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A Preliminary Model of Enduring Positive
Change in Professionals Working with Trauma
Survivors

A thesis submitted in partial fulfilment of the
requirements of Canterbury Christ Church University for
the degree of Doctor of Clinical Psychology

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Abstract

Background: It has been suggested that professionals working with trauma survivors can experience positive change and growth, but there is a dearth of research evidence. Therefore this study aimed to develop a preliminary model, grounded in data, encapsulating the processes and outcomes involved in positive change in a sample of these professionals.

Methodology: Twelve professionals (clinical psychologists, psychotherapists, a psychiatrist, and a solicitor) with experience of working with trauma survivors were interviewed about their experiences of positive change in relation to their work. Semi-structured interviews were audio taped, transcribed and analysed using a grounded theory approach.

Results: A model was developed for an episode of positive change, based upon four main processes that seemed to follow on from each other: key experiences in the work, emotional disruption, coping, and enduring positive changes. Conditions that influenced the intensity of emotional disruption experienced by professionals were also identified.

Conclusion: The model of enduring positive change provides a fuller account of the growth processes and outcomes than previous literature to date. The main implication is that experiencing an emotional disruption as a consequence of the work can be a normal reaction to the work, and it may eventually lead to enduring positive change. This has further implications for training, supervision and continued professional development.

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1 Introduction

1.1 Overview

Most of the work on after-effects of trauma has to date focused on the negative sequelae. However, recent work has highlighted that people may ultimately emerge in a better state than before the traumatic events, and the possibility of something similar happening in people who work with traumatised individuals has been raised, that is, both negative and later positive sequelae. It is the latter that is my particular focus in this work.

After outlining the literature review strategy used, I will briefly set the wider context of this work by dealing briefly with the negative impact of trauma. Thus, I will define post-traumatic stress disorder (PTSD) and highlight its prevalence in the population, before reviewing research into the negative impact of trauma work on professionals. I will then focus on positive change and growth following trauma and adversity i.e. describe some relevant models and present some empirical findings. I will proceed to discuss positive change and growth in professionals. Subsequent to this I will review the sparse literature and research on positive change in professionals working in trauma. I will present a rationale for conducting this study and the potential implications for clinical psychological theory, practice and research. As part of this section, explanations for selecting grounded theory (Strauss and Corbin, 1998) are given.

1.2 Literature review strategy

Combinations of the search terms below were used to search different internet data bases i.e. Psych-info, EMB Reviews – Cochrane Database of Systematic Reviews, British Nursing Index, Cumulative Index to Nursing and Allied Health Literature, Applied Social Sciences Index and Abstracts, and Journals @ Ovid. A “\$” denotes truncated search terms. The search terms were: post-traumatic, trauma\$, advers\$, negative, growth, positive, personal, therapist, professional\$, psycholog\$, learning, change, development, spiritual\$, and existential were combined.

1.3 Negative impact of trauma

1.3.1 Definition of PTSD and prevalence rates

Exposure to traumatic events that involved threatened death or serious injury such as assault, disaster or severe accidents can have lasting negative psychological consequences for people, sometimes in the form of PTSD (Ehlers & Clarke, 2000). PTSD is characterised by three sub-sets of symptoms. Firstly, there is persistent re-experiencing of the traumatic event i.e. recurrent recollections, dreams, flashbacks, intense cue-sensitivity, or physiological reactivity. Secondly, in an attempt to manage these symptoms people with PTSD avoid internal or external cues associated with the trauma by avoiding thoughts and activities. This can lead to memory loss, diminished interest, detachments, restricted affect and sense of foreshortened future.

Thirdly, people with PTSD have symptoms of persistent arousal e.g. difficulty sleeping, irritability, poor concentration, hypervigilance, and exaggerated startle response. Epidemiological studies show an incidence of 55% after rape, 35% after childhood sexual or physical abuse, 17% following physical assaults, and 7% after severe accidents (Kessler *et al.*, 1995; Maercker *et al.*, 2004).

1.3.2 Negative impact of trauma work on professionals

It is recognised that it is not just the primary victims that can be traumatised but also their family, friends, work colleagues, and professionals who learn of the incident and help the trauma survivor (Figley & Kleber, 1995). Different terms have been used to describe the negative impact of working with traumatised clients e.g. burnout (Pines & Maslach, 1978), secondary traumatic stress (Figley, 1983, 1995), and compassion fatigue (Figley, 1995; Joinson, 1992). Pearlman and Saakvitne (1995) coined the term 'vicarious traumatisation' to describe the negative personal transformation of therapists after empathic engagement with their clients' traumatic experiences. McCann and Pearlman (1990) placed this phenomenon within their constructivist self-development theory. The underlying premise is that human beings construct their own personal realities about themselves, other people, and the world, through the development of complex cognitive structures which are used to interpret events (e.g. Mahoney, 1981). Piaget (1971) described these cognitive structures as schemata. Janoff-Bulman (1992) described how trauma can shatter an individual's schemata involving assumptions about the

world as relatively benign. In a similar way, McCann and Pearlman (1990) proposed that empathic engagement with clients over time can disrupt therapists' own schemata. Schema changes were found in five different areas: trust, safety, control, esteem, and intimacy. If professionals are unable to effectively process the traumatic material, they can respond with a pervasive and unsettling sense of uneasiness.

Pearlman and Mac Ian (1995) suggest therapist and work characteristics that may influence vicarious traumatization. Therapist characteristics include personal trauma history, the meaning of the traumatic life events, interpersonal and psychological style, professional development, current stressors and supports. Work characteristics include the type of clients and clinical material, stressful client behaviours, work setting, and socio-cultural context. Regehr *et al.* (2002) proposed that professionals leave themselves open to emotional distress when they move beyond a cognitive understanding of suffering and experience an emotional connection and empathy with survivors.

Unsurprisingly, it is apparent that traumatic events or hearing about them may lead to distress or disequilibrium in professionals. However, other literature suggests different responses are possible, which is discussed next. I will deal with positive responses to trauma itself, and then with professionals' positive responses, since more research and theory exists about the former.

1.4 Positive impact of trauma

1.4.1 Definitions

The positive consequences of traumatic events have been recorded in many philosophical and religious writings throughout history (e.g. Nietzsche, 1955; cited in Zoellner & Maercker, 2006). Despite this psychological theory and research has focussed on the negative impact of stressful events (O'Leary, Alday & Ickovics, 1998). However, more recently, in line with an expanding interest in positive psychology, some research has focussed on the study of positive change and growth following a wide range of stressful and traumatic events. Thus, a plethora of terms have been coined e.g. positive changes in outlook (Joseph *et al.*, 1993), transformational coping (Aldwin, 1994), quantum change (Miller & C'deBaca, 1994), post-traumatic growth (PTG) (Tedeschi & Calhoun, 1995), stress-related growth (Park *et al.*, 1996), perceived benefits (McMillen & Fisher, 1998), thriving (Abraido-Lanza *et al.*, 1998), positive adaptation (Linley, 2003) and adversarial growth (Linley & Joseph, 2004) to describe this phenomenon.

Linley (2003) described positive adaptation as: 'likened to a springboard that propels the survivor to a higher level of functioning than that which they held previously. Positive adaptation hence reflects the idea that something has been gained following the trauma, rather than that something was lost but recovered (i.e. a homeostatic return to baseline), or that nothing was lost despite the trauma (resilience).' (p. 602). However, it is important to note that

losses still may and probably do occur in other domains. In addition, it is the struggle with the event and not the event itself that produces growth. O'Leary, Alday and Ickovics (1998) point out that various different models of PTG all share a component indicating poorer initial functioning following trauma or challenge, followed by growth. Park (1999) distinguished between positive outcomes as a direct result of the event or as a type of learning that was the consequence of efforts to cope with the events.

1.4.2 Psychological models

In this section I will briefly describe eight models of human change and growth relevant to this study. According to O'Leary *et al.* (1998) there are two broad types within the literature: intentional change models i.e. change happens slowly and over time, and unintentional or transformative change as the result of a sudden and unexpected traumatic event. Within the unintentional change models Zoellner and Maercker (2006) refer to three broad types within the literature: models with PTG as an outcome, models of PTG as a coping strategy, and models of both coping style and outcome. These will be discussed in turn.

1.4.2.1 Intentional change models

1. Among the intentional change models, Mahoney (1982) proposed a model to explain the psychotherapeutic process in people receiving psychotherapy. At the beginning, an individual functions at a particular level or status quo.

Change follows from a psychological disequilibrium that triggers a reorganising process. The individual then either returns to the status quo without change, or restructuring may occur which leads to a new synthesis. Change occurs through the pursuit, construction and alteration of meaning.

1.4.2.2 Unintentional change models

Models of PTG as Outcome

2. Among the models of PTG as outcome, Schaefer and Moos (1992) proposed the model of life crises and personal growth. This emphasised the role that life crises have in promoting personal growth and enhancing adaptation. Personal systems (cognitive ability, health, status, motivation, and self-efficacy) and environmental systems (finances, life transitions, family and social support) influence the nature of the crisis or transition experienced. The event related factors influence an individual's cognitive appraisal and coping resources, which in turn influence the overall outcome.

Models of PTG as coping strategy

3. Among the models of PTG as coping strategy, Taylor (1983) proposed a theory of cognitive adaptation to threat in which the perception of PTG is a self-enhancing appraisal or 'positive illusion' that helps to cope with threat.

4. Park and Folkman (1997) propose that a traumatic event triggers a meaning-making process that attempts to integrate situational meaning (appraisal of the trauma) with global meaning (a person's beliefs and goals). Assimilation occurs if the situational meaning has been changed to accommodate the global meaning e.g. I am a strong person. Alternatively accommodation has occurred if the person changes their global meaning e.g. a modified philosophy of life.

5. Fillipp (1999) presents PTG as an interpretive, information processing view of coping. 'Perceptive reality' is interpreted by attentive processes (positive illusions, self-enhancing illusions, and hope) and comparative processes (social and temporal comparisons). 'Interpretive reality' evolves as a result of rumination i.e. finding explanations for the 'what' and 'why' questions.

Models of PTG as coping style and coping outcome

6. Tedeschi and Calhoun (1995) coined PTG as a term to explain perceived positive changes in people following a 'seismic crisis' or life event. More recently, Calhoun *et al.*'s (2000) definition stipulated that the positive change occurs as a result of the struggle with the event and its aftermath, and so there must be adequate time for recovery, meaning making and reflection. Tedeschi *et al.* (1998) suggest three ways in which PTG manifests itself i.e. positive changes in perception of self, interpersonal relationships and life philosophy. Changes in self-perception included an enhancement of personal strength, increased self-reliance, and paradoxically an increased vulnerability

which can lead to changes in life priorities and a greater appreciation of life. Changes in interpersonal relationships include an increase in intimacy, emotional expressiveness, and compassion for others. Changes in philosophy of life include facing existential themes and issues of meaning, and an increase in spirituality and wisdom. PTG is predicted by distal factors such as pre-trauma characteristics, self-disclosure and fundamental schemata, and proximal factors such as rumination and 'enduring distress'.

7. Zoellner and Maercker (2004) proposed a two component model of PTG named the Janus Face of self-perceived growth. PTG is considered to have a functional, self-transcending or constructive side and an illusory, self-deceptive or dysfunctional side. Thus, perceptions of PTG are part distorted positive illusions to help cope with emotional distress e.g. 'if it had to happen, then, at least, it should have been good for something.' (p. 15). The constructive side refers to the benefits that occur in the aftermath of the traumatic event. The two components have different time courses and are both related to adaptive and maladaptive functioning in different ways.

8. Joseph and Linley (2005) propose the organismic valuing theory of growth through adversity. There are four main theoretical considerations to this model. Firstly, there is a drive for completion i.e. people have an underlying inherent tendency to integrate new trauma-related information. This takes the form of cognitive emotional processing (ruminations, intrusions and avoidance) which is necessary for the rebuilding of a more resilient set of schemata that take into account the new trauma information. Secondly, there

are three possible outcomes of the cognitive emotional processing, namely, assimilation, negative accommodation, and positive accommodation. Piaget (1971) proposed that external events can be assimilated or converted to fit existing mental structures (schemata), or mental structures accommodate themselves to new, unusual and constantly changing incoming stimuli. When an external event does not fit with existing beliefs (disequilibrium) there is an effort to bring balance between the two. Thus, either the interpretation of external reality must be altered or the person adapts more sophisticated internal mental structures. An example of negative accommodation might involve changing beliefs about the world as being ordered and fair to beliefs about the world being random and unfair. Alternatively positive accommodation might involve accepting the random nature of trauma and recognising one's own capacity to survive. Joseph and Linley (2005) stipulate that it is only when new trauma related information is positively accommodated in the individual that positive changes in psychological well-being occur, as growth is by definition about new worldviews. Thirdly, Davis *et al.* (1998) define meaning as comprehensibility as making sense of an experience, whereas meaning as significance is more akin to benefit finding. Joseph and Linley (2005) suggest that it is meaning as significance that is necessary for growth e.g. 'bad things may happen at random and therefore every day should be lived to the full in case it is my last' (p. 28). Fourthly, a distinction is made between subjective well-being such as overall satisfaction and happiness, and psychological maturity indicated by characterological strengths, meaning and purpose in life. Joseph and Linley (2005) suggest that clinicians ought to focus on fostering the latter which would also indirectly

serve to foster the former. In addition, it is vital for the person to have a supportive social environment in the aftermath of a threatening event for growth to occur.

1.4.3 Critique of models

Firstly, Joseph and Linley (2005) have criticised existing theories for being descriptive rather than explanatory, and not being comprehensive enough in their descriptions of growth processes. Secondly, Zoellner and Maercker (2006) highlight the difficulties with defining what counts as 'positive' or 'growth'. Thirdly, there is a great variety between the types of trauma researched e.g. short-term events such as an accident, and long-term stressors e.g. chronic illness. Zoellner and Maercker (2006) suggest that the adaptation processes to these different traumatic events are likely to differ, and the perception of the benefits of trauma may have a different role for different types. Fourthly, there are many unanswered questions in relation to models of growth. O'Leary *et al.* (1998) question whether growth is a process, a way of coping or an outcome? Calhoun and Tedeschi (1999) propose that PTG is viewed as an outcome, rather than as a process in the reduction of distress or some other goal. However, many theorists acknowledge that PTG involves both coping style and coping outcome, which will vary proportionally depending on the traumatic event (Calhoun & Tedeschi, 2004; Maercker & Zoellner, 2004). Also, to what extent is PTG simply the adherence to some cultural script? Do people report growth simply because they have been led to believe that good things come from traumatic events? Does change over

the life course happen in a crisis or by intentional pursuit of growth, or both? Could change happen anyway for example via maturational processes? Finally, O'Leary *et al.* (1998) criticise the above aforementioned models due to the lack of empirical supportive evidence, which will be reviewed next.

1.4.4 Empirical findings

It is reported that 40 - 70% of people experience some form of benefit following a traumatic event (Calhoun & Tedeschi, 1999). Positive outcomes have been reported following: stressful events (Thompson, 1985); bereavement (Collins *et al.*, 1990); life threatening illnesses e.g. lower limb amputation (Oaksford *et al.*, 2005) and cancer (Bellizzi, 2004; Helgeson *et al.*, 2004; Tomich & Helgeson, 2004); disasters (Joseph, Williams & Yule, 1993); rape and sexual assault (Burt & Katz, 1987; McMillen *et al.*, 1995) and war (Dohrenwend *et al.*, 2004). Bellizzi (2004) found that some cancer survivors who were facing mortality and realizing the fragility of life experienced changes in their perspective on life. Also, age differences were found in that the oldest group experienced less positive growth than the other two groups. It was suggested that psychological growth may be less important to older people at this point in their lives.

Linley and Joseph (2004) reviewed empirical studies that documented positive changes and found many factors that were associated with 'adversarial growth'. These were: cognitive appraisal variables (threat, harm, controllability), problem-focussed, acceptance and positive reinterpretation

coping, optimism, religion, cognitive processing, and positive affect. There were inconsistent associations between adversarial growth, sociodemographic variables and psychological distress variables. Thus, whereas it would appear that some kind of positive change or personal growth occurs following trauma, many of the complex factors involved are still poorly understood.

1.5 Positive change and growth in professionals

1.5.1 Personal growth in psychotherapists

Research suggests that a significant motivator for pursuing psychotherapy as a career seems to be the potential for emotional growth and satisfaction (Guy, 1987). More specifically positive changes in assertiveness, self-assurance, self-reliance, psychological mindedness, introspection, self-reflexivity, and sensitivity have been reported (Guy, 1987). Guy (1987) suggests three mechanisms through which emotional growth may occur. Firstly, the therapist may internalise the guidance and encouragement offered to the patient. Secondly, the therapist is exposed to a variety of world views, perspectives and experiences and these may expand the therapist's own knowledge and insights. Thirdly, therapists often relate with people on a deep and intimate level and can be inspired by them and feel privileged to witness their courage, sincerity, and integrity.

1.5.2 Models of positive change and growth in trauma professionals

Calhoun and Tedeschi (1999) coined the term 'vicarious post-traumatic growth' to describe the positive changes in trauma professionals. Thus, they draw upon the constructivist self-development theory (McCann & Pearlman, 1990) to provide a framework for more positive transformations in therapists in addition to the negative impact mentioned earlier. They propose that:

'The vicarious experience of the client's struggle gives the therapist the opportunity of experiencing a controlled shaking of the foundations without having to pay the high price that the client pays. The therapist's engagement with clients, and with clients' own experience of shattered worldviews, will allow the therapist to, vicariously, experience growth in the perception of self, and other persons, philosophy of life, and relationships with other persons' (p.132).

Thus, there are similarities between the hypothesized processes involved in PTG and vicarious PTG. Calhoun and Tedeschi (1999) do not report the degrees to which a controlled shaking might be experienced by a professional or how this could be supported. However, they do suggest that to avoid vicarious traumatization and burnout professionals ought to engage in good self-care methods. These include: paying careful attention to their own stress levels, taking part in regular exercise, taking breaks, engaging in enjoyable activities, use of humour, seeking regular supervision and consultation, and developing and maintaining supportive relationships. Calhoun and Tedeschi

(1999) also suggest that clinicians should identify, label, reinforce, and encourage PTG in themselves just as they do with their clients.

Calhoun and Tedeschi (1999) suggested that witnessing stories of survival told by the survivors themselves, and that may not have been told to anyone else, can have a significant emotional impact on the professional. Through empathising with a client who is struggling with fundamental and existential issues, professionals may be forced to consider their own views, and develop a deeper appreciation of the preciousness and value of life, and so possibly leading to a shift in life priorities. Also, therapists may experience stronger connections, empathy and compassion for others, become more hopeful and develop a greater respect toward the strength of the human spirit to endure, overcome and transcend adversity (Calhoun & Tedeschi, 1999; McCann & Pearlman, 1990; Schauben & Frazier, 1995). In addition, therapists may come to appreciate both the dark and light sides of life and so form a more realistic worldview (McCann & Pearlman, 1990), acknowledging the inevitability of trauma but paradoxically the potential for growth (Calhoun & Tedeschi, 1999).

1.5.3 Empirical findings

Positive outcomes in professionals, who work with survivors of trauma, have been found as a by-product of studies on vicarious trauma. McCann and Pearlman (1990) emphasised that their work with trauma survivors has enriched their lives in 'countless ways' and although making them 'sadder',

has also made them 'wiser'. Pearlman and Mac Ian (1995) found more experienced therapists with a personal history of trauma experienced less disruption than survivor therapists new to the field. They suggested that schemata may become less disrupted over time, and perhaps 'survivor therapists' find meaning through their work, and demonstrate a resolution of previously disrupted schemas. In addition, they suggest that by contributing to another person's personal development survivor therapists may contribute to their own healing as they share in their clients' growth and change. Brady *et al.* (1999) assessed psychotherapists who worked with sexual abuse survivors, for symptoms of vicarious traumatization, and found low levels of distress. They found that practitioners who treated more abuse survivors reported a more existentially and spiritually satisfying life than those with less exposure to trauma stories. They proposed that psychotherapists confronted with clients' issues of meaning, hope and spirituality may be forced to challenge their own constructs of meaning. This may produce a temporary cognitive dissonance, similar to the initial lower functioning described in models of PTG discussed earlier. However, this process eventually helps to strengthen therapists' own spiritual beliefs, making them stronger and more resilient. Yet it was unclear if the therapists were resilient to begin with or if their work changed them through a process of actively and consciously grappling with issues brought up by their work. Also, Eidelson *et al.* (2003) found that psychologists working with survivors of the World Trade Centre disaster (2001) reported more positive feelings than negative feelings regarding their work. The most commonly reported positive feeling was that they were making a real difference to individuals and helping to 'heal the

nation'. However, positive change does not appear to be restricted to therapists. Regehr *et al.* (2002) found that some paramedics that had empathically engaged with victims reported experiencing their own personal relationships in a more positive light and placing a higher value on them. Raphael *et al.* (1983) researched rail disaster response workers and found approximately a third felt more positive about their own life in response to their work. However, it is important to highlight that some professionals, such as disaster response workers, or child mental health workers will have been directly traumatised through being 'in situ' or witnessing physical injuries rather than being exposed vicariously to the trauma.

There are some sparse findings from studies that have specifically addressed positive change in therapists. Linley *et al.* (2005) found that therapists scoring high on sense of coherence endorsed fewer negative changes and more positive changes. Sense of coherence has three components i.e. *comprehensibility* (an individual's ability to make sense of their environment), *manageability* (having the resources to deal with the challenges of the environment), and *meaningfulness* (the extent that the individual considers the challenges worth the investment and engagement). Also, Hobbs *et al.* (2004) found themes of personal positive change in professionals working with childhood survivors of domestic violence.

1.6 Rationale

At present there is only a sparse literature on positive change in professionals working with trauma survivors. It seems important for theory and research to take account of the potential for positive as well as negative change following traumatic events, if it is to be considered comprehensive (Linley & Joseph, 2004). Woodward and Joseph (2003) emphasise that research needs to seek out how PTG comes about in trauma survivors. There is also an implication for how positive change comes about in professionals working with trauma survivors. However as yet no research has attempted to explain the factors or processes that may lead to the development of positive change in professionals working with trauma survivors. Joseph and Linley (2005) state that theories of growth have tended to be descriptive rather than explanatory, and have not provided a full account of growth processes. My aim with this research was therefore to add to existing research by building a more coherent and integrated theoretical model of positive change in trauma workers who have personally experienced growth. This will include the difficulty professionals may encounter with their work, as this may have an important role in positive growth. It is apparent that not all professionals become traumatised through their work, but rather can experience positive change and growth, or perhaps may experience growth following a period of struggle. Indeed PTG theories themselves suggest growth may occur following a period of dysfunction, not necessarily a dramatic and unexpected traumatic event. It is therefore important for research to make visible the processes that can lead to growth, with possible implications for the support of

professionals from their services. Figley (1995, 1999) stipulated that there is a duty to inform trauma workers of both the potential risks of this work and the rewarding aspects and capacity for positive personal transformation. Having a greater understanding of how positive change occurs may also open up possibilities to create the kind of conditions, for example supervision and support that can foster it.

