training to become a psychologist thus far, as well as to tell stories of their work with clients who had experienced trauma. First, I asked how their past experiences shaped the ways they approached their work with trauma survivors. Second, I asked how they have been shaped by their experiences of working with trauma survivors.

As I came alongside Jennifer, Barbara, and Rose in research conversations, my understanding of trauma and the meanings of the experiences of counsellor trainees as they engaged in trauma work shifted as I heard their stories and called up stories of my own. Four narrative threads resonated across their and my experiences, which included: coming to construct what it means to have experienced trauma in different ways; reflecting on our lives using a trauma lens; storying trauma into our personal and professional lives; and making sense of trauma and VT in the silences. Drawing on these threads and linking them to literature and other research findings and understandings I examined the personal, practical and social justifications for the study, and addressed the questions of "so what?" and "who cares?" (Clandinin, 2013, p. 35) as I reflected on the significance of the study. Touching on these justifications makes it possible to address questions about the research puzzle, about who I am as an inquirer in the study, to direct our focus to the social and theoretical significance of this narrative inquiry, and to justify the purposes of the research (Clandinin, 2013). This discussion also enables me to pull forward possible connections between the narrative accounts and the related academic literature. Connecting our experiences with the related literature, I offer new insights to conversations

about trauma work and how students in counselling programs are educated about trauma and trauma work.

I hope to bring new questions to light and add to conversations in the field of counsellor education about how we define and teach counsellor trainees about what trauma is and how it lives in a life, about how we sustain ourselves as counsellors in practice as we listen to stories of trauma from our clients, and to learn more about how these stories shape each counsellor.

Personal Justifications

Returning to my narrative beginnings, I am reminded of the personal reasons for conducting this study. As I learned about trauma work during my master's and PhD counsellor training programs, I experienced many tensions, which left me feeling puzzled and uncertain about the way I was learning about trauma work, and about how this training might shape me and my practice. What I knew about myself, what I was learning about counselling, and what I understood about mental health, were in tension with what I was learning about wellness and best practice when it came to trauma work. These tensions during my training led me to begin to question the ways in which we, as counsellors and psychologists, approach trauma work. Within these tensions were opportunities to create spaces from which to open up possibilities to learn and educate (Clandinin, Murphy, Huber, & Orr, 2010).

As I reflected on the tensions I experienced, I recalled first learning that working with trauma survivors was risky because if counsellors were not careful, they might experience VT. Secondly, I felt limited in being able to speak about reactions to clients within supervision for fear that I would be deemed incompetent as a counsellor. These experiences conflicted with my beliefs that counsellors should be encouraged to speak openly about their reactions to their clients with peers and supervisors as part of their practice and to maintain well-being of the client

and the counsellor. I began to wonder why psychologists would choose to engage in working with trauma survivors if there was such a bleak outlook for the counsellor and their own well-being in doing such work. What about hearing the stories of trauma experienced by clients made it so risky? How might trauma work shift my own experience? How would I know if I was experiencing VT and what would be a corrective response?

From my practice, I felt there was a lot to learn from the experiences of individuals who have faced trauma in their lives. I learned that there was a lot of wisdom and insights about resilience embedded in their stories. I wondered about the other stories that existed in trauma work that did not fall in line with the dominant narrative of risk and caution. I wondered if there might be stories of learning and development for counsellor trainees through hearing the stories of trauma from their clients and from working with them in ways that might lead to mutual growth for the counsellor and the client.

Coming alongside Jennifer, Barbara, and Rose, gave me the chance to reflect more deeply on my experiences inside and outside of the program, and about who I am and am becoming as a counsellor. Hearing their stories, brought forward many family stories and stories to live by (Connelly & Clandinin, 1999) that I developed early on in life as a helper, which largely shaped my interest in psychology and entry into the field of counselling. As we each shared stories of our early lives before coming into the counselling program, this called forth how I learned about mental illness, and spaces in my life where I felt safe to disclose, as well as places where it was not safe to disclose. I was reminded of safe spaces I came to experience in my master's program and the relationships built with friends and professors within the program. It felt like the first time that I encountered people who took care of my stories (Lopez, 1990). Time, care, and thoughtful listening allowed me to find words to piece together who I was and

who I was becoming as a person and also as a counsellor. I forged strong relationships and grew to trust my sense of embodied knowing (Clandinin & Connelly, 1986), understanding the value in my experience. Small but impactful activities led by my instructors were offered up as opportunities by which I was able to story and re-story who I was and was becoming (Clandinin & Caine, 2012). I felt grateful for my experiences in my master's program, during which I learned what safe spaces looked like and how I felt to be both in them and part of them. These spaces were places where I had the opportunity to reflect back on my life and name my experiences using the new language of psychology, which helped me build clarity.

Learning to See Stories as Contextual

Prior to starting this study, my understanding of trauma and VT were shaped by the dominant narrative in which caution was encouraged. Trauma and VT seemed to be unknown and intangible entities of which I needed to be wary. Hearing the storied experiences of participants, I started to grasp the contextual nature of trauma, and how nuanced and multi-dimensional trauma can be. I could now ascribe meaning to the list of symptoms in the DSM which defined what qualifies as trauma. As I started to understand how trauma lived in a life, I started to appreciate how and why each person's experience of trauma must be considered unique.

As I attended to silences in each of our stories, I awakened (Greene, 1995) to the many different elements that shaped these silences, including culture, political climate, family norms, institutional norms, and so on (Clandinin & Rosiek, 2007). These were narrative backdrops within which our stories were lived and told and set the tone for the plotlines that were shared (Downey & Clandinin, 2010). I awakened to the complexity of trauma, as I saw layers to our experiences. Various people, including family, intergenerational family stories, friends, romantic

partners, mentors, and self-help authors, shaped how we each understood trauma. Growing up in small towns, big cities, areas of the city with higher or lower socioeconomic status, and amongst people with varied ethnic backgrounds, were all elements that shaped our understanding of what is considered traumatic. Further, financial security, language, and culture were also part of what shaped our views and experiences.

For example, Barbara who was born in a small conservative town in western Canada, into a family who did not speak about difficulties, experienced many silences around trauma and mental health issues. Her family dealt with difficulties by moving forward and not dwelling on these difficulties, and I started to grasp why trauma was not something she easily named in her life. When she spoke about being spanked growing up, "abuse" was the word that immediately came to mind, and I felt an urge to name that as traumatic for her. She explained that corporal punishment was "normal" for her at that time and place within her family, town, and era, I realized that growing up in a different part of the country, with different social norms, political views and family stories led me to name that as "abusive" and "traumatic" when viewed through my lens of experience. I could not place my experience side by side with hers and decide what was traumatic by comparing our experiences because we lived different lives and ascribed meaning to those experiences differently. I needed to understand it through her experiences, situated in particular times, places and relationships, and create spaces for her to label or name her experiences in ways that made sense for her. My scope of what I understood as trauma widened as I started to be wakeful (Greene, 1995) to what we labelled as traumatic in our own lives.