1.6.1 Study aims

Broadly, the research aim was to develop a preliminary theory encapsulating the processes involved in positive change in professionals who have worked with trauma survivors.

More specifically these three areas would be explored:

1. How do professionals personally experience their work with survivors of trauma?
2. What areas of personal positive change have professionals experienced?
3. What are professionals' explanations for the positive changes identified? (basis of preliminary model).

1.6.2 Qualitative methodology rationale

Previously, researchers into positive change in therapists have used quantitative questionnaire designs (e.g. Linley *et al.*, 2005). However, due to

the lack of any really substantive theoretical framework for understanding the process of positive change in professionals it was felt important to develop a preliminary model. Camic *et al.* (2003) recommended qualitative research as a tool for exploring a topic that has not been researched before. Strauss and Corbin (1998) define qualitative research as research into the meaning or nature of people's lives, experiences, behaviours, feelings, organisations, social movements, cultures and nations. This data is then interpreted without statistics, with the aim of discovering concepts and relationships in the raw data, which can be organised into an explanatory framework or theory. Methods to collect data usually involve interviews and observations but might also include documents and videos. The advantage of qualitative methods is that intricate details about phenomena such as cognitions and feelings can be learnt about (Strauss and Corbin, 1998). Marecek (2003) proposes that a qualitative structure emphasises the subjectivity and agency of research participants and embraces the diversity of responses. In addition, a qualitative design matched my ontological and epistemological perspective of the world (Marecek & Kravetz, 1998).

1.6.3 Ontological and epistemological considerations

Epistemology and ontology are branches of philosophy concerned with the theory of knowledge, the former attempting to provide the answers to how we can know and the latter being concerned with what there is to know (Willig, 2001). Shweder (1996) strongly suggests that researchers are explicit in their own assumptions about the underlying nature of social reality. Willig (2001)

suggests that this involves thinking about the nature and scope of knowledge, and the reliability and validity of claims to knowledge made by researchers. Willig (2001) defines two different ontological positions i.e. 'realist' and 'relativist'. Realists believe the world is made up of structures and objects with cause-effect relationships between them. Relativists on the other hand question the external reality and emphasize the diversity of interpretations. In relation to this study I have adopted an ontological position in between 'realist' and 'relativist'. Thus, an objective conception of the world is incomplete without the presence of 'qualia' i.e. things that can only be understood with reference to what they mean such as feelings, beliefs, goals, desires, meaning, values etc (Shweder, 1996). I believe that there are some truths, one being that every human being has an innate potential for personal growth, and the experience and perception of it is mediated historically, culturally and linguistically (see excerpts from my research diary, appendix 1).

Willig (2001) suggests questions to identify a methodology's epistemological roots:

1. 'What kind of knowledge does the methodology aim to produce?'

This study used a grounded theory methodology with the aim of producing qualitative data i.e. descriptions of positive change in trauma professionals and personal meaning.

2. 'How does the methodology conceptualise the role of the researcher in the research process?'

In this study the researcher is seen as central to the research process. It is recognised that developing a psychological model is a dynamic process as categories are 'constructed' by the researcher through an interaction with the data, and the meanings people ascribe are not entirely idiosyncratic but are bound up with social interactions and processes that are shared between social actors (Willig, 2001). In addition, this knowledge base is likely to change as new concepts are formulated through future investigations, and so research can only provide a partial explanation of human phenomena. Thus, a critical realist epistemological stance was adopted in this study.

1.6.4 Selection of Grounded Theory

Three qualitative methods were considered for this study i.e. Interpretative Phenomenological Analysis (Smith, 1995), Discourse Analysis (Potter and Wetherell, 1987) and Grounded Theory (Strauss and Corbin, 1998).

1.6.4.1 Interpretative Phenomenological Analysis (IPA)

IPA is aimed at exploring how participants make sense of their personal and social world, in particular the meanings people ascribe to experiences and events (Smith and Osborn, 2003). Themes are identified and clustered within and across cases. However, one of the limitations of IPA is that it was not designed to explain why people experience things the way they do (Willig, 2001) and so is less useful for theory building. Thus, it was felt that an IPA

methodology would not have given the opportunity to hypothesise about causal factors in the processes involved in positive change in professionals.

1.6.4.2 Discourse Analysis

Discourse analysis concerns the role of language in the construction of social reality (Willig, 2003). Discourse analysts argue that when people speak of a belief or an opinion, they are taking part in a conversation which has a purpose, and in which all participants have a stake. Thus, speech or text is seen as a social action rather than indicative of personal meaning or underlying cognitive processes. A criticism of this approach is that it does not explain why people use certain discourses (Willig, 2001). Therefore, in relation to the aim of this study I felt that a discourse analysis methodology would not enable the exploration of the personal meaning behind professionals' experiences of positive change, which is considered significant in the literature on growth processes. Nor would it enable theorising about the process of positive change.

1.6.4.3 Grounded Theory

Grounded theory was originally developed by two sociologists, Glaser and Strauss (1967). They were unhappy with the excessive reliance on the quantitative testing of hypotheses taken from a limited number of theories, through surveys and statistical procedures (Henwood and Pidgeon, 2003). It was argued that an approach aimed at generating insightful accounts,

explanations and theories was needed. Thus, grounded theory was developed to provide explanatory frameworks with which to understand the problem under investigation (Willig, 2001), which has been developed from systematically gathering and analysing individual cases, experiences and incidents (Charmaz, 2003). The aim was to use a 'bottom up' approach to let theory emerge from the data and evolve through the research process, rather than test specific hypotheses, although hypotheses may be made and examined through further data as the grounded theory analysis proceeds. I hoped that grounded theory would provide the opportunity to identify relationships between categories of meaning, which would form the basis of the model of personal growth in professionals working with trauma survivors. Strauss and Corbin's (1998) approach to grounded theory was chosen for this study because it lends itself to a critical realist approach, as opposed to those of Charmaz (1995) or Henwood and Pidgeon (2003) which are more social constructionist in emphasis. Thus, I position myself with Strauss and Corbin (1998) who reject an extreme positivistic view, highlighting that although an underlying reality exists, the way it is represented is influenced by social structures, current ideas and ideologies. However, in keeping with a critical realist position I have also drawn upon Charmaz (1995) who emphasises the subjective location of the researcher (professional, social, cultural etc.) in informing the decision making process in the coding phase of the research (see appendix 9). Thus, in my view it is inevitable that the emerging theory is at least partly grounded by my frame of reference as well as in the data.

My aim was to build a preliminary model of positive change in professionals who have worked with survivors of abuse or trauma. It was therefore not to test pre-existing hypotheses, but to be responsive to the data drawn from semi-structured interviews, and let themes emerge through the research process. The expectation was to make some of the component parts and processes involved in positive change visible, and the relationships between them, to create a tentative theory of positive change (Strauss & Corbin, 1998). The overall hope was that this preliminary theory would offer insight, enhance understanding and provide a meaningful guide to action e.g. helping professionals and services to develop opportunities for growth.

2 Methodology

2.1 Design

A qualitative research design was used. Data were collected by digital audio recording and transcribing face-to-face interviews with twelve participants. A semi-structured interview schedule guided the discussion with participants. A grounded theory approach was used for data analysis (Strauss & Corbin, 1998).

2.1.1 Participants

2.1.1.1 Sampling

Two main forms of sampling were undertaken: purposeful and theoretical sampling.

2.1.1.2 Purposeful sampling

Patton (1990) described purposeful sampling as involving the selection of information-rich cases for an in-depth study. Therefore to enable a detailed analysis in this study, I selected a group of people for whom the research question was significant (Smith, 2003). This was professionals with therapeutic experience of working with trauma survivors (see inclusion criteria, section 2.1.2). Therefore the sampling was *purposeful* in terms of specifying a

minimal amount of trauma-work experience professionals needed to have to participate in the study.

2.1.1.3 Theoretical sampling

Theoretical sampling describes an evolving process of sampling on the basis of emerging concepts. It involves collecting data to develop categories that were generated in earlier stages of data analysis (Strauss and Corbin, 1998). Charmaz (2003) defines theoretical sampling as for the purpose of developing the emerging theory, rather than for representation of a population or generalisation. The aim is to go to places, people or events that will maximise opportunities to discover variations among concepts. Concepts can then be compared and differentiated, to densify categories and specify their range of variability. The aim of theoretical sampling is to continue until theoretical saturation is reached (see description of theoretical saturation, section 2.3.9).

In this study three forms of theoretical sampling were used: opportunistic sampling, relational and variational sampling, and discriminative sampling (Strauss & Corbin, 1998).

Opportunistic sampling was used in the initial stages of data collection and analysis i.e. the first three participants to volunteer, and that had met the inclusion criteria, were interviewed.

Relational and variational sampling was used to determine how categories relate to their sub categories and to further develop categories in terms of their properties and dimensions (see appendix 14 for an example of category development). Thus, four participants participated in a short interview over the telephone, in addition to their first interview, and the new data gathered was used to fill in a poorly defined category (see appendix 15 for examples of interviews).

Discriminative sampling was used i.e. sites and persons were chosen to verify relationships between categories and fill in undeveloped categories. This included different professionals working in different locations and specialities, with variations in length of trauma experience, nature of trauma work, individual working style, and personal experience of positive change. For example, the initial aim was to recruit only professionals who worked therapeutically with trauma survivors however, to aid discriminate sampling a solicitor was interviewed. This enabled a hypothesis to be tested about positive change in professionals who work closely with trauma survivors, but not therapeutically.

2.1.2 Inclusion criteria

Twelve potential participants met the following criteria for inclusion in this study:

1. Any professional with a minimum of one hundred hours therapeutic experience of working with trauma survivors, where trauma is the index problem i.e. any adult who has suffered abusive, traumatic, and life threatening experiences, leading them to have experienced high levels of emotional distress and suffering.
2. Professionals reported an awareness of some positive changes in themselves.
3. Consent given by the professional himself/herself
4. He/she worked within the trusts covered by the Multi-site Research Ethics Committee (MREC) approval and where local research and development permission for the study had been granted

It seemed important to select participants who had enough experience of working with trauma survivors upon which they could draw in the interview. As this study intended to build a model of positive change it also seemed important to select professionals who reported having had some previous experience of such change. The inclusion criteria were based upon the clinical experience of the second research supervisor, who works with trauma survivors.

2.1.3 Participants' demographics

Mays and Pope (2000) state the importance of adequately describing the context or setting so that the findings can be related to other settings. However, the importance of providing sufficient data to situate the sample had

to be balanced with the need to protect participants' confidentiality. Therefore each of the participants was given a pseudonym, their experience was reported within a range, and gender and ethnicity have been reported separately.

Twelve participants were recruited and interviewed (see table 1). The sample included seven women and five men. The overall mean age was 41 years (SD= 9.3) with a range from 27 to 58. The range of years of experience since qualification was from less than a year to over 30 years. The range of experience of working with survivors of trauma was from 18 months to over 30 years (some had worked with trauma before or during training). The amount of hours that professionals had worked with trauma survivors ranged from 100 hours to over 5000. As part of initial screening, professionals also rated their perception of the amount of positive change they felt they had experienced, which ranged from 'a little' to 'very much'. There were eight clinical psychologists (one being a trainee), one psychotherapist, one nurse therapist, one psychiatrist and one solicitor. Professionals were from a variety of specialities. Eight participants were white British; one was white North American; one was of mixed ethnicity; one was African; and one South American.

Table 1. Participants' demographic data

Gender	Pseudonym	Profession	No. of years experience since qualification	No. of years working with trauma survivors	Approx. No. of hours working with trauma survivors	Self rating of positive change	Enduring positive change (Yes/No)
Female	Maria	Clinical Psychologist	0 – 4	1.5 - 4	250 - 500	Quite a lot	Yes
Female	Emma	Clinical Psychologist	0 - 4	1.5 - 4	100 - 200	Some	Yes
Female	Jess	Solicitor	0 – 4	1.5 - 4	500 - 1000	Some	Yes
Female	Nina	Psychiatrist	10 - 20	1.5 - 4	500 - 1000	Some	Yes
Female	Tina	Nurse Therapist	10 - 20	5 - 9	2000 - 3000	Quite a lot	Yes
Female	Saskia	Clinical Psychologist	10 - 20	10 - 20	100 - 200	Some	Yes
Female	Celia	Clinical Psychologist	Over 30	10 - 20	250 - 500	Quite a lot	Yes
Male	Matt	Clinical Psychologist	0 – 4	1.5 - 4	2000 - 3000	A little	Yes
Male	Andreas	Clinical Psychologist	5 - 9	5 - 9	2000 - 3000	Some	No
Male	Paul	Psychotherapist	10 - 20	5 - 9	5000 - 6000	A little	No
Male	Mark	Clinical Psychologist	10 - 20	10 – 20	100 - 200	Quite a lot	Yes
Male	Roger	Clinical Psychologist	Over 30	Over 20	5000 - 6000	Some	No

2.1.4 Interview schedule

An initial semi-structured interview schedule was prepared bearing in mind the research aims and relevant literature, discussions in supervision and my own reflections on the experience of positive change (see appendix 2 for examples of interview schedules).

Smith and Osborn (2003) and Strauss and Corbin (1998) have made recommendations that were also used as a guide for interviewing. Smith and Osborn (2003) propose that questions should be neutral, rather than leading or value laden, and should be free from jargon or assumptions of technical proficiency, and should be open in their construction. Strauss and Corbin (1998) suggest the use of guiding questions that change over time i.e. they begin open ended and become more specific as the research continues. Subsequent interviews were thus more concerned with asking questions that enhanced theory construction, giving further illumination on specific concepts, and their properties and their dimensions. For example, in the later interviews the focus was on categories of positive change, and the relationships between them. In addition, the initial schedule was repeatedly refined based upon new emergent themes from previous informants, and my 'interests, leads and hunches' (Charmaz, 1990; p. 1162) (see appendix 2 for the questions and prompts used in an early and a later interview).

2.2 Procedure

2.2.1 Ethics

The British Psychological Society code of conduct, ethical principles and guidelines (BPS, 2000) and the Division of Clinical Psychology (1995) Professional Practice Guidelines were followed at all times.

A research proposal for the study was submitted to Salomons' programme for internal peer review. This included a participant information pack i.e. an introductory letter introducing the research, project information sheet, screening questionnaire and a consent sheet (appendix 3). After the proposal had been accepted ethical approval was sought and obtained from an MREC which allowed participants to be accessed from more than one NHS trust (appendix 4). In addition, two local research and development committees gave their approval for the study (see appendix 5). One research and development board required my agreement to not contacting participants for a second interview, and the other research and development board required that I obtain an honorary contract with the trust (appendix 6). In addition, the study took part in a research governance exercise (appendix 7).

Specific ethical considerations I addressed were as follows. There were no anticipated negative reactions to participation however it was possible that talking about clients' traumatic experiences might have elicited some distress for some of the professionals. Potential participants were informed at the

beginning of the interview that they did not have to answer any questions they did not want to and that they could ask for a break in the interview if necessary. There was a period at the start of the interview where participants could describe their experience of working with trauma survivors, without my asking specifically about positive experiences. It was expected that negative experiences would be reported during this phase, and it seemed appropriate to provide this opportunity for potential 'offloading' or acknowledgement of the very real difficulties and strain of trauma work. At the end of the interview participants were asked how they were feeling and if they had any questions. In addition, professionals were informed via the participant information sheet of the option of having a one off session with a specialist in the trauma field (second research supervisor) to discuss the experience of the interview.

2.2.2 Participant information sheet, screening questionnaire and informed consent

All potential participants were sent a participant pack which included a recruitment letter, an information sheet, a screening questionnaire and an informed consent sheet (appendix 3). A pre-paid, stamped addressed envelope was provided with which to return the consent form and screening questionnaire.

A participant information sheet was created outlining the purpose of the study, confidentiality and other ethical issues, and contact details in case potential

participants had any concerns or questions they wished to ask regarding the research (appendix 3).

A screening questionnaire (appendix 3) was devised to gain relevant demographic information i.e. age, gender and ethnicity, and to ensure that participants met the inclusion criteria. Participants were asked to give information on their current professional role, number of years since qualification, number of years and approximately number of hours working with trauma survivors. In addition, potential participants were asked to say if they had experienced any positive changes associated with their work and were required to rate the amount of positive change on a 5 point likert scale. I hoped that this would assist theoretical sampling.

A consent form was devised based on local research ethics guidelines (appendix 3). Participants were asked to confirm and sign that they: had read and understood the participant information sheet; had an opportunity to ask any questions; had understood ethical issues such as voluntary participation, withdrawal from the study, data protection, and confidentiality; and agreed for interviews to be audio recorded and transcribed with the help of administrative support (the person concerned signed a confidentiality agreement, appendix 8).

2.2.3 Recruitment

In June 2005 two specialist NHS trauma services were identified as potential sources of professionals on the basis that they might provide a wide variation in participants. Ethical approval was then sought. All participants were recruited using a snowballing technique i.e. my second supervisor and a lead contact in respective trauma teams were asked to recommend colleagues who met the research criteria and who might be interested in taking part in the study. They were then approached via a recruitment letter and a participant pack (appendix 3). Those interested in taking part sent back the consent form and screening questionnaire in the supplied pre-paid envelope in their own time (as specified in ethical procedures). Following receipt of this I contacted them via phone, giving them the opportunity to ask questions and to arrange a date for interview.

Twenty-one people were approached (see table 2). Twelve people were interviewed, six people made no further contact with me, one person cancelled the interview due to illness, and two people were kept as reserves. In the final sample seven participants were recruited through the two specialist NHS trauma services within the trusts where ethical approval had been sought. Five participants were recruited through other psychology departments within the same trusts, and one through a solicitors' firm.

Table 2. Professionals approached and recruited

Profession	Number approached	Number interviewed
Clinical Psychologists	13	8
Psychotherapists	2	1
Psychiatrists	2	1
Nurse therapists	1	1
Solicitors	1	1
Chaplains	1	0
Social workers	1	0

2.2.4 Contingency plan

In the event of being unable to recruit enough informants under the specified criteria, professionals from Community Mental Health Teams (CMHTs) within the two trusts, were to be approached. In addition, professionals from other trauma services or specialist trauma charities, or the British Psychological Society Holistic Special Interest Group were to be approached.

2.2.5 Interview setting

Interviews were conducted at participants' place of work for their comfort and accessibility. At the beginning of the interview participants were made aware of their voluntary participation, confidentiality issues, and complaints procedure.

2.2.6 Interview

Data collection took place between October 2005 and April 2006. Professionals were initially asked to provide some information about their

current role to gain further information to situate the sample, and to acclimatise them to the interview process. The semi-structured interview schedule was used to guide discussion although professionals were free to expand on any areas they felt were significant. The aim was to begin all semi-structured interviews in an open ended way so as not to miss important themes, for example: 'tell me about your personal experience of your work with trauma survivors'. To increase the likelihood of data coming from informants' experience, and not from the interviewer's questions, the interviewee was encouraged to keep talking during this initial phase. This was to let themes emerge from the data in early stages of data collection and analysis, and elaborate on these as the study developed. Key themes and issues were noted down during the interview, first in order to ensure that all relevant areas had been covered, and second to aid the process of theorising and memo-writing, so that thoughts during the interview were briefly noted, and later expanded on following the completion of the interview.

At the end of the interview participants were invited to comment on how they had found the interview. Several participants commented on the positive experience of taking part in the interview e.g. Maria: 'I have thought about these things and it's nice to have the opportunity to talk about them. I think this is the main thing to talk about and we don't get to talk about it much. It's actually quite nice.' (1.11).

Due to one of the local research and development committees advising against repeated interviews, only nine participants were asked if they were

interested in taking part in a subsequent interview to help with further clarification on parts of the model. Four participants consented to a second telephone interview (appendix 15). All participants were asked if they would like to be involved in a respondent validation exercise (see section 4.4.4 and appendix 16).

2.2.7 Follow up

Participants were offered a summary report of the findings which all twelve elected for.

2.3 Analysis

Three interviews were conducted prior to beginning the analysis. I transcribed the audio digital recordings, with the help of an administrative assistant. Participants' names were anonymised by giving each participant a pseudonym (see table 1), and names of other people or places mentioned were changed or deleted. The transcripts were then re checked against their audio digital recordings and digital data were deleted according to the agreed procedure during ethical approval.

Analytic techniques and procedures were drawn from Strauss and Corbin (1998), and Charmaz (1990, 1995). These were: asking questions, theoretical comparisons, microanalysis, open coding, category development,

axial coding, theoretical memos and diagrams, model development and refinement and theoretical saturation.

2.3.1 Asking questions

In grounded theory questions are aimed at advancing the understanding of the theoretical issues (Strauss and Corbin, 1998). Strauss and Corbin define four main types of questions: sensitizing, theoretical, practical/structural, and guiding.

Sensitising questions tune the researcher into what is going on in the data i.e. issues, problems, the actors involved, actions and their meanings, consequences, and how these are the same or different for different actors and situations (see appendix 2 for examples of sensitising questions used).

Theoretical questions assist the researcher to see process and variation, and to link concepts together i.e. how concepts are similar and different at the property and dimensional levels, how events and actions change over time, what the larger structural issues are, and how events affect what the interviewee is saying (see appendix 2 for examples of theoretical questions used).

Practical/structural questions provide direction for sampling and help with the developing theory i.e. how well developed concepts are, where and when to go next to gather data for the evolving theory, types of permission needed,

length of time it will take, the breaks in logic, and theoretical saturation (see appendix 14 for examples of practical/structural questions used).

2.3.2 Theoretical comparisons

The second operation Strauss and Corbin (1998) describe as essential for theory building is *making theoretical comparisons*. This is described as an analytic tool to stimulate thinking about properties (characteristics of a category) and dimensions (the range along which properties vary) of categories, and to direct theoretical sampling. It is often used when there is some confusion as to the meaning of an event or object, or it feels important to think about it differently. Properties and dimensions from incidents in the literature or from personal experience are compared to incidents in the data (see appendix 12 for an example of a theoretical comparison).

2.3.3 Microanalysis

Strauss and Corbin (1998) suggest that a detailed analysis of the data is necessary at the beginning to generate initial categories, and their properties and dimensions, and to discover relationships among concepts. Thus, in this study microanalysis was performed on the first and second interviews. It involved a microscopic examination and interpretation of words, phrases and sentences, with the result of generating multiple meanings. This focussing forced me to consider a range of different interpretations of the data, and avoid taking one stance. In particular, interviewees' own interpretations were

carefully considered, and in vivo codes were drawn directly from the text (see appendix 10 for an example of microanalysis).