As each of us recollected stories from our lives before entering into the counselling psychology program, I started to understand how VT unfolds in each person's life. I started to

see VT less as a "thing," and more as an "experience." It was no longer one-dimensional, but rather woven into a life as it was shaped over time, across multiple experiences, places, and encounters with people (Clandinin & Connelly, 2000). I saw the social, cultural, and institutional narratives within which our experiences were constituted, shaped and enacted (Clandinin, 2006). I no longer feared contracting VT like a common cold, as I was able to trace this fear to early stories of what I learned about mental illness from observing my aunt as a child. I started to understand that VT was shaped in the lives of counsellors in more complex ways than through empathizing or getting too close to a client. I hope that through sharing this inquiry into the lives of four counsellor trainees, that new ideas, imagined possibilities, and ways of teaching about trauma and trauma work might be brought forward.

Practical Justifications: Imagining New Ways of Teaching about Trauma and Vicarious Trauma

On a practical level, I undertook this narrative inquiry in order to shed light on the complexity of trauma work through the experiences of counsellor trainees learning to work with trauma survivors. After combing the existing literature on counsellors and trainees working with trauma survivors, I found that there was an overwhelming amount of research concerning the negative impact of trauma work which followed primarily a deficit-based approach. That is, vicarious trauma, burnout, compassion fatigue, and secondary traumatic stress were commonplace terms used to define trauma work (Hyatt-Burkhart, 2014; Jenkins & Baird, 2002; Sabin-Farrell & Turpin, 2003).

The research that emerged in the last 35 years has uniformly shaped a narrative around which counsellors are understood to be at risk of experiencing symptoms of trauma similar to those experienced by their clients whom they are counselling. The symptoms identified can

appear as psychological (e.g., hypervigilance, intrusive thoughts), somatic (e.g., insomnia, nausea), and social (e.g., feeling isolated, avoiding relationships) in nature (Finklestein, Stein, Greene, Bronstein, & Solomon, 2015; McCann & Pearlman, 1990; Steed & Downing, 1998). The consequences of these experiences include worrisome repercussions for therapy, including non-empathic distancing from clients, victim blaming, loss of energy and idealism from the clinician's view (McCann & Pearlman, 1990), boundary violations (Neumann & Gamble, 1995) and many other possible consequences that may harm the therapist, client and the therapeutic relationship (Canfield, 2005; Pearlman & Saakvitne, 1995). With the awareness that this is occurring, the research around the potential negative implications has sky-rocketed, and focused largely around identifying the various factors that put counsellors at risk, including individual (Adams & Riggs, 2008; Pearlman & Saakvitne, 1995) and organizational factors (Boscarino, Figley & Adams, 2004; Devilly, Wright, & Varker, 2009) that predict VT, as well as the types of trauma that put counsellors at risk (Kadambi & Truscott, 2004; Shauben & Frazier, 1995).

From this extensive research on VT, counsellor trainees have been identified as a group at risk for developing VT (Adams & Riggs, 2008; Neumann & Gamble, 1995) due to their lack of clinical experience, lack of trauma specific training (Baird & Jenkins, 2003), and high rates of personal trauma histories (Adams & Riggs, 2008; Ozer et al., 2008). The "risk narrative" has dominated the literature and education concerning counsellors who are learning about best practice concerning trauma work. Consequently, counsellor education programs have implemented initiatives that incorporate wellness and self-care (Sansbury et al., 2014), and have adopted a paradigm, which advocates for prevention of VT (Harrison & Westwood, 2009).

However, there has been limited qualitative research available on how trauma work affects counsellor trainees, beyond the focus on how detrimental it can be. There were no

alternative stories discussed within my training in counsellor education beyond messages of caution and risk. However, I knew that I personally had different experiences, and I wanted to bring such experiences to light. By shedding light on alternative stories of trauma work in counsellor trainees, I hoped that these stories might resonate with counsellor trainees, and allow them to imagine other ways of being and experiencing trauma work, including how they come into the room and enter into relationship with clients, how they understand and speak about trauma work, and what resources they draw from as they engage in trauma work, as they develop their identities as counsellors. I also hoped that sharing these stories would allow professors and supervisors to think in new ways about how they educate and teach about trauma work and help shed light on how trainees might be supported in their transition into working with trauma survivors. This new knowledge could be used to inform the discipline of Counselling Psychology, counsellor education, and theory and practice regarding work with trauma survivors.

Setting Boundaries in Trauma Work

In the stories of experience shared by the participants and myself, it was assumed that setting boundaries was the best way to manage the experience of working with trauma survivors. There was a sense that there could be risk and danger from engaging in trauma work. Many of the messages received from supervisors and professors in the stories told, fell in line with the risk narrative and encouraged boundary setting. Keeping separate personal and professional identities was one way boundaries were encouraged as a means to protect against VT, to avoid the risk and harm that this type of work entailed, and was also a means by which a professional identity was forged.

Barbara and Rose learned to adopt this approach of a boundaried life, by developing distinct personal and professional identities. This was done by maintaining a separation between

their work/student life, and their home life. What they heard from their clients during their sessions was left at work, and not reflected on or thought about at home. Likewise, experiences they had currently and earlier in life were not used in the counselling room. By separating these identities, Barbara and Rose adopted a skills-based approach to their counselling work, which largely drew from techniques. They drew from what they learned from the institution, the program, supervision, and their practicum settings on what was best practice for working with trauma survivors. Throughout our conversations, Rose and Barbara shared detailed stories of their earlier lives, including family stories, relationships with romantic partners and friends, and so on. Rose and Barbara noted having never shared many of these stories before, and not reflected on them, and chose not to think with these stories as they engaged in counselling practice.

I was left wondering where the idea developed that keeping personal and professional lives separate protects against VT? This message was understood by myself, Rose and Barbara, to mean that if we don't leave the stories heard at work, we will develop VT. To guard against this, we were taught to keep separate identities.

Attending to Identities within Counsellor Education

Indeed, trying to guard against the harmful effects of trauma work through setting boundaries prevented counsellor trainees from incorporating any of their experiential knowledge acquired through their life experiences into practice. Drawing from a narrative perspective, I understand stories to live by (Connelly & Clandinin, 1999) as a conceptualization of identity as experiential, contextual, embodied, always in the making, and shaped by the intersection of context with knowledge.

Jennifer's story brought forward a different approach to working with trauma survivors, one that did not fall in line with the dominant narrative of risk, and more closely fell in line with a narrative conception of identity. She did not attempt to draw hard boundaries between personal and professional lives, understanding this boundary to be imaginary and fluid. She drew from her personal experiences to empathize, connect with clients, and to inform her practice. Acknowledging that she held many identities, only one of which was her counselling identity, she was able to grow and learn about herself in the context of her work, and to make meaning of those experiences as they occurred. Jennifer's story highlights a narrative that is not often told, one which challenges the dominant narrative that in order to sustain in our practice, we need to live a boundaried life.