2.3.4 Open coding

Strauss and Corbin (1998) state that during open coding data are broken down into discrete parts, and are closely examined for similarities and differences. Thus, small sections of every transcript i.e. a few lines or a sentence, were scrutinised and labelled (see appendix 11 for an example of open coding). These labels or codes were written in the margin of the transcript and were also given a numerical code to assist with later memo writing. Sometimes codes were taken as direct quotes from interviewees (in vivo codes). Willig (2001) stated the importance of ensuring that analysis is thoroughly grounded in the data. As the data analysis progressed objects, actions, happenings or events which shared characteristics were given the same code.

2.3.5 Category development

Category development involved grouping and arranging codes (typed onto strips of paper) together under more abstract conceptual headings, based on their ability to explain what was going on in the data. The first categories were developed after the first three interviews and repeatedly changed in light of new data and analysis. Thus, a constant comparison of codes, and their properties and dimensions ensued. This was assisted by a reflective template

that was based upon Strauss and Corbin (1998) and Charmaz (1995) (appendix 9). Categories were broken down into subcategories which answered the when, where, why, who, and how questions, giving the concept greater explanatory power (Strauss and Corbin, 1998) (see appendix 14 for an example of category and subcategory development).

2.3.6 Axial coding

Axial coding involved a process of reassembling data that were broken down during open coding, and relating categories to subcategories along their properties and dimensions (Strauss & Corbin, 1998) (appendix 14). Strauss and Corbin's (1998) paradigm model assisted with this process. This involved identifying *conditions* (answers to the why, where, how come and when questions), *actions/interactions* (strategic or routine responses made by individuals or groups to problems and issues), and *consequences* (outcomes of actions/interactions).

2.3.7 Theoretical memos and diagrams

Writing memos was done throughout the analysis (appendix 12). Memos were hand written or typed, and included my thoughts, feelings and directions for research. Strauss and Corbin (1998) state that memos force the researcher to a more conceptual stance, and they also store details of the process, without which it would be impossible to recreate the research. Charmaz (1995) suggests that writing memos leads the researcher to

elaborate on processes, assumptions and actions covered by the codes and categories. Memos also assisted the theoretical sampling, as it prompted the collection of further data to develop the emerging model. This was reflected in changes made to the interview schedule from interview three onwards.

Diagrams were also used throughout the analytic process (appendix 13). For example, flow diagrams were drawn to depict the apparent relationship between categories, for individual interviews and for interviews collectively. This was helpful as muddled diagrams identified weaknesses in the logic of the relationships between categories (Strauss & Corbin, 1998).

2.3.8 Model development and refinement

Refining the theory involves reviewing the overall scheme for consistency and gaps in logic, filling in poorly defined categories and editing excess ones, and checking the validity (Strauss & Corbin, 1998). I went back to review previous diagrams and memos. In addition, four participants volunteered for second interviews to fill in a poorly defined category (see appendix 15 for examples of interviews).

2.3.9 Theoretical saturation

Strauss and Corbin (1998) described theoretical saturation as when no new or relevant data seem to emerge regarding a category, the categories are well developed in terms of their properties and dimensions, and the relationships

among categories are well established and validated. However, they also state that theoretical saturation may be impossible to achieve in practice. This study did not achieve theoretical saturation for all of the categories, as I will discuss later (see discussion, section 4.4.4).

2.4 Quality assurance methods

Authors such as Mays and Pope (2000) have outlined guidance on assessing quality based around two broad criteria: validity and relevance. The degree to which I felt this study met Mays and Pope's criteria is outlined below.

2.4.1 Validity

1. In this study results from several data sources were included and compared i.e. interviews from different trauma professionals working in different NHS or legal services (in the case of the solicitor), and with varying amounts of experience and expertise. I developed an overall interpretation of the data by looking for patterns of convergence amongst the different data sources. This hopefully ensured a greater degree of contextual validity and thus, a more comprehensive model.

2. Respondent validation. Eleven participants were sent a copy of the model and a summary of the categories (one participant had moved and could not be contacted) (appendix 16). Smith (1995) and Mays and Pope (2000) have debated the appropriateness of using respondent validation with a critical

realist position. Mays and Pope (2000) propose that as the account provided by the researcher is written for a wide audience it is inevitable that this will be discrepant with an individual participant's view, due to differing roles in the research process. However, I hoped that the respondent validation allowed for the opportunity to check that the interpretations between informants and I shared essential characteristics, and so increasing validity.

3. A clear account of the process of data collection and analysis. I wrote copious memos (appendix 12) and diagrams (appendix 13) which detailed a trail of thought processes and decision making from early open coding to more conceptual and higher order category development, and finally the preliminary model. Also, a range of quotations from participants have been incorporated into the results section. I ensured that each participant was represented sufficiently. This was to help the reader to judge if the interpretations made were supported by the data.

4. Reflexivity. Reflexivity involves an awareness of the researcher's role in the construction of meaning from the data and recognition of the impossibility of remaining completely detached and objective (Charmaz, 1995). Mays and Pope (2000) stated that it is important for personal and intellectual biases to be clarified to enhance the credibility of the research. Therefore, I took two steps to meet this requirement. Firstly, a research diary was kept throughout which enabled me to take a step back to reflect on the influence of my personal views on the research process. I reflected on the impact of my personal and professional experience of trauma, and the influence this may

have had on my motivation for selecting this research project and my hopes for the findings. Also, the impact of my age, gender, and religious beliefs on the data collection and analysis. For example, my religious beliefs may have encouraged me to pursue existential issues and questions exploring meaning with participants (see appendix 1 for expanded version). Secondly, memos detailing ideas during analysis were written (appendix 12).

5. Negative case analysis was conducted in this study. Strauss and Corbin (1998) define outlying or negative cases as those that fall at the extreme range of a concept or that seem to contradict the phenomenon altogether. They emphasise the importance of identifying negative cases and the conditions that explain the variability, to increase the theory's transferability and explanatory power. In this study three 'negative cases' were discovered. These were: Roger, Paul and Andreas. These cases were identified as negative once the interview had begun i.e. they expressed that although they felt positive about their work with survivors of trauma they had not experienced any enduring positive changes that they knew of. Therefore, the model incorporated the processes described by the 'negative cases' that lead to no change, and also the conditions that explained the outcome of no change, as will be seen in the results. In addition, there was a significant variability in the amount of positive change reported by all participants in the sample. Thus, the variance within and between participants was used to test emerging hypotheses and enhance the overall quality of the explanations in the model.

6. Fair dealing. As described earlier this study incorporated a wide variation of different perspectives from different professionals to avoid a limited focus on one group's explanation of positive change. Marecek (2003) emphasises the strength of external validity in qualitative investigations. In relation to the external validity in this study the data were grounded in real-life contexts e.g. NHS trauma services, and so attuned to cultural, economic and organisational factors. This was reflected upon further in my reflective diary (appendix 1).

7. In addition, Ellis (1999) recommends that there is some resonance with readers. Camic *et al.* (2003) describe resonance as meaning that findings are meaningful and useful to some people in some circumstances. This was established throughout the research process by getting feedback at various stages of the write-up from research supervisors, psychologists and lay people. For example, the initial categories developed were shown to other trainee psychologists in a grounded theory research group and they understood my thinking and labels for concepts in the data.

2.4.2 Relevance

I considered the two dimensions of relevance in this study described by Mays and Pope (2000) in relation to this study. Firstly, I hoped that this study would contribute to knowledge and theory by exploring the processes involved in positive change in professionals working with trauma survivors, which has not previously been researched fully. Secondly, an important dimension of relevance is the extent to which findings can be transferable to other settings.

Thus, I have provided a comprehensive account of the sample, settings, and procedures, so the reader can judge if the findings apply in other settings.

2.4.3 Dissemination

I recognise the importance of disseminating the findings. Thus, I will send a short report of the findings and discussion to participants, research supervisors, and Research and Development (R & D) and ethics boards. There is also the possibility of a presentation if required. The preliminary model will be written up for a peer-reviewed journal in order to disseminate findings to the wider research community.

3 Results

Twelve professionals took part in this study. Nine participants reported that they had experienced enduring positive changes as a result of their work with adult survivors of trauma. They were: Celia, Jess, Emma, Tina, Matt, Nina, Saskia, Maria and Mark¹. Paul, Roger and Andreas reported that they had not experienced any enduring positive change as a consequence of trauma work, although they shared some similarities with other participants, as will be shown below. Therefore, they were referred to as 'negative cases' (see method, section 2.4.1 for explanation of negative cases). Paul, Saskia and Maria reported that they had experienced enduring positive change as a result of events in their personal life (see discussion).

In the interviews professionals spoke about individual episodes of positive change which broadly involved a key work related moment, followed by cognitive, emotional and behavioural processes, and finally by positive change. They also described positive personal and professional changes throughout their lifetime i.e. a series of positive change episodes to date. It was beyond the scope of this project to develop a model of the latter, and so the following section presents a preliminary model of the stages that seemed common to a single episode of positive change.

Four different categories (and their sub-categories) within the process of positive change are hypothesised on the basis of the data (see table 3 for an

¹ All names have been changed to protect anonymity and confidentiality

overview). These were: (1) key experiences in the work (key positive

	Categories	Sub-categories and conditions
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experiences and key negative experiences), (2) emotional disruption (inspired and disillusioned), (3) coping (letting go and working it through), (4) enduring positive changes (balanced views, increased compassion, faith in humanity, feeling lucky, personal and spiritual meaning). These categories and supporting quotes from the transcripts will be presented, followed by an overview of the model of enduring positive change. Category and sub-category names are printed in bold and *in vivo* codes are typed in inverted commas.

1	Key experiences in the work (N=12)	<ul style="list-style-type: none"> - Key positive experiences (N=12) Witnessing strength, recovery and kindness - Key negative experiences (N=12) Witnessing the awful side of human nature
2	Emotional disruption (N=12)	<ul style="list-style-type: none"> - Inspired (N=11) - Disillusioned (N=12) <p>Conditions</p> <ul style="list-style-type: none"> Severity of trauma (N=4) Stage in intervention (N=5) Stage in career (N=7) Degree of new/unusual information (N=8) Level of personal connection (N=5)
3	Coping (N=11)	<ul style="list-style-type: none"> - Letting Go (N=11) Black humour (N=2) Offloading (N=5) Crying (N=2) Jogging (N=1) Walking (N=2) Talking to friends and family (N=3) Writing (N=1) Having fun (N=1) Leaving work behind (N=2) Thinking it did not happen to me (N=4) - Working it through (N=9) Individually (N=9) With others (N=9)
4	Enduring positive changes (N=9)	<ul style="list-style-type: none"> Balanced views (N=9) Increased compassion (N=5) Faith in humanity (N=6) Feeling lucky (N=6) Personal and spiritual meaning (N=8)

Table 3. Core categories and sub-categories

3.1.1 Key experiences in the work (N=12)

All twelve professionals were asked to think about the personal impact of their work with trauma survivors. All participants offered examples of key clients or events that had impacted on them, and seemed to them to be significant in leading to positive changes. Mark, however, reported that the experience of being with a client lingered with him on an ‘emotional level that is hard to put into words’. Rather than at this time discussing any specific

instances, Nina felt that there were moments in the work that ‘catalyse’ a ‘gradual process’ of positive change:

Yeah, it is a gradual process [positive change] that is no doubt, there are moments [with clients] that catalyses on such [learning], the two together isn’t it (Nina, 6.6).²

Thus, it was hypothesised that there were **key experiences in the work** that catalysed the positive change process. These could be positive or negative, which will be discussed in turn below.

3.1.1.1 Key positive experiences (N=12)

Eleven participants reported witnessing the ‘strength’, ‘resilience’ and ‘kindness’ in trauma survivors, or in the people that were supporting them. Tina highlighted the strengths and resilience of an asylum seeking client she was working with:

What you are realising is that you know, here is a woman whose life has completely fallen apart and yet she was trying to pick it up, she wasn’t just sitting down, doing nothing about, she was really fighting quite hard, yeah, so you know, you kind of get, grow past that actually, these people have enormous strength, I don’t think I could do what she was doing (12.2).

² Nina’s first language is not English

Emma described being struck by the 'love' her client had been shown or the 'kindness' he had been shown by 'ordinary people' who were not benefiting financially from it.

These **key positive experiences** could happen at different stages of their work with clients, for example during a multi-disciplinary meeting:

...you can sometimes leave the meeting going wow that's amazing I cant believe they're achieving all this much given the difficulties (Emma, 10.17).

Participants also described key experiences within the therapy. For example Maria was 'astonished' by the capacity of her client, who had learnt that 'people do appalling things to each other', to have a loving relationship with his partner.

The experience of many participants indicated that witnessing their clients' recovery was a 'powerful', 'rewarding' and 'moving' experience. Celia felt that she 'shares' in her clients positive change because she was 'part of the process'. One of Matt's **key positive experiences** was witnessing an incident that illustrated his client's recovery by chance:

And not only was he not frightened [of a previously feared situation] he was engaged with his kids and I saw him having a normal sort of thing with his kids and I just thought bloody hell you have come a long way cos I had no

idea, I mean I thought he is getting better slowly but to actually see him with his children confronting this feared thing ...(2.13).

Mark reported that he was not always able to witness positive change at the time he was working with a client but that he may hear about them years later:

I'll hear how they're getting on with life, they may come back to me like three years later for some reason but you clearly find that they've, that, that, they've been able to grow with this and to live with it (11.6).

Another dimension to this sub-category is professionals' perception of positive therapeutic outcomes. Nina believed that she 'always had good outcomes'. Emma felt that she got 'a lot of personal reward' from making 'small changes' with people. Thus, professionals may have many small positive experiences.

3.1.1.2 Key negative experiences (N=12)

All participants reported **key negative experiences** which involved 'witnessing the awful side of human nature'. For example:

I remember a particular patient that I had in private practice, who had been in [country] and was required as a soldier to do the most awful, awful things, the most awful things to children and um, what struck me was that I mean this was actually an ordinary guy (Celia, 5.10).

Key negative experiences could occur at different stages with different clients. Jess described a particularly ‘shocking’ moment in an assessment:

...he just experienced things you wouldn't you know [pause] he was, he had a bag put over his head and a rope around his neck, stood on a chair and they'd been kicking the chair and he thought he was going to die, and they'd held a gun to his head and flicked the, pulled the trigger but there was no bullet but obviously he didn't know that, and he'd had all these kind of arrghh awful and you know he then relayed all of these in so much detail that you know it was really kind of shocking (Jess, 7.4).

Tina recounted a **key negative experience** during therapy:

you are actually dealing with somebody with a completely messed up life here and the child's life and I guess I felt really out of my depth, I felt you know, this, I'm not here to do all this really, um...(12.2).

The above quotes seem to demonstrate that key negative experiences touch participants, that is, affect them at quite a deep level.

3.1.2 Emotional disruption (N=12)

All participants indicated that they had experienced some form of **emotional disruption** after **key experiences in the work**. This was broadly divided into

two sub-categories that came directly from in vivo codes used by several participants: **Inspired** and **Disillusioned**.

3.1.2.1 Inspired (N=11)

Inspired was a term used in the first interview:

I have certainly been very moved and very inspired and affected by the work I have done with people, or the work we have done together. Often I feel very honoured and privileged to do this kind of work really (Maria, 1.7).

Many participants described feeling **inspired** after **key positive experiences in the work**. For example, Tina describes a key therapeutic group session:

you suddenly learn that these people who have been through the most horrendous circumstances, and here they are having a laugh over and talking about football tonight, you know, and yeah and that, that's been really powerful (12.8).

Many participants also spoke about being 'heartened', 'wondered', 'amazed', 'privileged', and 'astonished' by **key positive experiences in the work**:

Um...but just being a witness to that, I mean, the people I meet are quite extraordinary, you know, they are not, to have the initiative to get here from

wherever it is they come from, they must have some special qualities and it's really quite a privilege to witness that (Paul, 8.6).

Celia and Emma described **key positive experiences** with certain clients that had 'surprised' them by indicating how resourceful clients could be or how 'kind' other people could be towards clients, which for Celia was 'humbling' and for Emma it contrasted with her previous experience:

And I don't think I am particularly cynical about the world at all in terms of I do actually believe there are a lot of kind people but um I think that has really struck me (Emma, 10.16).

In comparison, Roger described experiencing a 'sense of joy' when people improve rather than feeling inspired:

there are two things, one is this seeing people change and improve so quickly and you know it's a real sense of joy when people do improve and the other bit is that you're actually involved in some really interesting events (3.9).

There were dimensions of intensity and duration within this sub-category. It ranged between being left with a 'good feeling' after a session (Saskia) to thinking about the 'strength and resilience' of a client after work and during the weekends (Mark). Thus, for eight participants there was an emotional 'residue' (see next section for more detail).

3.1.2.2 Disillusioned (N=12)

The sub-category name **disillusioned** came from Celia who spoke about several **key negative experiences** in her work with trauma survivors. Many participants reported feeling 'shocked', 'despair', 'angered', 'saddened', 'horrified' and 'shaken' by key negative experiences. For example:

And just seeing this person's arm and the lower part of the arm was completely bent the other side and I think that kind of thing I was like 'oh my god', you just felt like half the world was evil you know (Emma, 10.8).

But just, yeah, just awful people and I remember when somebody told me about what certain prisoners had done to certain other prisoners and I was so, so, so angry that there were people like this on this earth, that human beings could be like that, I was really, really angry and disappointed um...(Celia, 5.10).

Some participants reported feeling 'hopeless' and 'overwhelmed' by **key experiences in the work:**

So a lot of the refugees are more stuck because you know they have lost their homes, their loved ones, they are in a new country, there's no language, they have lost their role in society, there's racism, they're depressed, they've got PTSD and other things and they are waiting for their immigration status. The

hopelessness of it comes out and you wonder how much am I going to be able to do in one hour a week? (Andreas, 4.2).

There were dimensions of intensity and duration within this sub-category. It ranged between experiencing 'dread' in the session (Paul), being 'struck by the unfairness of life' (Maria), experiencing 'nightmares' for a 'few days' (Tina, Matt), to feeling 'penetrated by the suffering' (Nina). Overall, eight participants described being left with an emotional 'residue' that lingered with them beyond the session with a client. For example:

I've definitely had some, done some assessments where I know that there's more of a residue left over with me afterward (Emma, 10.6).

I can't think of anything specific right now but I know I have had experiences where um I'll hear something and [pause] the effect that it has that lingers with me is at an emotional level but at an emotional level that is hard to put words to, and its it's almost like one of the PTSD symptoms where you're hypervigilant? And hyperaroused? And it isn't until a few hours later that you realise later like oh I wonder if this has something to do with what happened earlier today in psychotherapy? (Mark, 11.4).

Distress could also be experienced by a team of professionals:

There is this stress in this place, it can be quite deep, the stress and sometimes it takes a bit to get out of that, it could take days, hours and you then feel

perhaps, I think you can feel different things, you can feel a failure, you can feel perhaps you shouldn't be in this place you know, perhaps in the wrong place, um you can feel I'm letting them down it's a bit on the failure side isn't it (Nina, 6.7).

Conditions

There were five conditions that seemed to influence the **emotional disruption** experienced by the professional. These were: the severity of the trauma, the stage in the intervention, the stage in the professional's career, the degree of new and unusual information, and personal connection to the trauma (see method section 2.3.6 for explanation of conditions in grounded theory).

Severity of traumatic experience (N=4)

Participants often described being most affected by severe trauma cases, and four participants specifically linked severity to the strength of their emotional response. For example:

if they've been raped they come to me therefore some of the very horrific cases that I have to hear, horrific means very horrific to the degree that [omitted for confidentiality]. When I started with her I couldn't cope with being in the same room (Nina, 6.2).

Tina had found that working with 'British traumas' had less of an emotional impact on her than working with 'refugees' due to the severity of the traumatic experiences and the neediness of the clients. Ten participants reported stories of clients being tortured or participating in torture, that had made a significant emotional impact on them. In addition, Jess and Nina suggested that working with severe trauma cases 'forces' new learning:

I think that occasionally, you know this is going to sound awful but you have so many bad cases and then you have one really awful case and it truly actually it's the really awful case that sort of knocks you over (Jess, 7.3).

In a way it is a privilege to have difficult patients, because it challenges, it forces you to learn more (Nina, 6.6).

Stage in intervention (N=5)

Emma, Paul, Nina, Jess and Tina described key experiences when they heard a client's story for the first time. For example:

... I think for me the sort of struggles to start with, say if you're starting to see somebody, um, I'm just thinking about the process of seeing one person. The thing that you kind of quite often are quite a struggle for you to start with is the extent of their losses, the fact that life will never be the same for them no matter what happens (Emma, 10.17).

I think it's the first part that's more emotional cos it's actually dealing with them and then bringing out their story (Jess, 7.3).

Emma highlighted a key experience when a client shared 'new' and 'humiliating' information with her.

I mean, yesterday actually somebody shared a new bit of their trauma with me which was quite a sort of humiliating bit, and I noticed I was in supervision group later and I wasn't to present that day but I found I had to start writing down a few things because it was really, it was staying with me a bit (10.7).

Stage in professionals' career (N=7)

Jess, Emma, Mark and Tina described an initial struggle or disruption when they began working with survivors of trauma:

To begin with it um I suppose it was quite hard but it didn't feel it just felt a little bit more involved so you just felt a little bit more heavy hearted at the end of the day (Jess, 7.3).

This initial struggle seemed to alleviate somewhat as professionals adapted to hearing traumatic accounts and felt more 'confident' and 'competent' in their work. For example:

I think it's easier now-a-days to contain my reaction to the trauma or the stories that people tell me as I have a better sense of um, you know, what psychotherapy's all about, what my purpose is in all of this, in what I can do with this (Mark, 11.3).

Jess also described becoming increasingly able to 'internalise' the work and keep it 'shared between me and the client'.

This causal condition also influenced **Inspiration** e.g. Emma felt that she was more 'struck' by the 'kindness' of other people at the beginning of her work as a trauma professional as this was new to her.

In comparison, two of the 'negative cases' did not experience a strong **emotional disruption**. Roger highlighted that he felt the work no longer had the same emotional impact upon him:

and being ready for it means that you're not um [pause] affected to the same extent while people are telling you something in a really distressed state because you are expecting them to be extremely distressed when they are telling you something which is going to be very unpleasant (Roger, 3.3).

Paul also emphasised that his work had made less of an impact on him due to his age and previous experiences:

I think that it, you know, if I'd started this work in my early thirties I might have felt more what you were talking about [enduring positive change], but I came to this work in my late forties, um, so I think I was much more formed if you like, as a person, by then (Paul, 8.15).

Some professionals also described different settings they worked in earlier on in their career which had made more of an impact. Roger had worked as a trauma professional in 'risky' countries which had made a 'dramatic' and 'life changing' impact on him. Celia also described her experience when working in a prison for the first time:

When I worked in a prison, I encountered people that I didn't know existed, I mean, bad, evil, no evil is a loaded word (Celia, 5.10).

New or unusual information (N=8)

Participants made the connection between 'new', 'unusual' or 'extraordinary' work related events and emotional disruption. For example Celia made a comparison between the impact of 'common' stories and 'extraordinary' events:

If I have a patient in therapy and they, they can tell me about how bad their relationship with their father was, then I might have heard ten or fifteen or twenty other patients, um, before that person say how bad their relationship with their father was. So it's kind of um, it's common, it's more it's the

common stuff that we deal with I suppose, the relationship, the family relationships. Whereas, if somebody comes to you and says I was in the London bombing, I was in the London bombs, that's an extraordinary event (5.8).

Emma had learnt through the work with one client that some people will 'really go out of their way' to help refugees without any financial gain. This contrasted with Emma's previous expectations of people. Many participants recalled that the stories were more 'unique' at the beginning of their work with trauma survivors, or at the beginning of the work with one client.

Personal connection (N=5)

Tina highlighted the personal nature of hearing stories first hand from the survivor:

It personalises it you know, you see these streams and streams of people coming out of countries walking to refugee camps and then you meet one, and you hear their story, it does, yeah, that you know, it does make you think about things differently, that, that they are actually individuals (12.7).

Nina, Jess, Celia, Emma and Tina all referred to experiencing more of a 'personal connection' with certain key clients. This influenced the emotional intensity experienced. Nina found that working with clients in her first language triggered more suffering for her, due to the link with her past and

there being less of a 'barrier'. Jess described feeling more distressed with clients that she had established a 'bond' with. Emma found that she was able to 'identify' more with women who had been sexually assaulted, as it could 'feasibly happen to you' and she had 'spent time thinking what that would have been like'. As a consequence she was particularly 'struck by the horror of it'. Tina was particularly affected by a client whose baby had died, whilst she herself was pregnant which 'brought it closer to home'. In addition, Celia and Tina felt more personally connected to traumatic accounts that occurred near to their own homes.

3.1.3 Coping (N=11)

Many participants engaged in 'coping strategies' to alleviate distress or discomfort. There were two sub-categories of **coping** identified by participants: **letting go** and **working it through** (see Discussion for further exploration of this).

3.1.3.1 Letting go (N=11)

Participants spoke about 'letting go', 'leaving it behind', and the need to 'release' the emotion from the work. Forms of letting go mentioned were: 'black humour' (N=2), 'offloading' (N=5), 'crying' (N=2), 'jogging' (N=1), 'going for a walk' (N=2), talking to friends and family (N=3), writing notes (N=1), 'having fun' (N=1), leaving work behind (N=2), and thinking 'it didn't happen to

me' (N=4). These strategies occurred either immediately after a particularly difficult session with a client, at work, on the way home from work, or at home.

There was a variation between professionals i.e. some engaged in 'letting go' deliberately and planned this into their schedule:

So we used to talk quite a lot out of work about work which sounds really boring but was actually quite a good release to say god this happened and this happened (Jess, 7.3).

One of my supervisors encouraged us to put work down and have some kind of almost like when you have a shower, when you come home from work, leave it all behind you, change your clothes, so you know, I have a uniform that I wear for work and clothes that I wear when I'm not working, it kind of helps me to make that demarcation (Paul, 8.5).

However, for others this 'letting go' was not planned and occurred spontaneously. For example:

Well, I just, um, it wasn't deliberate strategies, it was to get fit actually, um, but you just found yourself just, I mean, prior to starting doing that [walking] I just got the tube home, so I'd be home in twenty minutes, literally, door to door, um, so you'd still be kind of going over what had happened in the day, whereas if you had an hour, which is what that took, and you were just, just

silent on physical exercise, then yeah, you'd be, by the time you got home you were more relaxed, you let it go (Tina, 12.15).

However, 'negative cases' Andreas and Paul reported that they did not go to the 'gym' to cope with the work but that they would go anyway.

3.1.3.2 Working it through (N=9)

Working it through occurred individually or with others. These will be discussed in turn below.

Individually (N=9)

Working it through was an in vivo code from Celia:

Well I suppose the way you work it through is exactly the way that they [clients] work it through which is by going over and over and over and over it in your mind and kind of, I suppose looking for solutions and looking for explanations, almost like it had happened to you, I think there is that, that you, that you think of it in terms of what would it be like if it had happened to you, when it's so alive. I mean, yeah, so immediate, so present (Celia, 5.9).

Participants had spent time on their own thinking about the meaning of stories of trauma and survival. A personal connection with the trauma story enhanced the likelihood of this occurring. Maria, Emma, Celia, Mark and Tina

put themselves in the position of the client and thought about 'what it would have been like' and Tina wondered if she would have been able to survive the trauma. Personal reflection could be deliberate. For example Maria felt that meaning is 'something you work and fight hard for' rather than it being 'discovered'. Celia reported that it came out of 'a need to make sense of life'. However, Matt, Saskia and Mark described a more spontaneous process:

Well I'm imagining that for everyone it's different but I don't think for me that I have a particularly um um um sort of allocated time or space to do it. I think it just occurs at random intervals when my brain is not occupied like when I'm driving or going to sleep [pause] or when I'm confronted with things that challenge me (Matt, 2.14).

Perhaps when I'm driving home, or um, anytime really, anything you know, if you see something on the television, it will cause you to think about the people you work with and the stories they have (Saskia, 9.4).

I quite often think about clients and their stories that they tell me after five and during the weekends but when it's a traumatic story I think there's, sometimes I might fall into thinking about them more often and wondering about ooo I wonder what it was like for them. Or or more often than not I'll marvel in their resilience and their strength in having been able to cope and live with that. Those are the types of thoughts that I'll linger to (Mark, 11.4).

As participants highlighted above reflection may occur at work or home, after work, at the weekends or on holiday.

Saskia suggested that people were not able to grow all the time due to 'blocks':

It's not like you can keep growing and growing all the time in a nice kind of exponential line it just isn't going to work like that, for all sorts of reasons, because you are not ready, you've got blocks inside you, you're tired, you've got too much else on, just all kinds of things, like a plant, you know, plants are going to grow better at certain times of the year than the other (9.17).

Mark and Tina felt that as their confidence in their ability as a therapist grew they had more space to work through the emotional meaning of the key experience. For example:

I think you do think about the wider issues, as I say, um [pause] because you are not struggling so much with getting it right with that individual. Does that make sense? Because obviously you are as a therapist, but um, that you think, yeah ok, I've done this sort of thing before, I know what I'm doing, I know where to go with this, and then, yeah you can think about war, you know that they've come from a war zone, what that must have been like, so yeah, it does widen it out (Tina, 12.7).

Matt, Saskia and Mark contributed a time condition to this sub-category as they felt that reflection may occur years later after working with a client:

There's a kind of non-descript clicking into place that doesn't happen on that key event I didn't walk away from that key event thinking oh I've grown a bit from seeing that but it's from having told the story a few times putting it into perspective of other things that have gone on and then reflected on it [pause] sort of months or even years later [pause] and realised that it has some meaning sort of in hindsight ... (Matt, 2.14).

sometimes when you actually feel very confused and lost, you can come out of it and think well actually, that was a very important time where I actually learnt a lot, and laid the foundation perhaps for growing further, so I think yeah, there is both of those processes going on, there is the experiencing and then the integrating and reflecting, going on all the time [pause] it's just that sometimes it can feel much more like oh yes, things are moving and I'm grasping and things are making sense and other times you can just feel like, uh, I don't know what's going on (Saskia, 9.17).

Thus, it seemed to be an ongoing process of struggling with emotions and the meaning of the key experience.

As part of individually **working it through** all participants described a process of looking back at memories of previous professional experiences. This may have been partly due to the interview format of looking back at previous

experiences in hindsight. However, to different degrees, nine professionals had already done this prior to hearing of this study. Mark, Maria and Celia reflected back on previous clients they had worked with, and saw the 'mistakes' they had made. Mark had also thought back to previous supervisors who had helped him to personally reflect upon the impact of the work. Some participants described thinking back to previous personal experiences. For example, Saskia and Nina reported that they often thought about their own childhood experiences:

It does cause you to reflect on your own life, your own childhood, your own experiences, being the things that happen to you, and that's how you think about things (9.11).

Tina made the point that 'your work happens in parallel to your life'. Mark, Celia, Emma and Matt had reviewed past relationships with family and friends and realised that they had changed partly as a consequence of the work. For example Emma looked back at the way she used to view people in the past:

So I suppose that has changed my idea that actually most people are a bit too lazy to care. That would probably be my resting hypothesis before that and now I kind of think actually no there are some people who really go out of their way (Emma, 10.16).

With others (N=9)

Some participants reported that **working it through** was a process they did with other people i.e. colleagues (n=6), friends and family (n=4), clients (n=2), and through reading (n=4). This could be with the intention of finding new meaning or it occurring accidentally.

Mark, Saskia, Maria, Emma and Tina had found supervision at work helpful in being able to reflect on the 'personal impact of the work'. Andreas reported group supervision which involved 'philosophical' discussions about 'finding meaning' through trauma and Maria had received training on the 'joint advantage' of trauma work for the client and professional. Matt, Nina, Mark and Jess found talking about their work with family and friends helpful to gain 'a new perspective'. Jess also added that she engaged in this more at the beginning of her work with trauma survivors, and felt more able to 'internalise it' and keep it 'shared between me and the client now' as the need for it had disappeared. Mark and Saskia had both found that through working with a client on finding meaning this had provoked this process within themselves:

As I'm working with a client and we are working together and searching for a meaning and creating a meaning for them, it can't help but touch upon my own and the way I search and create a meaning out of things in life, um [pause] the thing is some things have happened to people, I mean, they'll never happen to me, so it's not going to affect my personal meaning in life,

um, but the process will perhaps at times, help me for my own personal search for a meaning, um...(Mark, 11.8)

Saskia had been triggered to reflect on her own spirituality after a conversation with her client about 'Karma'.

Mark, Matt and Saskia reported an increasing interest in positive and humanistic psychology, and using this to find meaning. Specifically Celia had been motivated to read Kubler-Ross's work on the holocaust in a need to understand her work with perpetrators. Thus, reading can be a way of drawing upon others experiences, thoughts or wisdom.

3.1.4 Enduring Positive Changes (N=9)

Nine participants described **enduring positive changes** as a consequence of their work with trauma survivors. These were divided into: **balanced views, increased compassion, faith in humanity, feeling lucky** and **personal and spiritual meaning**.

3.1.4.1 Balanced views (N=9)

Celia, Nina and Matt used the term 'mature' and other participants made reference to the idea that they had a more 'balanced view of the world'. In contrast Roger expressed that he had developed only a 'cynical view of humanity'. Celia, Maria, Matt, Tina, Nina, Jess, Emma and Mark

demonstrated the juxtaposition of knowing more about 'awful things', which induced a feeling of vulnerability, but also knowing more about the 'wonderful things in people':

Um, I suppose that it has given me a kind of a certain maturity I suppose. Um, no matter how life can be, you know that idea that I never promised you a rose garden, you know that life isn't wonderful, there are absolutely awful aspects to it, awful, awful things happen to people and it just seems so unfair that some people have such awful lives and have to endure such awful things, but how those awful situations can sometimes turn into um [pause] can bring out such wonderful things in people, so I suppose that's what I mean by a maturity, I suppose it's given me a more balanced view on life. I think that's what it's done. It's given me [pause] it's made me have to face the most awful things but it's also made me feel inspired about what can come out of those awful things (Celia, 5.7).

This also led Celia and Emma to develop a balanced and less 'idealistic' view of themselves. For Celia this led to an increased tolerance of the 'badness' in others.

3.1.4.2 Increased compassion (N=5)

Emma and Nina felt that they had become more 'compassionate' and sympathetic e.g. Emma felt more compassionate towards people from 'safe'

countries, who had nonetheless made sacrifices in coming to the UK, and towards women in the 'sex industry'. Roger had quite a different view:

I don't think I've been compassion driven from the beginning um and you know I think you can get terribly up yourself if you feel that you're being compassionate um I think it, I've never seen the people I work with as more in need of compassion than anyone else (3.8).

For five professionals the work has politicised them e.g. being increasingly vocal about human rights and injustice with colleagues, family and friends, and joining groups such as Amnesty International, Mediciens Sans Frontier and joining campaigns against the Arms Trade. This had the consequence for Nina of feeling 'at peace with herself' due to her work. However, Emma, Tina and Jess reported that this also has a negative impact on relationships as they were more likely to have an argument with friends about these issues, although this seemed to be a price they were willing to pay.

3.1.4.3 Faith in humanity (N = 6)

Eleven participants reported recognition of the strength and resilience of trauma survivors. However six participants took this further and reported a **faith in humanity**. This was an in vivo code first mentioned by Matt. He described it thus:

And the vast majority of people don't really ask for much more and they're quite you know if they're treated with respect they will treat you with respect, if they're treated in a friendly way they will be friendly back to you [pause] but actually most people I meet are just looking for some kind of meaningful relationship with the people around them and they just want to get on with other people. Most people are not stroppy, malevolent, malicious, vicious, destructive, violent, they may end up in situations where things happen but actually most of us want to get on with other people (2.6).

As Matt described above, **faith in humanity** seemed to be an enduring change about the way professionals saw themselves and other people i.e. in a more hopeful and optimistic light. Maria felt that 'knowing bad things can be managed' gave her a sense of 'calm' and 'personal safety'. She also felt that the work has helped her to see that 'even in very difficult circumstances there can be something redemptive about it.' Emma had realised that there are 'some people that really go out of their way' to help others in need for no financial reward. Mark and Tina discussed that the powerful impact of seeing people 'recover':

if they're given the right conditions, and the right opportunities and to see that and to witness it, well I think it's quite marvellous, um, and that helps me to put my work into perspective, because that, I've had the luck and good fortune of working with people and knowing how people have been able to triumph with trauma (Mark, 11.6).

I've seen people recover from some of the most horrendous things imaginable, and I think that has an effect on humanity really because initially as I say with this, this woman I first saw, you think Oh Good Lord, you know, she's completely broken, and then you realise actually, that people are coming here because they are determined to get their lives back together, in some way, and that's quite humbling to see and you wonder what you, if you'd had the courage to do it, and that's really uplifting [pause] when you see people leave here, and build up new lives, as I say, having gone through the most awful, awful things...(Tina, 12.5).

There was a dimensional range of intensity within this sub-category. For example Andreas seemed tentative:

I think I'm surprised at how amazingly well people can cope you know even people who have been through really terrible things, I suppose that's quite heartening but on the flip side of that is that a lot of people don't cope so (laughs) (4.5).

3.1.4.4 Feeling lucky (N=6)

Many participants used the term 'perspective' and described a 'greater appreciation' of their own lives and family and an increased tolerance and acceptance. For example:

So one of the effects it has with me is it really helps me to put things into perspective with people I work with, the stories they have, even me personally in terms of my friends and my family, and my own personal life. It really helps me to put things into perspective and it helps me to cope with the stress in life. Um so that that's one impact it it that it has in me (Mark, 11.4).

I think that you know, you you, it's a lot easier to appreciate what you've got when you do this job, um I think that, you know, if you went in and you were doing you know, not to deride accountancy and you were doing book keeping or accounts you know, you, you there's no aspect of that, that makes you think I'm so lucky to have my mother, my father, to be in contact with them, to have them, to have a partner that loves me and is there for me and not to have soldiers at the end of my road (Jess, 7.12).

Participants gave different examples of feeling lucky, which were dependant on their lifestyle. For example Emma and Jess found that they were less argumentative and more tolerant about 'silly things' e.g. whether their housemate had done the dishes. Matt and Maria explained that their 'bar of what is a problem is higher'. Matt and Maria felt that they were more 'appreciative' of family and friends, which for Matt could sometimes trigger worrying about them more than he used to. Mark was more accepting of peoples 'warts and foibles'. Tina was more accepting of her daughter getting bad grades in school, and her father's death:

I do think that working here and listening to all the people who'd lost family in utterly horrendous circumstances and had their children ripped from them and all sorts, that seeing your father in his late seventies dying in his bed makes you think this is how it should be, to be honest, um, so yeah, that was a fairly positive thing you know to be honest and that was directly from, from listening to [pause] that this is how things should be and its alright, you know, so yeah, that was, so that was a pretty direct event (12.12).

In contrast Andreas described finding it difficult to hold onto feeling lucky:

I would just hear these terrible things and I think for a split second I might think god I am so lucky, but I think holding onto that is so difficult as you come back and get wrapped up in your own miniscule tiny little problems that you turn into massive things (4.6).

3.1.4.5 Personal and spiritual meaning (N=8)

There were reported changes in **personal and spiritual meaning**. Many participants made reference to the personal meaning and satisfaction they took from their work, and the feeling they were making a real difference. For example:

I think that um for me there's something important about the idea that you are contributing something in a way and you do feel with this kind of work even if

you do something quite small its so significant compared to the very difficult things the persons had (Emma, 10.9).

Since working with trauma survivors Saskia came to feel that she had been called to do this work:

it is something that I am drawn to do in a more, if you want to call it spiritual sense, um, you know, certainly with some clients, and I don't think it's just me being grandiose, I think I'm the right therapist for them, other people they could see anybody, but some people I would, you know I would get a kind of prickling (9.13).

Matt and Saskia reported that they felt connected to a 'meaningful universe'.

For example:

I have started to think sort of the universe does provide if you let it and that often it will throw you things and its up to you whether you decide to pursue it but actually coincidences, coincidence it is but there is also kind of I think, this synchronicity thing is um I tend to see it often – you talk about something and suddenly someone will have an event happen in their life and it really just puts it into perspective and it helps them to move on. (Matt, 2.13).

Eight participants had grown in acceptance of the 'random' nature of trauma.

For example:

what I've learnt professionally as well as personally over the years, um, as trite as this sounds, the world can turn on a dime, and life can be very different fifteen seconds from now and er, I lose track of that message or that lesson um because you just caught, you get caught up in the minutia of daily life...(Mark, 11.9).

This realisation was not without sadness or anger. For example:

I don't know whether someone would call it Buddhist. Expecting and coming to terms and making the best of it. I think that is very much a choice involved in coping with bad things that have happened to you and in a way I do have sometimes you know some sense of resentment with having to cope with bad experiences (Maria, 1.8).

Matt thought that 'once you accept that a lot of what happens is very random you can give up having to worry about it'. As a consequence of this he felt he had become more laid back and risk taking. Saskia and Maria stated that they had come to realise people had little choice over 'bad experiences' but that there is a 'choice to survive' or to 'make meaning'. Tina and Maria took some comfort from the idea that 'there is a unifying element that we all get born and then we have to deal with it'. Matt, Tina, Emma, Maria and Saskia all described noticing the 'universality' or 'common humanity' between themselves and their clients. Due to the experience of 'common humanity' Tina saw less of a distinction between herself and her clients which seemed to open her up to learning more from them and giving more of herself away:

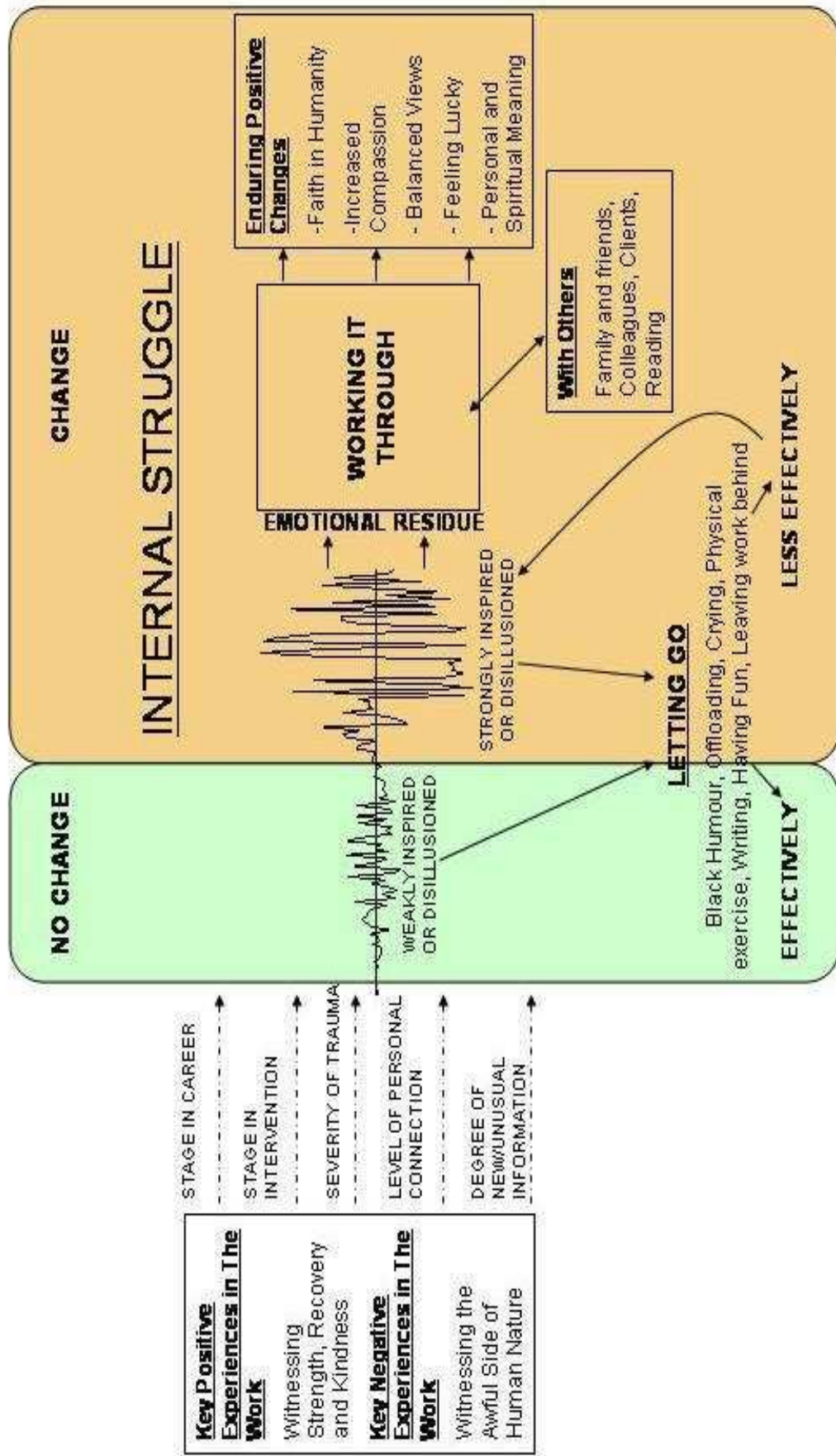
I got to know them not as victims, not as people who these things had happened to but as women, and learnt so much about them, and gave more of myself away than I have done as a therapist before (12.8).