The stories told bring forward important questions about life-making in counsellor training programs. Keeping personal and professional lives separate may lead to difficulties for the developing counsellor who is working to integrate who they are as a counsellor, as they develop personally and professionally. As Barbara stated, she had been struggling to integrate who she is as a counsellor, but did not know how to go about doing so. I wondered if keeping separate personal and professional identities may have contributed to this struggle for her. This led me to wonder if, and how, the program might shape this journey of life-making as we compose new identities when we enter the program.

Both personal and professional development have been identified as important aspects of our training (Souders, 2009). As Barbara and Rose spoke about the personal and professional identities they held, I thought about the many other identities they held, and what it would be like to invite knowledge from each of these parts of themselves to intersect. Jennifer recalled many stories from her past and uncovered the multiplicity of identities including growing up within a

low socioeconomic status, as a member of an ethnic minority, and as a developing feminist. Each of these parts make up who she is, and she still feels connected to each of them.

However, their training did not attend to other identities aside from professional identity development as future psychologists. Jennifer remarked that her professors do not know who she is aside from her life as a counselling student, and Rose and Barbara likewise shared that they did not disclose stories from their personal lives in class. Hearing that teaching focused on skill development and technique led me to wonder what spaces there were for knowledge acquired in other spaces in our lives. How might our own stories to live by and the embodied knowing in those contexts shift the way by which we understand and engage in trauma work?

How might attending to aspects of our identities such as gender, ethnicity, sexual orientation, (dis)ability, religious identity, and class shift the ways in which we encourage development of counsellors? How might we consider these intersecting identities and how they filter into who we are and who we are becoming? How might reflecting on these different aspects of our identities shape our understanding of trauma as experienced by others and ourselves?

The findings in the study mirror the implicit assumption that we are one person in professional contexts and different people when we are outside of professional contexts, which has been identified as a tension in professional education contexts. This reductionist boundary between the personal and professional is extended to the need to compose and maintain separate personal and professional identities (Estefan et al., 2016). This way of educating only concerns itself with professional identity making and ignores different aspects of experiential knowledge that may be useful when responding to situations (Connelly & Clandinin, 1988; Estefan et al., 2016). A narrative understanding of identity posits that we are not different people in different

situations, places, or contexts (Connelly & Clandinin, 1988). Attending only to professional identity making does not allow us to account for the wholeness of our lives, and the unfolding of lives within contexts (Estefan et al., 2016).

The experiences shared by myself and the participants in the study suggest the importance for students to share their stories for the purpose of identity making, to bring forward questions of who they are and who they are becoming as counsellors and invite learning that is built upon experiences to make education meaningful to them (Dewey, 1938). Attending only to the narrow stories of professional competence and not to the "whole" person devalues the relational and contextual practice of counselling. We lose the broader landscape within which counselling is situated (Estefan et al., 2016). How can we better attend to, and honour, life making as an important source of knowledge in counsellor education programs?

Misconceptions About Vicarious Trauma

As we each learned about trauma in our programs, we all received teaching around trauma by professors as something "different" from other issues, which required training, and should be approached cautiously because working with trauma could harm the counsellor or the client. Professors and supervisors taught about the implications of trauma work for the counsellor by emphasizing VT prevention, which was encouraged through practicing self-care. These messages mirrored the extant literature on VT, which attends largely to the dominant narrative, suggesting that VT is something to be avoided, with negative implications of trauma work emphasized. While these cautionary messages around trauma work were intended as a means to prevent VT, there were few details on what VT was, what the signs of it were, how it developed, and how it could be prevented or managed. Within these silences around VT, this called for feelings of anxiety, tentativeness, distance with clients, questioning our skills, concern for the

well-being of clients as well as ourselves. Each of us filled the silences with our own understanding of VT and how it develops, which included many misconceptions. The way in which each of us interpreted this message of caution differed depending on our own stories to live by.

For example, Rose worried about re-traumatizing her clients, unsure of how to gauge the readiness for them to tell about their traumatic experiences, and worried about what might happen if they did so too soon. Rose believed that she could not develop VT, as she storied herself as someone who had never experienced any "big" or "unresolved" traumas that she had to worry about being triggered through her work. She understood that VT was something that only happened to counsellors who had previous unresolved trauma in their lives. Only through this study was she able to reflect and realize this belief was not true.

Barbara shared the belief that she would not let herself get VT, which she thought she could prevent by not being affected by the stories of her clients, by shutting down her emotions and blocking out the disturbing details. However, as Barbara shared stories with me, she noted many shifts in her beliefs and worldview from her work with sex offenders suggesting that she had been affected by stories shared by clients. Through our study she was able to name VT in her own life, identifying shifting beliefs about her feelings of safety and justice in the world, feeling paranoid when she walks alone, and looking at playgrounds and children differently after working with so many sex offenders. Barbara shared that she ignored these changes and pushed through because of the demands of the PhD program, despite comments from supervisors and peers to socialize and "unload" more.

Jennifer's experience was different from the rest of us, as she held no beliefs that being affected by clients was a bad thing. She did not adopt an approach of caution. She focused on

building strong relationships with her clients. In Jennifer's encounter with a man in his 90's who was recently sexually assaulted, she spoke to forming a close bond with this man. As she heard his story, she felt a variety of emotions, of sadness, anger, hopelessness, and so on. Her willingness to be affected by clients was used as a resource to empathize, relate, and understand their experiences. It made me wonder if we are not willing to be affected by the stories of our clients, do we lose this resource of empathy?

Jennifer's explanation of how she engages in trauma work mirrors the findings by Silveira and Boyer's (2014) study, in which they found that counsellors felt deep satisfaction from a strong therapeutic bond with clients, which seemed to counteract the negative consequences of hearing the clients' narratives of their traumatic experiences. Her experience highlights the possibility of a bi-directional potential in the therapeutic process, which has been identified in VR research, in which therapists may not only serve to generate, but also serve as recipients of positive effects (Hernandez et al., 2010; Silveira & Boyer, 2014). This mostly silent story highlights an alternative to the dominant narrative of VT and emphasizes the importance of relationship and the empathic bond to bring about a reciprocal and mutually influencing process that can facilitate growth. Hearing her story made me think about alternative ways we might teach about trauma work, ways in which we can be affected by clients and sustained in our work. I am curious to know how training might shift and change the way we come into the room with trauma survivors when stories such as this are relayed.

There has been a positive movement in the last few decades toward incorporating trainee wellness and self-care initiatives more consistently in counsellor training programs. There is also a growing consensus that there is a need for supervision and training in trauma as a part of graduate curricula (Campbell et al., 1999). However, there is still little agreement on how this

should be taught, and how to stimulate wellness in students training to become counsellors. This study highlights many areas for growth in the area of counsellor wellness, and adds to the research on counsellor development, supervision, and training about trauma in counsellor education programs.

The stories told bring forward important questions about the ways in which we teach about VT in counsellor education programs. The risk narrative emphasizes prevention and self-protection, and oversimplifies VT, understanding it as a result of poor boundary management with clients and between our personal and professional lives. Teaching about risk in trauma work invited distance, tentativeness, and fear for Rose and myself with our clients– the opposite of what is healing. This guards against the relational and empathic connection between counsellors and their clients, which is a vital element in the practice of counselling, especially when working with trauma survivors (Rogers, 1980). Narrowing the cause of VT to poor boundaries, empathic engagement with clients, or having a trauma history does not do justice to how VT is experienced, and this study as well as emerging research supports the notion that these factors may not in fact be predictive of VT (Coleman et al., 2018; Devilly et al., 2009).

The stories of participants in this study invite a new lens by which we can understand trauma work that highlights contextual nature of trauma and VT as it unfolds in a life and is shaped by various aspects of experience. The findings challenge the dominant narrative, arguing for a more intricate careful consideration of how we understand VT and how it develops. Taking this contextual view offers the opportunity to look at trauma work in ways that do not force a binary view of trauma work. To date, trauma work has been identified as causing largely negative implications (i.e., VT) for counsellors. This study adds to emerging research in VR and VPTG which suggests that trauma work is nuanced and may include positive and negative

experiences that coincide and occur in parallel. This supports the possibility to experience symptoms of trauma similar to that of clients, while also experiencing growth (Hernandez-Wolfe et al., 2015; Manning-Jones et al., 2016). A contextual view of trauma and trauma work allows for this possibility and invites new ways of attending to these experiences.

In this study, within the stories of our experiences, VT was understood to be something that we might experience through our work with trauma survivors. The many misconceptions we each developed in the silences around VT call for a shift in the way in which we teach about trauma and VT. It suggests that the education on VT and trauma work must go beyond encouraging self-care and highlights the need for hearing first hand experiences of what VT looks like. Learning first-hand accounts of experiences of engaging in trauma work might be one way in which to bring greater understanding of what VT looks like and is experienced. Reading or hearing such stories might also facilitate discussions around wellness and trauma work, including the challenges of this work and how they can be overcome. They might also highlight stories of resilience and how counsellors sustain in their work, to imagine alternative possibilities.

Implications for Supervision

The findings in the study have important implications for conducting clinical supervision for counsellor trainees who are engaging in trauma work. The participants held varied beliefs about what supervision was meant for, and what was appropriate to discuss, in trauma work. Barbara and Rose both held the belief that supervision was not a space in which sharing personal issues was appropriate, unless they believed it was impacting their work with clients. Many of the participants spoke to being unwilling to share how they were affected by clients, or their own personal traumas within supervision. Again, the stories shared emphasize the focus on

professional development that exists in counselling programs, and the minimal attention to personal development, which is also integral when training counsellors (Souders, 2009).

Barbara shared that she worried about being pathologized about some of the changes she experienced, that she now labels VT. After working with numerous sex offenders, she started to view children differently, and the first thought that came to mind was that they were viewed as sex objects. These thoughts disturbed her and yet she kept silent about them. She chose not to bring the changes she experienced into supervision, because she didn't feel that they directly impacted her clients. Despite the majority of her work being done with trauma survivors, she said nearly all of her supervision experiences were focused on techniques and skills.

Rose commented that she never had any "unresolved" traumas in her own life that impacted her work, or that she felt she had to work through in supervision. Thus, she never talked about how her personal life experiences affected her work, or how she was being affected by clients, despite having some moments of feeling stressed in her work. For myself, there were few supervisors I felt safe sharing my reactions about clients with after being labelled as vicariously traumatized by my one of my first supervisors. This silenced my willingness to disclose how I was affected by my work.

The extant research supports the idea that processing the emotional reactions to trauma stories, and making meaning from them does fall under the scope of supervision (Fucci, 2008). Helping trainees make sense of the stories they hear, and validating their reactions encourages growth in the trainee and reduces the chance of developing VT (Fucci, 2008; Barrington & Shakespeare-Finch, 2013). However, several of the trainees in the study did not have this experience. Several participants did not believe this was appropriate, felt it was irrelevant, or felt uncomfortable doing so because it was too personal to discuss in supervision. The findings of

this study bring forward necessary changes in how we approach, educate, and monitor trauma work in supervision, and questions the client-first approach to supervision. It highlights the need for supervisors to initiate and create spaces, which encourage conversations in which counsellor trainees can share stories of experiences they have with their clients. Defining the scope and limits of supervision by naming which topics are and are not appropriate for supervision would be important, so that trainees understand what they can discuss, feel supported in their work with trauma survivors, and understand that supervision is meant to facilitate both personal and professional development.

Implications for Counsellor Education: Finding Places to Share Stories

The opportunities to reflect on our lives through sharing stories was identified by several of the participants as something they felt was missing from their programs. Jennifer noted that even though she had labeled her past experiences and reflected on how they have shaped her, she had done this largely on her own and with peers, and not in the context of her counselling practice. She commented throughout the study that this was the first time she has shared her stories in a way that helped her connect them to her practice. Jennifer remarked that the program is all "skill, practice, learn," with no opportunities to explore the past and how it shapes you.

Barbara also wished for spaces in the counselling program in which she could have the opportunity to look at her own life experiences and how it informs her practice, wishing to "integrate" herself as a person more into her practice. Barbara had some opportunity to reflect on her childhood while in the master's, however this was short lived and did not continue into her PhD, or in supervision or other spaces in the program. Her practice therefore became much more skills focused, and more of a teacher-student dynamic with her clients.

Rose heard stories from peers in her program that she labelled “major traumas” and, in comparison, labelled herself as not having experienced trauma. Hearing their stories made her feel that she couldn’t share her own stories because in comparison hers were less extreme, and, in her mind, less impactful. During one of our conversations, Rose shared an experience in which her first boyfriend disclosed to her his experience of being raped. She noted that this story had never been shared, and she hadn’t reflected on or thought about this in relation to her practice.

Learning to self-reflect alongside my professors and my peers in my master’s through sharing stories gave me the opportunity to see different perspectives on my life and was instrumental in shaping my identity as a whole person, first and foremost before considering who I was as a counsellor. I look back on this experience and now understand how it was a kind of narrative reflection (Clandinin & Connelly, 2000). When I entered the PhD program, I realized that not all programs took such a strong focus on sharing stories, self-reflection, and facilitating identity development. It became harder to find spaces to share my stories in this new setting, which meant that I kept my experiences to myself, and felt pressured to use skills and techniques without attending to my experiential knowledge in practice.

Hearing these stories, and reflecting on my own, made me wonder about the knowledge acquired through personal experience, and how we might be missing this valuable resource when counselling clients if we haven’t had the opportunities to share our stories, and are actively working to separate our personal and professional identities. This personal practical knowledge (Clandinin, 1986) is something that may be worthwhile attending to, and nurturing, as counsellors start to develop as professionals, and begin to work with trauma survivors. How might each of us change in our practice if we had more opportunities to consciously draw from some of our stories to inform our work? How might using experiential knowledge shape the

relationships built with clients? I thought about self-reflection and opportunities to share stories in the program within the classroom, supervision, and other places, and wondered how the program could create safe spaces that would invite a variety of experiences to be shared to help counsellor trainees understand how their stories shape their own practice.