3.2 Overview of model

Figure 1 illustrates a preliminary model of enduring positive change. The model highlights the four categories described here and the links between them which form the process of positive change. There is a distinction made between cognitive and emotional processes that occur as part of an internal struggle, and processes that involve interaction with other people. The enduring positive change process occurs over time. The amount of time this process took to occur varied between participants, although not all felt able to comment on the length of time. It represents a dynamic process which the arrows and the graphics attempt to capture.

The change process is triggered by **key positive or negative experiences** in the work. These work related stories, events, or clients somehow ‘touch’ the professional and trigger an emotional disruption that can be positive (inspiration) or negative (disillusionment). Participants described a continuum of **emotional disruption** that ranged from a minimal disruption to a more

Figure 1. Preliminary Model of Enduring Positive Change in Trauma Professionals



intense disruption with lingering thoughts or feelings (emotional residue). This disruption triggered a range of coping strategies. A weak **inspiration** leads to no change. A strong **inspiration** leads to an emotional residue and subsequent working it through. A weak or strong **disillusionment** triggers immediate **letting go** coping strategies with the purpose of alleviating the disruption. If this **letting go** is successful there is likely to be no change. This seemed to be confirmed by the 'negative cases'. Roger, Paul and Andreas all reported that they had not experienced any enduring positive changes as a result of the work. For example, when Roger was asked how the work had made an impact on him he replied:

I'm not sure its affected me anymore than anything else. To be honest (3.1).

It was hypothesised that the 'negative cases' did not experience positive change because they did not experience a strong enough emotional disruption from the work. For example:

I don't find the stories, I mean they are upsetting but I don't find they impact on me. I never have nightmares or I never think about the trauma, my patients, when I come home, in terms of their stories (Andreas, 4.2).

Therefore although the 'negative cases' also engaged in **letting go** activities this was not to alleviate distress or discomfort but would be done anyway:

It's [dancing] more than a coping strategy, it's something that I really enjoy you know and I would probably do it anyway but if you like it could be categorised as a coping strategy but I don't do it in order to cope (Paul, 8.7).

If there is a strong **emotional disruption** and **letting go** is unsuccessful there is likely to be an emotional residue and subsequent **working it through**. **Working it through** can occur individually or with others. **Working it through** appears to be significant in the development of enduring positive change. It is the opposite of **letting go** in that professionals seemed to describe a process of staying with the thoughts and feelings (consciously or unconsciously), that had been triggered by the work, to grapple and makes sense of them. This was an ongoing process that could take days, months or years and often was in hindsight. Important conditions seemed to influence the variation in emotional intensity explained by participants. Participants described conditions that were most likely to cause greater disruption than others. Thus, the model is not straightforward but indicates a complex interaction between the work, the context of the work, and factors related to the individual professional. The outcomes of the process are the enduring positive changes. These were separated into sub-types i.e. **balanced views**, **increased compassion**, **faith in humanity**, **feeling lucky**, and **personal and spiritual meaning**. These sub-types incorporated similar new beliefs, attitudes, feelings and behaviours described by participants.

4 Discussion

4.1 Overview

The first section will discuss how the study findings link to the original aims. Then relevant literature and issues that were raised in the introduction will be discussed first in relation to the individual components of the model and second in relation to an overview of the model. Next the limitations and validity of the study will be assessed. Following this the clinical and future research implications will be highlighted. Finally conclusions will be presented.

4.2 Research aims

The three specific aims were met by this research study in that both positive and negative impacts of the work were described, areas of positive change were illustrated, and professionals' own explanations and the detailed grounded theory analysis led to the model explaining the changes.

4.3 Previous research and theoretical context

A number of different theoretical positions and research studies concerning PTG and positive change were discussed in the introduction. This section considers the findings of the present study in the context of such theories. Also, in light of this study's findings, relevant existing psychological theory and

research that was not explored in the introduction will be brought into this section, to aid discussion.

4.3.1 Key experiences in the work

This study proposes that the enduring positive change process is triggered by key positive and negative experiences in the work with survivors of trauma. This is consistent with Calhoun and Tedeschi's (1999) suggestion that witnessing stories of survival told by survivors themselves has a significant emotional impact on therapists. In addition, they reported that it was trauma therapists' engagement with their clients and with their clients' 'shattered world-views' that led to vicarious PTG.

However, there were also findings that differed from previous research. Firstly, this study found that a non-therapist i.e. a solicitor experienced key positive and negative moments in the work with survivors of trauma that led to positive change. Previously research in this field has focussed on therapists and thus, not shed light on the likelihood that non-therapists develop positive change as a consequence of working with trauma survivors. This may be due to a biased perception of the relationship non-therapists have with clients. This study found that the solicitor spent long periods of time with clients and developed an empathic relationship with them. However, as there was only one non-therapist in this study this finding needs to be interpreted with caution, although this would be an interesting area for further research. Secondly, this study found that key positive experiences in the work could

trigger the process of enduring positive change in professionals. This included being witness to stories of kindness such as people that have helped the client when there was nothing to gain from doing so.

4.3.2 Emotional disruption

Following a key experience in the work participants described an emotional disruption in a positive (inspiration) or negative direction (disillusionment).

Previous research reported positive emotional reactions to working with survivors of trauma. Calhoun and Tedeschi (1999) suggested that witnessing stories of survival can have a profound and positive emotional impact on professionals. In this study participants reported feeling awed, inspired and humbled by the strength of trauma survivors. Previous research also reported negative emotional reactions to working with survivors of trauma. Pearlman and Saakvitne (1995) described the negative personal transformation of therapists after empathising with their client's traumatic experiences, which they termed 'vicarious traumatisation'. McCann and Pearlman (1990) proposed that through empathising with trauma clients over time this can disrupt therapists' schemas, unless they are able to process the traumatic material, and the consequence can be a pervasive and unsettling sense of uneasiness. McCann and Pearlman (1990) also reported intrusive imagery, increased arousal and other PTSD symptoms in trauma professionals. In relation to this study both negative changes in schemas and some PTSD-like symptoms were reported by professionals. However, the difference was that

negative changes in schemas seemed to be balanced by concurrent or subsequent positive changes (see enduring positive changes, section 4.3.4).

In contrast to previous research this study distinguishes between weak and strong emotional reactions, and hypothesizes that different pathways follow from them. In contrast, McCann and Pearlman (1990) emphasise the content of the disruption rather than the intensity.

This study proposes two hypotheses for emotional disruption. One hypothesis is that it occurs through empathising with the suffering of another human being. This is consistent with Regehr *et al.* (2000) who suggested that when professionals move beyond a cognitive understanding of suffering and experience an emotional empathy with a survivor, they leave themselves open to distress.

The second hypothesis uses learning theory e.g. assimilation and accommodation (see introduction, section 1.4.2.2). In other words professionals learn about bad or traumatic events that they did not know of before, and which do not fit with their existing schemas about other people and the world. This then creates a disequilibrium or disruption that triggers an effort to bring balance between old schemas and new information. Thus, beliefs held previously by professionals e.g. “the world is a just place” (Janoff-Bulman, 1992) may be altered or adapted to incorporate new information. In this way disruption is seen as an integral part of the process of learning. Similarly, the interacting cognitive subsystems framework (Teasdale &

Barnard, 1993) argues that people have a central tendency to reduce informational discrepancies. These discrepancies are seen as a 'potent driving force' for the expansion of the systems repertoire (see enduring positive changes section). In reality it seems likely that it is both through processes of empathy and schema-accommodation that disruption is transformed into positive change.

4.3.2.1 Conditions

There were conditions highlighted by this study that were important in the intensity of inspiration or disillusionment experienced.

Firstly, some participants suggested that a higher degree of severity of trauma lead them to feel more distressed. This is consistent with Brady *et al.* (1999) and Kassam-Adams (1995) who found that an increased exposure to sexually traumatized clients was directly related to the experience of trauma symptoms in psychotherapists. However, other studies have not found a link between the degree of trauma severity and distress (e.g. Ortlepp and Friedman, 2002). It seems likely that it is the meaning of the trauma for the professional rather than the actual traumatic event that causes distress. It may be that there are certain traumas in certain contexts that have a more distressing meaning. In this study many participants spoke about their work with refugees and asylum seekers with highly traumatic backgrounds, as having more of an emotional impact on them. Hearing stories of what their clients' perpetrators had done led some professionals to feel that people were more evil than they had ever

imagined which in turn generated feelings anger and distress. Holmqvist and Anderson (2003) also found that working with survivors of political torture and war trauma can trigger strong emotional responses in therapists.

Secondly, participants reported that they experienced more of a disruption at the beginning of their work with each survivor of trauma. One might expect that this is likely to occur during the assessment or the beginning phase of therapy when the person is telling their story to the professional for the first time and so information is new and potentially shocking.

Thirdly, participants reported that they felt more distressed at the beginning of their career. This is consistent with Pearlman and Mac Ian (1995) who found that the newest therapists experienced the highest amounts of distress, and that more experienced therapists' schemas were less disrupted. In this study one of the 'negative cases', who was in his forties, suggested that he was too formed as a person to be significantly affected by the work. He eluded to previous personal and professional experiences that occurred in his twenties, that led to schema changes. Akin to this is the literature on adult development. According to Levinson's (1986) stage theory of adult development *Early Adulthood* is the era of greatest abundance and energy but also with the most stress and contradiction. The rewards are great but the costs often equal or exceed the benefits. Another 'negative case' explained that the work had less of an impact due to him being prepared for what he was about to hear. This could be similar to the cognitive coping mechanisms discussed by Regehr *et al.* (2002) such as emotional distancing used by

professionals to cope with trauma work. In contrast to this, some of the participants who reported disruption and subsequent positive change were older and more experienced therapists.

Fourthly, the degree of new or unusualness of the information seemed to be significant in the intensity of the disruption. This condition interacted with the second condition i.e. stage in the intervention and the third condition i.e. stage in career, as many participants reported more learning at the beginning of their contact with a patient, or at the beginning of their career. However, new learning could also occur in the middle or final stages of therapy, or at later stages in their career.

Fifthly, the level of personal connection or shared experience between the professional and client was significant in the experience of disruption. It may be that professionals who share similarities with clients such as gender, abuse history, being a parent etc. are more likely to experience a disruption due to increased levels of emotional empathy. This could be explained by the social psychology theory of perceived similarity i.e. people feel compassion and empathy for others to the degree that we perceive them to be like us (Batson *et al.*, 1995). Barnett *et al.* (1987) found that female rape victims rated themselves as more empathic with, and similar to, other rape victims.

Finally, a condition that may have influenced emotional disruption, but was not mentioned by participants in this study, is the gender of the professional. All of the 'negative cases' that did not experience a significant emotional

disruption and subsequent enduring positive change were male therapists. Previous studies have examined levels of empathy in relation to counsellor gender and have found that a feminine sex role orientation is more strongly related to empathic emotions than a masculine sex role orientation (e.g. Fong & Borders, 1985). However, this study also found two male therapists that had experienced an emotional disruption from their work with survivors of trauma. Therefore, the relationship between gender, emotional empathy, and positive change in trauma professionals is not a straightforward one and needs further research.

4.3.3 Coping

Participants described two forms of coping with the emotional disruption: *letting go* (immediate response) and *working it through* (over time).

Letting go seems akin to Lazarus and Folkman's (1984) emotion focussed coping (see appendix 12). In this model *letting go* seemed to be an important means of emotional regulation during a key experience in the work, immediately afterwards, and days later. Professionals who only engaged in this form of coping (e.g. the negative cases) did not experience enduring positive change. This seems to fit with previous literature that suggests an essential part of vicarious PTG seems to be a struggle or 'shaking of the foundations' (Calhoun & Tedeschi, 1999).

Working it through was described by participants as deliberate or spontaneous reflection and finding meaning from key experiences from the work. This process could begin shortly after a key experience and continue for years afterwards. Thus, professionals described a meaning-making process (Park and Folkman, 1997) of struggling, searching and creating new meaning for themselves. This could be done individually at work or at home. Alternatively participants described different forms of *working it through* with others i.e. colleagues, friends and family, clients, and through reading. Thus, the sharing of experiences, reflections, and ideas with others helped professionals to come to a better understanding or acceptance of particular themes of trauma or survival that had touched them. I also considered reading to be a form of *working it through* with others because it involved the active drawing upon of another's experiences and viewpoints to create meaning, although in a less collaborative form than talking with other people in the same room. In addition, the experience of reading had a similar supportive quality for the professional. Further research could examine the differences between *working it through* with people who share similar experiences such as colleagues, versus family members who may have little experience of trauma. Also, future research could explore the distinction between *working it through* with someone directly versus indirectly i.e. through reading a book.

This process seems akin to the process of cognitive emotional processing described by Joseph and Linley (2005) that is necessary to rebuild new schemata with the new information. Part of this process is re-evaluating

previous experiences in light of the new information. Although Joseph and Linley's (2005) theory is not specific to professionals working with survivors of trauma, this study suggests that a similar cognitive and emotional process may take place over time with professionals. Although there seemed to be different levels at which participants engaged in this process, all of those who experienced enduring positive change had done this to an extent. Also, Joseph and Linley (2005) suggest that growth occurs from meaning as significance rather than meaning as comprehensibility. Participants in this study highlighted both types of meaning but importantly the 'negative cases', who only focussed on meaning as comprehensibility, e.g. understanding the processes involved in genocide, did not experience enduring positive change.

In contrast to previous research participants reported that *working it through* could be planned or could occur spontaneously, and it could occur individually or with others. Perhaps this reflects participant differences in learning styles or personality. Alternatively it could reflect situational differences such as the access to resources to facilitate the construction of meaning e.g. other like-minded people or relevant reading material. In addition, it could be due to differences in the intensity of the disruption i.e. a stronger inspiration or disillusionment may serve as a motivator (e.g. drive for completion, Joseph and Linley, 2005) to actively search for meaning. These are all areas for future research.

Individual and group supervision was described by some participants as helpful in working through key experiences in the work. For example, having

the space to reflect upon the personal impact of the work in individual supervision or having peer supervision to discuss trauma related philosophical or existential issues. However, it is perhaps surprising that not more emphasis was placed upon supervision in this sub category. Thus, it was difficult to draw out the explicit role of supervision in the lives of the professionals as they achieved positive growth. It seems likely that professionals draw upon the resources available to them in their environment. Therefore if for example professionals have access to family and friends that enable them to work through personal struggles with the work perhaps there is less need for this type of supervision at work. Alternatively professionals with fewer working through opportunities at home may require it more at work. Most concern should perhaps be had for the professional who is struggling and has neither type of support at work or at home. Further research is needed to support these suggestions, however.

4.3.4 Enduring positive changes

Participants reported enduring positive changes in five areas: balanced views, increased compassion, faith in humanity, feeling lucky and personal and spiritual meaning. There are many similarities between these findings and previous studies.

4.3.4.1 Balanced views

Calhoun and Tedeschi (1999) proposed that trauma therapists experience growth in perceptions of self, others, and philosophy of life. Similarly, some participants in this study reported developing a balanced view of themselves, other people and the world. Although this learning was not always a positive experience at the time e.g. learning about personal flaws, human fallibility or horrific world events, it led to positive changes e.g. an increased tolerance for self and others, improved relationships etc. Also, McCann and Pearlman (1990) emphasised that trauma work made them 'sadder' but 'wiser' and that therapists may form a more realistic worldview. There was some evidence to suggest that participants in this study also felt this way e.g. they were sadder and resentful of the suffering and pain human beings have to endure but for some cases calmer and more accepting of it.

4.3.4.2 Increased compassion

Pearlman and Saakvitne (1995) and Calhoun and Tedeschi (1999) propose that professionals could experience strong connections, empathy and compassion for others. Participants in this study reported an increased compassion for others e.g. refugee clients, which seemed to be linked to an increased understanding of world issues, which for some professionals had led them to become more politically active. Again this was not without a price as some participants mentioned that their passionate beliefs had negative consequences for relationships with their friends.

Notably one participant (seen as a 'negative case') explicitly denied that compassion was ever part of his motivation. Further research may discover whether such a stance generally occurs in those who do not experience personal growth, or who also deny such growth. It would be interesting also to explore the possible degree to which such denials are a product of social discourses or reflect an internal reality for the person concerned. My own beliefs perhaps make it hard for me to accept such an outlook as in some way 'real', but I have to entertain the possibility that I may suffer from a 'positive delusion', which, nevertheless, may be helpful for maintaining my own equilibrium.

4.3.4.3 Faith in humanity

Previous literature has suggested that trauma therapists may become more hopeful and develop a respect for the strength of the human spirit to overcome adversity (e.g. Calhoun & Tedeschi, 1999; McCann & Pearlman, 1990; Schauben & Frazier, 1995). This was also apparent for participants in this study. Some described feeling more hopeful, calmer and safer knowing that human beings were strong and could recover from horrific experiences. In addition, a few participants felt reassured that there are kind people willing to help their clients without any observable reward.

4.3.4.4 Feeling Lucky

Calhoun and Tedeschi (1999) suggested that therapists may develop a deeper appreciation of the preciousness and value of life, leading to shifts in life priorities. Many professionals highlighted that working in trauma led them to gain a new perspective on their life and shifted their perception of what was a problem, or alternatively what was important in life. This led to positive changes in self and relationships.

4.3.4.5 Personal and spiritual meaning

McCann and Pearlman (1990) suggested that therapists may experience changes in their levels of self-esteem, sense of purpose in life and personal healing. Also, Brady *et al.* (1999) found that trauma psychotherapists, who were regularly confronted with issues of meaning, hope and spirituality, reported an existentially and spiritually satisfying life. This study also demonstrated that trauma professionals had experienced changes in meaning and spirituality e.g. feeling connected to a meaningful universe, noticing the universality between human beings, and growing in acceptance of the random nature of trauma. Joseph and Linely (2005) refer to this as psychological maturity rather than subjective well being e.g. satisfaction and happiness. They suggest that the former leads to the latter.

4.3.5 Overview of model

The model of enduring positive change is similar to previous models defining PTG in people who have directly experienced trauma, in terms of coping style and coping outcome (e.g. Joseph & Linley, 2005; and Tedeschi *et al.*, 1998). These models suggest that processes important in positive change are: a significant event that causes disruption and struggle in the person, cognitive emotional processing, positive accommodation, and meaning as significance. Outcomes of these processes include positive changes in self, relationships, and life philosophy (Tedeschi *et al.*, 1998) and psychological maturity indicated by characterological strengths, meaning and purpose in life (Joseph & Linley, 2005). In contrast to other models, this study did not find clear evidence for a 'positive illusion' that helps to cope with threat (e.g. Fillip, 1999; Zoellner & Maercker, 2004). Rather, it found that professionals developed realistic perceptions that incorporated the positive and the negative. Therefore, this study has suggested that trauma professionals may experience similar positive change processes and outcomes to people who have directly experienced a trauma. In addition, it would suggest that trauma and positive change are linked and co-exist, rather than being at opposite ends of a spectrum.

4.4 Limitations

The results of this study need to be considered in light of a number of limitations which are discussed in this section.

4.4.1 Participant limitations

There were a number of participant factors that limit the extent to which these results are generalisable beyond this study. A larger sample size may have meant that theoretical saturation was achieved for the key experiences in the work and emotional disruption categories (see section 4.4.3.1). The sample was mainly limited to clinical psychologists working within specialist trauma services or adult mental health contexts, who held high caseloads of refugees and asylum seekers. Therefore it is not possible to be certain how much positive change described was exclusive to this profession and work within these contexts. Alternatively it could be that the process of enduring positive change is not specific to trauma professionals but rather occurs in professionals in generic services. This would fit with literature on personal growth in psychotherapists (Guy, 1987).

Recruiting participants from different professional disciplines and a wider range of services may have introduced different perspectives which could have been integrated into the model. For example, it was hoped that other professionals (in addition to the solicitor) from a non-therapeutic background could have participated e.g. chaplains, police, paramedics etc.

The fact that I specifically sought people, who said they had experienced positive change, although in accordance with creating a model of such change, means that the findings may give a picture of trauma work that is different from the experience of many professionals, who may be working in

less optimal circumstances for example. If time had permitted, it would have been informative to have sampled people who experienced 'burn out', in order to elaborate further the conditions under which positive change occurs.

4.4.2 Interview factors

This was my first experience of conducting a qualitative research study and I felt that the first few interviews were not as good as later ones. For example, to begin with it was difficult to strike a balance between letting the interview flow and prompting interviewees on the area of interest. This may have meant that if the early participants had been interviewed as a different stage, they may have been able to expand on areas relevant to developing the model in more depth.

There may have been interpersonal influences on the interview, which could have influenced the disclosure of information. As all of the participants were in a more senior position to me and mostly from the same profession, some participants may have perceived it as a teaching session. I wondered if some participants were trying to please me by exaggerating the positive change experience or alternatively it felt that some were trying to disprove the existence of it. Participants may also have felt reluctant to discuss feelings of distress. For example I wondered if professionals felt inhibited by discussing their feelings of distress associated with the work as they may have felt they would be seen to be lacking adequate self-care, 'over-identifying' with clients, or vicariously traumatised. In addition, I wondered if some of the 'negative

cases' were underplaying the positive impact of the work in an attempt to come across as 'tough'. A male researcher may have received a different response.

4.4.3 Grounded theory limitations

4.4.3.1 Theoretical saturation

Theoretical saturation was not reached for all four categories (see method, section 2.3.9 for a definition of theoretical saturation). Category three (coping) and four (enduring positive changes) seemed to be well saturated i.e. there were no new properties or dimensions of properties emerging during data collection and analysis. However, for categories one and two there were some questions and hypotheses that had not been tested e.g. how do professionals previous personal experiences interact with key experiences in the work? Two participants mentioned that they felt they had experienced personal growth from experiences outside of work e.g. bereavement, travelling etc. It seems logical that enduring positive change arises from both professional and personal experiences however it was beyond the scope of this study to test this. In hindsight I would have made it clearer in the participant information pack that professionals may be asked about personal life events. Therefore, it is difficult to comment on the extent to which personal life events influence the process of positive change in professionals working with trauma. This is an area that needs further research.

Other unanswered questions were around the conditions that influenced the intensity of inspiration experienced. It is difficult to know if participants would have been able to offer more insight into this. Despite this there was a high agreement between professionals in the processes involved in enduring positive change.