Sharing stories of our early landscapes is one way of building self-awareness, and developing a coherent story of who we are, which is an important element in resilience: developing a sense of coherence (Antonovsky, 1987; Linley et al., 2005; Rutter, 1985). Previous research on VT and VPTG has emphasized the importance of making sense of the trauma stories we hear from clients. Engaging in meaning making from the struggle with a shattered belief system can help counsellors process the stories heard, rework their beliefs and assumptions about themselves and the world (Arnold et al., 2005; Calhoun & Tedeschi, 2006; Janoff-Bulman & Yopyk, 2004) so that traumatic material is incorporated effectively (Joseph, 2011; Joseph & Linley, 2005; Park, 2010). However, it may be equally important that this process of meaning making begin prior to starting work with trauma survivors. Counsellor training is an imperative time in which trainees could have the opportunity to share stories which might set the stage for further storytelling and meaning making when engaging in trauma work.

Sharing stories may also allow for self-reflection in relational ways that may help trainees better understand who they are, and who they are becoming, as counsellors in the room with trauma survivors, and thereby support their personal and professional development. Attending to the balance between focusing on personal and professional development has been identified as important to counsellor training (Souders, 2009). This involves focusing not only on the skills, techniques, theory and research that makes up professional development (Elton-Wilson, 1994), but also aspects such as interpersonal engagement, authenticity, and self-reflection, which make

up personal development (Elton-Wilson, 1994; Donati & Watts, 2005; Wilkins, 1997). Finding spaces to share stories might be one approach to focusing on personal development of counsellor trainees.

Social Justifications: Reflecting on How We Know Trauma in a Life

On a social level, my hope was that the research I conducted within this inquiry would shift the conversation of trauma and VT from a deficit-based approach that is dominant in the literature, so that elements that contribute to sustainable practice, growth and development of counsellors were highlighted. New ways of thinking about trauma and trauma work might be brought to light as a result of reading this work. My hope was that this would transcend into more general arenas of the public such that individuals may start to understand trauma differently, and new questions might arise about how we understand and define trauma.

As I came alongside participants, I gave each of them the opportunity to define trauma in the ways in which they understood it. The other participants and I held different understandings of what trauma is, how it lived in our own lives, and in the lives of our clients and others around us. The stories told by Jennifer, Barbara, Rose and myself, bring up questions about our assumptions of what trauma is, how it is defined, and how it is experienced by counsellor trainees, and clients seeking therapy. Adopting different definitions of trauma holds important implications for the work we do as counsellors and shapes the interactions we have with clients.

Attending to the three-dimensional narrative inquiry space, I understood that each of our definitions were constructed through interactions with various people in our lives, places, and across time (Clandinin & Connelly, 2000). Learning about trauma occurred through hearing stories from family members, leaders in the field of psychology, professors, supervisors, clients,

and others in our lives. Our experiences were shaped by settings such as women's shelters, prisons, distress line agencies, sexual assault centres, the university, and so on.

Prior to entering into the counselling field, trauma was not something any of us considered in our own lives. Barbara, Rose, and myself each saw ourselves as getting all that we needed, feeling supported, and living good lives as we grew up. We did not identify any big events that we would name "traumatic" in our lives. Understanding trauma as something out of the ordinary that left us unable to cope, we lived by stories in which we faced no real hardships that we could not handle. Trauma was understood to be something experienced by other people. While privilege was only named explicitly by Jennifer, it seemed to be understood by each of us to counteract any possibility of experiencing trauma. How the program defined trauma had important implications for how we viewed trauma living in our own lives. The definition of trauma used by the program and how it was taught, in part shaped our understanding of how we saw trauma in the lives of others and ourselves.

For Rose, trauma was understood as something experienced by others, and not herself. Placing her experiences side by side with others who met criteria for trauma in accordance to the DSM V, led her to believe that she did not experience trauma because she did not experience any large-scale events that threatened her sense of safety or trust about people or the world. Her understanding of trauma as a set of criteria decided by the DSM V led her to understand trauma as something that occurs on an individual level for the client but not for herself. Creating this divide with clients led her to compose a professional identity in which she held the power to make important decisions such as naming trauma in the lives of others. Unable to see trauma in her own life leaves us to consider how this shapes her interactions with clients, and if and how she understands it in others.

Similarly, Barbara struggled to name trauma in her own life. She placed her experiences side by side with sexual assault survivors and sex offenders who oftentimes experienced abuse themselves. Her understandings of trauma were shaped by the prison system and growing up in a small town where mental illness and trauma were kept silent. Barbara worried that she was misusing the label for experiences that were not "significant" enough to merit the label of trauma. Asking her more about this, there was a worry that using the label might devalue it, as she knows it is important to other people. She was open and willing to name trauma in the lives of others, respecting the power it holds for others, but did not feel comfortable using it for herself.

Jennifer and I encountered more visible forms of trauma in our early lives from stories heard within our families and were able to look back and name trauma as experienced by ourselves and others in our families. Naming trauma in our own lives helped us understand the subjective nature of trauma. Jennifer's understanding of trauma was shaped by experiences she had first hand, as well as family stories of fleeing the "old country" as refugees and the implications this had for her family as she grew up. Naming trauma in her own life allowed her to realize that trauma is a subjective experience that must be labelled by the person who experienced it. Her personal experience with sexual coercion by her first boyfriend, stories shared by her mum who was raped, and hearing stories from other sexual assault survivors led her to understand the power dynamics at play in trauma, and the importance of giving the power back to the victim by allowing them to label their own experiences. She understood trauma on an individual, familial, and societal level, and felt that we need to address all aspects, by advocating for social justice. Jennifer's conceptualization of trauma invites us to reconsider the ways in

which we know trauma in a life by drawing attention to the subjectivity of what is experienced as opposed to the event.

Given that we each entered the program with different definitions of trauma, and all of us intuitively, and without discussion, searched for trauma in our own lives when we started the program, this brings forward many questions and implications not only for how we teach about trauma work, but also for how we define trauma. It speaks to the implications of using narrow versus broad definitions of trauma and how each shaped our understanding of trauma as it is experienced in our own lives and the lives of others. It also highlights the importance of having conversations about trauma and how it is defined, and who experiences it. How do we construct what counts as trauma for ourselves and our clients? Thinking of Jennifer's experience of naming trauma in her own life, and the experience of sexual coercion, this gave her some sense of what it was like for her clients who experienced sexual assault. I wondered as the study went on how we can come to understand trauma in a life when we have not recognized how it exists in our own lives? How might this shape our interactions and assumptions about those we have labeled trauma survivors?

On a broader level, the stories of participants brought up questions about how we define trauma, and who decides what counts as "trauma"? Attending to cultural, familial, institutional, and social narratives, the social conditions under which trauma is understood are worthy and of note. As I conducted this study, I became aware of the varied definitions of trauma by different sources, such as family norms, societal norms, and place which each shaped our understanding of what is named "trauma" and what is named "normal." When I started this study, I used a definition of trauma that named it a psychological response to one or more harmful events that exceeds an individuals' ability to cope or effectively adapt (Briere & Scott, 2006). Trauma was

understood to involve events that are sudden, unexpected, perceived as undesirable, uncontrollable, out of the ordinary, and threatening to one's well-being (McCann & Pearlman, 1990). I understood that people who experienced trauma were left feeling that the world was unsafe and a dangerous place and questioned their ability to do anything meaningful to control their lives, protect their well-being, or ensure the well-being of others around them (McCann & Pearlman, 1990). Much of the psychological literature follows this same definition of trauma. However, this is only one definition of trauma, and certainly not the only one.

The DSM V (American Psychological Association, 2013) holds a stricter understanding of trauma that lists a set criteria of symptoms that one must meet in order to qualify for the diagnosis of post-traumatic stress disorder. Oftentimes symptoms such as nightmares and flashbacks are the most identifiable. It includes single events that leave a person fearing for their safety and is understood in black and white terms– either you have it or you don't. The DSM V informs much of what is understood by the public and amongst mental health professionals. Trauma exists in the margins of the population according to this definition and is not weaved into the fabric of our life experiences. Stripped of context, the DSM only qualifies some events as traumatic. If we don't meet the set criteria, our experiences do not count as trauma.

From the lens of the media, trauma is shaped by graphic and shocking events that are visible and extreme in form. Identifiable groups of individuals who are seen as trauma survivors include refugees, victims of sexual assault, or individuals who endure horrific events such as school shootings, earthquakes or tsunamis. Certain professions are seen to be at risk of PTSD, such as first responders and war veterans. The media portrays trauma as a likely occurrence if one of these events has been experienced. However, the research on trauma indicates that 75-90% of those who have experienced traumatic events such as the ones listed, actually report

benefits from their traumatic experiences (Tedeschi et al., 1998). These are stories we don't often hear about.

What is considered to be traumatic shifts and changes with the sociopolitical climate. For example, in the last year, the #MeToo movement started and allegations of sexual assault were proclaimed by many of the female stars in Hollywood and a push for change was expressed. What constitutes as sexual assault broadened in its definition and what was once not considered harmful or traumatic is now understood to have significant, long lasting impacts, which are now punishable by law. This is one example demonstrating that the idea that what is understood to be traumatic by society is constantly changing with time, place, the law, and the decision makers who have power. What is considered to be traumatic is influenced by so many factors beyond simply the event itself.

Jennifer shared her experience of growing up as a child of refugees in Canada. She heard stories of fleeing the "old country" from her parents, but she herself was not a refugee. She shared that to her knowledge, she was not labelled as a trauma survivor by others. However, her story brought forward wonders around the stories portrayed by the media about refugees, such as individuals who recently fled Syria to Canada. Much of the media's attention was focused on the trauma experienced by this group of people. The images and video footage portrayed by the media led us to believe that this group of individuals had all undergone trauma. This led me to wonder how naming all refugees as survivors of trauma before hearing their stories might lead to preconceived notions about who they are and what their stories are. What happens when we label them as trauma survivors as opposed to allowing them to define this for themselves? The varied influences that shape what trauma is and who experiences it bring up important questions around who decides what counts as trauma? Is it dictated by the DSM, the media, the institution, the

individual, the counsellor, or someone else? The stories shared within this study bring about new considerations for how we understand and think about trauma in the lives of individuals, and groups of people and bring forward many wonderings about what implications this might have for each of us.

Challenges

Throughout this narrative inquiry, I faced several challenges. The majority of these challenges related to distinguishing my identities as a counsellor trainee and a narrative inquirer. Each of these identities held different ideas regarding what it means to share stories and held different ethical responsibilities. I will discuss these challenges and how I came to make sense of these different identities in this section.

Who am I as a Narrative Inquirer?

Many times, during this narrative inquiry I found myself questioning who I was and how I was supposed to *be* as a narrative inquirer. It was an ongoing challenge for me to engage in narrative inquiry. During conversations with participants, I often found myself wondering, can I ask this question, or is this a therapy question? Many participants' stories were being shared for the first time as we engaged in our conversations. As a result, new insights and self-awareness were developed and realized. At times, it felt like a great overlap of narrative inquiry with therapy, and I struggled with the differences around who I was as therapist and as researcher. The first conversations with some participants were held within a clinic where we met. The clinic rooms called forth my embodied knowing as a counsellor. I struggled to move from therapist to researcher and to think narratively alongside participants about their, and my, experiences. I decided to change the place of our conversations and we agreed to meet at my apartment for subsequent conversations. Despite this change in place, I still felt the shadow of the place of the

institution as I engaged in these conversations, in part because I knew participants previously and we shared identities as counselling students. It was not easy to move into other stories to live by, as we were fixed first and foremost as counsellor trainees. With time, and negotiation of the relational space (Clandinin, 2013), this changed slowly, and we started to ease the edges of these fixed roles, as I shared my stories and started to think with their and my stories (Morris, 2002).

Sharing My Stories

I also struggled with knowing what and how to share my stories. Can I share this story? Is it appropriate? Is it mine to share? As a counsellor, I had learned not to disclose my stories in therapy, unless there was great care and consideration that this would be beneficial for the client. As a narrative inquirer, I knew that my stories of experience as well as the stories of participants were under study and so I felt that I needed to make my stories visible (Clandinin & Connelly, 2000). Indeed, I was reminded of the relational ontology of narrative inquiry, and the fact that who I was and was becoming was also part of the study. However, I did feel that I needed to be sensitive to participants and their stories in what I shared, and in this way drew from what I understood about ethics of care (Noddings, 1984). Relational ethics lives at the heart of narrative inquiry, and so I needed to be mindful of the ethical relationship, which meant careful consideration of if and how I shared my own stories and listened to theirs (Clandinin, Caine, & Lessard, 2018).

The questions I asked myself when I shared my stories differed from those that I asked myself when engaging in therapy. The stories that I share in therapy always consider the best interest of the client, and how it might normalize their experience or offer new perspectives on their situation. I ask myself if it is for the benefit of myself or the client. With participants, I thought *with* their stories and what they called up in me. I also thought carefully about how each

story might be received, and, at the same time, let go of trying to guess how they might respond. Sharing my stories was not done with any intent to normalize or change the views of participants. I let go of any intent to sway their views or help them to change. When I did this, participants picked up on elements in my story I hadn't considered. They were struck by points, which I glossed over. What mattered to me was not necessarily what they saw as significant. This opened up new spaces and opportunities to world travel (Lugones, 1987), and be wakeful to new parts of our stories (Greene, 1995).