4.4.3.2 Model limitations

The constraints of a linear model need to be held in mind. The process of enduring positive change will most likely not follow such a clear cut sequence and the experience may vary from one individual to the next. It may not be one key experience that triggers the change process as it seems likely that professionals are deriving meaning from multiple experiences rather than one source e.g. one traumatic event. This is a significant difference between models of growth in clients and models of growth in professionals.

It was difficult at times to distinguish whether participants were describing a positive change process or an outcome. For example, witnessing strength, recovery and kindness is similar to faith in humanity. O'Leary *et al.* (1998) also discussed whether growth is a process, way of coping or an outcome. Future research would need to clarify this. It may have been difficult for participants to reflect upon a process that they were still involved in. In addition, some participants mentioned the difficulty of thinking back to events that occurred over twenty years ago and so they may be less reliable.

Considering the above limitations the model therefore represents an emerging picture of a possible sequence of cognitive, emotional and behavioural processes.

4.4.4 Validity

The degree to which I felt this study met Mays and Pope's (2000) criteria on assessing validity and relevance in qualitative research was outlined in the methodology section (see section 2.4). This study met all of these criteria to an extent, which will have increased the model of enduring positive change's transferability, explanatory power and relevance. Respondent validation, reflexivity, and theoretical saturation were considered to be particularly important areas to discuss further.

Six professionals that took part in a respondent validation exercise found that the model resonated with their experience. Participants reported that they found the summary interesting, liked the graphical representation of the model, were struck by the similarities with their own experience and also the similarities between participants' experience, and that there was nothing to add (see appendix 17 for further elaboration). One participant felt that professionals seemed more alive after working through their experiences'. Another participant specified that she felt change definitely came from key experiences rather than a gradual process, and that she felt the emotional disruption category and the accompanying conditions were close to her own experience. However, one participant was unsure about the pathway for

professionals that do not work through a strongly disillusioned emotional reaction. Also, one participant felt that the findings seemed 'overly positive'. There were no criticisms made of the overall model or suggestions for alterations. However, this may have been because the participants that did not find that the model resonated with their experience chose not to take part in the respondent validation exercise.

A reflexive stance towards the data was taken and so a clear account of the process of data collection and analysis was provided, by providing the reader with memos (appendix 12), diagrams (appendix 15), and excerpts from my research diary (appendix 1). I hoped that these measures helped me to clarify how some of my interpretations have been influenced by my own background and personal viewpoint. Charmaz (1995) views the grounded theorist as involved in the co-construction of meaning and emphasised that 'our understanding of respondents' meanings emerges from a particular viewpoint and the vocabulary that we invoke to make sense of them' (p. 91). Thus, it may be impossible to completely detach personal biases from the findings.

In critique of the study's validity, theoretical saturation was not achieved for all of the four categories, and so possibly lessening the density and explanatory power of the model of enduring positive change. However, Strauss and Corbin (1998) state that theoretical saturation may be impossible to achieve in practice as in reality if 'one looked long and hard enough' there would always be additional properties or dimensions to add to categories.

4.5 Implications

As yet no previous research has attempted to explain the factors or processes that lead to the development of positive change in professionals working with trauma survivors. Therefore this study has made an important step towards providing a fuller account of the growth processes and outcomes. This has a number of clinical and research implications.

4.5.1 Clinical implications

It seems important for clinical psychologists, health, and legal professionals experiencing an emotional disruption as a consequence of working with trauma survivors that this is seen as a normal reaction to the work, and it may eventually lead to enduring positive change. During the interviews I got the feeling that some participants may have been acting 'tough' and possibly minimising the negative personal impact of their work. This may be due to a feeling that as a professional working with trauma survivors one has to be strong and cope at all times. Although there has been a recent growing awareness of vicarious traumatisation (Pearlman and Saakvitne, 1995) in professionals in the trauma field, there may still be an unspoken attitude that emotional distress is a sign of weakness, and indicative that one is in the wrong job. However, this study proposes that emotional disruption, rather than being a sign of weakness, is a key process involved in enduring positive change.

It is important that professionals have access to coping resources. The *letting go* coping style seems important for professionals to manage the day to day emotional toil of the work, and this should not be underestimated. Calhoun and Tedeschi (1999) also emphasised the importance of professionals engaging in good self-care methods such as exercise, enjoyable activities, and supportive relationships. It may be important for specialist trauma services and generic mental health services to help professionals build in *letting go* practices into daily work routines. One of the most helpful letting go practices participants spoke about was offloading to colleagues about particularly difficult cases. Managers and supervisors need to ensure that there is adequate time for professionals to do this, and professionals need to make themselves available for this. Also, Calhoun and Tedeschi (1999) suggest that professionals take regular breaks from their clinical work, including holidays, and to build barriers that protect their personal time from their professional work. In addition, some participants in this study mentioned the importance of transition activities e.g. leaving work in the office, changing clothes, going for a walk etc.

Letting go was not enough to lead to positive change, but rather *working it through* is required. To facilitate working through professionals could be encouraged to reflect on the personal impact of their work in supervision, appraisals, or continued professional development. Peer supervision sessions that focus on the emotional impact of the work, rather than the theoretical or practical elements, could be built into professionals timetables. This is only likely to be successful if professionals feel safe enough to disclose

their feelings. Clinical Psychologists could facilitate this process as supervisors and consultants to more junior staff and other health professionals. However, some participants in this study engaged in *working it through* alone e.g. personal reading and reflection. People's individual personalities and preferences need to be respected.

Calhoun and Tedeschi (1999) state the importance of therapists experiencing their own positive growth to enable them to facilitate the growth of their clients. Therefore, professionals may need to struggle with fundamental existential questions about morality and the meaning of life before they are able to have this conversation with their clients (Calhoun & Tedeschi, 1999). This is something that peer supervision, induction training or CPD events may facilitate e.g. workshops on personal growth, existential issues etc. This again may be an ideal role for clinical psychologists within trauma services. It could be that once professionals are more familiar with the concept, they will be better prepared to recognise it and nurture it in themselves.

Figley (1995, 1999) stipulated that there is a duty to inform trauma workers of both the potential risks of this work and the rewarding aspects and capacity for positive personal transformation. I hope, therefore, that this study will increase awareness into positive change in trauma professionals to balance the predominant literature on vicarious traumatisation. I hope that this will be achieved by presenting the findings of this study to professionals in the trauma services that were involved in this research (see section 2.4.3). Also, the model of enduring positive change will be written up for the Clinical

Psychology Forum and a peer-reviewed journal to disseminate the findings to the clinical psychology profession and the wider research community. In addition, it might be important for trauma professionals who have experienced enduring positive change to publish their stories to increase the awareness of the positive impact of the work.

4.5.2 Research implications

Categories one and two were not theoretically saturated. Thus, there may be new properties and dimensions that further explain the process involved in enduring positive change. A grounded theory research study with a larger sample could address the questions raised earlier in the discussion i.e. the interaction between professional and personal key experiences that lead to change. Also, future research may be able to pinpoint some of the other conditions that lead to a difference in inspiration levels.

The findings of this study indicated that there was not one 'type' of professional who experienced enduring positive change i.e. participants who experienced change differed in profession, years of experience, service, age, gender etc. This is an interesting finding that may be worthy of further quantitative investigation involving measures of these variables and tracking people over time. This study is possibly the first to demonstrate that a solicitor had experienced enduring positive change from working with trauma survivors. Is it something particular about a one to one, empathic relationship that leads to change i.e. something that spans across different health

professions and other people-orientated professions? This could be investigated further. In addition, there is not one type of trauma work that leads to positive change. Zoellner and Maercker (2006) however suggest that different types of traumas may lead to different adaptation processes in PTG in those directly exposed. Thus, further research could explore if this is also apparent in growth in professionals.

It is likely that this study did not highlight some of the individual differences between professionals that contributed to variations in emotional disruption, coping and enduring positive changes. For example previous literature has identified predictors of growth e.g. personality (Linley et al, 2005), optimism (Linley and Joseph, 2004) and religion (Linley and Joseph, 2004); and predictors of vicarious traumatisation e.g. personal trauma history, interpersonal and psychological style, current stressors and supports (Pearlman and Mac Ian, 1995). In addition, Tedeschi *et al.* (1998) suggested that PTG is predicted by distal factors e.g. pre-trauma characteristics, self disclosure, and fundamental schemas; and proximal factors e.g. rumination and enduring distress. This study has highlighted proximal factors but not all of the distal factors that may be important in positive change in professionals. For example, it would be interesting to research more specifically the schema change in professionals.

My analysis did not suggest clear evidence to support an illusory type of positive change (e.g. Zoellner & Maercker, 2006). However, it may be that professionals report positive change in the need to make something good out

of a difficult and sometimes traumatic job. In addition, Linley and Joseph (2004) suggest that apparent growth may be the adherence to a cultural script. Could this be the same for positive change in professionals? This could be researched further.

There is likely to be some form of unconscious processing involved in enduring positive change. This may explain some of the spontaneous forms of processing and coping described by participants e.g. nightmares. This would be more difficult to research, and would require a longitudinal and very detailed analysis, perhaps involving collection of data on a daily basis, such as dream records, diaries, records of the occurrence of unintended ruminations and reflections. However, the very recording process could also alter the process. O'Leary *et al.* (1998) also propose that the best design for researching growth is longitudinal and prospective, and should evaluate the short and long term consequences of life challenges. This would address the difficulties with retrospective studies mentioned earlier, however, it is time consuming and expensive. It seems important that both qualitative and quantitative research continues to explore the process of enduring positive change in professionals working with trauma survivors. For example, a longitudinal diary study of different professionals could explore pre-work beliefs and how they shift in real time.

Zoellner and Maercker (2006) state that although some models only vaguely define predictors of PTG, and are difficult to be tested empirically, they can 'serve as heuristic frame models guiding research and encourage more

precise formulations of factors and theoretical predictions.’ (p. 5). In relation to this study I hope that the model produced here might have improved on this position a little, in pointing to some of those more precise predictions.

5 Conclusion

This study appears to have achieved its main aim of providing a preliminary model of enduring positive change in trauma professionals. This is an important step towards providing a fuller account of the growth processes and outcomes than previous literature has achieved. However, there were some questions and hypotheses that had not been tested, such as the interaction between personal experiences outside the work and key experiences within the work. Further research could explore this, perhaps including other professionals, in a variety of contexts, to enhance the transferability and explanatory power of the model. It seems important for professionals to be aware that experiencing an emotional disruption as a consequence of working with trauma survivors can be a normal reaction to the work, and it may eventually lead to enduring positive change. This has further implications for training, supervision and continued professional development.

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7 APPENDICES

1. Research diary
2. An early and a late interview schedule
3. Participant information pack
 - Participant letter
 - Participant information sheet
 - Consent form
 - Demographic questionnaire
4. Ethical committee approval letter
5. Research and development approval letters
6. Research honorary contract
7. Research governance exercise
8. Administrative support confidentiality agreement
9. Reflective template for coding
10. Example of microanalysis
11. Example of open coding
12. Examples of memos
13. Examples of diagrams
14. Examples of category development
15. Examples of telephone interviews and memo
16. Respondent validation letter
17. Respondent validation responses

APPENDIX 1

Research Diary Extracts

20.2.05

I am so pleased I have a dissertation idea! I would like to research the positive impact of working with trauma survivors. This was inspired from a lecture on trauma and discussions with trainees at the British Psychological Society Holistic Special Interest Group, which I attended before Christmas. I am really excited by this idea, much more so than any of the suggestions from the staff team. I would really like to use an IPA or Grounded Theory methodology, as I have no previous experience of qualitative research. Grounded theory seems to fit with the research question i.e. how does positive change in professionals come about? I emailed Sue Holttum and she seems keen to be the lead supervisor for this!

1.4.05

I have some anxieties about using Grounded Theory. How viable is it for a doctorate project? Do you have to keep interviewing until the model is built? This could be forty interviews! How should you allow for this? What if you run out of time?

10.4.05

We had a lecture on epistemology. I don't feel that I fit within a positivist or a social constructionist framework. Hitesh spoke about critical realism which attracted me. I feel that there are some ultimate truths in the world e.g. at the

core of all human beings there is a good force or God that connects us. I am concerned that my beliefs will bias me to looking for positives when there might not be any.

25.4.05

I am concerned that I do not have enough experience working with trauma survivors to do this research well enough. I may see if my last specialist placement could be in trauma.

30.4.05

I have been thinking about my personal experiences of trauma and growth. One of my friends committed suicide whilst at school. Thinking back to that time was painful and I remembered the regrets I felt about not being able to stop him. I think it made me appreciate the preciousness of life, how lucky I have been in my upbringing, and it drew me closer to God. I have this need to understand suffering. This experience may have influenced my choice of research project. Also, I think my Christian faith has given hope in the midst of suffering. I hope that I will find that trauma professionals experience positive growth.

11.5.05

I had a meeting to arrange my specialist placement in the traumatic stress service. I feel really excited about the prospect of working and researching in the same field. I am also daunted by the nature of the referrals e.g. working

with refugees and asylum seekers from war-torn countries with highly traumatic backgrounds. I hope I am strong enough to cope.

15.5.05

I am feeling really overwhelmed by the project. How is it possible to get people that have experienced growth? How is it possible for them to remember when it started or how it started? They will need to be reflective professionals. Are people interested in this sort of research? It's not very well recognised/prestigious. How can a theory be done justice with only 12 people? Should I have chosen something easier? I spoke to one of the third year trainees who is almost finished and she reassured me that you do a bit at a time until you have it all done!

15.6.05

Sometimes I feel that positive growth is a bit sadistic. Thinking about psychologists growing from other people's pain and suffering. I bought a book on Buddhism that explained that there is compassion in suffering. When I think about the tsunami and the rapist in London – it's all so horrible I want to block it out.

6.8.05

I found out that my research proposal has been approved by Salomons. I can enjoy my holiday in Cornwall even more now.

2.9.05

I am so stressed! Trying to get the MREC form done – it is so long! So much of it does not apply to psychological research. My research is also on professionals so why is all of this necessary?

21.9.05

Today was my ethics board meeting. First I got stuck in a traffic jam on the M25 that made me really late. Then I made a wrong turning. I tried to get through to them to let them know but there was only an answer phone. I hope they can review my proposal without me.

30.9.05

Why is the R&D process so difficult? One of the trusts has told me that I have to get an honorary contract. I informed them that I thought there was an agreement between Salomons and the trust so as to avoid this. He didn't think so. I will have to do it.

18.11.05

I did my first interview today. I was really nervous. I think I over prepared for it but I wanted it to be as good as possible. She gave me good feedback and said that she enjoyed it! I was concerned that I asked too many leading questions and did not look at my interview schedule enough. I found it difficult to stop her in the flow of something when it was going off track a bit. Hopefully I will get better at prompting as I do more interviews. I am relieved that she

was able to talk about positive change in relation to her work with trauma survivors.

15.12.05

I did two more interviews today. I think that men may have a different way of describing positive growth – less touchy feely. There seemed to be a macho defence against experiencing distress from the work. Although Roger put on the demographic questionnaire that he had experienced positive change, in the interview he denied it. I hope this isn't the way of things to come. Am I being biased against professionals who do not experience distress? Perhaps some professionals are not influenced by the work in the same way, and this does not mean they are bad therapists.

6.1.06

I have begun coding. I am finding microanalysis tough as it is really time consuming coming up with a label for every line of the interview. I have also produced an initial list of categories from the first three interviews. Sue is concerned that they are too technical and boring! I need to go back to produce more analytical headings. I am not sure if I have developed a good enough system for coding and memos yet. I am writing codes in the margins of transcripts and then typing them onto word. Maybe I should have used a computer program?

20.1.06

I spoke to my admin support who his helping me with transcribing. She is experiencing growth through typing the interviews! She feels reassured that people can recover from the most horrendous circumstances, that there is hope.

5.2.06

I interviewed a solicitor today. This is my seventh interview. My Dictaphone ran out of batteries in the middle of the interview, which wasn't a problem as she phoned for the secretary who immediately brought up some AAA batteries! That wouldn't happen on the NHS. I think the interview went really well. She has experienced a lot of positive change and was really good at articulating how it developed. I have drawn flow diagram for all seven interviews. I am starting to see how the categories fit together in the model.

23.2.06

I felt concerned today that I don't have enough experience of working with trauma survivors to help me to understand where the interviewees are coming from. Hopefully my next placement in trauma will help, although I will have finished data collection by then.

As my extended older adult placement is coming to an end I reflected with my supervisor about a challenging therapy case. I worked with an older woman with dementia. At first I felt really de-skilled and a bit humiliated by some of her behaviours. I also felt saddened at her losses and her husband's losses.

This seems to be similar to the period of struggle that my participants are talking about. I depended on my supervisor for advice and my family for emotional support at this stage. I wondered if I had a particularly strong response to her because my grandmother had dementia. However, the sessions seemed to change when I adapted my therapeutic style to be more person centred e.g. sessions in the kitchen and her art studio seemed to make more sense. I felt that I learnt a lot about myself as a therapist. I also reflected on the terrible tragedy of dementia but the amazing resilience of the human spirit.

17.3.06

I interviewed a male psychotherapist today who told me that he experienced positive growth in his twenties, but not recently. This made me think about my age of twenty-six years, and whether I am more emotionally affected by the work because I am still relatively inexperienced in work and life? Does your potential for growth reduce with age? Or does it depend on the type of experiences? This reminds me of Brady et al's (1999) research finding less schema disruption in older and more experienced therapists.

10.4.06

My introduction needs more literature on cognitive and learning theory. Participants seem to be describing a process of accommodation e.g. a disruption from the work causes them to re-evaluate their schemas about self, others and the world. I spoke to a chaplain today. He can not take part in my

research until June. This is too late and so I am going to have to exclude him which is a shame as this may have lead to new properties and dimensions.

16.4.06

I am feeling so stressed by the interviews, coding, and starting a new placement! Last week one of my interviewees did not turn up, and so I had a completely wasted journey. I was really hoping to have got my interviews done by March. I am going to have to take more annual leave if I am going to finish this project.

19.4.06

I have finished my interviews!

20.4.06

Many people have spoken about the random nature of trauma and accepting it. This is going to be a positive change. In one of the trauma services waiting rooms in there was a poster that read: God grant me the serenity to accept things I can not change; courage to change the things I can; and wisdom to know the difference.

25.4.06

I felt quite horrified in the team meeting yesterday by a particular client's history. I had to read out his report in the meeting and I felt like my throat was going to seize up. I wanted to cry. I am not sure how safe I feel to be emotional in front of my colleagues. I think people deal with the trauma by

joking about it. I think it would take me some time before I feel I have grown from the work.

25.5.06

Sue has been asking me for ages to do some more in-depth coding on types of positive change. On the train today I just sat with a blank piece of paper and came up with four types – faith in humanity, sense of perspective, spirituality, and maturity. I will go home and check the interview transcripts.

2.6.06

I had a really helpful discussion with my back up supervisor about the model. He thinks that there is another component to searching for meaning i.e. re-evaluating previous experiences. I am going to have to re-interview a few participants to test this.

15.6.06

I managed to speak to four participants on the phone. Three of them felt they had re-evaluated previous experiences, especially personal ones, in the pursuit of meaning. Two of them felt that cognitive dissonance was a useful way of describing their reaction to some of the key moments in the work.

30.6.06

My fiancé has been such an amazing help with the graphics on the model. He has added a miniature graph that depicts the variation in intensity of the internal emotional disruption category. It looks really good!

3.7.06

My respondent validation exercise has not gone very well so far. Only one person has emailed me that she thought it was fine. I thought that three weeks would have been enough time for people to respond.

6.7.06

I was talking with the business administrator at work who told me that she also gets affected by the work even though she does not work clinically with patients. She finds that she is now much more nervous about being out and about and avoids horror television programmes. On the positive she has seen many people recover so she knows that there is hope.

7.7.06

Today is the anniversary of July 7th bombings. I was watching a new report and it seemed to be talking about positive growth e.g. hope, courage and strength shown by people on that day.

13.7.06

I have finished! The whole process has been such a struggle but I feel pleased with the end result and I now have a new research tool in my kit!