Recognizing that who I am and who I am becoming is still very much in motion (Clandinin & Caine, 2012), I felt slightly more at ease around these different identities and who I am in different situations (Polkinghorne, 1988). As I started to share stories of myself, I learned to sit with my stories and the stories of participants with a little less certainty, and more curiosity as we composed our stories in relation (Clandinin et al., 2018). I maintained a stance of wonder, rather than a position of already knowing, as a means of inquiry and composing knowledge (Caine, Estefan, & Clandinin, 2013). This sense of wonder was marked by a relational commitment to my participants and opened up spaces from which participants were able to share their understandings, sit with these tensions, and decide if they wanted to turn away or toward them. It also opened up the imagination to stop striving for certainty (Clandinin et al., 2018).

Learning to Live Research Relations in Ethical Ways

As I grappled with the differences in relational ethics as a narrative inquirer and professional ethics as a counsellor, I found that the lines blurred and overlapped at many points in time throughout the study. As a cousellor trainee, I adhere to the Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2017) and follow the ethical principles, values, and standards of practice for psychological research. Several of the ethical principles

overlapped with what I understand of relational ethics in narrative inquiry. As a therapist, my job is to alleviate suffering, and I have a responsibility to respect the dignity of my clients, recognizing their inherent worth, and respecting their autonomous decisions and choices. I also demonstrate responsible caring and behave in ways that maximize therapy for their benefit (beneficience), and strive to do no harm (nonmaleficience). Third, I demonstrate integrity in relationships, being honest, straightforward, and open, and avoid conflicts of interest. Finally, I have a responsibility to society to promote the welfare of others and use psychological knowledge to benefit society (Canadian Psychological Association, 2017). While these guidelines do hold when doing research, I acknowledged that participants were not clients of mine, and I did not hold the responsibility to alleviate their suffering. There were other ethical considerations guiding my actions in this study. Relational ethics in narrative inquiry invited me to think in new ways that made me question what my responsibility was to participants because these responsibilities were not the same as they would be for my clients.

I experienced many moments of tension in hearing their stories wondering if and how some participants would sustain themselves in their work. I worried when their stories overlapped with the dominant discourse of risk and caution, and I felt that the stories they were sharing would put their own well-being in jeopardy by compartmentalizing their personal and professional lives. I found myself feeling a sense of dis/ease (Lugones, 1987) at some of these stories told, as I wanted them to live out different stories. I called forth stories of my own around keeping separate identities, and how this shaped me in my own life in ways that were harmful to me and worried they would live out similar stories. In my self-facing, I realized that one of my stories to live by is that to be a good counsellor means to care and be affected by your clients, to self-reflect on what you hear and how you make sense of it in your own life. This I understood

was important to taking care for yourself and your clients. I realized this story to live by competed with what participants wanted and believed (Clandinin et al., 2018). They held different stories to live by about what it meant to be a good counsellor, ones which were about having healthy work/life balance, prioritizing care for the client, using evidence-based treatments, and making social change. These stories to live by were lived out in different ways from mine, but the intention was the same.

Throughout the inquiry, I sought guidance from my committee (Dr. Buck and Dr. Clandinin) for help with differentiating my ethical responsibilities as a narrative inquirer and counsellor trainee. This occurred through discussions as well as reading interim narrative accounts where my wonders were embedded. I also discussed this with my response community to ensure I was attending ethically to participants and their stories. I also engaged in reflective journaling to understand some of the dis/ease I was experiencing. In moments when I felt the urge to point participants toward what I felt was a healthier path, I attended to this sense of not knowing (Clandinin et al., 2018), and moved into being curious and wondering, as I world traveled to see the world through their eyes (Lugones, 1987). I realized as a narrative inquirer I was not trying to change their stories, label their experiences, or move them towards working with trauma in other ways. It was to understand more of the complexities of their experiences. It became easier to differentiate the borders between these two identities, as I began to inquire more into my own stories of experience, talk through these role conflicts, and tend to the uncertainty I felt, and wonder with curiosity as opposed to having an agenda for change.

Learning to Think with Stories Rather Than About Stories

As I started to negotiate who I was in the narrative inquiry, I moved from thinking *about* their stories, and instead started to think *with* their stories (Morris, 2002). I understand the

difference to mean that I no longer viewed their stories from an outsider, objective perspective, as kinds of objects but rather experiences that are lived within processes of life composing (Clandinin, Huber, Steeves, and Li, 2011). I tried to create relational spaces that were marked with openness, mutual vulnerability, reciprocity and care (Clandinin, 2013). I entered into a reciprocal relationship with participants, and I asked myself "how do these stories act upon me?" (Estefan et al., 2016, p. 16)

I learned from participants that their stories, whether they fell in line with the dominant discourse or not, were sustaining for them, and it was not ethically responsible for me to challenge or try to change their stories to live by. As Lopez (1990) noted, "sometimes a person needs a story more than food to stay alive. That is why we put these stories in each other's memory. This is how people care for themselves" (p. 60). I learned to take care of their stories and think *with* them (Morris, 2002), as opposed to looking at them from a distance with an analytical eye. I was reminded of how important it was to me to have my stories taken care of and used this as a guide for how I would take care of their stories. I tried to use sensitivity and care in attending to their stories, recognizing their lives in motion (Clandinin & Caine, 2012) and lingered in the unknowns for longer.

Limitations

As I negotiated my entry into the field and with my participants, I was already embedded within the community that participants belong to. In particular, we shared the same communal spaces, and we had close connections as Counselling Psychology PhD students. This eased the transition into living alongside participants in some ways because we had pre-existing relationships and were familiar with one another (Caine, 2007). However, this study drew participants all from one program. Recognizing that each counsellor training program differs

greatly, it would be interesting to explore the experiences of counsellor trainees who attended other counsellor training programs to identify their experiences learning about trauma and their diverse learning needs.

Another limitation of the study was that the participants only included female students. Several of the traumatic experiences shared by participants related to sexual assault. How this experience is understood and shapes their understanding of trauma and trauma work may bring forward different and unique understandings for individuals across the gender spectrum. Acknowledging that gender plays an important role in shaping our understanding of trauma, future studies might explore the perspectives of counsellors and trainees of other genders. For example, how might the experiences of men who learn about sexual violence be shaped by their experiences differently? How are they shaped by the training and institutional experience of learning about trauma? How might they differ in their ways of coping, identity development and so forth?

Future Directions

The findings in this study open up opportunities for a number of future studies on the topics of trauma and counsellor education. I will discuss a few possible directions for future research.

The study attended to the experiences of counsellor trainees during the course of two years, as counsellor trainees were in the process of training to become psychologists. It would be beneficial to explore the experiences of counsellor trainees in a longitudinal study to consider how learning about trauma shapes their wellness, sustainability, and experiences of counselling in the long term, once they enter into practice within the community and are no longer

supervised. Doing so may highlight important aspects of their experience that might further add to education on trauma within counsellor education programs.

Several of the participants described their experiences with supervision as they came to learn about trauma. Issues around disclosure of how they have been affected by trauma work, and not feeling that their personal experiences are relevant for supervision support the need for further research on the supervisor-supervisee relationship among counsellor trainees who are learning about trauma and trauma work. It would be beneficial to explore this from the counsellor trainee and supervisee perspectives to understand and inform how supervision can facilitate/support trainees in their learning about trauma.

The consideration of personal growth has long been identified as an important aspect of counsellor education alongside professional development (Souders, 2009). The notion of personal and professional identities was notable in learning about trauma work within this study. Exploring how counsellor trainee programs address this need to guide counsellor trainees in their personal growth and identities would be beneficial. Understanding how facilitating counsellor personal growth shapes their practice with trauma survivors would be also be useful.

Several participants talked about learning about VT without learning about how it develops and is addressed. Future research might consider how different paradigms and teaching styles around trauma work might be used to facilitate personal growth, teaching about VT, and so on. What activities and teaching tools might be used to help students learn about trauma?

It would also be useful to attend to the experiences of students in other programs who work in the mental health field. With the rise of trauma informed care in the last decade, exploring the experiences of students in the faculties of nursing, occupational therapy, medicine, social work, teaching, among others would be important. Given that each of these faculties take

different perspectives on trauma work, and have their own unique institutional narratives, and contexts from which they are shaped, it would be important to identify what their experiences are and how we might work towards improving trauma education.

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Appendix A: List of Key Terms

Trauma

The psychological response to one or more harmful events that exceed an individual's ability to cope or effectively adapt. This includes events that are sudden, unexpected, perceived as undesirable, uncontrollable, out of the ordinary, and threatening to one's well-being.

Posttraumatic Stress Disorder

According to the DSM V, posttraumatic stress disorder is defined as exposure to a traumatic event or events, via direct experience, witnessing the event(s) as it occurs to others, learning that the traumatic event(s) occurred to a close family member or close friend, or experiencing repeated or extreme exposure to aversive details of the traumatic event(s). The exposure consequently results in symptoms of intrusion (e.g., distressing dreams, flashbacks), avoidance of stimuli related to the event(s), negative alterations in cognition and mood, changes in arousal (e.g., hypervigilance, problems with concentration), and persists for at least one month.

Posttraumatic Stress

Sub-threshold symptoms of PTSD that may not meet the criteria in the DSM V.

Burnout

Burnout has three components: (1) emotional and physical exhaustion; (2) depersonalization (defined as having a negative attitude or cynicism toward clients, a personal detachment, or loss of ideals); and (3) reduced personal accomplishment, perceived efficacy, and commitment to the profession. It results from occupational stressors that are typically organizational in nature, such as inadequate resources, unsupportive administration, prolonged work, and excessive demands over a long duration of time. Burnout is not related to exposure to traumatized clients.

Compassion Fatigue

A state of tension and preoccupation with the traumatized client by re-experiencing the trauma events, avoidance/numbing of reminders, and persistent arousal associated with the client. This occurs through witnessing the suffering of clients. Feelings of isolation, helplessness, and confusion are common. Three contributing factors are prolonged exposure to trauma, trauma recollection, and disruption in the counsellors' life. Compassion fatigue occurs via empathy, and limits one's ability or desire to bear another's suffering.

Secondary Traumatic Stress

Synonymous with compassion fatigue, secondary traumatic stress focuses on the symptoms and emotional responses resulting from work with trauma survivors. Secondary traumatic stress does not mention the cognitive changes (e.g., beliefs, schemas) that arise from trauma work, bur rather focuses entirely on symptomatology.

Countertransference

Countertransference involves the therapist experiencing strong emotional and/or behavioural responses within the psychotherapeutic relationship in relation to the client, the material they bring to therapy, and transference. Countertransference responses may include feelings of helplessness, grief, personal vulnerability, and rage. Countertransference responses are restricted to within the therapeutic relationship, but may leave the therapist vulnerable to vicarious trauma (and vice versa).

Vicarious Trauma

A negative transformation in the therapists' inner experience as a result of empathic engagement with client's trauma material which occurs cumulatively through exposure, pervasively across all realms of life, and persists over time (i.e., months or years after exposure). It results in

psychological, somatic, and social consequences, and it interferes with the therapist's feelings, memories, and cognitive schemas (notably, trust, safety, esteem, control, intimacy).

Positive Psychology

A discipline devoted to focusing on the conditions and processes that contribute to optimal functioning of people through the promotion of positive experiences and emotions. It purports that positive and negative emotions are separate, independent processes.

Salutogenesis

A paradigm that emerged to understand what helps people stay healthy and to recover from diseases. It recognizes that stress is universal, imbalance and stress is natural, and health is something to be maintained. It suggests that individuals fall along a continuum of health ease/dis-ease, and focuses on holistic elements within a person's life that promote movement toward the health end of the continuum. It recognizes both positive and negative factors that contribute to a person's health.

Resilience

A pattern of positive adaptation that involves retaining a stable equilibrium without reactive psychopathology or PTSD following challenging life circumstances.

Posttraumatic growth

A positive psychological response to trauma that involves a transformation that fundamentally changes the way we see ourselves and the world in which we live. The change is precipitated by significant challenges to one's identity or core assumptions that give one's life meaning. It is the individual's ability to derive meaning from trauma to encompass both pre and post trauma realities that results in changes in self-perception, interpersonal relationships, and changes in philosophy of life.

Compassion satisfaction

Compassion satisfaction is characterized by the pleasure, fulfillment, and satisfaction derived from helping others in one's role as a professional and doing one's job well. Compassion satisfaction may prevent compassion fatigue, but is not an experience that is specific to trauma work.

Vicarious Adversarial Growth

A general concept based on the idea of "adversarial growth," used to define the process of struggling with adversity, in which changes may arise to help individuals reach a higher level of functioning than that which existed prior to the event. Such positive changes include: PTG, stress-related growth, perceived benefits, thrivings, blessings, positive by-products, positive adjustment, and positive adaptation. Such changes may occur in individuals who work with trauma survivors.

Vicarious Posttraumatic Growth

A process of psychological growth that occurs in individuals who are in contact with trauma survivors through their vicarious brushes with an individual's direct trauma experience. Positive changes occur in the areas of self-perception, interpersonal relationships, and philosophy of life. Changes relate to both professional and personal growth. Meaning making and sense of coherence are factors that central to VPTG.

Vicarious Resilience

The positive meaning-making, growth, and transformations in the counsellors' experience resulting from exposure to clients' resilience in the course of therapeutic processes addressing trauma recovery. Vicarious resilience occurs through a reciprocal process between client and therapist that counteracts fatigue, and reaffirms the value of therapy for counsellors.

Personal Development

Personal development includes “being needs”– elements that facilitate being a counsellor, such as authenticity, interpersonal engagement, intimacy, and self-valuation.

Professional Development

Professional development is concerned with acquiring specific knowledge and skills through engagement in activities directed toward developing and maintaining therapeutic effectiveness. It includes “doing needs”– techniques, skills, theory, research, and training.

Personal Growth

Personal growth holistically encompasses an exploration of one’s personal morals, values, and beliefs. It involves a gradual process of revealing the real self and is judged in relation to one’s life purpose.