APPENDIX 2

<u>Interview Schedule (25.1.06)</u>	<u>NOTES</u>
<p>The interview won't take longer than an hour and a half, if that's ok. If you need to stop before then or take a break let me know. Just to remind you that you do not have to answer any questions that you don't want to and all of your answers will be kept confidential. I am going to focus on your personal experience of trauma work rather than professional issues, is that ok? Can we do a quick sound test?</p>	
<p>1. Firstly, I wondered what interested you in being involved with this study?</p>	<p>Prompts</p> <p>Can you say more? What happened next? An example?</p>
<p>2. Can I just trace where you have worked?</p> <p>Prompts</p> <ul style="list-style-type: none"> - Where have you worked? (Country, service) - Who have you worked with? (Clients, traumas, professionals) - (get an idea of impact of trauma on clients; perpetrators) - How many clients a week? - What has been your role? (get description of model, therapy etc) - What lead you to work in trauma? 	
<p>3. Can you think back to when you first started working with trauma survivors. How did it affect you personally?</p> <p>How were you feeling? What were you thinking? How did it impact on your life outside of work? And what about personal relationships? Can you give a specific example? What happened next? What did you do about it? How long did it carry on for? What other effects did it have? How did you come through it? (Work with this story for a while until there is a resolution)</p>	
<p>4. What do you think it was about the work that caused you to respond in this way? What kind of work were you doing? Was it a particular client group or trauma that caused you to respond in this way?</p>	
<p>5. Was there ever a time that you considered not doing it any more? (Follow up with what happened next? Until resolution)</p>	
<p>6. Since your initial experiences have your reactions to the work changed and if so how have they changed? Can you think of an example? Why do you think this is? Do you still experience distress? How is this different to earlier experiences? (How has your</p>	

<p>emotional reaction changed? How has your coping changed (time, events) ? Planned vs. spontaneous? Distance (time, space).</p>	
<p>7. You mentioned or what positive personal changes have you noticed since working with survivors of trauma? Can you describe these? When did you notice these? Would you call this personal growth? If not what would you call it? What do you think personal growth is? How does it come about? What makes it happen? (Try and get hypotheses). Can you describe the process you went through? How does your positive change link with your experiences of distress? How does your positive change link with your clients experiences of distress? How does your positive change link with your clients experiences of recovery? You don't have to answer this question if you don't want to. Have you found that the work has helped you with your own difficult events in your life? Would you feel comfortable saying more about this? How did it come about? What made the difference between this outcome and something less favourable?</p>	<p style="text-align: center;">Prompts</p> <p style="text-align: center;">Can you say more? What happened then? An example?</p>
<p>8. How have you changed as a person over time? Have your relationships been affected by the work? Has your view of the world been affected? Have any existential or spiritual issues come up? Why do you think this is? When did they come up?</p>	

NOTES

Debriefing

- How did you find that?
- Was there anything difficult?
- Any questions?
- Thank you

APPENDIX 2

<p align="center"><u>Interview Schedule 11&12 (12/4/06)</u></p> <p>When shall we go on till? If you need to stop before then or take a break let me know. Just to remind you that you do not have to answer any questions that you don't want to and all of your answers will be kept confidential. Can we do a quick sound test?</p>	<p align="center"><u>NOTES</u></p>
<p>1. Firstly, I wondered what interested you in being involved with this study?</p> <ul style="list-style-type: none"> - Was it the focus on personal growth? - Have you thought about it before I sent you the research pack? 	<p align="center">Prompts</p> <p align="center">Can you say more? What happened next? An example?</p>
<p>2. I would like you to focus on your work with trauma survivors –i.e. people who have suffered severe, life threatening, events and present with PTSD or similar.</p> <p>Prompts</p> <ul style="list-style-type: none"> - Can I just trace where you have worked? (Country, service) - Who have you worked with? (Clients, traumas, professionals) - (get an idea of impact of trauma on clients; perpetrators) - How many clients a week? - What has been your role? (get description of model, therapy etc) - What lead you to work in trauma? 	
<p>4. Can you think back to when you first started working with trauma survivors. How did it affect you personally? (Get some specific examples)</p> <p>How were you feeling? Are there any particular clients, or therapeutic encounters, that stand out from that early work? What do you think it was about that client or type of work that affected you in this way? Or was it down to other factors? How did you deal with it/process it/act? And what about support (home/work)? Do you remember the surrounding circumstances of your life at that time? Did you reach a resolution? What made those/those different from the other work? How did this impact on you? Did these effects manifest in any other areas of your life? What did you think was happening to you at the time – did you label it at all? And what about now – after time has passed? Does the work have a different impact on you now?</p>	<p align="center">Can you give a specific example? What happened next? What did you do about it? How long did it carry on for? What other effects did it have? How did you come through it? How did it get resolved?</p> <p>[If they can't single anything out, perhaps just get reactions to the early work more generally at the time, and then move to the present and ask what they feel now about that time, how they were then, and how they are now.]</p>
<p>5. Positive changes</p> <p>What do you think about the idea that people may experience positive personal change as a consequence of working with trauma survivors? Does it make sense to you? In what way? What positive changes do you think you have experienced? What facilitated them? Are there any examples of events or clients that have been important in your personal growth? What about experiences outside of work?</p>	<p align="center">Prompts</p> <p align="center">What/where/when/how/how come?</p>

<p>Or if not, then, 'That's interesting - tell me more about your perspective on it?' Also be challenging: 'That's interesting. I am especially interested because you indicated on your form that... - I'd like to understand more about what you meant when you wrote that, because you seem to be saying that in some ways it is possible/acceptable, but in other ways perhaps not.' So for YOU, it seems that there has been less of a sense of going through a period of struggle or distress in the sense suggested by the model of vicarious post-t.g. But nevertheless, you have experienced some sort of positive change or personal growth. Would that be an accurate observation?'</p> <p>Do you think support is necessary for people to have work based support for people to experience personal growth? Get examples. Home support?</p>	
<p>5. Schemas Has the work affected how you see yourself/others/the world/issues of meaning and significance/spirituality? Get examples. How has your world view changed? What lead to this change? When did you notice them? Is it due to the trauma work or other things? What is it specifically about the trauma work? If not why do you think this is? The literature suggests that when we come across information that is incompatible with our schemas this triggers some sort of internal struggle that leads to a revision of schemas through cognitive processing. Do you think something like this happens to professionals that work in this field through the stories they hear? If not what do you think brings about the positive changes? Has the work motivated you to search for meaning?</p>	
<p>6. Transformational vs. gradual and ongoing When you think about the process of positive change does it seem more like a gradual, ongoing process or one off transformational events, or both? Which have you experienced? Have you got an example of a more transformational event or relationship? How would you map your own gradual personal growth? How do they go together? When did you realise or label the changes as growth? Once you were aware of positive changes what consequences did this have? (thoughts, feelings, behaviour). Can you distinguish between unintentional and intentional changes? Are there positive changes that you didn't expect to get from your work?</p>	
<p>7. Personality What is it about you that lead you to respond in this way, rather than experiencing no growth or even burnout? Do you think that you have brought personal experience to the work that has been important in your personal growth?</p>	

Do you think this work may have helped you think about some of your own personal difficulties?	
<p>8. Struggle</p> <p>Have you experienced times of self doubt or distress in your work? If no, 'What about times when things weren't distressing or really difficult, but it wasn't completely plain sailing – times of challenge perhaps?</p> <p>When have you experienced this? Can you describe it? (if so work through until resolution). If not, does that mean you have never felt it or never shown it? Do you think some form of struggle/upset or disgust is necessary for growth? Do you think the struggle gets completely resolved or you experience an enduring distress maybe at a lower level? What do you think about professionals who get emotionally affected by their work? Do you put yourself in your clients position?</p>	

NOTES

I NEED TO KEEP SAYING 'SO HOW DID THAT AFFECT YOU'? AND 'WHAT HAPPENED NEXT?'

HAS THIS ALWAYS BEEN THIS WAY OR SINCE YOU STARTED WORKING WITH TRAUMA SURVIVORS?

DO YOU THINK THIS CONTRIBUTED (OR WAS A CONDITION) TO YOUR PERSONAL GROWTH?

Debriefing

- How did you find that?
- Was there anything difficult?
- Any questions?
- Thank you

APPENDIX 3

Canterbury Christ Church University

Date

Dear Sir/Madam

I am a trainee clinical psychologist conducting my final year doctoral thesis on: **“Positive change in professionals working with trauma survivors”**.

You have been identified as someone with professional experience of working with trauma survivors. I am really interested in interviewing you to gain your views about the personal impact working with trauma survivors has had upon yourself and your colleagues. In particular I am interested in processes that lead to positive changes that may result from this work. However, even if you feel unable to discuss positive change I may still be interested in interviewing you. An interview will last no longer than 1 ½ hours, and can be organised over the coming few weeks at your convenience.

Please find enclosed:

- A copy of the project information leaflet, including interview and confidentiality details
- A screening questionnaire (for demographic and other brief data needed to help with interviewee selection)
- An informed consent form

Please read the information carefully and if you are interested in taking part return the completed screening questionnaire in the pre-paid envelope to the above address. I will acknowledge your response with a telephone call, to discuss your participation further and give you the opportunity to ask questions. There will be a minimum of 2 weeks between this initial approach and the interview.

Thank you in advance for your assistance with this project and I look forward to hearing from you. If you have anything that you wish to be clarified before you complete the screening questionnaire please do not hesitate to contact me on the number or email address listed above.

I look forward to hearing from you.

Yours sincerely

Emily Bamford
Trainee Clinical Psychologist

APPENDIX 3

Canterbury Christ Church University

Positive Change in Professionals Working with Trauma Survivors

Project Information Sheet (12/10/05, version 2)

Title of project:

Positive change in professionals working with survivors of trauma

Name of researcher/contacts:

Emily Bamford (Trainee Clinical Psychologist). I am directing the project and can be contacted at the address above should you have any questions.

Supervisors:

The project is supervised by Dr Sue Holttum (Research Tutor and Senior Lecturer, Salomons) and Dr Sharif Elleithy (Senior Clinical Psychologist, Traumatic Stress Service, St Georges).

Duration of the study:

November 2005 – July 2006

Before you decide whether to take part in this research study please take time to read this information sheet as it is important that you understand why the research is being done and what it will involve. You can contact me if you have any queries or would like to chat further about the research. If you have very recently, or are currently, taking part in other research, you may wish to decline this request in order to avoid possible 'research-fatigue'. Ideally, however, participating could be enjoyable and give you a unique opportunity to discuss aspects of personal development in your work with trauma.

Aims of the Project

The main aim of this study is to build an understanding of positive change in professionals who have worked with survivors of abuse or trauma. More specifically three main areas will be explored:

- how do professionals personally experience their work with survivors of trauma?
- what areas of personal growth have professionals experienced?
- what are professionals' explanations for positive change?

The expectation is to make visible the processes involved in positive change and thereby offer an insight and a guide to help professionals develop opportunities for growth.

Interviews

I am hoping to interview professionals from a range of health, social care and legal backgrounds that also have experience in this field. Interviews will be conducted at a time and place of convenience to you e.g. at your place of work. An interview should

last no longer than 1 ½ hours. Some participants may be invited to attend a second interview to explore themes in more depth. However, there is no obligation upon you to be interviewed a second time.

Confidentiality and data storage

Handling, storage and destruction of tapes, electronic and hard copies of the data will be in compliance with the Data Protection Act 1998. Every effort will be made to protect your confidentiality, and to negotiate solutions to any concerns. You will not be expected to reveal the identity of any colleagues or clients they may speak about in interviews, and I will help you in preserving this confidentiality should the need arise.

Debriefing

Each participant is reminded to look after themselves personally and professionally. You will have a short debriefing period at the end of the interview. However, if extra support is required participants have the opportunity to have a one-off assessment with, if appropriate, Dr Sharif Elleithy or Dr Damon Lab (Senior Clinical Psychologists and specialists in trauma work). In the case of colleagues of Dr Elleithy or Dr Lab, the researcher will, if required, take time to consider with you who might be an appropriate person from whom you could gain support or have the opportunity to discuss things with.

Complaints

If in the unlikely event that an official complaint is required, by or on behalf of a research participant, Salomons, Canterbury Christ Church University and/or Surrey and Borders Partnership NHS Trust Complaints Managers will follow normal complaints procedures. The following contact number is provided:

Dr Sue Holttum (Salomons, Lead Supervisor) Tel:

Feedback

A copy of a summary report of the findings and discussion will be made available to each participant.

Further information

This study has been reviewed by the London – Surrey Borders Research Ethics Committee.

APPENDIX 3

CONSENT FORM (23/08/05, version 1)

Title of Project:

Positive change in professionals working with trauma survivors

Name of Researcher:

Emily Bamford

Please initial box

1. I confirm that I have read and understood the information sheet dated 12/10/05 (version 2) for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

3. I understand that if I do withdraw, all information collected during my participation will be destroyed immediately.

4. I give my consent to taking part in 1 or 2 interviews that will be recorded using audio equipment.

5. I understand that the researcher and one other admin support (to help with transcribing interviews only) will have access to the interview tapes and complete transcripts, and the research project supervisors will have access to anonymised sections of the transcripts.

6. I understand that the above named researcher will comply with the 1998 Data Protection Act when handling, storing and destroying the tapes, data and information gathered during my participation in the study.

7. I understand and consent to the researcher using verbatim tape extracts in submissions, publications and presentations, under the condition that she will take care to maintain confidentiality.

8. I understand that every effort will be made to anonymise data and protect confidentiality. In the unlikely possibility that I may be identified as a participant by the data, the researcher will consult with me before submission, publication or presentation and I will decide whether to proceed.

9. I agree to take part in the above study.

Name of participant

Date

Signature

Name of Interviewer

Date

Signature

APPENDIX 4

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APPENDIX 5

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APPENDIX 6

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APPENDIX 8

APPENDIX 8

Doctorate in Clinical Psychology



Salomons

Canterbury Christ Church University College

Confidentiality Statement for Persons Undertaking Transcription of Research Project Interviews

Project title POSITIVE CHANGE IN PROFESSIONALS WORKING WITH
Researcher's name EMILY RAMFORD TRAUMA SURVIVORS

The tape or tapes you are transcribing have been created as part of a research project. Tapes may contain information of a very personal nature, which should be kept confidential and not disclosed to others. Maintaining this confidentiality is of utmost importance to the University College. Signing this form means you agree not to disclose any information you may hear on the tape to others, and not to reveal any identifying names, place-names or other information on the tape to any person other than the researcher named above. You agree to keep the tape in a secure place where it cannot be accessed or heard by other people, and to show your transcription only to the relevant individual who is involved in the research project, i.e. the researcher named above.

You will also follow any instructions given to you by the researcher about how to disguise the names of people and places talked about on any tapes as you transcribe them, so that the written transcript will not contain such names of people and places.

Following completion of the transcription work you will not retain any audiotapes or transcript material, in any form. You will pass all tapes back to

the researcher and erase any material remaining on your computer hard drive or other electronic medium on which it has been held.

You agree that if you find that anyone speaking on a tape is known to you, you will stop transcription work on that tape immediately and pass it back to the researcher.

Declaration

I agree that:

1. I will discuss the content of the tape only with the researcher named on the previous page.
2. I will keep all tapes in a secure place where it cannot be found or heard by others.
3. I will treat the transcription of the tape as confidential information.
4. I will agree with the researcher how to disguise names of people and places on the tapes.
5. I will not retain any material following completion of transcription.
6. If the person being interviewed on the tapes is known to me I will undertake no further transcription work on the tape and will return it to the researcher as soon as is possible.

I agree to act according to the above constraints

Your name _____

Signature _____

Date _____

Occasionally, the conversations on tapes can be distressing to hear. If you should find it upsetting, please speak to the researcher.

APPENDIX 9

Reflective template for coding

Charmaz (1995)

- What is the major idea brought out in this sentence or paragraph?
- What is the psychological element behind that?
- What is going on in the whole interview?
- What makes this interview the same as or different from the previous ones that I coded?
- What are people doing?
- What process is at issue here?
- How can I define it?
- Under which conditions does this process develop?
- What is the person saying?
- What do these actions and statements take for granted?
- How do structure and context serve to support, maintain, impede or change actions and statements?
- How does the research participant think, feel, act, while involved in this process?
- When, why, and how does the process change?
- What are the consequences of the process?

Strauss and Corbin (1998)

Detailed analysis is needed at the beginning of the research process to generate initial categories (and their properties and dimensions), and to discover relationships among concepts. It is applied to a word, sentence or paragraph. Its aim is to sensitise the researcher and explore the range of potential meanings and interpretations that are linked to the words. Another aim is to understand how the participants are interpreting events rather than our interpretations.

Instructions

1. Scan a section of the interview (in highlighted text)
 - how would you interpret this?
 - what is in this material? (actual events, their interpretations, the interplay between their and our interpretation).
 - write a list of issues, problems, themes (in margin) (use their words when can)
 - write the connections between them
 - ask yourself theoretical questions to get properties, dimensions, conditions and consequences such as who, when, what, how and why
 - look for similarities and differences and group concepts, look for how a concept differs to others dimensionally along relevant properties

(asking questions, looking at my own experiences and reading will help with my theoretical sampling i.e. where to go to find differences in the perceptions of positive growth)

2. Scan a shorter piece of text.

- Discuss how the person has used single words, phrases and sentences

- What does this word seem to mean? What could it mean?

- Think about it as though you had not read the remainder of the sentence?

3. See 'Discussion and commentary' p61 – 64 for ideas.

APPENDIX 10

Examples of microanalysis

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APPENDIX 11

Example of open coding

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APPENDIX 12

Examples of memos

19.1.06

There seems to be a theme of choice running through the interviews. In Matt's interview he seems to be hinting that professionals/clients choose between seeing the negatives i.e. the horror or seeing the positives i.e. 'the world is a nice place'. Maria also talked about the importance of choice. Choosing to survive. Matt seems to be able to hold onto two arguments at the same time in this interview – holding a balanced view, although he suggested that when you are feeling traumatised you cant see the positives. But on reflection you can hold onto a more balanced view.

21.1.06

Maria had a break of an hour in her interview which enabled her to have some time to reflect on the question. This seemed to free her up on the question that really stumped her e.g. how has the work impacted upon her relationships? It later occurred to her in the break that it had led her to appreciate her family more and raise her bar of what is a problem. This could be a type of personal growth.

25.3.06

Celia seems to be suggesting that because listening to trauma stories is so immediate and present that they feel more alive and because they feel more alive it affects the therapist differently to listening to traumas from the past. It forces the therapist to think what if it had happened to me? How would I have

dealt with it? Does this create a deeper level of empathy? What is the definition of empathy? I need to add some information on empathy in my introduction and discussion.

5.4.06

Andreas was talking a lot about professional growth rather than personal growth e.g. clinical skills and knowledge. Does he feel more comfortable in this domain? Am I being prejudiced as to what counts as personal positive change? When I asked him about existential issues he talked about his clients existential growth rather than his own. He has not questioned this for himself.

28.5.06

It is difficult determining what is process and what is outcome. I have decided that learning about other cultures is not an enduring positive change in itself, but it is what professionals do with this information i.e. does it become a balanced and integrated view of the world, or a faith in humanity? I think the difference with the negative cases is that they stop at the learning and no personal change comes from that. They do not seem to have a deeper form of reflection about the work.

20.5.06

I need to go back to the data and code for spontaneous vs. planned processing. Most participants are describing more of a spontaneous process of finding meaning rather than a search for meaning.

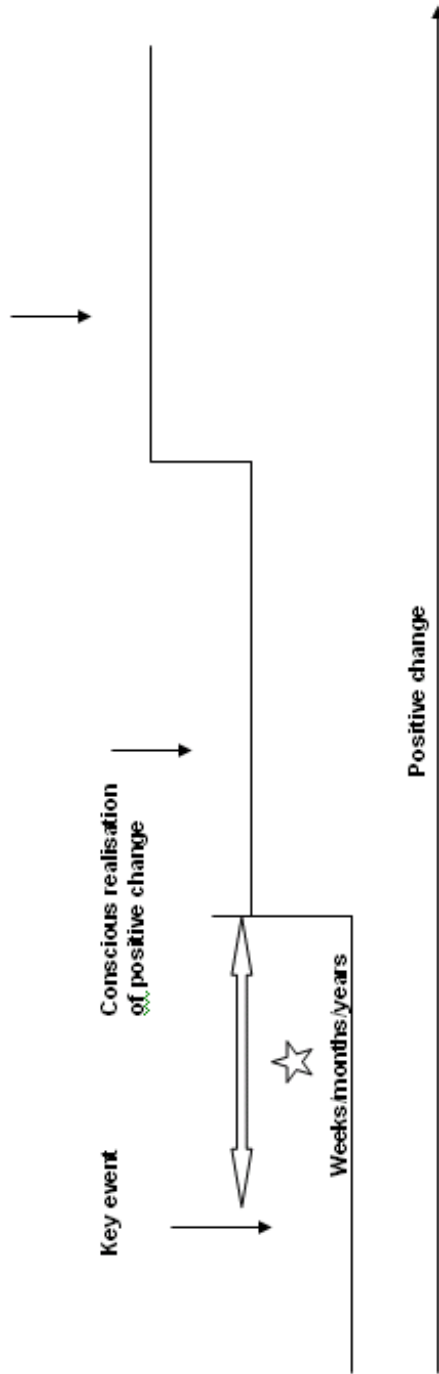
6.6.06

I am not sure about coping as a category name. I don't know if this captures the meaning of the two sub-categories i.e. letting go and working it through. Letting go seems to be a form of coping, as people cope by going to the gym, joking, sharing their problems etc. But I am not sure coping captures the meaning of working it through. Working it through is more like processing, but then this would not fit with letting go! If I do a theoretical comparison of the word coping I think of managing something difficult, behaviour, actions, an immediate response. Coping can be done on a regular basis e.g. relaxation strategies every evening or as a one off e.g. coping at a funeral by getting drunk. So coping is also in response to different levels of disruption. The thesaurus gives me: handle, deal with, survive, get by. These do not seem to fit either. If I look at the psychological literature Lazarus and Folkman (1984) describe emotion focussed coping as distraction, seeking support, changing the meaning of the situation or denial. This seems akin to letting go. They describe problem focussed coping as efforts to deal with the stressor. This seems to fit more with working it through. I think I will leave it as it is.

APPENDIX 13

Examples of diagrams Positive personal development in professionals

Key events: Clinical work, personal difficulties, both with an element of emptiness which triggers reflection

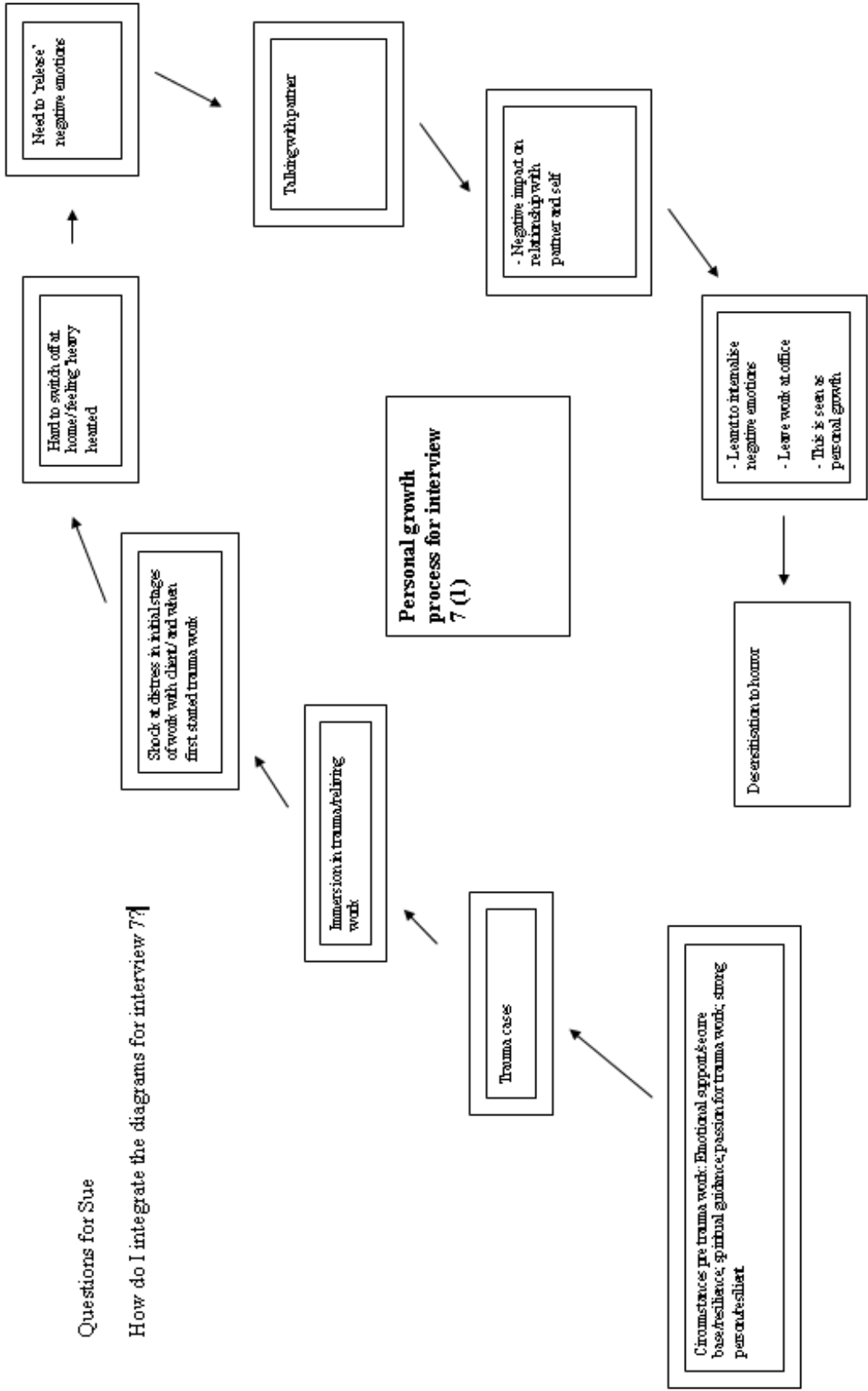


- Subconscious reflection/working through personal and professional issues.
- Planned reflection/reading about positive change: having a language to express ideas/look for examples/permission to express it/told stories a few times

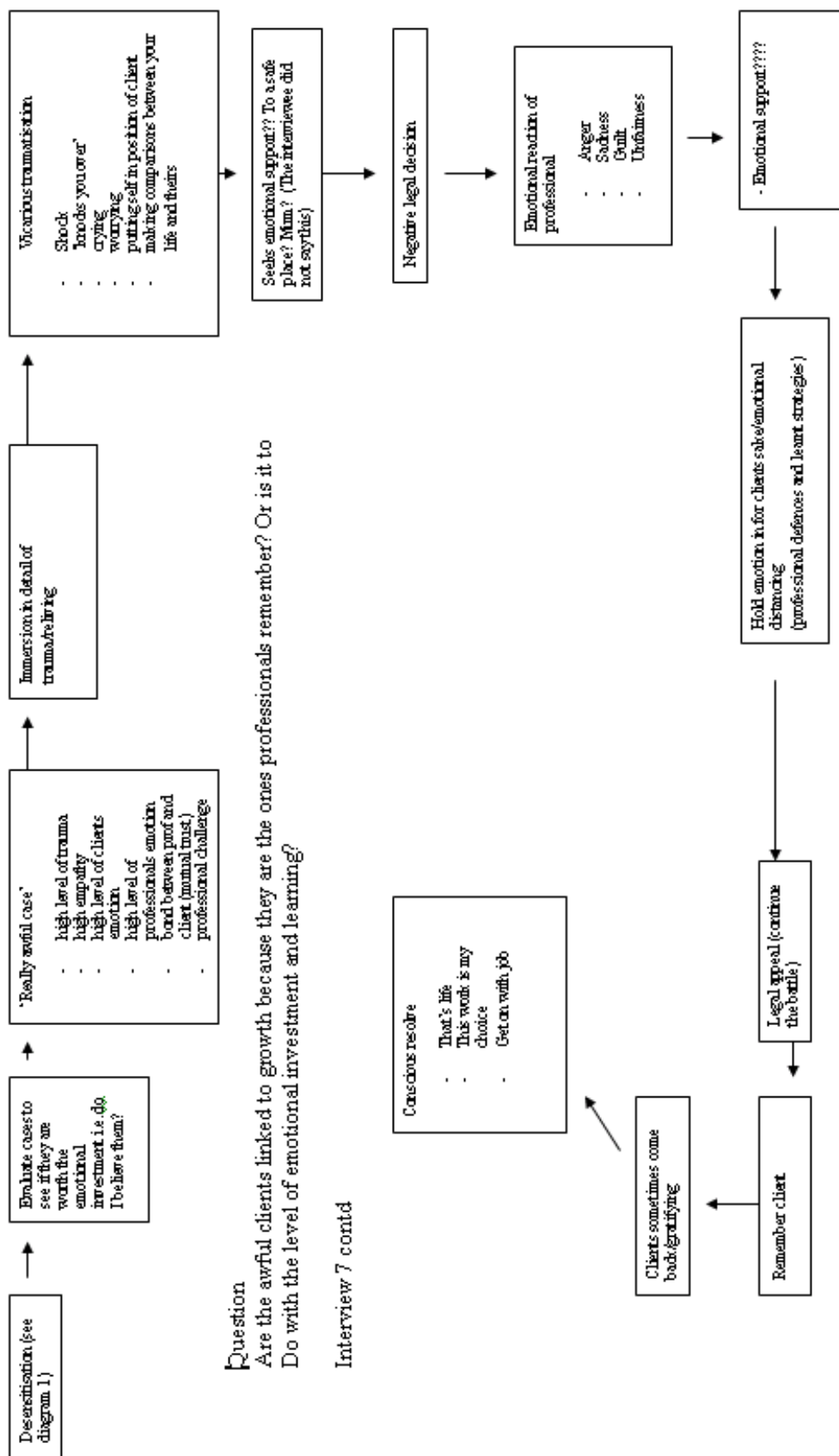
APPENDIX 13

Questions for Sue

How do I integrate the diagrams for interview 7?



APPENDIX 13



APPENDIX 14

Examples of category development

Category 2: Emotional disruption

The category of emotional disruption was first described by Matt in the second interview. He used emotive words to describe the impact of the work on him e.g. nervous, angry, overwhelmed, hopeless. The researcher went back to Maria's interview and found examples of emotional disruption in the first transcript e.g. anger. However, Maria spoke more about the positive emotions the work had triggered e.g. inspiring, phenomenal, amazing. Interviews with Roger and Andreas threw some doubt over the emotional disruption category as neither described any significant positive or negative feelings about the work. Was this a macho thing? Perhaps they are negative cases? However, Celia, Nina and Jess all reported significant positive and negative emotional disruption.

Different properties of emotional disruption

Strauss and Corbin (1998) state the importance of determining the properties of a category i.e. the general or specific characteristics or attributes:

Emotions (internal)

There was a range of emotions described by participants (see above)

Cognitions

Some participants described positive and negative cognitions e.g. 'you just feel like half the world is evil' (Emma) or 'its just so amazing what people sometimes do with their adversity' (Jo). These were thought to be 'hot' cognitions and so fit within the category heading of emotional disruption.

Different dimensions of emotional disruption

Strauss and Corbin (1998) state that all properties can be located along a dimensional continuum.

There were differences in the intensity and duration of emotional disruption.

Levels of intensity came from the words participants used to describe their feelings. For example, Nina spoke about being 'penetrated by the suffering' with one particular client. In contrast Saskia spoke about being left with a good feeling after a session. Thus, the dimensions strong and weak

emotional disruption, were identified. Also, differences in duration e.g. short-lived (in the room) to a longer duration of hours, days, or weeks.

Sub-categories

The sub-categories inspiration and disillusionment were identified. Inspiration was an in vivo code from Maria, and disillusionment was an in vivo code from Celia.

Sub-categories are described by Strauss and Corbin (1998) as denoting information explaining who, what, when, where, and how much a phenomenon is likely to occur.

WHO?

Professionals working with survivors of trauma
Teams

WHAT?

Emotional disruption is the impact that a key experience in the work has upon the professional in a positive (inspiration) or negative (disillusionment) way.

WHEN?

In team meetings (Emma)
In assessments (Jess, Emma, Tina)
In one to one therapy sessions (Maria, Matt, Celia, Nina, Saskia, Emma, Mark, Tina)
In group therapy sessions (Emma, Matt, Tina)

WHERE?

In a team meeting or immediately after
In the session with a client (discretely)
Immediately after a session at work
In conversation with colleagues, friends
Travelling home from work
At home and at the weekends
On holiday

HOW MUCH

See dimensional range above

Strauss and Corbin's Paradigm Model (1998)

The paradigm model is an analytic stance taken towards the data to help systematically gather and order data in a way that structure and process are integrated.

Conditions (why, where, how come and when)

Causal conditions (sets of events or happenings that influence phenomena)

stage in career – some participants felt that a stronger disruption occurred at the beginning of their career

stage in intervention – some participants felt that a stronger disruption occurred at the beginning of the intervention

degree of trauma severity – some participants felt that a stronger disruption was in response to more severe trauma cases

Intervening conditions (those that mitigate or otherwise alter the impact of causal conditions)

personal connection – some participants described sharing a characteristic with the client e.g. gender, pregnancy, living in same area etc. increased emotional disruption. This would intervene with above causal conditions.

new or unusual information – some participants felt that new or unusual information increased emotional disruption.

However, Strauss and Corbin (1998) state that it is not important to list which conditions are causal, intervening etc but to focus on the complex interweaving of events (conditions) leading up to a problem, issue or happening.

Actions/interactions (strategic or routine responses made by individuals or groups to issues, problems, happenings, or events that arise under those conditions)

Professional defences e.g. emotional distancing, Roger

Leave the room e.g. Nina

Thinking this is not my problem e.g. Saskia

Delay response till end of session e.g. Emma

Coping responses (all) (these later became part of the 'letting go' sub-category) of coping

Consequences (questions as to what happens as a result of actions/interactions)

Emotional disruption alleviates

Attention remains with the client and their feelings in the room

Professional returns to their emotional state at a later stage

APPENDIX 14

Prof	Key Events/could be Growth catalysts from work	Key Events from personal life	Emotional impact from work	Coping/ Processing From work	Growth outcomes (positive and negative) from both (hard to separate)
11. Mark	<p>African asylum seeking clients (11.1)</p> <p>Middle age men facing traumatic backgrounds</p> <p>Receiving a diagnosis of HIV 11.1</p> <p>Counselling students – first job 11.2 (low level trauma – 'quite easy'</p> <p>Found it hard to think of specific key events that lead to growth – general 'heard something'</p>		<p>Blow your mind 11.1</p> <p>Overwhelming experience due to having a stable upbringing and crisis of confidence as a therapist 11.2</p> <p>Effect lingers with me on an emotional level/hard to put words</p>	<p>Find self thinking about the person – good quote. After 5 and at weekends. Wonder what it was like for them. Marvel at resilience and strength.</p>	<p>Easier to contain reaction to trauma, more skilled therapist, accept what can not achieve with them 11.3/11.4</p>

Prof	Key Events/could be Growth catalysts from work	Key Events from personal life	Emotional impact from work	Coping/ Processing From work	Growth outcomes (positive and negative) from both (hard to separate)
	<p>11.4</p> <p>Every now and then say I've hear it all then – 11.4 story about a man killing a patient</p> <p>Through therapy 11.6</p>		<p>to/hyper vigilant /alert/buzz 11.4</p> <p>Awe struck by how it had happened and also it was new (to me) 11.5</p>	<p>Few hours later realise it might have something to do with work 11.4</p> <p>Went to dinner with parents 11.5</p> <p>When think about clients more than usually do – think stop what is this all about and reflect. Not that you can shake it off and not think about them ever again – but its realising how much you normally think about them and if different reflect on that 11.6</p>	<p>Put things into perspective with clients, friends and family. Help cope with stress.</p> <p>Marvel at life and how weird it can be. 11.5</p> <p>Greater appreciation for resilience and hope and optimism – developed a personal and</p>

Prof	Key Events/could be Growth catalysts from work	Key Events from personal life	Emotional impact from work	Coping/ Processing From work	Growth outcomes (positive and negative) from both (hard to separate)
		<p>Personal trauma – helped me to see life differently, see gaps in life, and strengths (re-evaluate) 11.7</p>	<p>Marvellous</p>	<p>Use previous successes – 'working with people and knowing they have been able to triumph with trauma. Even if can not see it with that particular client. Or ask about them or see them again and see that they have grown.11.6</p>	<p>professional interest in them. I think at the end of the day peoples strength and resilience will shine through if they are given the right conditions and opportunities (is this something he has learned through the work or something he has always held onto that helps him with the struggle?). Helps to put work into perspective. 11.6</p>

Prof	Key Events/could be Growth catalysts from work	Key Events from personal life	Emotional impact from work	Coping/ Processing From work	Growth outcomes (positive and negative) from both (hard to separate)
	Psychotherapy 11.7			<p>Search for meaning as clients do 11.7 When working with a client and searching for meaning it touches on the way I search and create meaning. It doesn't directly affect personal meaning as the event is not the same but it affect the process of searching for meaning. 11.8</p> <p>Good quote</p> <p>Type of supervision is important – where you can</p>	<p>Helps me to accept people for warts... 11.7</p> <p>Interpersonal skills 11.7 use with family and friends</p> <p>Better relationships 11.7</p>

Appendix 15

Example of telephone interviews and memo

Hypothesis: Do professionals re-evaluate their previous experiences and beliefs in light of the new information that has come from a key experience in the work?

Celia

Question

I would like you to think back to the last interview we had. You mentioned several enduring positive changes which were linked to key experiences in the work. One of the key experiences was working with a perpetrator. Did you find yourself thinking back to how you felt about perpetrators before this experience?

Response

Celia found it difficult to think back to that experience as it was years ago. She told me that she did re-evaluate her beliefs about perpetrators that she held previous to this key experience. Previously she thought people were bad and had not given it much more thought. Through doing therapy with a soldier who had committed 'awful atrocities', she needed to be on his side. Through reading Kubler-Ross she realised that everybody has the potential to be evil. This also led her to see herself in a less idealistic light. Celia also remembered a personal experience of trauma and how she had felt about the perpetrators at the time.

Emma

Question

I would like you to think back to the last interview we had. You mentioned several enduring positive changes which were linked to key experiences in the work. One of the key experiences was working with women who had been trafficked, and the other was working with a man who had been shown extraordinary kindness. Did you find yourself thinking back to how you felt about this [sex industry/kindness in people] before these key experiences?

Response

Emma reported that she was fairly ambivalent about the sex industry before she worked with these women. But through her work she became aware of the slavery of it. She had thought back to her previous beliefs and behaviour e.g. nonchalance about prostitution. In light of this key experience she would not act in this way again. In addition, Emma thought back to her previous experiences and expectations of people i.e. people don't do anything for nothing. Now she has a higher expectation of people and listens out for the kindness and love people are willing to give, much more than she used to.

APPENDIX 16

Respondent validation letter

Canterbury Christ Church University

Date

Dear research participant

Re: Positive change in professionals working with trauma survivors

Thank you very much for taking part in this study. I have finished analysing data from twelve interviews and developed a preliminary model of positive change. I have enjoyed reading your rich and personal accounts of the work.

At the end of the interview I asked you if you would be interested in receiving a summary of the main findings, with the opportunity to comment. Therefore I attach a copy of the model and a summary of the main components of it. I would be very grateful if you could have a look at these findings and email or telephone me with your thoughts. This is an important step in validating the data analysis.

I would appreciate it if you could do this as soon as you can as the deadline for the research project is Friday 14th July. I am very grateful for your continued support and I hope to hear from you soon.

If you phone, please say your message is for me and I will get back to you as soon as possible.

Yours sincerely

Emily Bamford

Enduring Positive Change in Professionals Working with Trauma Survivors

Twelve participants took part in this study. Eight clinical psychologists, one solicitor, one nurse therapist, one psychotherapist and one psychiatrist.

Summary of main findings

Four categories emerged from the qualitative analysis of the interview data. The numbers in brackets (e.g. (N=5)) indicate the number of participants that had experiences which were considered to fall under a given category.

Category 1: Key experiences in the work (N=11)

Most participants described key experiences in the work that seemed to catalyse the positive change process. These were positive i.e. witnessing the strength, resilience and kindness in trauma survivors, or in the people that were supporting them. Key experiences were also negative i.e. witnessing the awful side of human nature. Key experiences most often occurred within a relationship with a client being seen for assessment or therapy.

Category 2: Emotional Disruption (N=12)

Most participants indicated that they had experienced some form of emotional disruption after key moments in the work. This was broadly divided into two sub-categories that came directly from quotes used by several participants: 'Inspired' and 'Disillusioned'.

Inspiration (N=11)

Many participants spoke about being inspired, heartened, wondered, amazed, privileged, and astonished by key moments in the work.

For example, participants were surprised at how resourceful clients could be or how kind other people could be towards clients, which was humbling and sometimes contrasted with previous experience. There were dimensions of intensity and duration within this category. It ranged between being left with a good feeling after a session to thinking about the strength and resilience of clients after work and during the weekends. Thus, eight participants described an emotional 'residue' that lingered beyond the session.

Disillusionment (N=12)

Many participants reported feeling disillusioned, shocked, despair, anger, saddened, horrified, shaken, hopeless and overwhelmed by key moments. There were dimensions of intensity and duration within this sub-category. It ranged between experiencing dread in the session, being struck by the unfairness of life, experiencing nightmares for a few days, to feeling penetrated by the suffering. As with inspiration, eight participants described being left with an emotional residue. Distress could also be experienced by a team of professionals.

Conditions

There were five conditions that seemed to influence the emotional disruption experienced by the professional. These were: the severity of the trauma, the stage in the intervention, the stage in the professional's career, the extent that the information was new or unusual to the professional, and the level of personal connection to the trauma.

Firstly, participants often described being most affected by severe trauma cases e.g. working with torture survivors. Secondly, some participants described being more struck and affected by client's stories at an early stage in the intervention. Thirdly, some participants described more of a struggle and emotional disruption when they first began working with survivors of trauma. Fourthly, new or unusual information was more likely to trigger an emotional response than common information. Fifthly, five participants gave examples of clients that they had felt personally connected to and thus experienced stronger emotions. This was often due to their being a shared characteristic or experience between the client and the professional.

Category 3: Coping (N=11)

There seemed to be two ways of coping with emotions. The most immediate approach was letting go. If the struggle continued participants described a process of working it through.

Many participants spoke about letting go, leaving it behind, and the need to release emotion. Forms of letting go mentioned were: black humour (N=2), offloading (N=5), crying (N=2), jogging (N=1), going for a walk (N=2), talking to friends and family (N=3), writing notes (N=1), having fun (N=1), leaving work behind (N=2), and thinking it didn't happen to me (N=4). These strategies occurred either immediately after a particularly difficult session with a client, at work, on the way home from work, or at home.

Nine participants described working through the meaning of the key moment. This could occur individually or with others. Nine participants had spent time on their own thinking about the meaning of stories of trauma and survival. This sometimes involved a process of thinking back to previous professional and personal experiences. Nine participants described engaging in discussions about meaning with others, which helped them to come to a new understanding. This also included reading. Working it through could be planned and deliberate, or more spontaneous.

Category 4: Enduring positive changes (N=9)

Nine participants described enduring positive changes that were grouped into five sub-types i.e. balanced views, increased compassion, faith in humanity, feeling lucky, and personal and spiritual meaning.

Firstly, nine participants spoke about having developed balanced views. This was described as the juxtaposition of knowing more about awful things, which induced a feeling of vulnerability, but also knowing more about the wonderful qualities in people. In addition, a few participants felt they had developed a balanced view of their own strengths and weaknesses. Secondly, five participants described an increase in compassion towards others e.g. refugees. Five participants had also become more politically active. Thirdly, six participants described positive changes in the way they saw themselves and other people i.e. in a more hopeful and optimistic light. For example, human beings are stronger and more resilient than they once thought possible. Fourthly, six participants described feeling lucky with their life compared to that of their clients. This was described as an increased sense of perspective and acceptance of problems. In addition, some participants described a greater appreciation of their friends and family. Finally, eight participants reported changes in personal and spiritual meaning e.g. feeling connected to a meaningful universe, noticing the universality between human beings, and growing in acceptance of the random nature of trauma.

Overall process of enduring positive change:

The change process is triggered by a key positive or negative moment in the work. This causes an emotional disruption in the professional that can be positive (inspiration) or negative (disillusionment), and varies in intensity. There are conditions that influence the intensity of the emotional disruption. A weak inspiration leads to no change. A strong inspiration leads to an emotional residue and subsequent working it through. A weak or strong disillusionment triggers immediate coping strategies with the purpose of letting go of emotion. If this letting go is successful there is likely to be no change. If letting go is unsuccessful there is likely to be an emotional residue and working it through. Working it through can occur individually or with others. Working it through eventually leads to enduring positive changes.

APPENDIX 17

Respondent validation responses

Date Sent: 06 July 2006 17:05

From:

Add to Address Book

To: Emily Bamford

Subject: RE: Personal growth dissertation

Status: Urgent New

Hi Emily

I enjoyed reading the findings of your research and the model is a very interesting one. It struck me that the therapists seemed more 'alive' after working through their experiences. I wondered if you shouldn't have said a little more about what you meant by 'working through' and 'letting go'?

Best Regards

-----Original Message-----

From: [REDACTED]
Sent: 28, June 2006 09:11
To:
Subject: RE: Personal growth dissertation

Hi

Here is my findings and model. Would appreciate your thoughts/reflections as soon as is possible.

Thanks

Emily

Emily Bamford
Trainee Clinical Psychologist
Salomons - Canterbury Christ Church University

APPENDIX 17

Date Sent: 07 July 2006 19:14

From:

Add to Address Book

To:

Subject: positive change research

Status: Urgent New

Hi Emily

I found your research summary very interesting to read. I was struck and quite surprised by the similarities in what different participants said. Many of the points resonated with my experience. I think, as your themes seem to indicate, that change definitely comes from 'key moments' rather than some more gradual process. For myself, I know that when I reflect on how my ideas have changed, I use specific examples of a person/story/incident, rather than general impressions. Although saying that, I suppose gradual change may be more subtle and difficult to identify by those undergoing it.

About the two categories of emotional disruption: both of these certainly resonate with my experience, and think that at times one can experience both of them at once or in close succession. I think if disillusionment comes first, it may swiftly be followed by inspiration, perhaps as a coping mechanism of the therapist as much as a reflection on the client's resilience.

An interesting point also is that of distress being experienced by a team of professionals. I have certainly noticed patterns of interactions between staff when certain issues come up. For example, there may be more disagreements between team members when making joint clinical decisions if the client's story is very emotionally fraught. Many of our team comment on the client's story being re-enacted between staff, although I myself am unsure as to how often this is really an accurate interpretation of staff interactions. I think it can be particularly difficult for staff if the client has been in the position of a perpetrator as well as a victim.

I was surprised that 4 participants did not experience any emotional 'residue' after sessions.

The conditions you describe were close to those I identified.

I liked your overall process model at the end.

APPENDIX 17

Date Sent: 07 July 2006 14:01

From:

Add to Address Book

To: Emily Bamford

Subject: RE: positive growth

Status: Urgent New

emily, sorry for slow reply but i've been away to canada for a short holiday

i really like your summary of your impressions from the interviews....good job!

the graphical representation is a great way to organise and present the information as 'prose' sometimes gets boring

just a quick comment: how does your model account for therapists who are NOT able to work through the strongly disillusioned emotional reaction?

i'm not sure how that's represented in the model

hope you're well

APPENDIX 17

Date Sent: 03 July 2006 10:05

From:

Add to Address Book

To: Emily Bamford

Subject: RE: Personal growth in trauma professionals thesis

Status: Urgent New

thanks for sending me this, I have saved it in my computer and also read it quickly, at a first glance, it looks very interesting . nothing to add, however when I am a bit more free I'll read it again and let you know any further comments
regards